

SYSTEM CHANGE

IN BELGIUM

Improving Children's
Behavioral Health
Health Services and
Outcomes

20 October, 2016

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HISTORICAL

PROBLEMS

SYSTEMIC PROBLEMS

in Children's Behavioral Health

- Children with mental health conditions **unserved or underserved** (high levels of unmet needs, even in countries with well-developed health systems)
- **Limited service options** (outpatient, inpatient, residential)
- Overuse of **excessively restrictive settings**
- Lack of **home- and community-based services** and supports
- **Fragmentation** and lack of cross-agency, inter-sectorial collaboration
- Lack of **individualized interventions** tailored to the unique needs of each child and family
- Lack of **partnerships with families and youth**
- Providers not skilled in **evidence-informed practices**
- Lack of attention to **cultural differences**

POOR OUTCOMES


for Children, Families, and Systems

- Severe **behavioral and emotional problems**
- School **dropout**
- **Substance** use
- **Suicide**
- Poor **vocational** success
- **Correctional** system involvement
- Inability to **live independently**
- High **financial costs** across child-serving systems
- High **social costs** to families and society



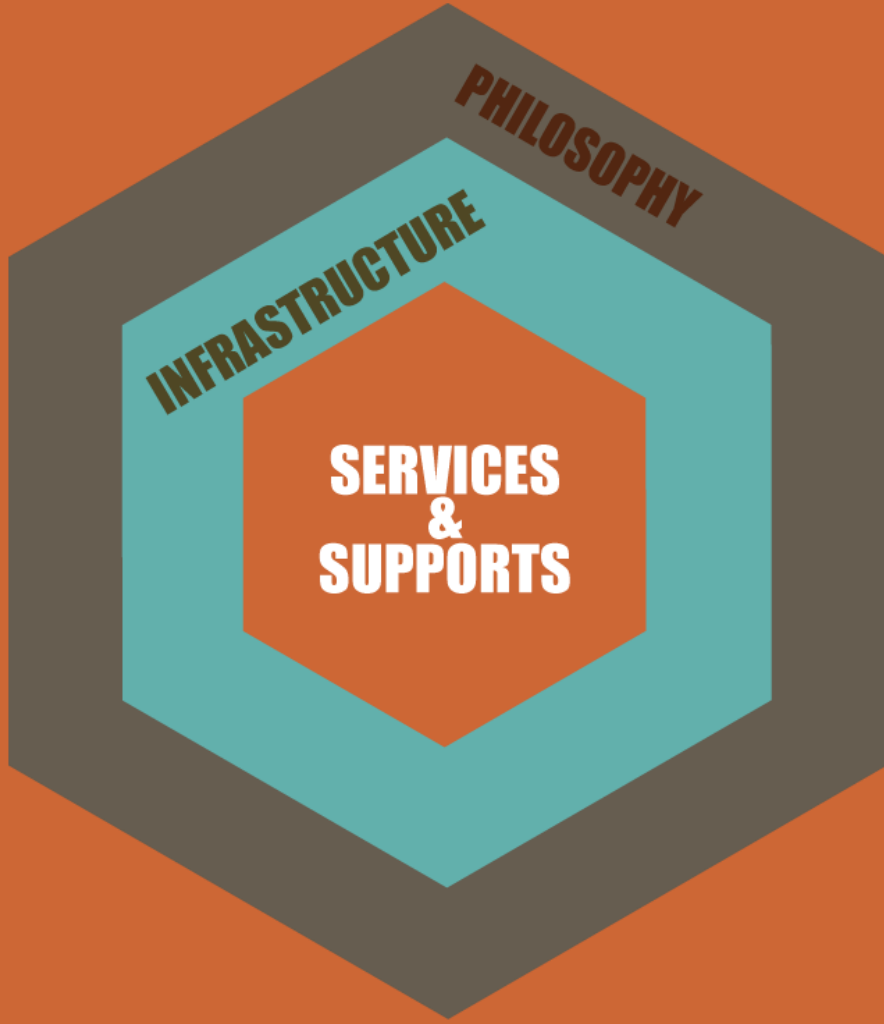
Evolution OF THE SYSTEM OF CARE APPROACH

“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”



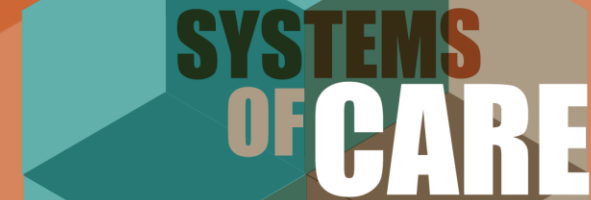
**SYSTEMS
OF CARE**





EVOLUTION

of the SOC Approach



SYSTEMS
OF CARE

Population

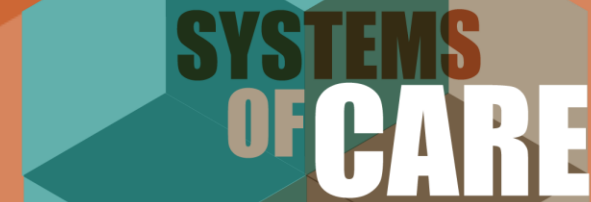
- Application and adaptation to broader population beyond those with the most serious and complex conditions
- Application and adaptation to different age groups (e.g., early childhood, youth and young adults of transition age)
- Application and adaptation to culturally diverse populations

Services and Supports

- Broader array of services and supports
- Focus on a core set of services
- Importance and effectiveness of specific services (e.g., intensive care coordination with Wraparound, mobile crisis and stabilization services, peer support)

EVOLUTION

of the SOC Approach



SYSTEMS
OF CARE

Practice Approach

- Practice approach grounded in the high-fidelity Wraparound process
- Importance of family- and youth-driven services

Evidence Base

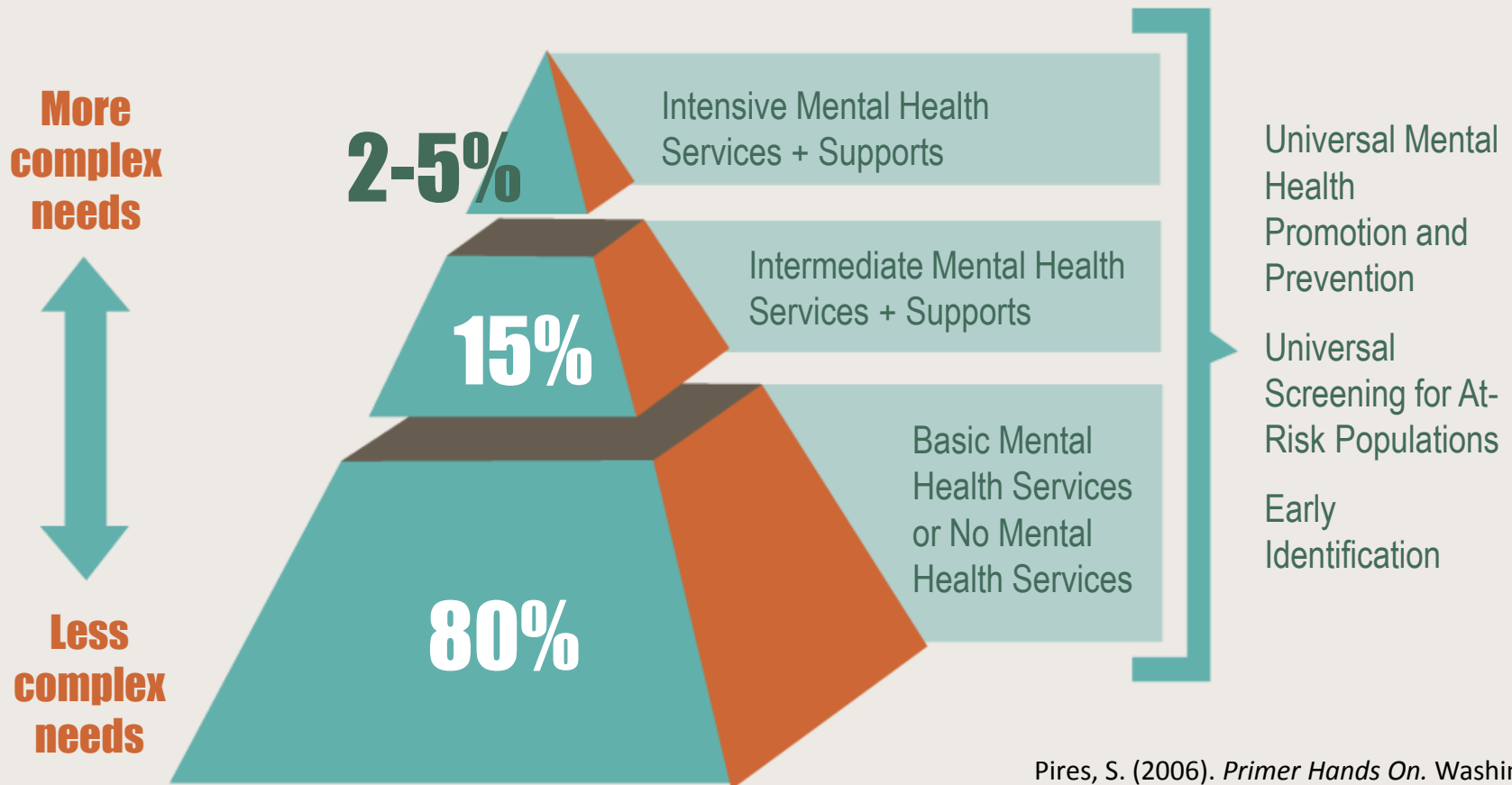
- Stronger evidence base
- Focus on return on investment

Widespread Adoption

- Strategy of a bi-directional approach to expansion of SOC's
- Integration with other reforms (e.g., Medicaid public insurance program, Health Homes, reforms in other child-serving systems)

Public Health Approach


Pyramid of Children and Service Needs



Pires, S. (2006). *Primer Hands On*. Washington, D.C.: Human Service Collaborative.

CORE VALUES

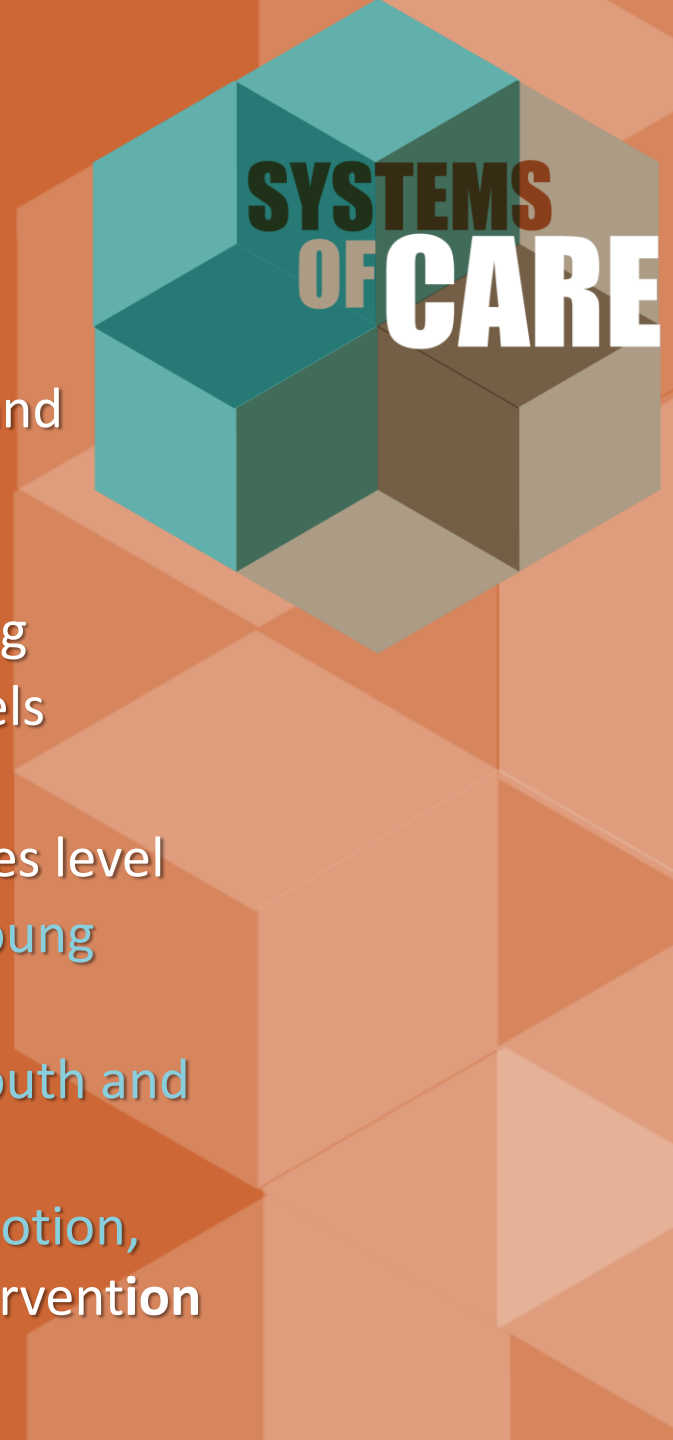
1. Community based
2. Family driven and youth guided
3. Culturally and linguistically competent



SYSTEMS
OF CARE

GUIDING PRINCIPLES

1. Broad array of evidence-informed services and supports
2. Individualized services
3. Least restrictive, clinically appropriate setting
4. Families and youth as full partners at all levels
5. Cross-system collaboration at system level
6. Care coordination for coordination at services level
7. Developmentally appropriate services for young children and their families
8. Developmentally appropriate services for youth and young adults in transition to adulthood
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention
10. Continuous accountability



SYSTEMS
OF CARE

Home- and Community-Based Treatment and Support Services

- Assessment and evaluation
- Individualized “Wraparound” service planning
- Intensive care coordination
- Outpatient therapy – individual, family, group
- Medication management
- Intensive in-home services
- Substance use intensive outpatient services
- Mobile crisis response and stabilization
- Family peer support
- Youth peer support
- Respite services
- Therapeutic behavioral aide services

- Therapeutic mentoring
- Behavior management skills training
- Youth and family education
- Mental health consultation
- Therapeutic nursery/preschool
- School-based behavioral health services
- Supported education and employment
- Supported housing
- Transportation

Out-of-Home Treatment Services

- Therapeutic foster care
- Therapeutic group home care
- Residential treatment services
- Inpatient hospital services
- Inpatient medical detoxification
- Crisis respite services

Intensity ≠ Setting

Balance

SERVICES

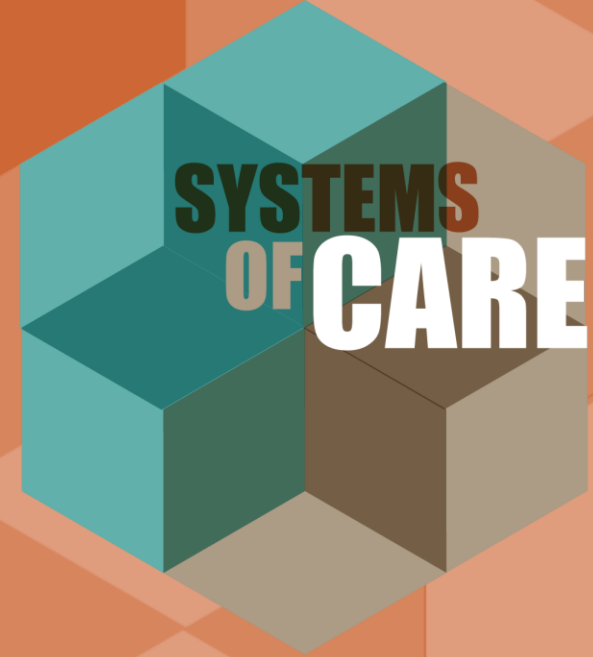
in Joint Bulletin

- Intensive care coordination, Wraparound approach
- Intensive in-home services
- Mobile crisis response and stabilization
- Parent and youth peer support services
- Respite
- Flex funds
- Specific evidence-based practices
- Trauma-informed interventions

Derived from Pilot of Alternatives to Psychiatric
Residential Treatment Facilities

Center for Medicaid Services (CMS) -SAMHSA

WHAT the SOC Approach is NOT



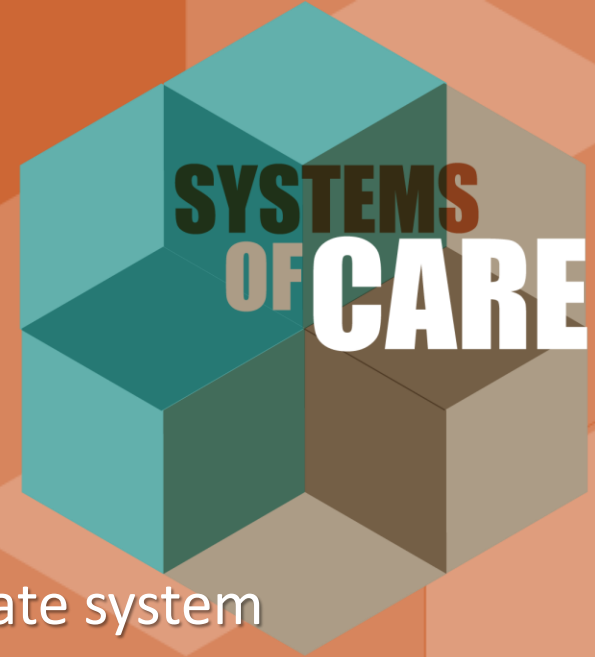
- Not an exact “model” to be replicated
- Not a single “program,” but a coordinated network of services across agencies
- Not a “treatment or clinical intervention” that directly improves child and family outcomes without accompanying **changes at the practice level** to provide effective services and supports to achieve positive child and family outcomes

System Change + Practice Change = Improved Outcomes

WHAT the SOC Approach IS

- Organizational framework for system reform
- Value base for systems and services
- A multilevel intervention, with changes at state system level, local system level, and practice level
- A guide to adapt in a way that fits each state, tribe, territory, community, based on context and environment (political, administrative, fiscal, population)
- Flexibility for innovation
- Application to different age groups (early childhood, youth and young adults of transition age), different levels of need (serious conditions, at risk), diverse cultural groups

= AN APPROACH

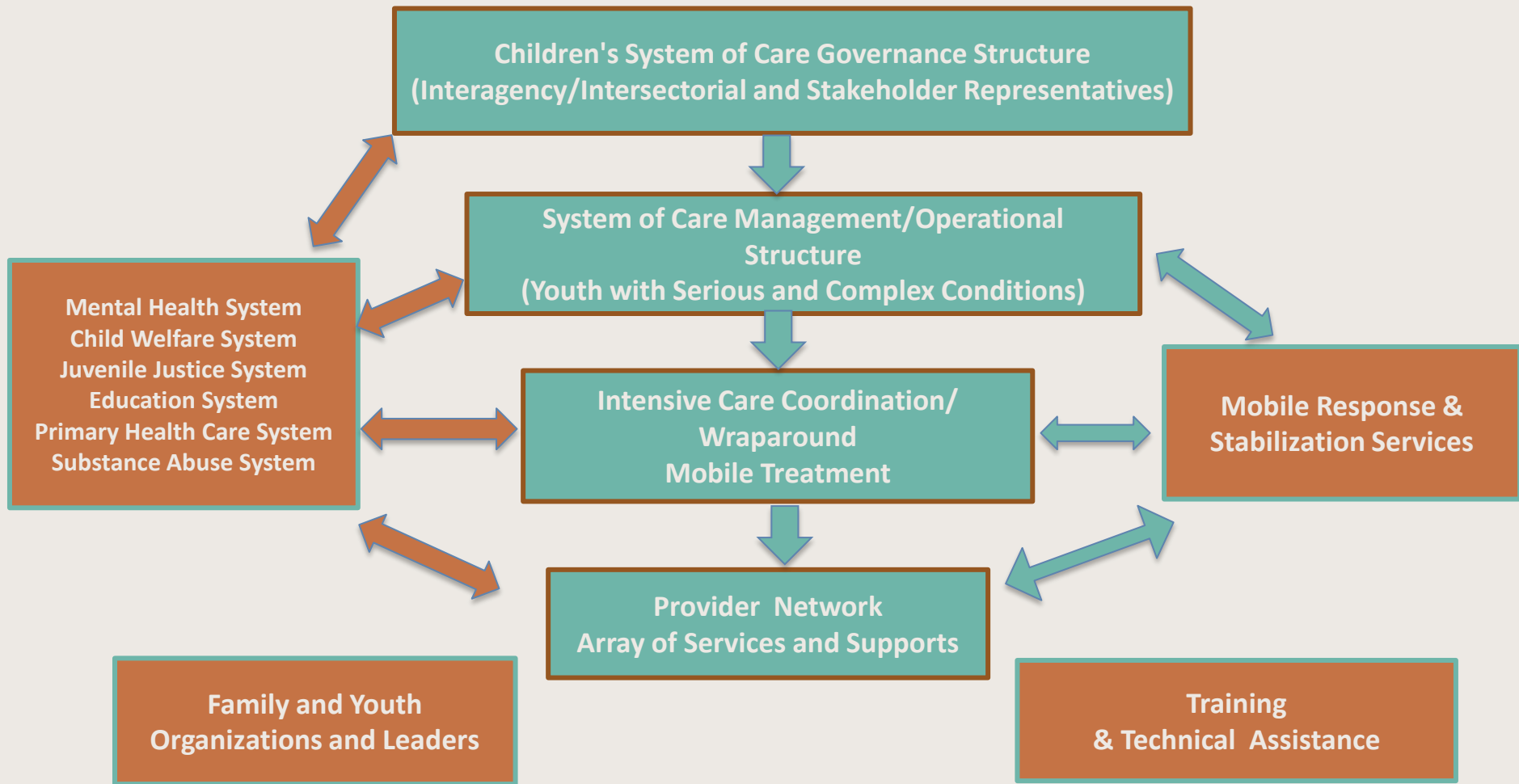


CONGRUENCE

Belgian Reform and SOCs

- Networks of care
- Collaboration across child-serving sectors
- Holistic approach
- Individualized care
- Treatment in natural environments in home and community
- Participation of youth and families in decision making
- Broad supply/array of services
- Focus on system and practice levels
- Accountability
- Flexibility and innovation

System Design Example





PRACTICE

APPROACH IN

SYSTEMS OF CARE



PRACTICE APPROACH

in Systems of Care

- Individualized, Tailored Services
- Family-Driven, Youth-Guided Services
- Culturally and Linguistically Competent Services
- Coordinated Services



WRAPAROUND

Process



- **Team-based**, collaborative process for implementing individualized care plans
- Typically for **children with complex needs** and their families, but principles can be applied for all levels of need
- Originated in 1980s, evolved to be primary strategy for **operationalizing the SOC approach** at service delivery level
- **Evidence-based** process that cuts across all clinical interventions and formal and informal supports
- **Ecological perspective** focusing on all life domains

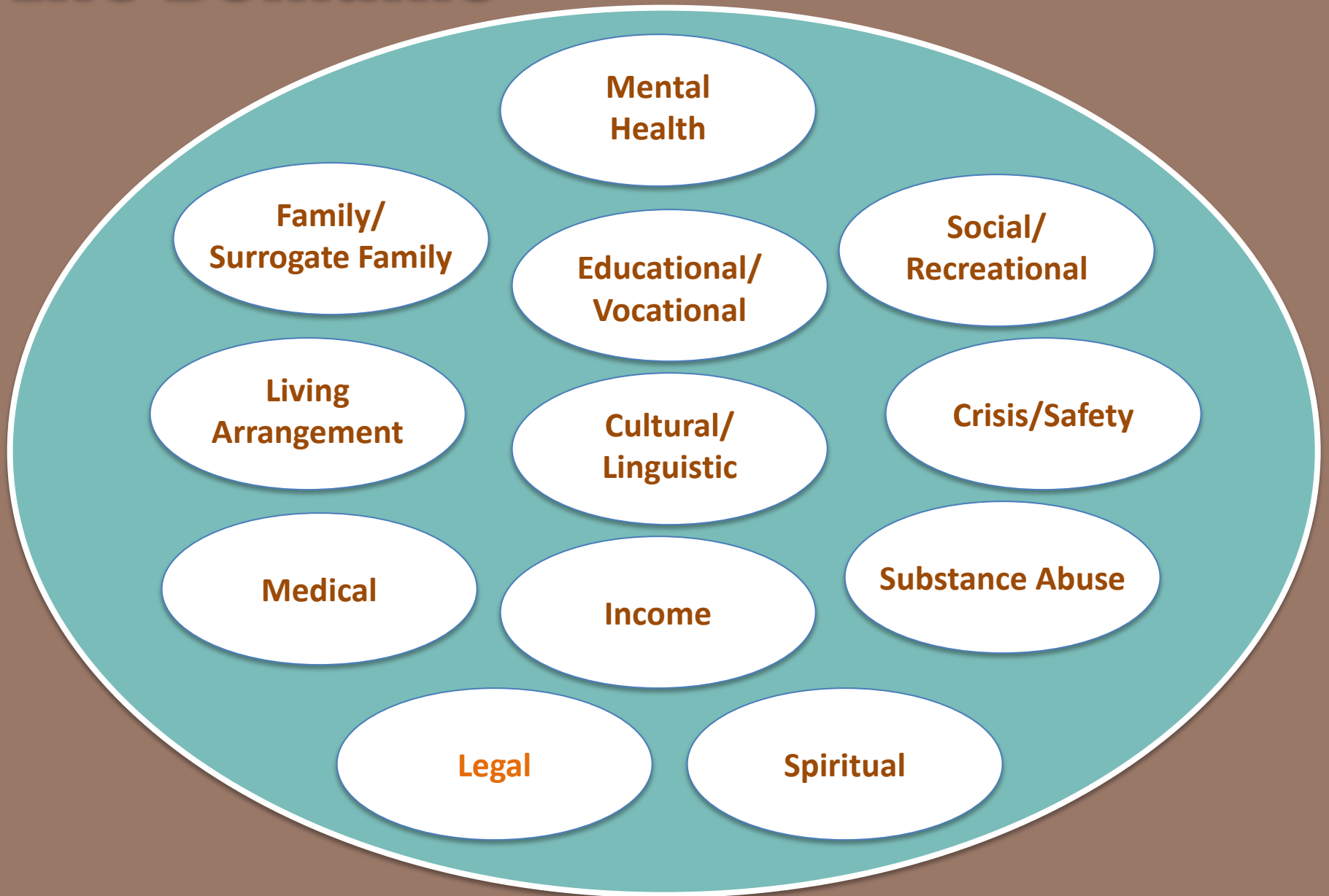
WRAPAROUND

Process



- Dedicated **intensive care coordinator** organizes and manages the process across systems
- **Child and Family Team** creates and implements a customized plan of care
- **Wraparound plan** includes and coordinates the entire array of services and supports that the child and family require across all life domains
- Team implements the plan and meets regularly to **monitor progress** and make adjustments to the plan
- Families and youth with **“lived experience”** provide peer support

Life Domains



FAMILY AND YOUTH DRIVEN

Services and Systems

- Family and youth voice at **service delivery level** in planning and delivering services to their own families
- Family and youth voice at **system and policy levels** in states and communities
- Requires major **paradigm shift** in how people think, act, and relate to one another
- **Family movement** has grown and strengthened with three national family organizations
- Realization of need to fully engage youth, **youth movement** is growing rapidly
 - Youth MOVE (Motivating Others Through Voices of Experience)
 - 86 Chapters in 37 states, over 10,000 members

FAMILY DRIVEN

Definition

Family-driven means families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services, and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Partnering in funding decisions
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth



YOUTH GUIDED/DRIVEN

Definition

Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures for all youth in the community, state, and nation. This includes:

- Youth are empowered in their treatment planning process from the beginning and have a voice in decision-making
- Youth are engaged as equal partners in creating systems change at the individual, community, state, and national levels
- Youth receive training
- Equal partnership is valued



MOBILE CRISIS RESPONSE

and Stabilization Services

Crisis Team

- 24/7 mobile crisis response in home and community
 - Typically a two-person team is on call and available to respond
 - May be comprised of professionals and paraprofessionals (including peer support) trained in crisis intervention skills
 - Works with child and family to resolve immediate crisis
 - Helps them identify potential triggers and strategies to deal with future crises
 - Links them to ongoing services and supports
- Defuse and de-escalate difficult mental health situations
 - Prevent unnecessary out-of-home placements, particularly hospitalizations
 - Provided in the home or any setting where crisis is occurring
 - Crisis stabilization period with transition to ongoing services (varying duration)
 - Crisis respite placements provide intensive short-term, out-of-home resources to avert need for psychiatric inpatient treatment
 - Addresses acute mental health needs and links the child to the family with ongoing services and supports

PEER SUPPORT

Parent and Youth

Peer Support Services

- Developing and linking with formal and informal supports
- Instilling confidence
- Assisting in the development of goals
- Serving as an advocate, mentor, or facilitator for resolution of issues
- Teaching skills necessary to improve coping abilities

- Providers of peer support services are family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health conditions, either as consumer or caregiver
- Provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth
- Participate in child and family teams for Wraparound process
- Peer support has a significant impact on engagement and effectiveness of services



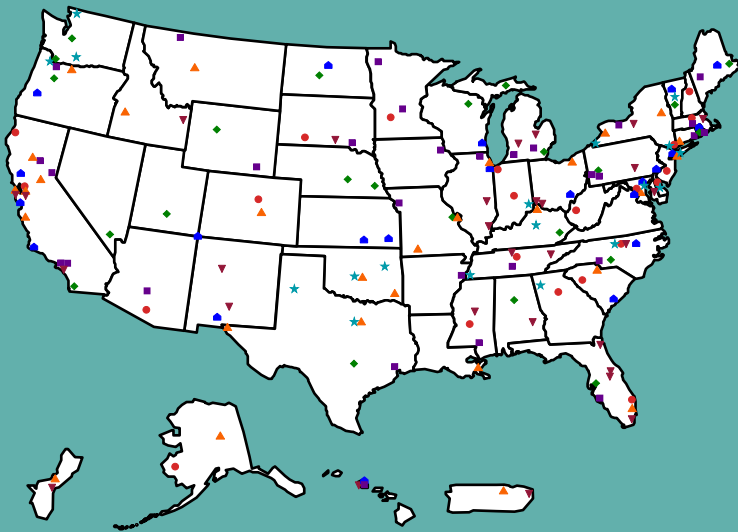
EVIDENCE BASE

FOR SYSTEMS OF CARE

SAMHSA

Children's Mental Health Initiative (CMHI)

- Invested resources and technical assistance in over 300 communities, states, tribes, and territories through 2016
- Has served over 135,000 identified children and youth
- Extensive national evaluation



Substance Abuse and
Mental Health
Services
Administration
(SAMHSA)

Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). Expanding the system of care approach: Improving the lives of children and families. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

EFFECTIVENESS

of Systems of Care

- **Improve the Lives of Children and Youth** – Decrease **behavioral and emotional** problems, **suicide rates**, and **substance use**; improve **school attendance**, grades, and graduation rates; decrease **arrests** and involvement with **juvenile justice**; increase **stability** of living situations
- **Improve the Lives of Families** – Decrease **caregiver strain**, increase **capacity** to handle child's challenging behavior, increase ability to **work**
- **Improve Services** – Expand to **broad array** of home and community-based services; customize services with **individualized, Wraparound** approach; improve care coordination; increase **family-driven, youth-guided** services; increase **cultural and linguistic competence**; increase use of **evidence-informed** practices

RETURN ON INVESTMENT

in Systems of Care (ROI)

- **Redeploy resources** from higher-cost restrictive services to lower-cost home- and community-based services and supports
- Increase utilization of **home- and community-based** treatment services and supports
- **Decrease admissions and lengths of stay** in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment, juvenile justice, and out-of-school placements)
- Reduce **costs across systems** (e.g., reduced out-of-home placements in child welfare and juvenile justice with substantial per capita savings)
- **Savings** in short term and future

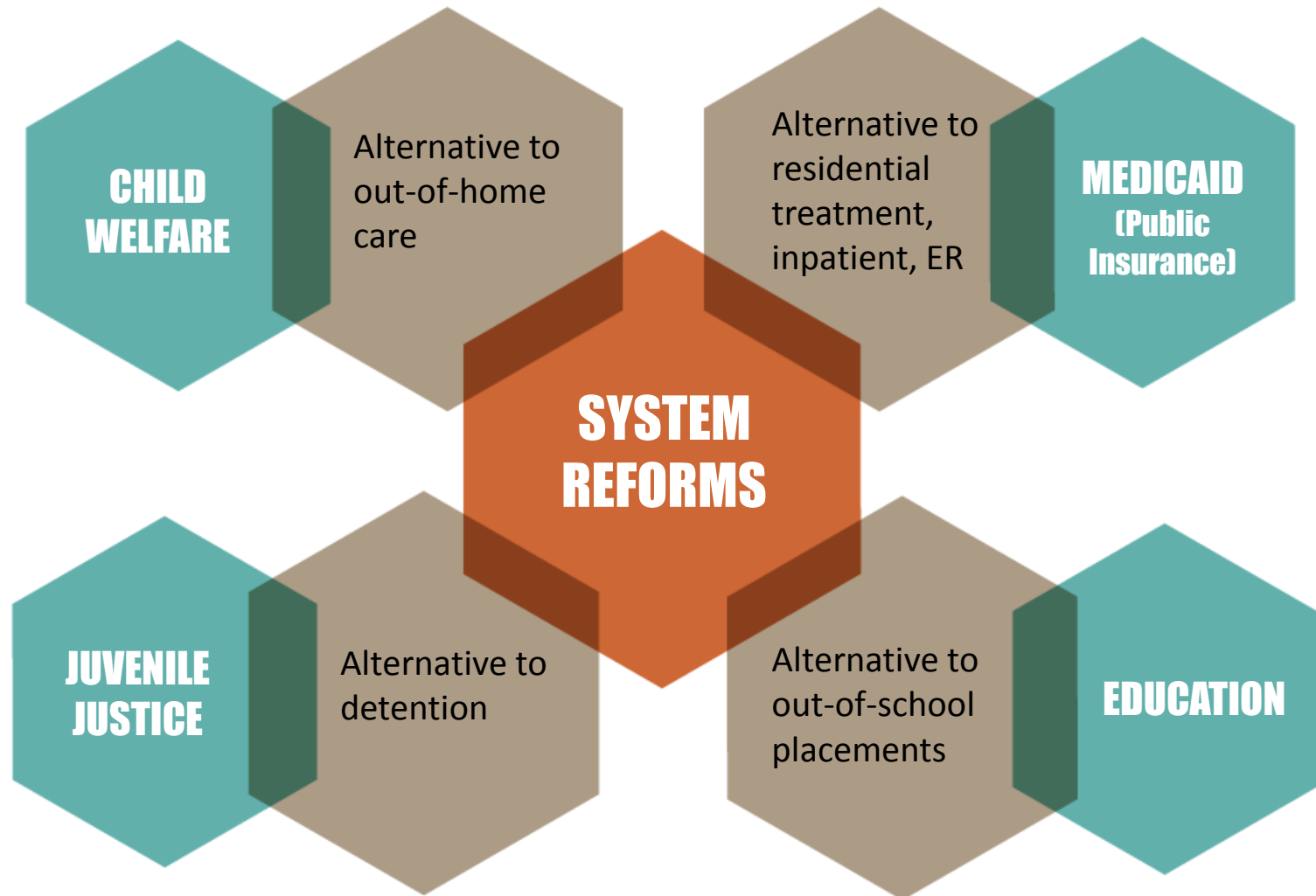
ROI EXAMPLES

CMHI National Evaluation

Outcome	Cost Savings
Reduced Inpatient Use	Average cost/child reduced by 42% \$37 million saved when applied to all children in funded SOCs
Reduced Emergency Room (ER) Use	Average cost/child reduced by 57% \$15 million saved when applied to all children in funded SOCs
Reduced Arrests	Average cost/child reduced by 39% \$10.6 million saved when applied to all children in funded SOCs
Reduced School Dropout	Fewer school dropouts in SOCs (8.6%) than national population (20%) Potential \$380 million saved when applied to all children in funded SOCs (based on monetizing average annual earnings and lifetime earnings)
Reduced Caregiver Missed Work	Estimated 39% reduction in average cost of lost productivity (based on imputed average daily wage of caregivers)

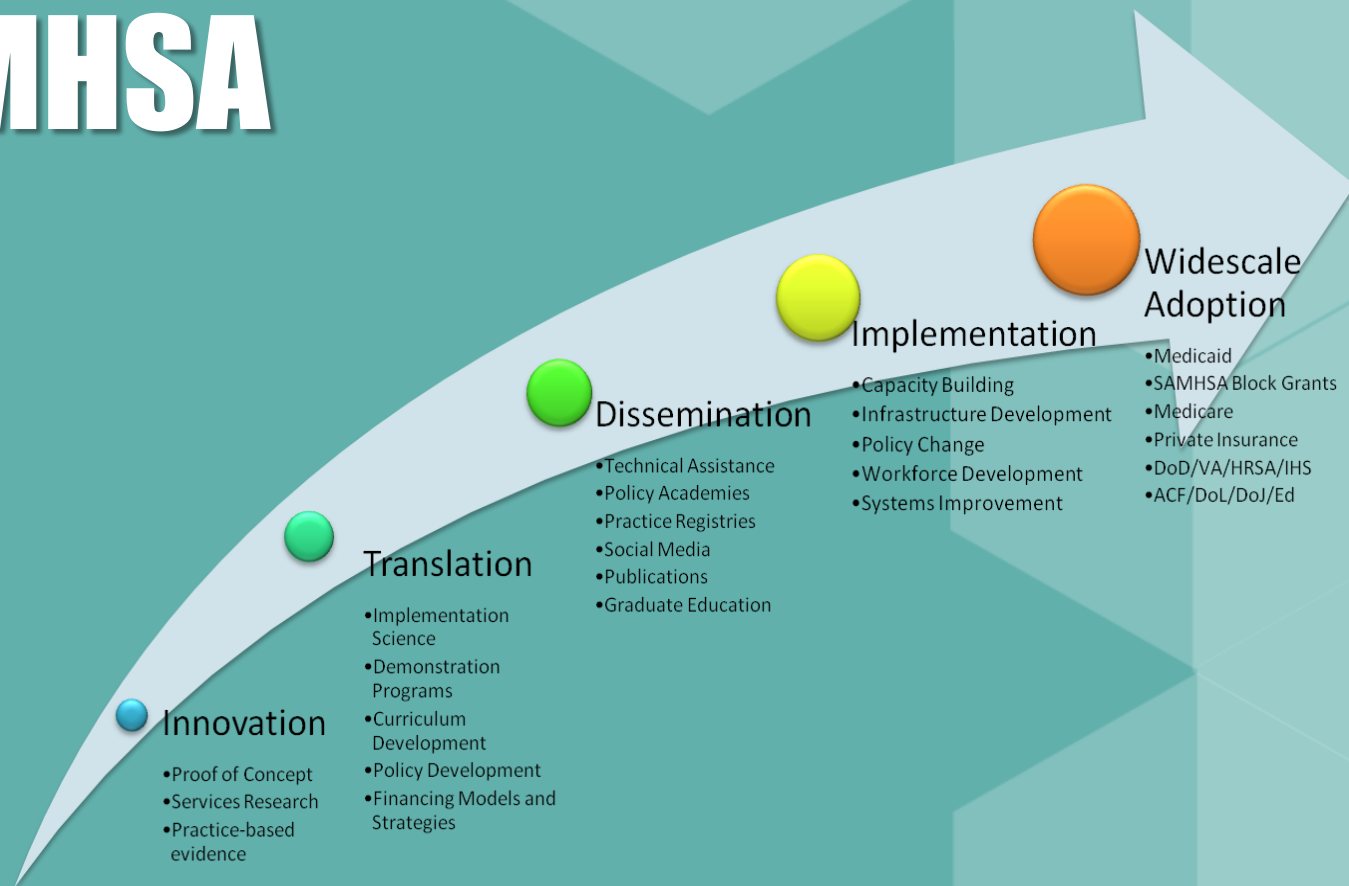
WIN-WIN SCENARIOS WITH SYSTEMS OF CARE

Alternatives to Services with High Costs and Poor Outcomes



THEORY OF CHANGE

SAMHSA



Innovation to Widespread Adoption

APPROACHES to SOC Expansion

- **Geographic** – Sequentially add counties, regions
- **Age band** – Early childhood, young adults
- **Level of need population** – Most high-need children, at risk for out-of-home placement
- **Funding eligibility** – Medicaid public insurance for low income
- **Service sector** – Education, child welfare, juvenile justice

Most Jurisdictions Use a Combination

STRATEGIC FRAMEWORK

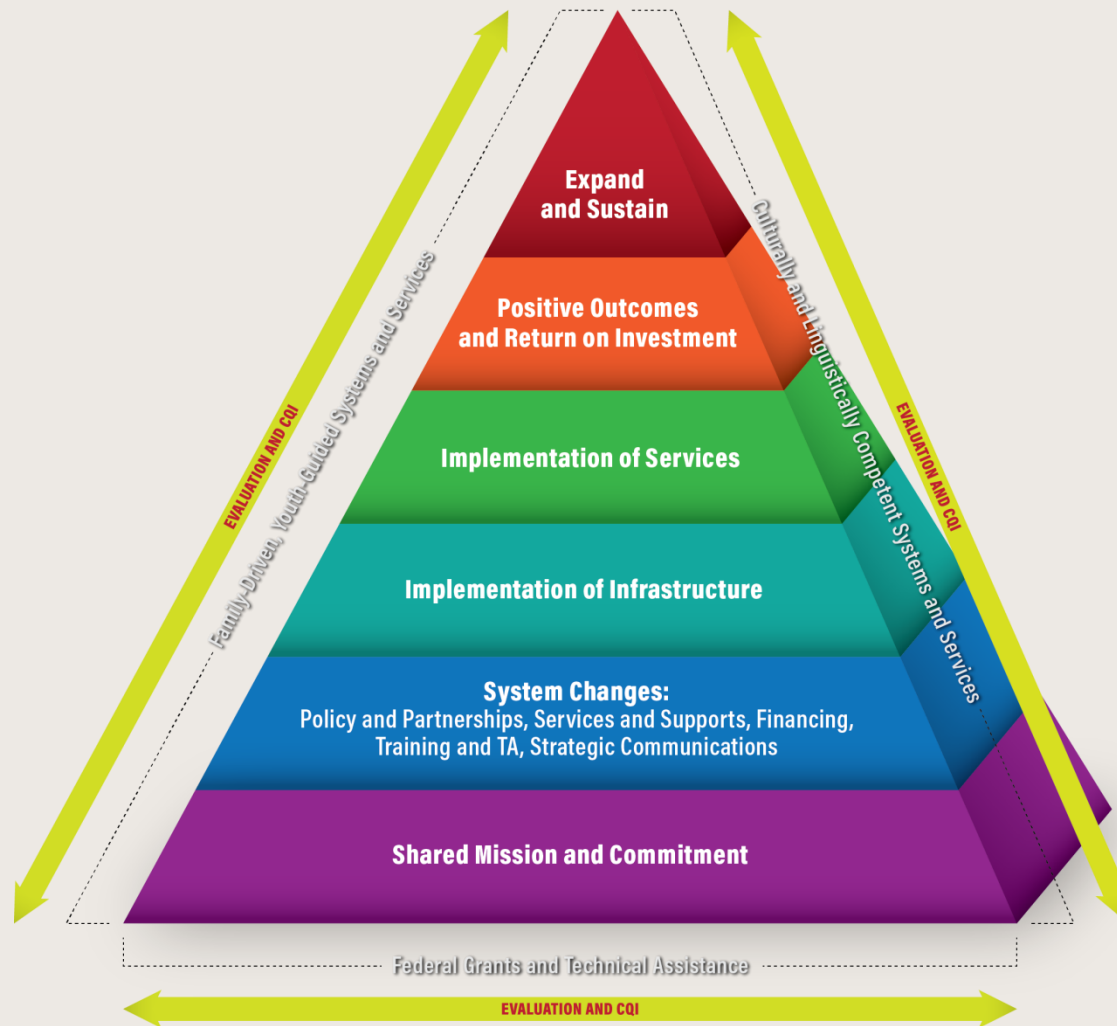
Roadmap to System Change

Informed by study of effective strategies that led to framework with five core strategy areas:

1. Implementing **Policy and Partnership** Changes
2. Developing or Expanding **Services and Supports** Based on the SOC Philosophy and Approach
3. Creating or Improving **Financing** Strategies
4. Providing **Training and Workforce** Development
5. Generating Support through **Strategic Communications**

Sub-Strategies in Each Area Overlapping and Interrelated

Pyramid of System Change





LESSONS LEARNED

LESSONS

Learned about SOC Expansion

- Programs vs. System Change
- Bi-Directional Approach
- Implementation vs. Sustainability
- Family-Driven and Youth-Guided
- Context for Reform??
- Strategic Communications for Support

SYSTEM CHANGE

Not a Project or Program

- System development is not a project or a program. Projects and programs do not sustain, system changes do.
- Goal is sustainable systemic changes
- Occurs with or without a grant or special funding
- Infuse and “institutionalize” policies, partnerships, services, financing
- Likelihood that services will not be maintained if efforts are conceptualized and perceived as a time-limited project or a separate program

Lesson: Direct efforts to making system and service changes in mainstream systems that will be maintained over the long term

BI-DIRECTIONAL

Approach to System Change

- Local development efforts not sufficient for wide-scale adoption based on experience and research
- Systemic changes at state level are essential in policy, financing, workforce development, services, etc. for expanding and sustaining innovations
- Led to changes in federal SOC expansion grants:
 - States must identify communities for implementation and how they will expand to other areas
 - Local areas must demonstrate how they're working with the state for high-level systemic changes
- Correspondence to Belgian system?

Lesson: Strengthen strategies for state-local partnerships for two-level approach to system change

ROLES of States and Communities in Expansion and Sustainability

Roles of States

- Establishing the vision for widespread implementation
- Establishing consistent statewide policies and standards
- Passing legislation
- Establishing interagency partnerships and coordinating executive leadership at the state level
- Securing financing for infrastructure and for services and supports
- Providing and financing statewide TA
- Collecting and analyzing data for evaluation and program improvement that support expansion

Roles of Communities

- Test, pilot, and explore feasibility of approaches
- Establish interagency partnerships and coordination at the local level
- Provide data to “make the case”
- Provide training and TA
- Contribute to the development of statewide family and youth leaders and organizations
- Participate in planning for statewide expansion
- Generate support and commitment among high-level decision-makers
- Develop seasoned leaders to contribute to future expansion efforts at state and local levels

DIFFERENCE

Between Implementation and Sustainability

- Implementation and sustainability are not separate requiring different plans or strategies
- Should be no dichotomy or disconnect – plans and strategies should be for both
- Nothing should be implemented without a strategy for sustaining
- Financing is significant, but sustainability is more than financing:
 - Approach, values and principles
 - Shift to new types of services and supports (home- and community-based)
 - Shift in practice approaches (more effective interventions, individualized approach, prevention and early intervention, etc.)

Lesson: Implementing and sustaining are the same goal, and all strategies should focus on both implementation and sustainability

FAMILY AND YOUTH DRIVEN

Theory to Reality

- Family and youth voice at all levels is fundamental to the SOC approach – “Nothing About Us Without Us!”
- Family and youth organizations are effective vehicles for moving to strengthen collective family and youth voice at national, state, and local levels
 - Youth MOVE
 - Federation of Families for Children’s Mental Health, Family-Run Executive Directors Leadership Association, National Alliance on Mental Illness
- Family and youth fulfill many critical roles at system and policy level and at child and family level

Lesson: Support and strengthen family and youth involvement, roles, leadership, and organizations at all levels.

FAMILY AND YOUTH

Roles

Roles at State and/or Local System and Policy Levels

- Advocacy
- Policy participation
- Design and implementation of services and supports
- Participating in evaluation of policies and services
- Family and youth leadership development
- Training/certification of peer support providers
- Recruiting, training, supporting families and youth for system/policy level participation
- Training professionals
- Strategic communications

Roles at the Child and Family Level

- Parent and youth peer support
- Respite services
- Information and referral
- Hotline/helpline services
- System navigation
- Support groups
- Family and youth education/training
- Services for families and youth in partner child-serving systems
- Social and recreational activities
- Community outreach and social media outlets

CONTEXT

for Reform

- Children's mental health reform does not occur in a vacuum
- Integrate and align with reforms with similar approaches
- Reforms in other child-serving systems
- Example in Flanders – “Decree Integral Youth Care”
 - Sectors collaborate to make services accessible through “Intersectorial Gate”
 - Teams for triage, case management, follow-up, multidisciplinary teams
 - Consultation function with caregivers, families, and teachers
 - Mediation function to resolve conflicts
 - Integration of crisis care
 - User and family participation

Lesson: Children's mental health reform occurs in the context of changes within the larger environment and must be integrated.

STRATEGIC COMMUNICATIONS

A Key to Success

- Generating support is fundamental to system reform and sustainability
- Not only public education campaigns (e.g., anti-stigma, increasing awareness of children's behavioral health issues)
- Critical for generating support among high-level policy- and decision-makers, clinicians, families and youth, service sectors, and other stakeholders
- Need to use data to make the case, especially data on return on investment

Lesson: Strengthen data-based strategic communications to generate support for system reform among decision-makers and stakeholders.

