

## **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

### **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

### **Creating a System of Care for Children's Mental**

SUSAN STROMBURG: Good morning, everybody. I'm delighted to be here. As Bonnie said, I'm from the Child, Adolescent and Family Branch in CMHS and SAMHSA.

In our branch, we administer several different programs and I'm going to tell you just a little about what some of them are and then we'll talk about the children system of care, which is the big program in our branch.

We have a program called the Statewide Family Networks, which is funding statewide family organizations to provide advocacy and support to families with a child with mental health needs. We have circles of care program--and I heard that term used in another context, the circles of care program that we have is an infrastructure program for tribes and tribal organizations to help them build the infrastructure to be able to serve their families and children with mental health needs. We have a child, adolescent infrastructure program, the statewide program where we look at providing infrastructure to connect children with mental health needs and conquering substance abuse disorders, which are very, very often the same children. And then the comprehensive community mental health

services for children and their families, big name, program, which we call the Children's Program. It is in here.

The Children's Program is a six-year grant, a six-year funded cooperative agreement program, supports the development of systems of care in states, counties, tribes, tribal organizations, and absolute territories as well. Our system of care grant in Iowa covers 10 counties, and Dr. Lobas will talk about them. It's okay.

In systems of care, the premise is that whenever possible, the mental health needs of children and their families can best be met in the community. Sounds like what I've heard--some of these sounds like what I heard this morning about dental care. I was even thinking that we could just rerun the previous presentation, just substitute mental health for dental health, and I could go back to the office. Yeah. Okay.

One of the core components of systems of care is interagency collaboration, including the vital link with physical health, which is essential. Just to digress a little bit--I was at a conference last week. It was a consensus conference to develop standards for mental health screening and assessment for children entering foster care. And the subject that came up that I couldn't understand was its very routine for children in foster care--out of foster care to be required or encouraged to have yearly physical exams. But the mental health was different.

And when we suggested that--well, the mental health screening could occur at the required physical exam that the children will have entering foster care, the reaction was, "Oh, pediatricians can't do that. No, this is--" it didn't go over well. And I'm very puzzled about that because I see such a link between the two. Okay.

We have a rigorous--now our systems of care program--and I'm going to talk a little bit about that. We have a very rigorous program evaluation and the results are published in a report to Congress every year, or every year, I think, we're up to 2004 now, so we're not real current, but we're working on it.

I have a lot of data that I could share with you that I don't have time now, but I'll have my contact information. If anybody wants specific data that we've received from the systems of care, I could certainly discuss that with you.

The comprehensive array of services that we support includes formal and informal services--talk about this. Very often, you can understand a child who's having some behavioral or mental health problems might need support in a team sport or--well, one of the examples often given is horseback riding, and sometimes this, when linked to a service plan, can be provided as a support to the child and the family to help the child learn how to function in a social situation. Partnerships are developed among all child-serving agencies such as education, juvenile justice, and of course, primary health. Okay.

In the system of care model, it's a little bit different. In a prior life, I was a child protective worker in New York and most of our families--the children or the parents had some mental health needs. What we did was we, as workers, knew what services were in the community. We looked at this menu of services and we would say, "All right. Well, we'll give you this one and this one and this one." In this system of care model, what we like to do is look at the child and the family and put in or develop, if necessary, the services that you give for the child and the family. The child and family are the center of the plan, not the list of providers and not the funding, so we try. Okay.

There've been calls for children's mental health since the 1960s. In nearly all of the reports advocating systems change, the major themes were the same and they were that most children in need simply were not getting the mental health services. Those served were often in excessively restrictive settings. Services were limited to outpatient, inpatient and residential treatment, and there were a few, if any, intermediate or community based services or options available.

The various child serving systems sharing responsibility for children and families hardly ever work together and that still exists in a lot of places. It's getting better, but when I worked in child protective, we didn't work with the education people. If a child went into probation, they had a separate worker and a separate counselor

through probation and a separate one through child welfare. And it really was very disjointed.

And lastly here, agencies and systems rarely consider or address cultural differences in the population they serve. Out of these recommendations through many reports came systems of care. The core values for systems of care, the system of care philosophy specify that services should be community based, child centered, family focused, and culturally and linguistically competent.

Comprehensiveness is a broad array of services well beyond the inpatient, outpatient and residential services that traditionally were available.

Individualization, not a cookie cutter approach, but services and supports designed to fit each child and each family's needs. Least restrictive setting, highly intensive treatment services do not necessarily require restrictive settings. More normative settings are possible and effective.

Families or other caregivers and youth should be active participants in all aspects of the planning and delivery of services for their own children and also in planning, operating and overseeing services at the system level. In a word, parents or caregivers should be partners in the system of care for service integration, the implementing structures and processes to ensure that the various

child serving agencies and programs work together to develop and oversee the system of care.

Care coordination assures the coordination of multiple services at the level of the child and family. Early identification, we have two kinds of meanings for that. One is the identifying the needs early for children, but also looking at appropriate mental health services for infants and toddlers and preschoolers. In our systems of care grant, we now have a cohort of grants looking specifically at services for the preschool population.

Rights protection and advocacy, we'd like to make sure we're protecting the rights of children, and advocacy to provide a voice in support of the systems of care. And nondiscrimination, we'll talk a little bit later also cultural and linguistic competence, access to service is very important to make sure that we're reaching all the need.

A system of care is a framework, it's a concept. It's not a prescription. It's not a model to be replicated. I would presume that the system of care being developed now in New York City is not going to look like the system of care in Iowa. It has to be specific to the community its serving. It's the philosophy and the value base that's constant, but everything else has to be individualized.

Okay. I'm going to start talking fast now. I'm going to go through some of these and I talk too much, I know I do.

Okay. We think of systems of care as surrounded by three components: resilience, leadership and transformation. And I'm going to skip over the next one too.

Okay. This graph--and I know you can't read the details, but it just shows where we've had systems of care so far and we, at this point, can say that every state has had at least one system of care and including tribal organizations, Indian tribes, and the territories of Guam and Puerto Rico.

And these are—okay, my boss, Gary Blau, the branch chief, has developed a transformation formula, which drives a lot of what we do, and I'm not going to read all of these, but basically his formula is that vision plus beliefs plus actions times continuous quality improvement squared is what you need for transformation.

Okay. I can do this fast.

At the service level, not the system level, systems of care often typically use a wraparound approach. Are people familiar with what that is? No? A wraparound approach is where you look at wrapping the services around the child and family.

There are several models out there. That's a whole additional presentation, but I encourage you to get some research and look at it. It's really fascinating. It's very, very effective. What we're doing is we're going to come out with a SAMHSA sponsored wraparound approach that's not territorial or--what's the word, it doesn't belong to a certain--what's the word I'm looking for--that's a public domain that anybody could use, you don't have to buy it. There's a word and I can't think of it.

Okay, continuous quality improvement. And with continuous quality improvement we also have a process to feed it back to the system so that we could make sure that we are using the information. I'm looking. I'm going to do it. I'm going to do it.

Systems of care work--actually I want to--and this is just one of the indicators that we have that caregiver and other family involvement in the service plan is one of the things that were looking at.

Okay. Family driven--and they said you want to do take a minute or half a minute to talk about--we have--originally when they started--this movement started several years ago, looked at family involvement and we learned that that wasn't enough. Families have to drive the system. When I did my child protective work, we didn't ask families what they needed. We came in with our piece of paper, the court order and we told them what to do. We did some really good work, but it wasn't as effective as it could've been. I wish I could go back and work with my

families again because we have to involve the families in the decision making. We also have learned that we have to involve youth in systems of care in the development in their own plan. And my little story here, there was another worker, when I was in child protective, who had a family with a teenager who kept running away. And once a week or so, we get a call from the mom, "She ran away again." And he knew where she'd go and he'd go and he'd retrieve her. And this was almost an office joke. And I said to him, and this really happened. I said to him once, "Why does she run away?" And he said, "I don't know. I never asked her." And this was a senior worker. But the training was that if this is the behavior, this is what we do. This is the process he'd go. He'd retrieve her and bring her back home, tell her not to do it again until the next week. We've learned that we have to find out what's going on with the children, why are they--why did she run away, and address that instead of just addressing it in a punitive way. Okay.

Cultural competence, we are developing a how-to guide in cultural competence of (inaudible) when we go out to sites and do sites visits and people will say, "Sure, we're culturally competent." We have an African-American doing this and we have a Latino person doing this job. So, therefore, we're culturally competent. And of course, it's more than that. So we're actually developing a how-to guide that's going to be more operational things, things you need to do beyond the theory.

Okay. I'm going. Let's go. Okay.

And this is pretty much of--what I wanted to say is we have a new RFA coming out and this is important, the end of this month, to watch the websites. There are going to be new--a new announcement for systems of care grants, their six-year grants approximately \$9 million each, I believe, although that does fluctuate some. And if people are interested, please contact me. I have some cards I'll leave here. I'd be happy to give you more information. I love this stuff. I could talk forever and--I can't. Thank you. Thank you.