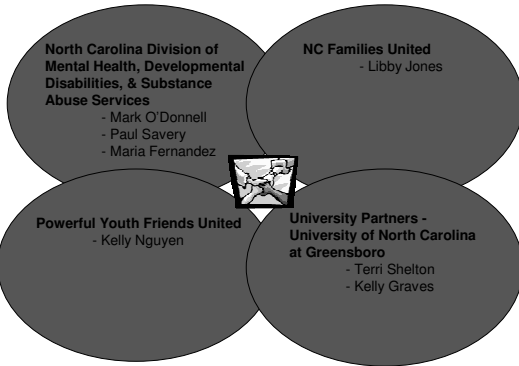


**Statewide Implementation of
Systems of Care for Children and
Youth with Mental Health
and/or Substance Abuse
Disorders: Family and
Professional Perspectives**

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TODAY'S TEAM



Overview of Symposium

- History of the implementation process of SOC in North Carolina
- Family and youth perspectives of the implementation process
- Evaluation/research perspectives of the implementation process
- University partnership perspectives of the implementation process
- Lessons learned and future directions

Multiple Perspectives

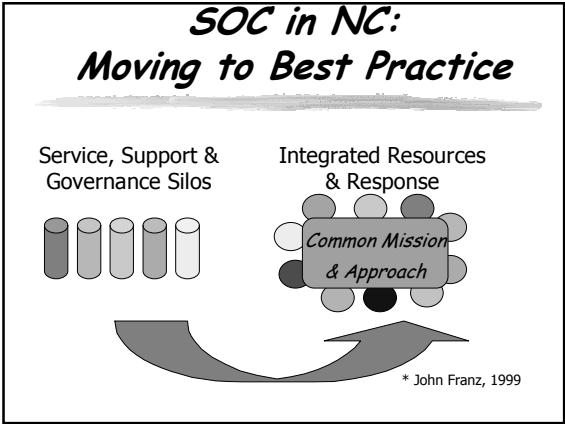
- Multidisciplinary Group = Multiple Perspectives
 - Various roles represented to demonstrate the coordination across the state
- Each perspective will discuss:
 - Strengths...
 - Challenges...
 - Next Steps...

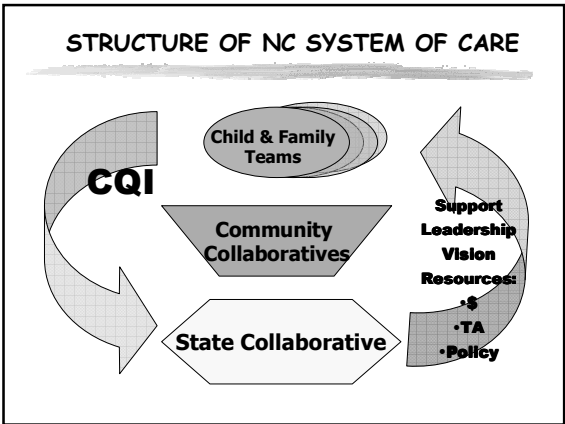
State Partner:
Overview of System of Care (SOC) in NC

- North Carolina has had a long history of providing an integrated system of services to children and youth with serious emotional disturbance (SED) that goes back to 1980
 - Willie M
 - RWJ Youth Initiative
 - Carolina Alternatives

CMHS-Funded SOC Projects

- Systematic efforts geared towards interagency collaboration, family participation, and cultural competence to sustain system of care at the state and local levels came with the North Carolina SOC demonstration projects
 - 1994: PEN-PAL (Pitt/Edgecombe - Nash Public Academic Liaison)
 - 1997: NC FACES (Families and Communities Equals Success)
 - 1999: SOC Network
 - 2006: Mecklenburg CARES





Statewide Implementation of SOC

- Core values and guiding principles of system of care are embedded in
 - o State Reform Plan for Mental Health
 - o Began in 2003
 - o Establishment of Local Management Entities (LME's)
 - o Legislative mandates for children's services
 - o e.g., Senate Bill 622 contains requirements for interagency collaboration, one child/one team/one plan, individualized strengths-based care, accountability (common outcome measures), and cultural competence

**Example of Inter-Agency Collaboration:
Creation of State Collaborative**

- The State Collaborative (family representatives and representatives from DMH/DD/SAS, the Department of Public Instruction, the Department of Social Services, Administrative Office of Courts, Department of Juvenile Justice and Delinquency Prevention, Local Management Entities, universities, and service providers)
 - Co-chaired by a parent and a university professor
 - Meets twice a month

**Integrating State Resources &
Policy to Support Community
Collaboratives**

State Collaborative

- State agency decision-makers work together as a team, share accountability
- Promote/develop policies that support local Community Collaboratives and SOCs
- Promote the development of needed resources, integrate and share resources: *Budgets on the Table*
- Work with families as full partners
- Establish/maintain MOAs

Strengths

- Strong history and commitment to the implementation
 - Financial
 - Investment in permanent SOC Coordinator Position
 - Funding of the creation of the SOC Toolbox
 - Non-UCR funding for family activities/support
 - Funding (about \$ 4 million) available for SOC development, including support of family organizations
 - Local Management Entities have received funding for SOC Coordinator positions (\$ 2 million)
 - Blended, braided funding for Child and Family Teams

Strengths

- Policy
 - Contract between the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and Local Management Entities requires support for community collaboratives
 - MOA's with State Collaborative - Current legislation requires child related departments/divisions (MH, SS, JJ, PH) to sign state and local MOAs defining points of cooperation
- Consumer-Friendly Partnerships
 - Individual child and family outcomes are tracked through a web-based system (NC Treatment, Outcomes, and Program Performance System)
 - Creation of the SOC Toolbox
 - State Collaborative established
 - Consumer Family Advisory Committee (CFAC) established for each Local Management Entity (LME)

Programmatic Progress

- **North Carolina, under MH Reform has defined *evidence based practices for mental health and substance abuse services and has developed service definitions to support evidence based best practice models including***
 - Multi-systemic Therapy (MST)
 - Community Support Services (CSS)
 - Intensive In-Home Services (IIT)
- **Completed *child mental health plan***

Challenges

- Sustainability in the face of state mental health reform
- Budget cuts and finances
 - Being able to draw down dollars for local communities
- Added areas of need as we become more aware of the state of mental health
- Increasing chronicity and acuity of children entering system
- Co-morbidity – issue of integrating substance abuse with mental health and infusing SOC into substance abuse treatment

Next Steps

- Based on prevalence estimates and billing, NC not serving the number of youth who were likely to need substance abuse treatment
- Vast majority of those youth who do receive services receive them as a consequence of entering the criminal justice system
- Led NC Division of MH/DD/SAS to apply for state infrastructure grant to address these gaps

NC Adolescent Substance Abuse Treatment Coordination Grant

- Expand North Carolina’s capacity to provide efficient, accessible, and affordable substance abuse treatment for youth and their families
- Build on North Carolina’s progress in infusing system of care philosophy into mental health
- Grant funded by SAMHSA/CSAT with families part of the writing team

Main Components

- Partnering with Families and Youth
- Workforce Development
- Financing and Policy

Each one offers its own strengths...

Partnering with Families & Youth

- Listserv of 250 caregivers/family organizations
- Information dissemination in partnership with statewide family organization through newsletters and regional trainings
- Workshops such as “How to Choose a Service Provider”
- Families and youth in paid positions, developing curricula, as co-faculty in courses, providing training

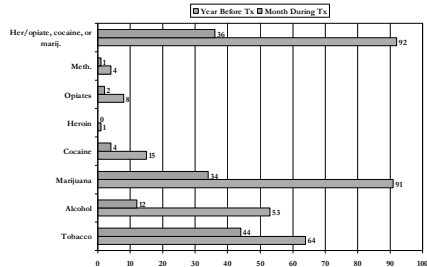
Workforce Development

- Finalizing Core Competencies in Assessment and Treatment of Adolescent Substance Abuse (ASA)
- Listserv of over 550 providers receiving regular information on ASA and quarterly newsletter
- Fall 2007: new class on ASA in Ph.D. program, practica in ASA in Master’s programs across the state, on-line course in ASA
- Training in Evidence Based approaches such as Cannabis Youth Treatment, GAIN as well as in system of care, ASA competencies
- Funded attendance at national and regional conference such as JMATE

Financing & Policy

- Established Subcommittee on Adolescent Substance Abuse within State Collaborative
- Provided Access to Mental Health Trust Funds to Support Best Practice in Adolescent Substance Abuse

Substance use drops, but more work still needs to be done...



Data from: North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, (2006, Nov).
 NC-TOPPS: Adolescent Substance Abuse Consumers Statewide. Raleigh, NC: DHHS.
 Also available at: <http://factops.ncdohh.net/>

Challenges/Next Steps

- How to address stigma around substance abuse
- How to increase competencies in SOC, ASA, and EBT's
- How to increase diversity of providers in ASA as well as the cultural competence of all providers
- How to increase number of caregivers and youth interested/able to partner in training and policy
- How to sustain efforts past the grant

Caregiver Partners

- Formation of a statewide family organization and a youth organization
 - NC Families United
 - Powerful Youth Friends United

NC Families United

- Families have an extremely visible presence with policymakers at the state level
 - Met with the Secretary of Health and Human Services, Director of the division of MH/DD/SAS, and Chief Advocate of Consumer Affairs for the division of MH/DD/SAS
 - Met with the legislative oversight committee
 - Director of NC's DMH/DD/SAS was guest speaker at annual conference
 - Chief Advocate of Consumer Affairs for NC's DMH/DD/SAS was speaker at pre-conference training

NC Families United

- NC Families United and the state mental health reform:
 - NC Families United has families on state committees, including a parent as co-chair of the state collaborative
 - NC Families United have parents/family members on the mental health planning council
 - Families had input into the state plan
 - Families sit on the Consumer and Family Advisory Committee for the area mental health centers

NC Families United

- NC Families United is helping to strengthen the family voice
 - Parent asked to present at Georgetown University for a consortium of human services providers
 - Parents present workshops on a national level
 - Parents are co-faculty at the University
 - Parents help write the curriculum
 - Parents co-teach the class
 - Parents review and grade student progress
- Creation of training curricula –
 - Parents Supporting Parents Mentor Program
 - Respite training with the Community College

NC Families United

- NC Families United and cross agency involvement
 - Parents are being asked to do training across the state
 - Asked to go to DC for Juvenile Justice training
 - Co-present with the ARC at a statewide conference
 - Local family group has contract with Department of Social Services to provide training to foster parents
 - Parents asked to be a part of a week long training with DPI and BED teachers
 - Parents asked to do a workshop for BED teachers
 - Local parent group provided a statewide training for juvenile court counselors on system of care and children with mental health challenges

Challenges

- Parents are more involved, but there is still work to be done...

Family Involvement with...	
Services and/or Planning	83%
Treatment Services	81%
Person-Centered Planning	48%

Data from: North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. (2006, Nov). *NC-TOPPS: Adolescent Substance Abuse Consumers Statewide*. Raleigh, NC: DHHS. Also available at: <http://factops.ncdnh.net/>

Challenges

- Inconsistent funding streams to support parent involvement
- Sustainability of the family organizations in local communities
- Training and assistance to help parents build a strong organization
 - Erroneous assumption that one person is going to have *all* the skills necessary to run organization (e.g., strategic planning, budgets, business plans, content, political savvy, etc.) by him/herself while not getting burned out
 - although typically only one funded position
- Not systematic about building capacity for new leaders
 - Tap out the ones that we have

Next Steps

- Recruitment efforts
- Increased funding and sustainability efforts
- Changing the misperception that parents should not be paid for their roles in training or other meetings
- Reducing stigma

Youth Partners

- Establishment of the organization - Powerful Youth Friends United
- **Statewide and national recognition**
 - Powerful Youth mentioned in a national newsletter
 - Director of NC's DMH/DD/SAS mentioned Powerful Youth Friends United in a Public Broadcast System (PBS) interview

Strengths

- **Training and Leadership**
 - Powerful Youth asked to present 2 workshops for local System of Care training
 - Youth and their siblings across the state have presented at national workshops
 - Powerful Youth asked to be keynote speakers at conference
 - Identified Youth and siblings across the state have been speakers at the Universities
 - Identified Youth and siblings present at Statewide Collaborative

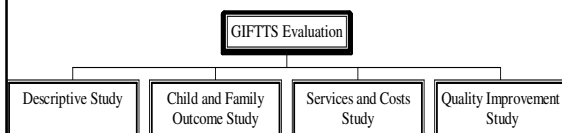
Strengths

- **Policy work**
 - Powerful Youth met with The Director of the Division of MH/DD/SAS
 - Powerful Youth meet with the Chief Advocate for Consumer Affairs for the division of MH/DD/SAS
 - Powerful Youth met with the Secretary of Health and Human Services at **HER** request

Challenges/Next Steps

- Increase funding and sustainability efforts
- Continued need to identify new leaders starting early
- Need to strengthen leadership and advocacy training
- Continue to highlight the valuable contribution of youth to policy and community advocacy
- Highlight how to collaborate with youth (e.g., scheduling meetings after school, provide school credit for policy/advocacy activities, ensuring more than one youth member for community planning groups)
- Continue to work more closely with the families

Evaluation Partner



Evaluation

Outcomes Data – Disseminated Via:

- Aggregate basis in the form of a monthly report that is distributed to state office, community collaborative, front-line staff, relevant committees (service delivery, training), webpage

Outcomes Data Utilized Via:

- Provide information on subgroups that may benefit most from SOC approach (for training and service delivery purposes)
- Provide information on identified variables that may moderate the effects of outcomes within the SOC (e.g., intensity of services)
 - e.g., What is the mechanism by which SOC works?

- Graves, K.N., & Shelton, T.E. (in press). Family empowerment as a mediator between family-centered systems of care and changes in child functioning: Identifying an important mechanism of change. *Journal of Child and Family Studies*.
- Graves, K.N. (2005). The links among perceived adherence to the system of care philosophy, consumer satisfaction, and improvements in child functioning. *Journal of Child and Family Studies*, 14, 403-415.

Evaluation

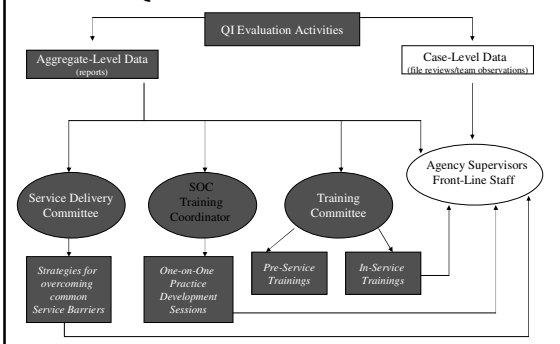
Continuous QI and Fidelity Monitoring – Disseminated Via:

- Case-by-case basis to front line staff (raw data from QI instruments)
- Aggregate basis in the form of a monthly report that is distributed to state office, community collaborative, front-line staff, and relevant committees (service delivery & training)

QI Data Utilized Via:

- Identifies *barriers to effective service delivery* - resources are focused on ways to overcome barriers
- Identifies *current training needs* - resources are subsequently devoted to provision of these specific training needs via in-service and pre-service training curriculums

MECHANISM FOR UTILIZATION OF QUALITY IMPROVEMENT DATA

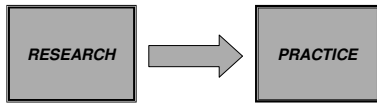


Next Steps

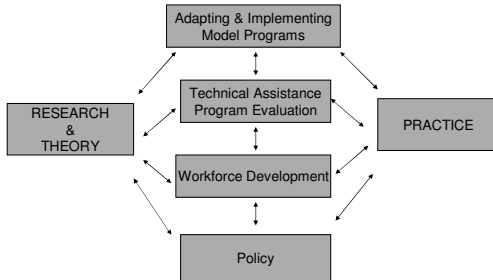
- Continue to conduct analyses and submit findings to raise awareness both locally, statewide, and nationally
- Continue to work with state, family, youth, and university partners to address research questions in order to translate research to practice...

University Partner UNCG Center for Youth, Family, & Community Partnerships

Translating Research to Practice



Translating Research to Practice



Adapting & Implementing Model Programs to Reflect System of Care

- Early Childhood Programs
 - Day Care
 - Early Head Start/Head Start
- Juvenile Justice
- Assisting Agencies in Grant Development

Technical Assistance & Program Evaluation

- Provide Infrastructure to Family and Youth Organizations
 - Serve as Fiscal Agent
 - Provide Office Space/Phone/Administrative Support
- Design and Implement Family-Centered Program Evaluation and Research
 - Families/Youth in Data Collection, Analysis, Dissemination
 - Testing Hypotheses that Add to Understanding of SOC/EBT

Technical Assistance & Program Evaluation

- Provide Strategic Planning
 - Review Agency Strategic Plan, Mission, Professional Development Plan for Evidence of Cultural Competence
 - Assist Agency in Conducting Cultural Competence Self-Evaluation/Walk Through
- Bolster Community Advocacy Efforts
 - Provide Research Synthesis
 - Use of Graduate Assistants to Conduct Program Evaluation

Workforce Development

- Preservice Training
 - Field Placements/Practica
 - Courses
 - Honors/Masters' Theses/Dissertations
 - Family as Co-Faculty
- Inservice Training
 - Workshops
 - Supervision
- Curriculum Development

Policy

- Use Data to Examine Effectiveness of Services
- Examine Qualifications of Providers
- Serve On Committees such as State Collaborative, NC Mental Health Planning Council

Challenges/Next Steps

- How to Address the “Culture” Clash between Traditional University Systems and System of Care in Partnering with Caregivers and Youth
- How to Provide Support and Capacity Building for Families/Youth in New Roles
- How to Provide Resources that Support but Do Not Supplant the Partnership

Lessons Learned

- Successes Due to the **Full** Integration of **All** Perspectives at **All** Levels
- Attend to the Integration of SOC with EBT – Linking Best Practice in the “How” as well as the “What”
- Integrate Evidence Best Practice with “Practice Based Evidence” – Key to Cultural Competence
- Pay As Much Attention to Best Practice in **Implementation** as to Best Practice in Treatment

Contact Information

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University Partner:

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“Coming together is a beginning, keeping together is progress; working together is success.” - Henry Ford
