Children's System Change Initiative Update

Department of Human Services
Addictions and Mental Health Division
April 2007

Governor Kulongoski Issues Executive Order for the Statewide Children's Wraparound Project

On March 27th Governor Kulongoski issued an executive order directing that the Statewide Children's Wraparound Project Steering Committee be established. The Steering Committee will develop a strategic plan for statewide implementation of a system of care approach to the delivery of behavioral health services and supports for children, youth and families. The Steering Committee will:

- identify and agree on a common vision and goals for improving services and overcoming barriers to providing coordinated, culturally competent behavioral health services and supports to children, youth and families;
- develop and document strategies to better utilize shared system resources, improve cross-agency service coordination at the state and local levels, and improve outcomes for children, youth and families; and
- develop a written, multi-year action plan for implementation of those strategies including, if necessary, recommendations relating to policy and statutory changes and/or requests for federal waivers.

The Steering Committee will be staffed by the Statewide Children's Wraparound Project Manager. An RFP was issued in January to identify the project manager. The RFP was subsequently awarded to Albertina Kerr Centers/Wraparound Oregon. The executive order can be viewed in its entirety on the governor's website at http://governor.oregon.gov/Gov/eo0704.pdf

CAF Issues RFP for "Intensive Community Care" BRS Foster Homes

DHS/CAF Office of Safety & Permanency for Children has issued an RFP to increase statewide access to enhanced services in a BRS foster care setting for children in their custody. When fully implemented, the RFP will add 43 "slots" to the BRS foster care system. Intensive Community Care (ICC) targets a resource gap for children that qualify for the children's mental health Integrated Service Array (ISA) and have child welfare and mental health needs that can more

effectively be met in a community-based setting. ICC will provide highly structured living environments with foster parents that are specially trained in behavioral support, in a placement that is conducive to the provision of in-home, intensive mental health services.

Twelve RFPs were released on April 13, 2007 for a total distribution of 43 slots of ICC to twelve geographic regions. The regions are similar to the Mental Health Organization regions, with some differences due to geographic considerations. If you would like more information about these RFPs, please go to the Oregon Procurement Information Network at orpin.oregon.gov.

Children's System Improvement Project RFP Awarded to LifeWorks NW

LifeWorks NW was awarded the Children's System Improvement Project (CSIP) RFP, a pilot project designed to support a system improvement for an Intensive Community-Based Treatment and Support Services (ICTS) provider. The RFP targets that cohort of children who require the most intensive services and supports to succeed. AMH staff will provide training to LifeWorks in "The Change Book," a tool to help implement a system change. LifeWorks NW is located in Tigard and provides services in the Portland metro area. The six month project includes a plan to share "lessons learned" with other ICTS providers.

State Incentive Grant – Cross Systems Forum May 30 and 31, 2007

The State Incentive Grant for Early Childhood Prevention (2003-2007) funded four pilot sites to integrate behavioral health prevention and intervention with early childhood services using the Starting Early Starting Smart approach. Lessons learned from these pilots and other early childhood cross-systems projects will be formulated and sent to the Steering Committee for the Statewide Children's Wraparound Project at a forum on May 30 and 31, 2007. The goals for the forum are:

1. To increase audience understanding of the need for healthy development to provide the architecture for young brains that will last throughout life based on consistent, positive experience with attentive, nurturing adults.

2. To increase audience understanding that the knowledge, experience and services of early childhood professionals can help them to support growth and development of young children and their families.
3. To increase audience understanding of the role of specialized professionals, such as mental health or early intervention, to meet more intensive social, emotional and behavioral needs of young children and their families in early childhood settings and with early childhood professionals.
4. To collect recommendations from audience and presenters in each of the breakout sessions to forward to systems development workgroup.

If you are interested in participating, please contact Sandi Lacher at Sandra.Lacher@state.or.us or 503 945-7814. For more information, contact Kathy Seubert at Kathy.K.Seubert@state.or.us or 503 947-5526.

DHS/CAF Enrollment Change Delayed

DHS decided to postpone the enrollment change for children in DHS Foster Care that had been planned for an effective date of July 1, 2007. AMH will target the January 2008 MHO Agreement for implementation of this change in MHO enrollment policy. While AMH regrets having to make this call, it was not possible to proceed within the federally required time frame for approving contract amendments and rate changes. Additionally, AMH and CAF have decided to modify the change in enrollment policy so that it only applies to children in BRS placements. AMH and CAF are developing a written memo for distribution that articulates the policy. AMH and CAF will continue to work with affected stakeholders to identify and resolve important implementation issues.

Meaningful Family Involvement on the Increase

Based on data from the 2005 and 2006 Youth Services Survey for Families (YSS-F):

- **During the transition to a new system of services and supports for children, parent and caregiver satisfaction with the coordination of mental health services, educational services, juvenile justice services, and child welfare services has improved; and**
- **Family perception of outcomes are:**
  - **86% or more were involved in their children's treatment; and**

- **overall, 72% or more felt services were appropriate.**

Additional evidence of increased family involvement:

- **114 family members trained to participate in advisory councils, planning committees and workgroups;**
- **16 family members participating at a leadership level and conducting trainings of other family members in family driven services and family involvement;**
- **11 family members hired/subcontracted with MHOs who are providing local family involvement coordination and leadership; and**
- **14 youth involved in advisory groups at the local, regional and state levels.**

Ongoing CSCI Meetings

- **Children's System Advisory Committee (CSAC) – meets 4th Friday of the month**
- **Quality Data Improvement Workgroup (QDIG) – meets 1st Wednesday of the month**

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Meaningful Family Involvement
Policy Three
April 25, 2006

It is the policy of the Office of Mental Health and Addiction Services (OMHAS) to support meaningful family involvement and family leadership at the child, state and local levels in the following ways:

1. OMHAS will develop formal linkages with the statewide family network(s) in order to:

a. Support participation in state level advisory councils, planning groups and workgroups, including pre-meeting visits and co-chair of such groups.

b. Engage family leaders in the provision of technical assistance and training to state and local providers:

- Including recruiting and training of family care coordinators.

- Provide family led training to all system participants on ‘family driven’ services, family involvement, etc.

c. Involve family members in site reviews of local Mental Health Organizations (MHO) and the Community Mental Health Programs (CMHPs).

d. Support participation in collaborative analysis and dissemination of outcome data to ensure the gathering of specific family outcomes and constructive use of data by the mental health system.

e. Develop capacity to subcontract with MHOs in provision of local family involvement coordination and leadership.

f. Develop capacity for family run psycho-educational groups, materials, and support services at the local level.

g. Develop a resource guide for families that included information about public mental health, family rights, terms and definitions.

2. Identify an OMHAS staff person to function as a Family Partnership Specialist who is a family leader in the Children’s Mental Health field.

3. MHOs will identify key personnel who will work with family members having difficulty accessing appropriate mental health services.

4. The Children’s System Advisory Committee (CSAC) approved the definition and guiding principles of ‘Family-Driven’ Care in children’s mental health. The CSAC used the Federation of Families Children’s Mental Health national organization’s statement on family-driven care as their model.

Definition of Family-Driven Care in Children’s Mental Health

Family-driven means families have a primary decision making role in the mental health care of their own children as well as the policies and procedures governing care of 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; and

- ✓ Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Definition of Family from the Intensive Community Treatment and Support Services rule: “Family” means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, caregivers and other primary relations to the child whether by blood, adoption, legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the family.

Guiding Principles of Family-Driven Care in Children’s Mental Health

1. Families and youth are given accurate, understandable, and complete information necessary to make choices for improved planning for individual children and their families.
2. Families and youth embrace the concept of sharing decision-making and responsibility for outcomes with providers.
3. Families and youth are organized to collectively use their knowledge and skills as a force for systems transformation.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Providers embrace the concept of sharing decision-making authority and responsibility for outcomes with families and youth.
6. Providers take the initiative to change practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities embrace, value, and celebrate the diverse cultures of their children, youth, and families.
10. Everyone who connects with children, youth, and families continually advance their cultural and linguistic responsiveness as the population served changes.

Guiding Principles for Foster Care Youth, Homeless Youth and other Children and Youth who are disconnected from their blood relatives.

1. Children and youth who are wards of the state, who are homeless or who are not in their biological or adoptive parent's care for any reason need relationships with significant and consistent figures in their lives.
2. These children and youth are empowered by mental health providers and by their legal custodians to identify grandparents, aunts and uncles, foster parents, cousins, siblings, friends' parents, neighbors, teachers and others as surrogate parent or support figures.
3. Children and youth and these significant support figures identified by them are included by mental health providers in sharing decision-making responsibility regarding mental health care.
4. Mental health providers recognize that extended family, foster families and other significant adult figures often possess vital information regarding the child/youth's developmental, health, mental health and educational history that is necessary to accurately evaluate, assess and treat children's mental health needs. Providers work to identify and contact individuals who have a significant or long-standing relationship with the child and who may have information that will contribute to accurate assessment and appropriate treatment and related services.
5. Good communication among the various figures in a child or youth's life is important to the child's mental and emotional well-being, and mental health providers play an important role in facilitating good communication between and among the child and the other important figures in their lives, including biological parents, foster parents, legal guardians, extended family and others.
6. When significant family figures are not present in a child's life, the child and family team, including mental health providers and state agencies who have legal custody, coordinate efforts to assist the child or youth to identify, contact and incorporate family and natural supports into the child's life and mental health treatment.
7. The Department of Human Services should access available technical assistance (such as The National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College) to help establish systems for identifying and contacting family and natural supports for disconnected children and youth in the mental health system.