

System of Care Development in Children's Mental Health and Child-Serving Partner Agencies

Since 2003 the Addictions & Mental Health Division of the Oregon Health Authority has been committed to improving outcomes for children with mental health challenges and their families, promoting the development of Systems of Care to better meet the needs of children, youth, and families. A System of Care is defined as a coordinated network of community-based services and supports characterized by individualized care, and a wide array of services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence.

Established in 2004, the Children's System Change Initiative (CSCI) created a uniform process to assess the need for intensive services. The CSCI established a structure that utilizes care coordination, administered by Mental Health Organizations (MHOs) as the primary vehicle to accomplish better service integration across systems for children and their families. Those children who meet criteria for the Integrated Services Array (ISA) are referred to an Intensive Community-Based Treatment and Support (ICTS) services provider and assigned a care coordinator who organizes and facilitates child and family team meetings. Strengths, needs, and goals are identified and documented in service plans.

Access to the service array, including more intensive services, is managed locally or regionally with the goal of keeping children and youth in their communities. In cases where that is not possible the community remains involved with planning and coordinates transitions to and from the community to ensure continuity of care.

Legislation passed in 2009 directs the Department of Human Services, Department of Education, Oregon Youth Authority, and the Oregon Commission on Children and Families to develop an integrated system of care in Oregon. This is being accomplished by collaboration with local communities to deliver coordinated services under a Wraparound planning model yielding more efficient and effective use of resources and positive outcomes for children, youth, and families.

Wraparound utilizes a facilitated team-based, family-driven process to identify the child and family's strengths and needs and formulate collaborative planning that is

implemented by team members. It is rooted in Systems of Care values and principles.

The Statewide Children's Wraparound Initiative (SCWI) began in July 2010 with the selection of three demonstration sites: Washington County Wraparound, Mid-Valley WRAP (Marion, Polk, Yamhill, Linn, & Tillamook counties), and Rogue Valley Wraparound Collaborative (Jackson & Josephine counties).

The initial phase of the SCWI has focused on children, from birth to age 18, who have been in the custody of DHS for more than one year and have had at least four placements or who come into custody and immediately need specialized behavioral health services and supports. Many of these children have a history of adverse childhood experiences, including abuse and trauma, and are at risk for developing emotional, behavioral, and substance use related disorders. Recent data analysis on children receiving services and supports through the project shows that after 90 days school performance improves, families receive improved supports, and expressed suicidal/homicidal intent by the children greatly decreases. Children in the project are able to decrease reliance on psychotropic medications within the first ninety days. Forty six percent of the children are also estimated as "improved" by caregivers by the end of just ninety days in the project.

The project demonstration sites are supported by DHS with workforce development training through Portland State University, and ongoing technical assistance from OHA staff in the Addictions & Mental Health division, and staff in DHS Child Welfare.

Creation of a statewide system of care, using Wraparound as a foundation will broaden the target population to include all children and their families in Oregon who are at risk for having a mental health, behavioral health and/or substance abuse condition and who have touched two or more child serving systems. The demonstration project sites will contribute "lessons learned" from the demonstration. Three additional sites have adopted the Wraparound planning model outside of the demonstration: Clackamas MHO, Verity/Multnomah MHO, and Intermountain Educational Service District in Pendleton. Moving forward OHA will focus attention on critical areas requiring action to strengthen Systems of Care statewide.

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