

“I live with a son who is mentally ill.
I love my son.
But he terrifies me.”

Liza Long, The Anarchist Soccer Mom <http://anarchistsoccermom.blogspot.com/2012/12/thinking-unthinkable.html>



What is a System of Care?

1975

Individuals with Disabilities Education Act (IDEA)
Children with *Disabilities* have appropriate education
available in the least restrictive environment

Children with “serious emotional disturbances”
= disabled?

1984

NIMH & DHSS initiated the
Child and Adolescent Service System Program
(CASSP)

What is a System of Care?

Guiding Principles

- Interagency Collaboration
- Individualized Strengths-Based Care Planning
- Cultural Competency
- Family & Youth Involvement
- Community-based Services
- Accountability

Our Partners

- Kirksville R-III Public Schools
- Kirksville Regional Office (DMH, Div. of Developmental Disabilities)
- Mark Twain Behavioral Health
- Children's Division
- 2nd Circuit Juvenile Office
- Adair County SB40 Developmental Disability Board (ACSDDB)
- Normile Family Center
- Parents/Foster Parents
- Adair County Health Department
- Preferred Family Healthcare
- Missouri Division of Youth Services
- Department of Elementary & Secondary Education
 - MO School-wide Positive Behavior Support
- MO State Systems of Care assistance teams and other SOCs

Disconnect

- Who else is working with your children?
- How many different plans are in place for the same family?
- Whose side are you on anyway? Mine or theirs?
- Problem-focused meetings

Disconnect

- Are home reports accurate?
- Are your schools expecting parents to 'do it all' and get services in place?
- Are your parents expecting the schools to set up and run everything the child needs?
- Lack of common language

Identified Desires of Parents

- Get all parents/community members involved
- Involve the child before specialized plans are needed
- Survey families
- All agencies should operate under ONE plan
 - Let one agency take the lead
- Use “kind” words when information is sent home.
We know there are problems, tell us when things are going “right.”

Why Do We Need Each Other?

Limitations

Authority
Location
Finances
Service Type
Manpower
Communication
Time

PBIS Philosophy

www.pbis.org

- Committed to Success of All Youth, not just Tier 2 & 3
- Prevention-Oriented
- Evidence/Data-Based
- System-Structured Modeling
- Leadership by Team
- Continuous Monitoring of Implementation & Success
- Universal Screening
- Early Intervention
- Ongoing Professional Development

- Change the Climate, Change the Child

Can System of Care Mirror This?

- ✓ Committed to Success of All Youth
Prevention-Oriented
- ✓ Evidence/Data-Based
- ✓ System-Structured Modeling
- ✓ Leadership by Team
- ✓ Continuous Monitoring of Implementation & Success
Universal Screening
Early Intervention
- ✓ Ongoing Professional Development

Change the Climate, Change the Family...
...Change the Community?

Initial Goals of the SOC Team

Common Vision

Common Language

Common Training



Common Vision

- Focus on **Quality of Life**
 - Start the conversation with the **goal**, not the problem.
Focus first on prevention, not reaction.
- Match confidentiality requirements
- Least restrictive environment
- Equal treatment
- Equal access across all environments

Adair County Philosophy

A System of Care is a **coordinated** network of community-based services, supports and organizations that **collaborate** and work together to **meet the challenges** of children and families who are at risk.

Families, youth and children work in **partnership** with public and private organizations to design mental health services and supports that are **effective**, that build on **strengths** of the individuals, and that address each person's cultural and linguistic needs.

A System of Care helps children, youth and families **function better** at home, in school and in the community **throughout life**.

Work
Together

Work with
Families

Work
Everywhere

Common Language



- Identify terms needed to **collaborate**
- Establish **ongoing communication** *between agencies and with families*

Common Training

- Create core training for all service providers
- Create delivery system of training
- Share training opportunities
- Train *with* other agencies - not just internally
- Train parents and interested community members along with professional personnel

Training by Layers

- **Tier 1/Universal Interventions/Primary Prevention**
Creating positive environments; teaching communication and social skills; data collection; available community resources
- **Tier 2/Secondary Prevention/Specialized**
How to use data for early identification of problem behavior; developing effective case plans; engaging resistant families; implementing interventions; managing referral processes across agencies
- **Tier 3 or Tertiary Prevention**
Creating systems that address chronic and severe problem behaviors; working with IEPs; working within the Court system; hotlines, investigations, and what happens when a child is removed?

How Do I Improve Relationships?

Focus on mutually desired outcomes –
Spin It

Seek common ground – “Our kids”

Find passionate people to start – Work
from a motivated base to reach needed
upper level support

How Do I Improve Communication?

Get administrative support across all
involved agencies

Identify contact person or position

Control what you can. You.

How Do I Improve **Efficacy**?

Establish Priorities – CASSP v. SOC

Identify problems in common

Develop a Mission

Obtain/share/review community data

Work within a functional model

Personalized Problem Solving

Risk Factors

vs.

Protective Factors

Remember:

Factors are both correlative & cumulative

Successful efforts must:

Emphasize early intervention

Target multiple factors

Personalized Problem Solving

Your Issues are Unique

How are you assessing your community issues?

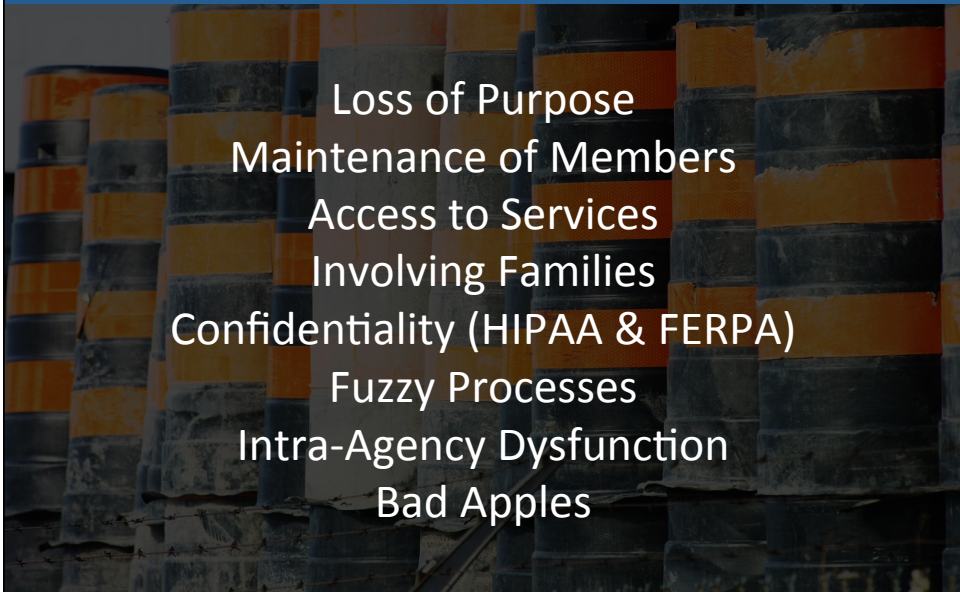
How are you evaluating which Risk Factors are more prevalent in your youth?

How do you plan on screening your community's youth to check for multiple Risk Factors?

What positive, community-wide standard of behavior could be modeled for identified high risk youth?

How are you going to get them to see it?

Barriers



- Loss of Purpose
- Maintenance of Members
- Access to Services
- Involving Families
- Confidentiality (HIPAA & FERPA)
- Fuzzy Processes
- Intra-Agency Dysfunction
- Bad Apples

What Can Anyone Do?

- Child-Centered Goals
- Family-Focused Efforts
- Plan within Child's Cultural Experience
- Try Least Restrictive/Intrusive Options First
- Reach out to Community Supports
- Educate yourself about existing agencies and potential partners
- Clarify intra-agency referral policies/process

What Can Anyone Do?

Are you exerting all your efforts to try to maintain subsistence for a family?

Are you enabling System Dependency?

What are you doing that will improve a child's Quality of Life ten years from now?

What Can Anyone Do?

Are you managing **symptoms**,
or treating the **cause**?

Frequent Negative Outcomes

Which of these frequent negative outcomes for children are currently the “biggest” problem for the children in your areas of influence?

(check no more than three)

_____ Infant Mortality (birth – 1)

_____ Juvenile Delinquency/Law Violation

_____ Child Death (1-14)

_____ Children Repeating Grades
in School

_____ Child Abuse/Neglect
(CA/N investigation with children
ultimately placed out-of-home)

_____ Controlled Substance Use/Abuse

_____ Violent Death (ages 15-19)

_____ Teen Suicide

_____ High School Dropout

_____ Repeated Psychiatric
Hospitalizations

_____ Teen Pregnancy/Parenting

_____ Placement in Residential Treatment

_____ Domestic Violence

_____ Lifelong Un-/Under-employment

How do you know?

Common Risk Factors & Risk Factors in Common

Which of these Common Risk Factors are shared across Academics, Child Abuse/Neglect, Mental Health, and Juvenile Delinquency as being known/evidenced Risk Factors in all realms?

- | | |
|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Delinquent Older Siblings | <input type="checkbox"/> Unemployed Household |
| <input type="checkbox"/> Absenteeism from School | <input type="checkbox"/> Poor Academic Performance |
| <input type="checkbox"/> Parental Divorce | <input type="checkbox"/> Premature Birth |
| <input type="checkbox"/> Permissive Parenting Style | <input type="checkbox"/> Low IQ, particularly verbal IQ |
| <input type="checkbox"/> Parent(s) w/ Felony Conviction | <input type="checkbox"/> Single-Parent Household |
| <input type="checkbox"/> High Exposure to Media Violence (TV, movies/videos, gaming, etc.) | <input type="checkbox"/> Adolescent Drug Use |
| <input type="checkbox"/> Emotional Disturbance Diagnosis | <input type="checkbox"/> Lack of Child Care Facilities in Region |
| <input type="checkbox"/> Low Heart Rate/Skin Response | <input type="checkbox"/> Birth to Teenage Parent |
| <input type="checkbox"/> Children under Age 6 in Poverty | <input type="checkbox"/> Parent(s) were Abused as Children |
| <input type="checkbox"/> Children with Birth Defects | <input type="checkbox"/> Elevated Violent Crime in Community |
| <input type="checkbox"/> Racism/Discrimination | <input type="checkbox"/> Children Receiving Public Mental Health Services |
| <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Early Childhood Trauma |
| <input type="checkbox"/> Association w/ Known Delinquent Peer Group | <input type="checkbox"/> Children of Teachers/School Administrators |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Parental Drug Use |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Maternal full-time employment |
| <input type="checkbox"/> Untreated parent mental health | <input type="checkbox"/> Inability to learn well in group settings |
| <input type="checkbox"/> No extra-curricular participation | <input type="checkbox"/> High school discipline rate in early grades |
| <input type="checkbox"/> Poorly funded school district | <input type="checkbox"/> Attention deficits/unchecked impulsivity |