


Mental Health System Transformation,
Family-Driven Care and PBS

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Purpose

A Discussion of:

- Transformation in the
Mental Health System
- The Role of Family-Driven
Care in PBS



Two Principles Guided the
New Freedom Commission

1. Services and treatments must be
consumer and family centered.
Commitments to choice and
options
2. Focus on recovery and resilience.
Increase coping, not just symptom
reduction



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Six Goals of the
New Freedom Commission

1.
Americans will understand that
mental health is essential to
overall health;



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Six Goals of the
New Freedom Commission

2.
Mental health care is consumer
and family-driven;



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Six Goals of the
New Freedom Commission

3.
Disparities in mental health care
are eliminated;



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Six Goals of the New Freedom Commission

4.
Early mental health screening, assessment, and referral to services are common practice;



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Six Goals of the New Freedom Commission

5.
Excellent mental health care is delivered and research is accelerated; and



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Six Goals of the New Freedom Commission

6.
Technology is used to access mental health care and information.



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Definition of Family-Driven Care

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:




Definition of Family-Driven Care

1. Choosing culturally and linguistically competent supports, services, and providers;
2. Setting goals;
3. Designing, implementing and evaluating programs;
4. Monitoring outcomes; and
5. Partnering in funding decisions.



Guiding Principles of Family-Driven Care


1.
Families and youth, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes



Guiding Principles of Family-Driven Care

2.


Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.



Guiding Principles of Family-Driven Care

3.


All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.



Guiding Principles of Family-Driven Care

4.

Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.



Guiding Principles of Family-Driven Care

5.


Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.



Guiding Principles of Family-Driven Care

6.


Providers take the initiative to change policy and practice from provider-driven to family-driven.



Guiding Principles of Family-Driven Care

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 and where family and youth run organizations are funded and sustained.



Guiding Principles of Family-Driven Care

8.

Community attitude change efforts focus on removing barriers and discrimination created by stigma.



Guiding Principles of Family-Driven Care

9.


Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.



Guiding Principles of Family-Driven Care

10.

Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.




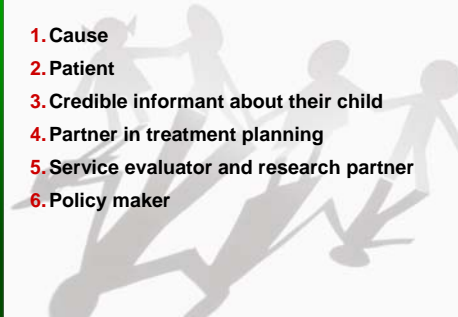
Changing the Community Culture

FROM	TO
Blame	Valuing Each Other, Strengths,
Suspicion	Sharing a Common Vision,
Mistrust	Pooling Resources,
Condescension	Respect and Understanding,
Frustration	Advocacy to Strengthen
Litigation	Families and All Systems




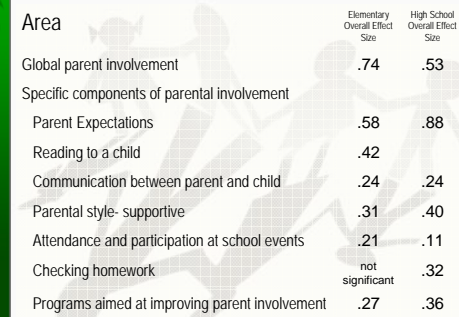
The Evolving Roles of Family

- 1. Cause**
- 2. Patient**
- 3. Credible informant about their child**
- 4. Partner in treatment planning**
- 5. Service evaluator and research partner**
- 6. Policy maker**

Why Involve Families?

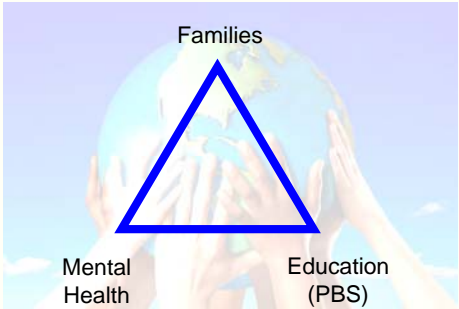

Area	Elementary Overall Effect Size	High School Overall Effect Size
Global parent involvement	.74	.53
Specific components of parental involvement		
Parent Expectations	.58	.88
Reading to a child	.42	
Communication between parent and child	.24	.24
Parental style- supportive	.31	.40
Attendance and participation at school events	.21	.11
Checking homework	not significant	.32
Programs aimed at improving parent involvement	.27	.36

How Do Families, PBS, and the MH System Mobilize?





Components of an Effective Partnership

Contrasting Perspectives in School-Based Mental Health

	Education System	Mental Health System
Overarching Influence	Individuals with Disabilities Education Act (IDEA)	Diagnostic and Statistical Manual (DSM)
Conceptual Framework	Behavior Disorders, Challenging Behavior, Academic Deficits	Psychopathology, Abnormal Behavior, Impaired Functioning
Important Theoretical Influences	Behaviorism, Social Learning Theory	Psychoanalytic Approaches, Behavior Theory, Cognitive Psychology, Developmental Psychology, Biological/Genetic Perspectives, Psychopharmacology
Focus of Intervention	Behavior Management, Skill Development, Academic Improvement	Insight, Awareness, Improved Functioning
Common Focus	Improving Social and Adaptive Functioning Importance of and Need to Increase Availability, Access, and Range of Services	



Resolving Paradigm Conflicts in SBMH




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The Essential Elements of Wraparound




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The Essential Elements of Wraparound




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The Essential Elements of Wraparound



Balance of Formal and Informal Supports

Unconditional Commitment

Collaboration

Outcomes Determined and Measured


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The Core Principles of RtI




- We can effectively teach all children.
- Intervene early.
- Use a multi-tier model of service delivery.
- Use a problem-solving method to make decisions within a multi-tier model.


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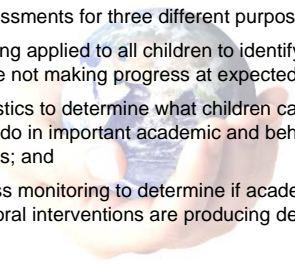
The Core Principles of RtI




- Use research-based, scientifically validated interventions/instruction to the extent available.
- Monitor student progress to inform instruction.
- Use data to make decisions.

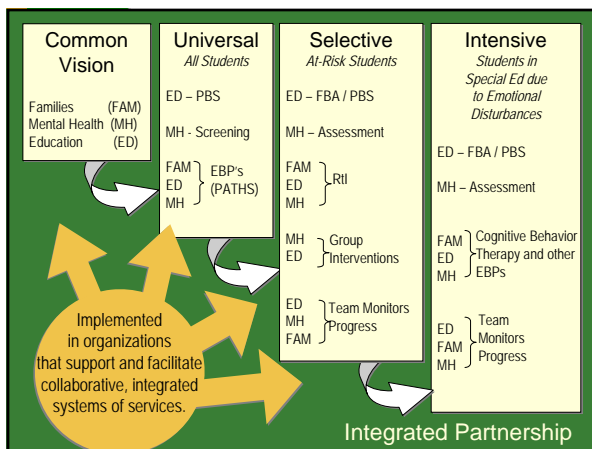

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The Core Principles of RtI



- Use assessments for three different purposes:
 - (1) screening applied to all children to identify those who are not making progress at expected rates;
 - (2) diagnostics to determine what children can and cannot do in important academic and behavioral domains; and
 - (3) progress monitoring to determine if academic or behavioral interventions are producing desired effects.


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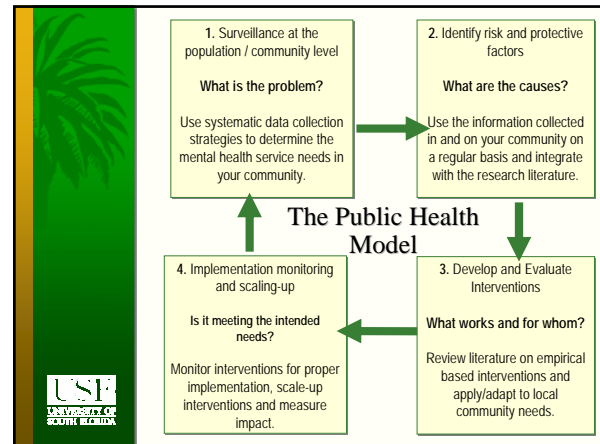


Level:	Universal	Selective	Indicated
School	<ul style="list-style-type: none"> ■ School-wide PBS ■ SEL curriculum ■ (e.g., PATHS) 	<ul style="list-style-type: none"> ■ Classroom PBS ■ Response to Intervention ■ FBA ■ Teacher directed skills and curriculum 	<ul style="list-style-type: none"> ■ Special Ed placement ■ Specialized curriculum ■ Specially trained teacher
Mental Health	<ul style="list-style-type: none"> ■ Mental Health Promotion Activities 	<ul style="list-style-type: none"> ■ Specialized Mental Health services – counseling 	<ul style="list-style-type: none"> ■ Wraparound services ■ Medication
Parent	<ul style="list-style-type: none"> ■ Aware of activities of school 	<ul style="list-style-type: none"> ■ Equal decision maker ■ Skills taught at school reinforced at home 	<ul style="list-style-type: none"> ■ Directs care and IEP
	← Low Level of empowerment, problem solving, and specialized skills High →		

Is There a Unifying Conceptual Model to Guide Us?



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<p>Assess the boundaries of the problem What is the problem? Use systematic data collection strategies to determine the specific educational and mental health challenges in your community relating to aggression in youth.</p> <p>Steps to Identify Priority Problems</p> <ul style="list-style-type: none"> Establish a task force comprised of school advisory councils and mental health planning team members that has resources and authority for engaging in decision-making for service planning. Use existing data to create a composite picture of the amount of violence committed by youth in the community. Existing data should be examined for indicators of aggression and violent behavior in youth in your community to help direct actions. Examples: <ul style="list-style-type: none"> What is the rate of juvenile arrests for violent crimes in your community? What are the rates of suspensions and dropping out of school in your community? What are some indicators of substance abuse problems amongst youth in your community? What are the rates of behavior referrals in schools due to "fighting"? Prioritize the problems to be addressed. 	<p>Identify risk and protective factors What are the causes? Use the information collected on your community to identify the individual and social constructs relating to aggression in youth.</p> <p>Steps to Identify Risk & Protective Factors</p> <ul style="list-style-type: none"> Identify individual and social risk and protective factors for each prioritized problem. Risk factors are those conditions that increase the likelihood of a negative outcome for children. Protective factors are conditions that reduce the probability of the negative outcome. Examine the empirical literature and condense the information to identify the risk and protective factors associated with the priority problem. Examples: <ul style="list-style-type: none"> A common risk factor associated with the problems of aggression and substance use is negative peer influence. What is the capacity of the community and each school to provide clubs, civic, extracurricular activities, supervised after school programs? A common risk factor for aggression in youth is school failure. What programs exist for the early identification and remediation of at-risk learners? What is the capacity to involve parents with positive parenting skills? To what extent are teachers effective in working with diverse populations of students and families? Integrate the community data with the research literature to identify your priority risk and protective factors heading to be addressed in your community. 	<p>Develop and evaluate interventions What works and for whom? Review literature on empirically based interventions and apply/adapt to local community needs.</p> <p>Steps to Implement Evidence-Based Programs and Practices</p> <ul style="list-style-type: none"> Use the research literature to identify evidence-based programs and practices that are appropriate for addressing the prioritized risk and protective factors in your community. Comprehensive need to be aware of the need to integrate and balance the implementation of universal, selective, and indicated interventions. After universal interventions have been established, the effectiveness of underlying selective and indicated interventions will be facilitated. The Task Force must also investigate the feasibility of implementing the selected evidence-based program for success such as cost of the program, staff training necessary for implementation, and cultural relevance. Additionally, Task Force members should explore the resources needed to support the implementation of the selected intervention over the life of the program. A Task Force that identifies aggression and substance abuse for possible action, for example, could examine the feasibility of implementing the following programs: <ul style="list-style-type: none"> For aggression - the RCTSD Program: Promoting Alternative Thinking Strategies is a universal prevention program that teaches skills such as self-control, social competence, and interpersonal problem-solving skills. An example of an indicated intervention is the Anger-Coping Program, which uses a group setting to reduce antisocial behavior. For substance use - the Violence Prevention Program focuses on drug abuse prevention with classroom-based lessons and parent involvement. 	<p>Implementation monitoring & scaling-up Is it meeting intended needs? Monitor interventions for proper implementation, scale-up interventions, and measure impact.</p> <p>Steps for Implementation, Monitoring, and Scaling-Up</p> <ul style="list-style-type: none"> Create infrastructure to evaluate and monitor youth and community outcomes to determine the effectiveness of efforts. Create quality assurance standards and training opportunities to support the dissemination and widespread adoption of successful efforts.
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What Are Some Barriers to Achieving Family-Driven Care?


- Parents feel overwhelmed and isolated by lack of information
- Parents feel intimidated by unequal power
- Parents feel blamed and disrespected by professionals
- Parents have experienced poor customer service

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Personal Reflections

1.

What would fully implemented family-driven care mean to you in your role? In other words, as a parent, a therapist, a child welfare worker, a judge, or any other role caring for children with mental health needs, how will family-driven care impact you?




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Personal Reflections

2.

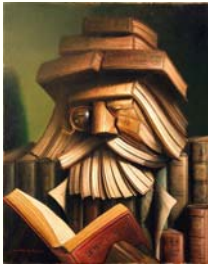
What kind of support will you need to move toward family-driven care? Who can help you as you travel this road?




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Personal Reflections 3.

In order to learn new ways of doing things, we must sometimes unlearn old ways. Are there ways of thinking, prejudices, assumptions, or attitudes you will have to unlearn before you can fully implement family-driven care? If so, what are they?





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Personal Reflections 4.




What support will you need to unlearn old ways, and who might support you in that unlearning process?


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Personal Reflections 5.




What challenges do you think you will face in implementing family-driven care?


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Personal Reflections 6.





What strengths or assets do you bring to the process of implementing family-driven care?


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Personal Reflections 7.

How will family-driven care make your life, your child's life, or your work better?




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http://cfs.fmhi.usf.edu/resources/publications/fam_driven_care.pdf



<http://rtckids.fmhi.usf.edu/rtcpubs/study04/>


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http://cfs.fmhi.usf.edu/resources/publications/fam_driven_care.pdf
Today's power point presentation: <http://cfs.fmhi.usf.edu/staff-details-b.cfm?staffID=107>