

Integrating Best Practices within the Interconnected Systems Framework

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August 11th, 2016

Indian Health Service-National Behavioral Health Conference

Learning Objectives

- Define the principles of the Interconnected Systems Framework and implications within a Trauma Informed Model.
- Distinguish between the Interconnected Systems Framework and Positive Behavior Intervention and Supports within a School-Based Healthcare setting and implications within a Trauma Informed Model.
- Explain ideas for implementation of Trauma-Informed best practices within an Interconnected Systems Framework in a School-Based Healthcare setting.

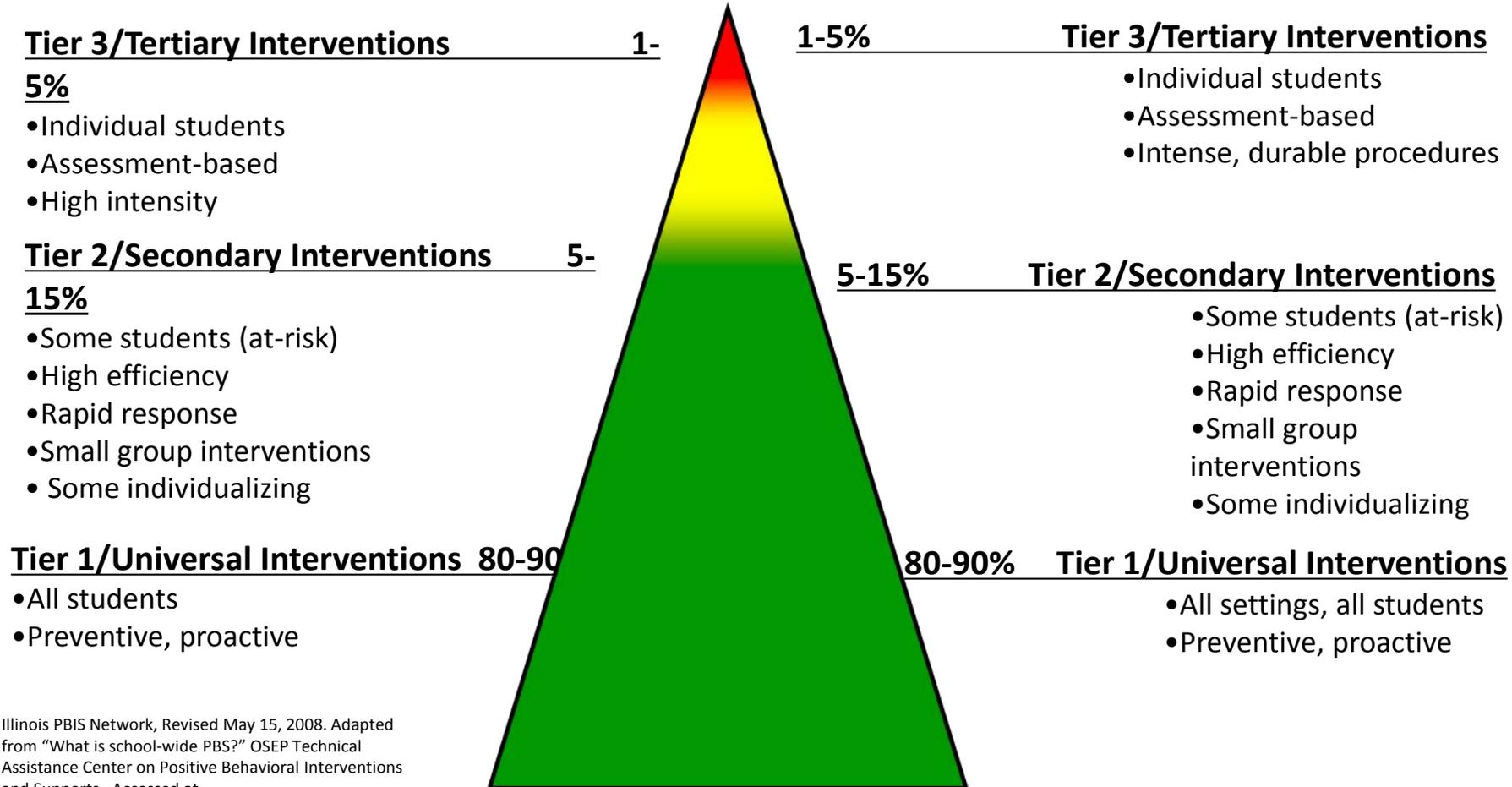
Introduction

- Number of youth seen in primary care who present with mental health related problems has nearly tripled over the last 20 years
- Over one in five children have a mental health disorder severe enough to disrupt their daily functioning, and of those identified, nearly 70 percent will not receive any services.
- Over 25,000 schools across 50 states are implementing School-Wide Positive Behavior Intervention and Supports, a multi-tiered prevention based framework.

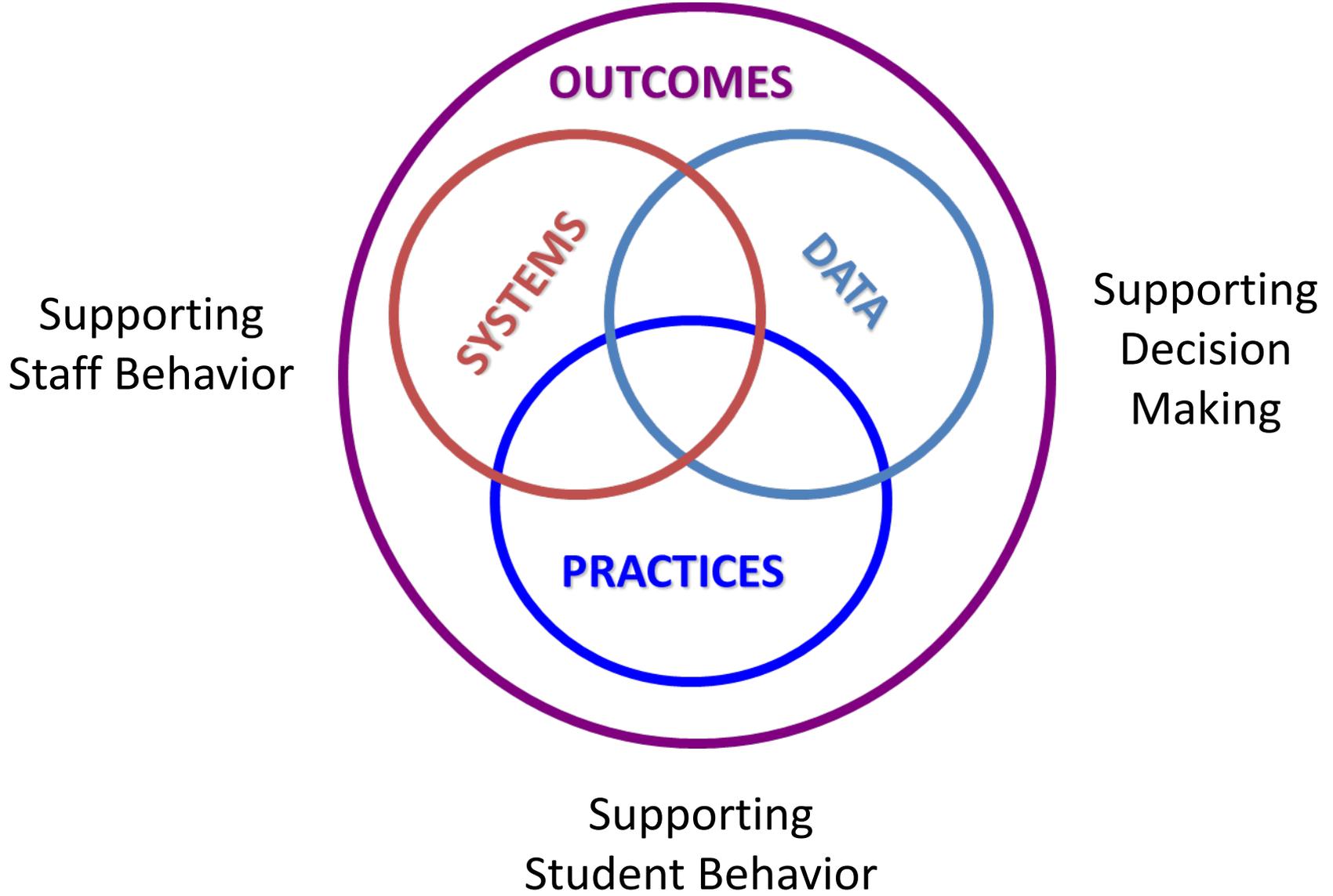
Positive Behavior Intervention and Supports

Academic Systems

Behavioral Systems



Positive Behavior Intervention and Supports



Interconnected Systems Framework

- Provides **structure** and **process** for education and mental health systems to interact in most effective and efficient way.
- Guided by **key stakeholders** in education and mental health system who have the authority to reallocate resources, change role and function of staff, and **change policy**.
- Applies strong **interdisciplinary**, cross-system collaboration. ISF uses the tiered prevention logic as the overall organizer to develop an **action plan**.
- Involves cross system **problem solving teams** that use data to decide which **evidence based practices to implement**.
- Involves **ongoing progress monitoring** for both **fidelity** and **impact**.
- **Emphasizes active involvement by youth, families, and other school and community stakeholders.**

System of Care

- A community-based System of Care is a comprehensive spectrum of services and supports organized into a coordinated network to meet the diverse and changing strengths and needs of children and youth with complex behavioral, educational, social and/or safety needs, and their families.
- A System of Care integrates the work of education, juvenile justice, public health, mental health, child welfare, family court, and other helping organizations with families through team work and shared responsibility.
- “ The System of Care offers the best possible programmatic, fiscal, and organizational context for implementing and sustaining evidenced-based interventions . . . ” (*CMHS, 2004, Children’s Service Initiative)

Child and Adolescent Needs and Strengths (CANS)

- Psychometric - Communimetric Measure
 - Fewer items required, shorter measure
 - Immediate results, no need for scoring
→
- Decision support focused
 - Levels of need translate directly into action levels
 - Measures are reliable at the item level
 - Tool must be meaningful to the service delivery process
 - All partners involved in communication process should be involved in design of measure
 - The value of the measure should be evaluated by its communication utility

Common language for multidisciplinary settings

Needs:

0 - No Need

1 - Watch/Prevent

2 - Act

3 - Act Immediately/Intensively

Strengths:

0 - Centerpiece

1 - Useful

2 - Potential

3 - None identified

CBHC QI Project: Theory of change for Wraparound/Child Adolescent Needs Strengths (CANS) Assessment process (FBA-BIP-RTI)

10 principles of the wraparound process

- Fidelity Key to wraparound/CANS**
- Youth/Family drives goal setting
 - Single, collaboratively designed service plan
 - Active integration of natural supports and peer support
 - Respect for family's /community culture/expertise
 - Opportunities for choice
 - Active evaluation of strategies/outcomes
 - Celebration of success

4 Phases and Activities of the Wraparound Process

- Short term outcomes:**
- Better engagement in service delivery
 - Creative plans that fit the needs of youth/family/community
 - Improved service coordination
 - Follow-through on team decisions
 - Family regularly experiences success/support

- Intermediate outcomes:**
- Participation in services
 - Services that "work" for youth

- Intermediate outcomes:**
- Achievement of team goals
 - Increased social support and community integration
 - Improved coping and problem solving
 - Enhanced empowerment
 - Enhanced optimism/self-esteem

- Long term outcomes:**
- Stable education placement/retention
 - Improved mental health outcomes (youth and caregiver)
 - Improved functioning in school/vocation and community
 - Improved resilience and quality of life

Feedback Measures of Success, i.e., FC Feedback; continuation in tx rates; retention; graduation; risk factors reports, etc.:

Trauma Informed Care-

“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”

(SAMHAS)

(ACE) Study



School Based Health Center

▪ SCHOOL NURSE

- Employed by school/school district/ESD
- Manages student immunizations program
- Coordinates screenings
- Chronic school health case management
- Manage chronic medication delivery during school
- Oversees school health programs
- FERPA regulated

▪ SBHC

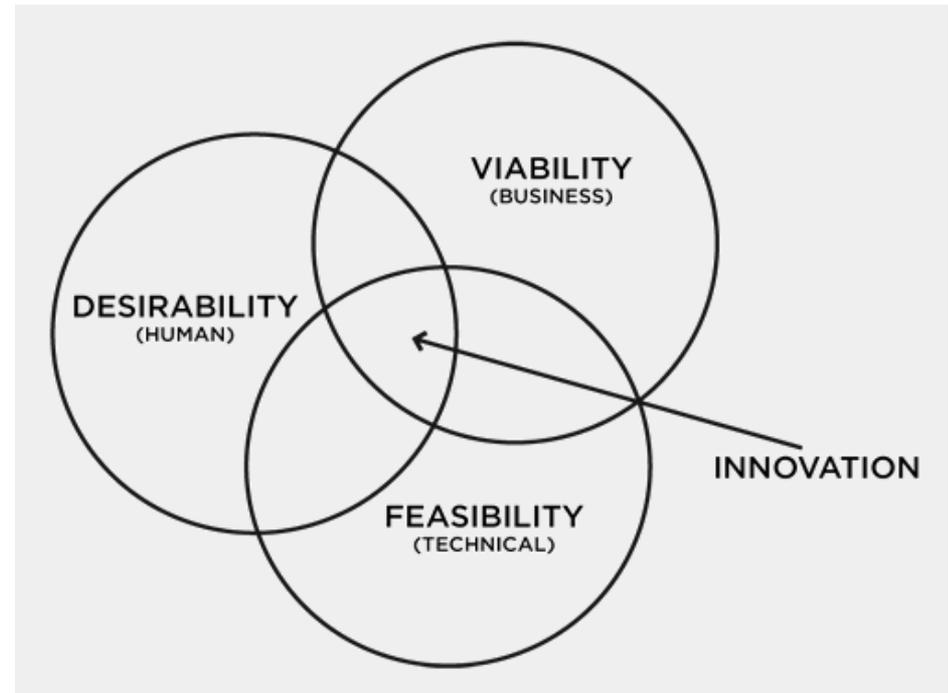
- Employed by medical organization
- Administers immunizations
- Conducts screenings, physical exams
- Care of both acute and chronic needs
- Administer and prescribe medications
- Counseling, prevention and wellness promotion
- HIPPA regulated
- Certified by the State

What is design thinking?

- A Method of focusing innovation on people and designing based on:
 - What people need and want “Client centered”
 - What people like or dislike “Client defined value”
 - A skill that allows a designer to align what people want with what can be done, and produce a viable business strategy that creates customer value and market opportunity “Design for outcomes vs. funding”
- Example: Trauma-Informed Design

Design principle

- Phases:
 - 0) Understand/observe
 - 1) Visualize/Realize
 - 2) Evaluating/Refining
 - 3) Implement (detailed engineering)
 - 4) Implement (manufacturing liaison)



CBHC Best Practice: School-Wide Systems for Student Success: An Interconnected Systems Framework Model (ICSF)

Behavioral Health & Wellness Systems

Level 1:Tertiary Definitions 1-

5%

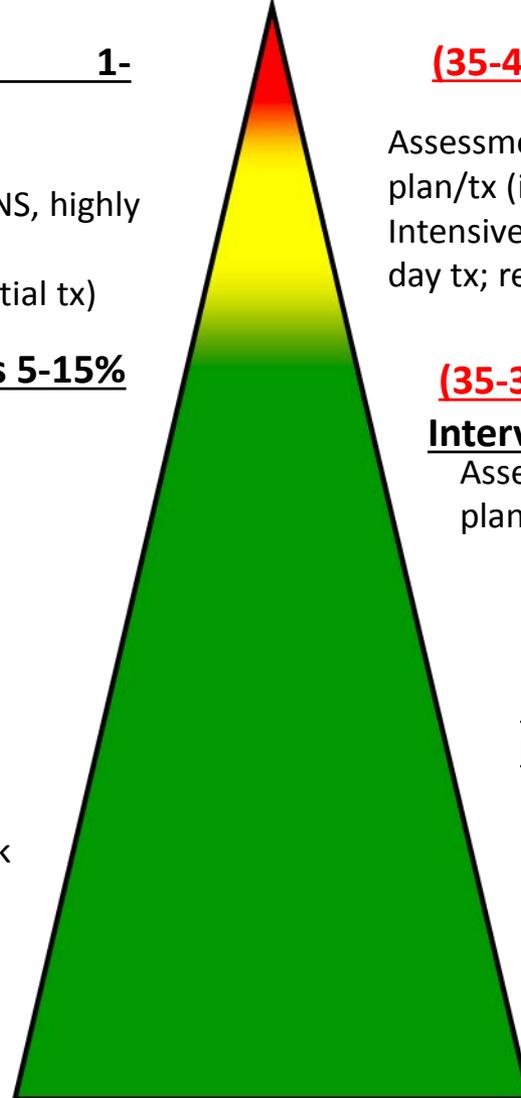
- High (at-risk) students (SI, etc.)
- Assessment-based/Wrap around/CANS, highly individualized
- High intensity (intensive/day/residential tx)

Level 2:Secondary Interventions 5-15%

- Moderate (at-risk) students
- Assessment-based, CANS
- High efficiency
- Rapid response for access
- Small group interventions
- Individualized

Level 3:Primary Prevention 80-90%/Targeted Prevention

- All students (universal)
- Individualized for students around risk factors
- Preventive, proactive



(35-44% CBHC) Level 1:Tertiary Interventions

Assessment/service plan/tx (ind/group)
Intensive outpatient; day tx; residential tx

Music, Art, Eco Therapy (contract); **FC Transitions**; Rec therapy; targeted prevention/community integration

(35-38% CBHC) Level 2:Secondary

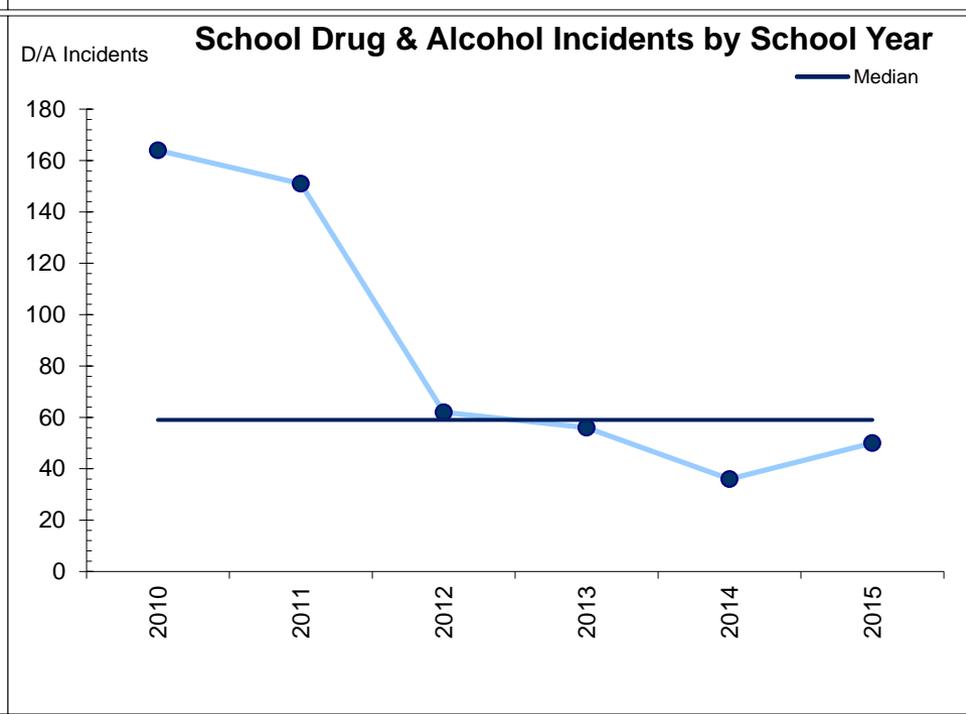
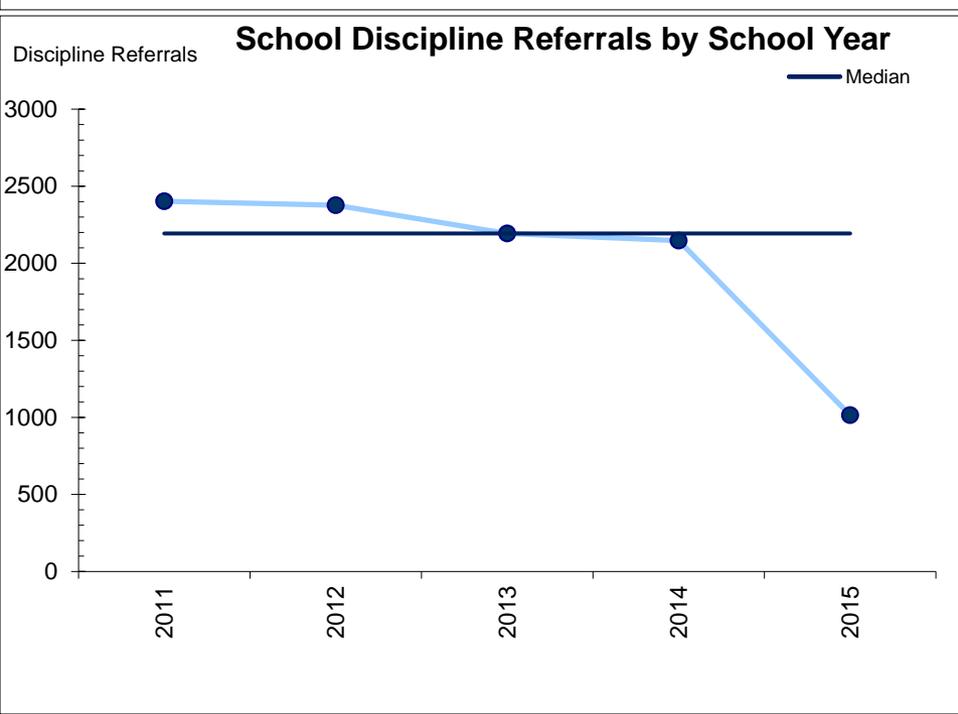
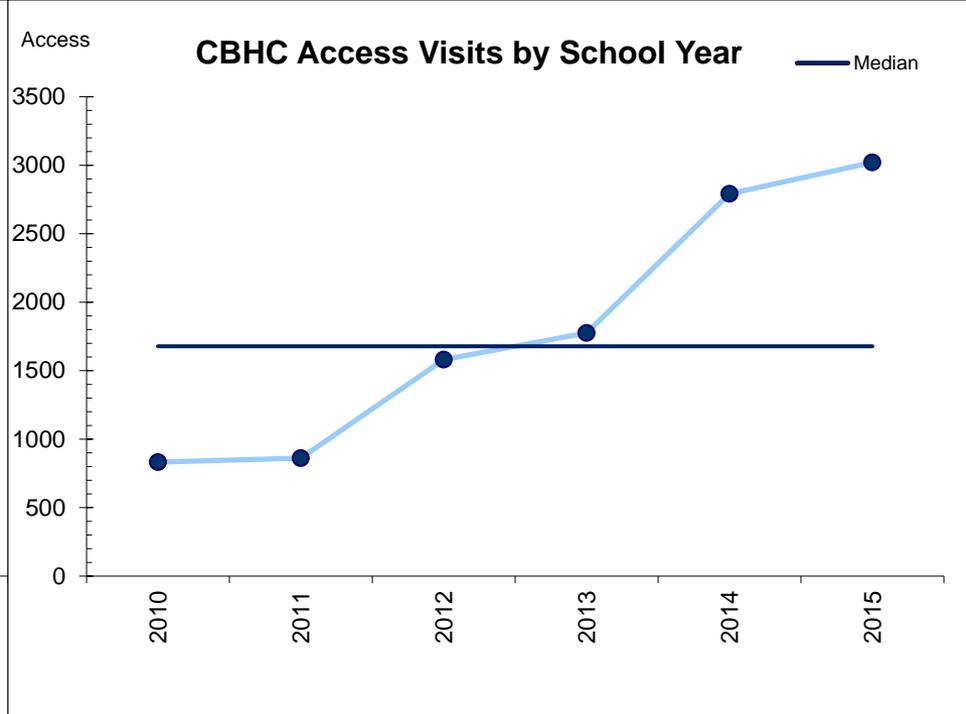
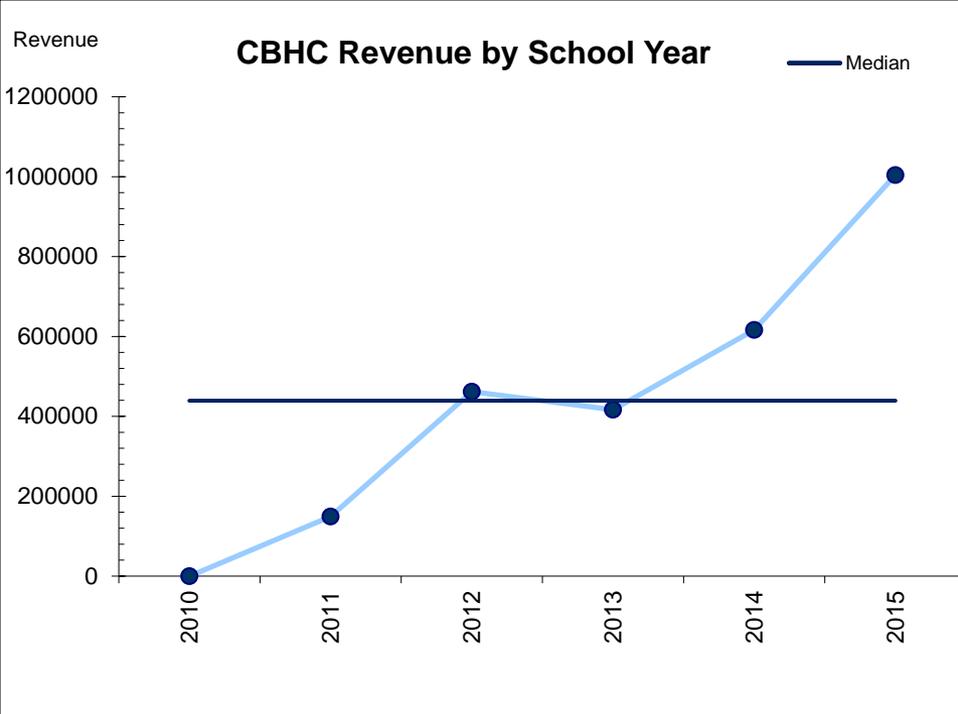
Interventions

Assessment/service plan/tx (ind, group)

Music Therapy; Art Therapy; Eco-Therapy (**contract**); Rec Therapy; equine

100% Level 3:PrimaryPrevention/Targeted Prevention 30-40%

100% needs/preferences; 100% BH Screening; 100% Positive Peer/SEL, Project Venture
Prevention; Targeted Prevention SELLEAD; Positive Youth Development (peer court; youth coalition; Personal Health/Wellness “Lets Move”; Cultural Arts; NWYC; Healthy Relationships; SA Prevention (3rd mill), etc.



BIG Ideas...

- How Positive Behavioral Intervention and Supports (PBIS)(Multi-tiered Systems of Support (MTSS)) enhance mental health in schools within an Interconnected Systems Framework (ISF) that is Trauma-Informed.
- How can School-Based Health Centers integrate an Interconnected Systems Framework that is Truama-Informed.
- How can client/community centric design thinking significantly impact outcomes (Trauma Informed, 0 Suicide, Child Adolescent Needs Strengths (CANS), Systems of Care/Wrap Around, Quality Management, etc.)

Questions

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