

BUILDING SYSTEMS OF CARE

PARTNERSHIP FOR A HEALTHY COMMUNITY
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Michele A. Carmichael

Director of Culture & Climate Programs

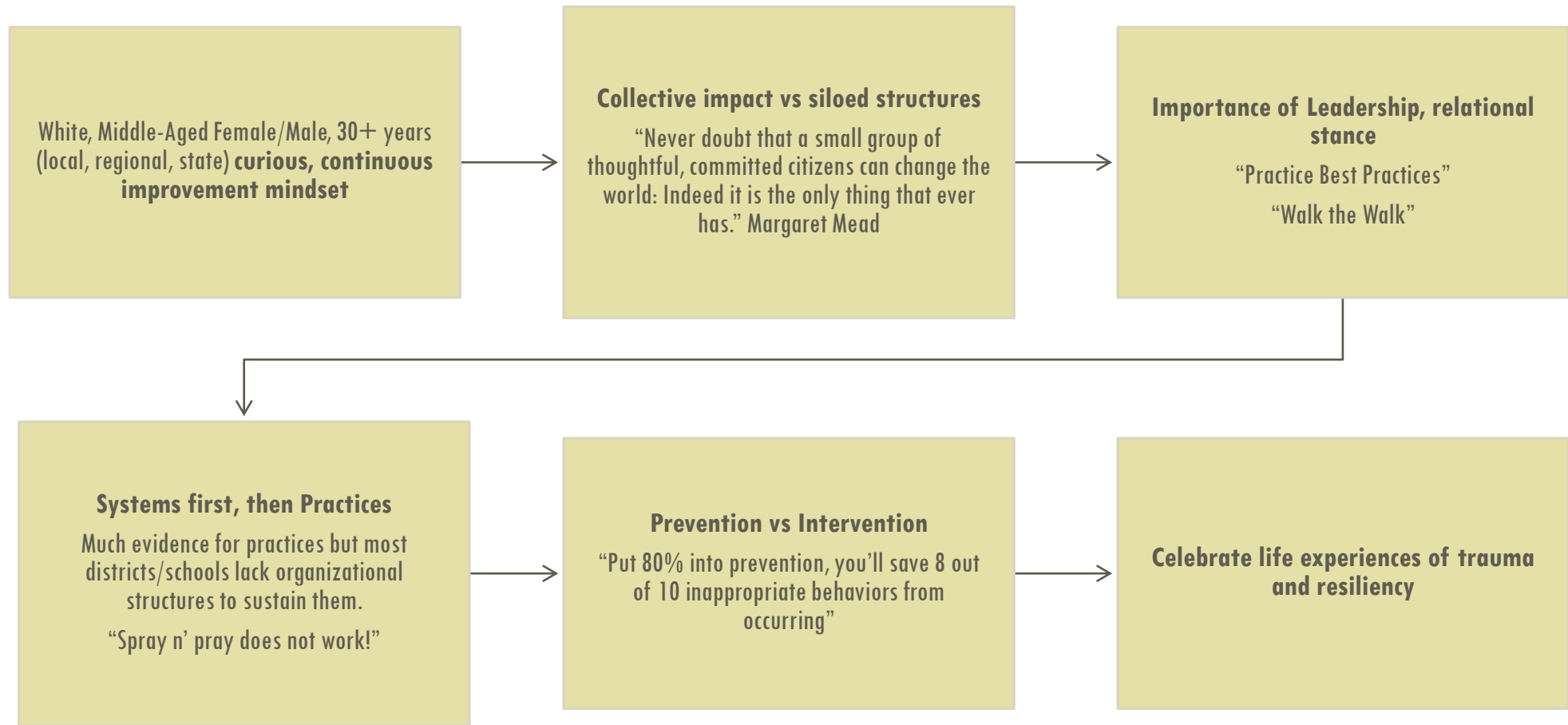
Peoria County Regional Office of Education (ROE) #48

mcarmichael@peoriaroe.org

GIVE CREDIT WHERE CREDIT IS DUE...

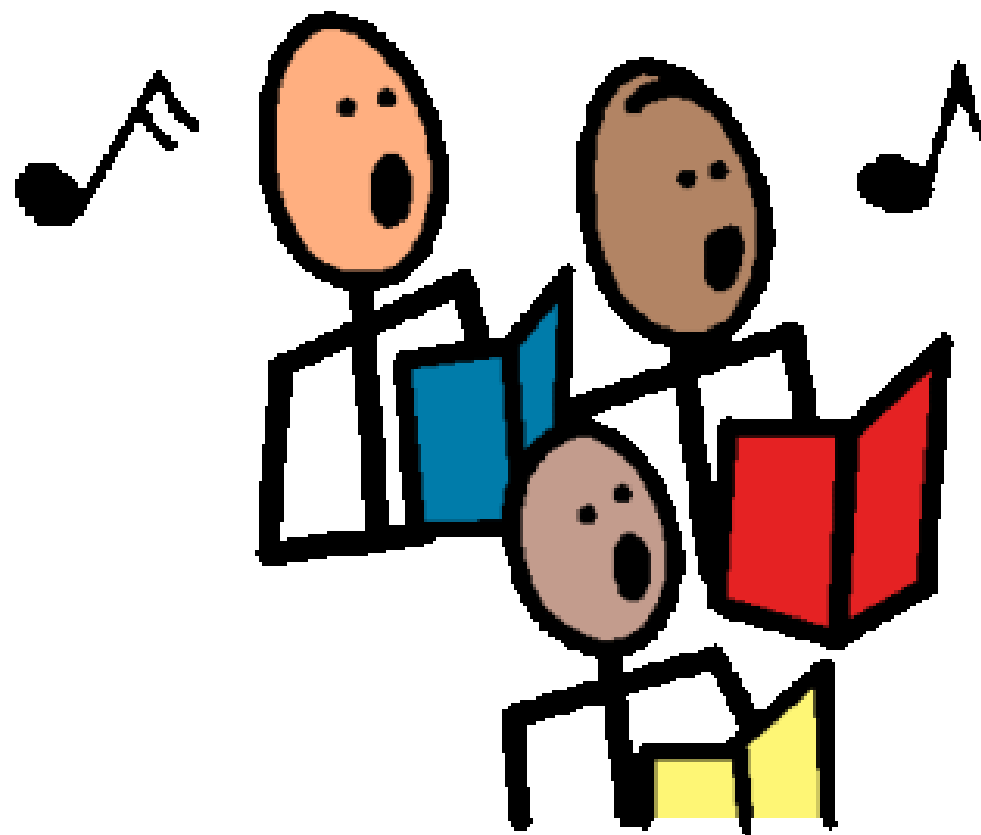
*All materials adapted from information
developed by Sheila Pires for Illinois
System of Care State Agency Training*

Building Systems of Care: A Primer by Sheila
Pires, Human Services Collaborative,
Washington, D.C.



SPACE WE COME FROM

AND I KNOW I'M
SPEAKING TO THE
CHOIR...



DEFINITION

A System of Care (SOC) :

- Incorporates **broad, flexible** array of **effective** services and supports for a defined population,
- Organized into a **coordinated network**,
- Integrates **care planning and management across multiple levels**,
- Is **culturally and linguistically competent**,
- Builds **meaningful partnerships** with families and youth at service delivery, management, and policy levels,
- Has **supportive** policy and management **infrastructure**, and
- Is **data-driven**.

A SYSTEM OF CARE IS...

First and foremost, a set of values and principles that provides a framework for system reform on behalf of children, youth, and families.



SYSTEM OF CARE CONCEPT & PHILOSOPHY

Handout Discussion

- Family-driven and youth-guided
- Community-based
- Culturally and Linguistically competent

ISSUES IDENTIFIED THROUGH ILLINOIS CHILD & FAMILY SERVICE REVIEWS...

Inconsistent services

Inconsistent home-community-based services

Inconsistent monitoring of families

Insufficient safety or risk assessments

Inconsistent concurrent planning efforts

Adoption studies, court proceedings take too long

Inconsistent match of services to needs

Lack of support services to foster and relative caregivers

Parents not involved in care planning

Lack of Health and Mental Health assessments

TO ADDRESS THESE ISSUES...

Since 1982, various activities have occurred to bring us today.

SOC AND SYSTEM REFORM

From:	To:
Fragmented service delivery	Coordinated service delivery
Categorical programs/funding	Blended resources
Limited services	Comprehensive service array
Reactive, crisis-oriented	Focus on prevention/early intervention
Children/youth out-of-home	Children/youth within families
Centralized authority	Community-based ownership
Foster dependency	Build on strength & resiliency

WORKFORCE PRACTICE SHIFTS

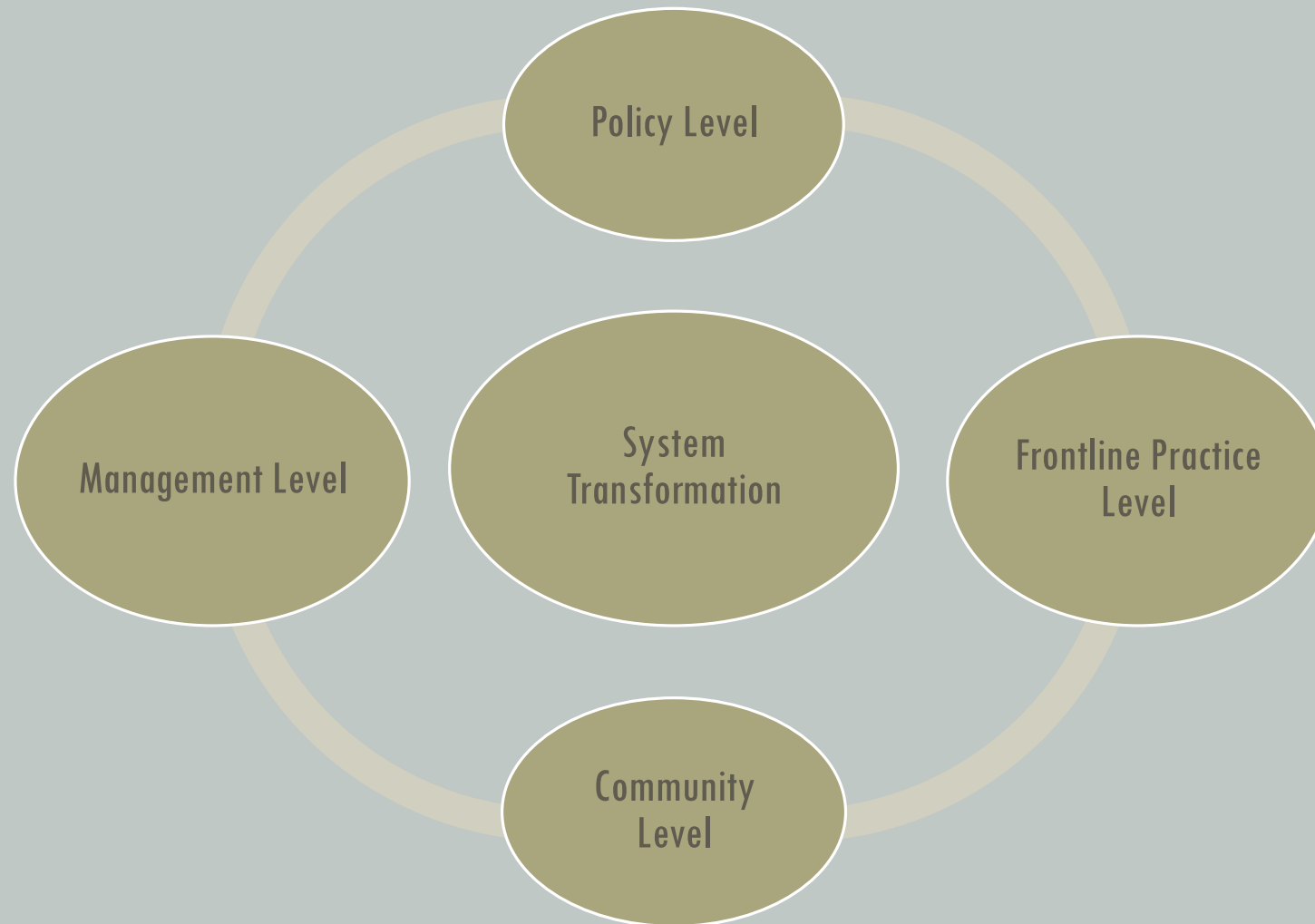
Controlled by professionals	Partnerships with families & youth
Only professional services	Partnership between natural & professional services & supports
Multiple case managers	One service coordinator
Multiple supports plans	Single, individualized child & family plan
Family/youth blaming	Family/youth partnerships
Deficit-focused	Strength-based
Mono-cultural	Cultural & linguistic competence

CATEGORICAL VS. NON-CATEGORICAL

Prevention
Mental Health
Child Welfare
Public Health
Public Safety
Juvenile Justice
Education



SYSTEM CHANGE/TRANSFORMATION FOCUS



- Cross-agency Collaboration

- Cultural & Linguistic Competence

- Organized pathways

- Common Practice Model

- Care Coordination

- Intensive Individualized supports & services (“Wraparound”)

- Broad, flexible array of supports & services

- Linkages

- Partnerships: families & youth

- Shared governance

- Child & family teams

- Single plan of supports & services

- Prevention, Early Intervention

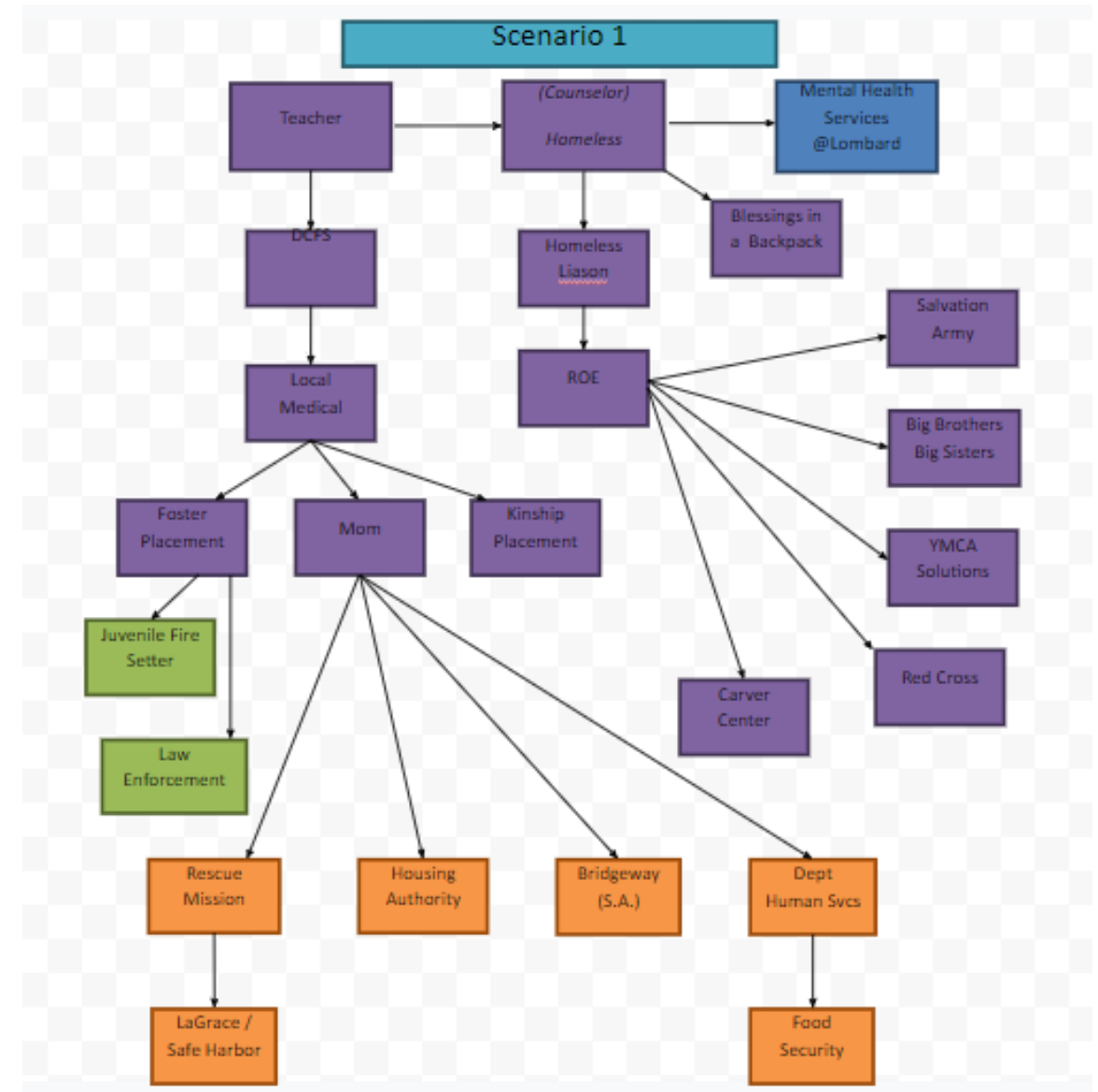
- Integration of EBPs & promising treatment approaches

- Integrated formal and natural services & supports

- Home & community-based focus

SOC OPERATIONS

EXAMPLE OF MULTIPLE SYSTEM INVOLVEMENT



FAMILY-DRIVEN AND YOUTH-
GUIDED CULTURALLY &
LINGUISTICALLY COMPETENT
SOC

DEFINITION OF FAMILY-DRIVEN

- Families have primary decision-making role in the care of their own children as well as policies and procedures governing care for all children in their community. This includes:
 - ↳ Choosing culturally and linguistically competent supports, services, and providers
 - ↳ Setting goals
 - ↳ Designing, implementing, and evaluating programs
 - ↳ Monitoring outcomes
 - ↳ Partnering in funding decisions

DEFINITION OF YOUTH-GUIDED

To value youth as experts, respect their voice, and to treat them as equal partners in creating system change at the individual, local, state and national level.

www.youthmovenational.org



BARRIERS TO YOUTH PARTICIPATION

Adult Views:

Time

Funding

Staffing

Access

Lack of training for Providers

Racism

Youth Views:

Ageism/Adultism

Money

Racism, Sexism, Homophobia

Stereotyping by appearance

Time

Transportation

Language

Lack of access

Lack of motivation

Politz, B. (1996). *Barriers to youth participation*. Washington, DC: Academy for Educational Development. The Center for Youth Development.

FAMILY MEMBERS & YOUTH:

SHIFTS IN ROLES & EXPECTATIONS

Recipients of
information

Unheard voice in
program eval

Recipient of
services

Uninvited key
stakeholders in
training initiatives

**Anger,
adversity, &
resistance**

Passive partners in
service planning

Participate in
program eval

Partners in
planning &
developing
services

Participants in
training initiatives

Self-advocacy

Service planning
team leader

Partner (or
independent) in
developing &
conducting
program
evaluation

Service providers

Partners &
independent
consultants

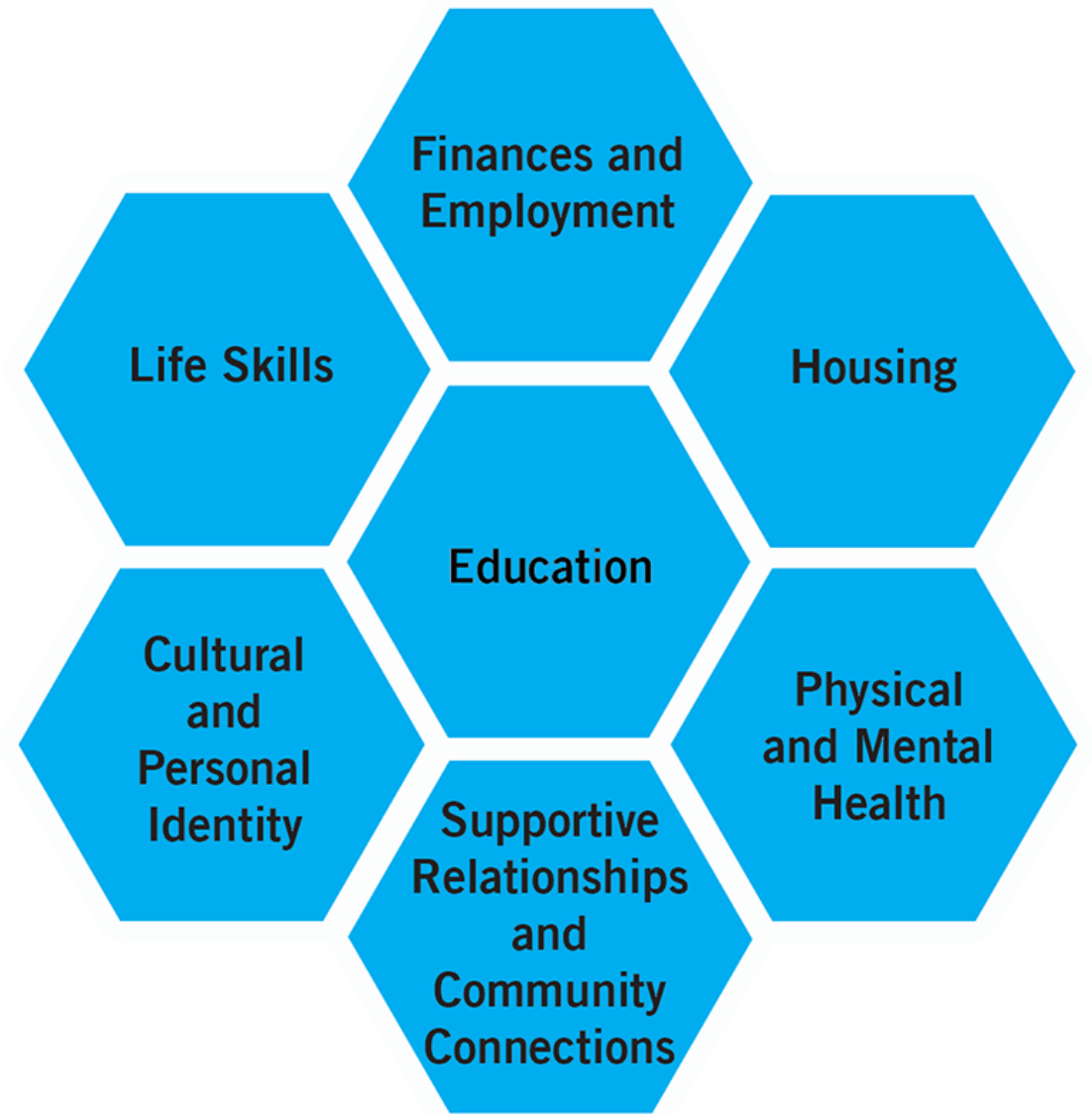
**Advocacy &
peer support**

FAMILY & YOUTH ROLES IN SOC

ROLES	DESCRIPTIONS
Peer Support Services	<ul style="list-style-type: none"> • Info & referral • Parent/peer education • Family/youth mentors • Supervisor/Management
Service Delivery	<ul style="list-style-type: none"> • Peer navigators • Care coordinators • Family & youth support partners • Project directors
Outreach & Public Awareness	<ul style="list-style-type: none"> • Presentations • Testimony • Community resource fairs
Quality Assurance	<ul style="list-style-type: none"> • Evaluation interviews • Board representation
Training & Technical Assistance	<ul style="list-style-type: none"> • Curriculum development • Workshops • Co-trainers • Consultants • Certification

COMMON UNDERSTANDING AND AGREEMENT IN CARE PLANNING

Wraparound
Principles, Practices,
within Life Domains



CULTURALLY & LINGUISTICALLY COMPETENT

National Culturally & Linguistically Appropriate Services (CLAS) Standards



CULTURE AFFECTS

Parent & child rearing

Coping strategies

Help-seeking, help-giving behaviors

Stigma

Expression of symptoms

Attitudes & beliefs about services, social support, kinship support, & what constitutes successful services

Utilization of services & supports

Appropriateness of services & supports (i.e., trauma-informed)

How we see the world

ACHIEVING HEALTH EQUITY THROUGH CULTURAL AND LINGUISTIC COMPETENCY

The ability to connect with people from various groups and backgrounds.

Services that respond to the unique needs of members of different cultural groups.

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

STRATEGIES FOR A CULTURALLY COMPETENT PLANNING PROCESS



Outreach to and involvement of diverse and disenfranchised stakeholders



Outreach to grassroots organizations that share goals (e.g., community-based organizations, refugee assistance programs, volunteer organizations)



Work with community brokers



Provide a welcoming environment (e.g., provide orientation, materials/glossaries/planning documents in diverse languages)



Be a partner at tables other than own (attend events/meetings hosted by other organizations and grassroots programs)

INITIAL STEPS PLANNING

Creating a common
vision

Identifying committees

Setting norms

Common forms

...



COMMITTEE STRUCTURE



Coordinating Team

Data Collection

Family Engagement

Youth Involvement

Informal Supports & Services

Workforce Development

Public Awareness & Education

Sustainability

MANAGING COMPLEX CHANGE



Ambrose 1987, Managing Complex Change

Q & A

