The Thurston-Mason System of Care Initiative

A collaborative, accessible, integrated system of care, family driven and youth guided, for children and youth affected by severe emotional disturbances and their families in Thurston and Mason Counties.

CONTEXT

Priority Populations of Focus
- Children and youth with SED
- Transition Age Youth (TAY)
- Co-occurring MH/SA Needs
- Involvement in multiple systems
- Exposure to past trauma
- Minority youth (Latino, Native American, LGBT)

System Strengths and Resources
- Committed, resourced Family Organization (FAMH)
- Cross-system, multi-stakeholder community team
- History of collaborative action
- Initial "Wraparound with Intensive Services" adopter
- Investment in evidence-based BH practices
  - MST, Managing & Adapting Practice (MAP)
  - Nurse Family Partnership
- 0.1% Treatment Sales Tax for behavioral health
- CQI / Evaluation support from UW/NWI since 2010

System Needs and Challenges
- Gaps in continuum of care – "mid range" services
- Transition aged youth with complex needs
  - Homeless/street youth,
  - Transition from foster care
- Better integration of and use of E-B SA svcs
- Youth support for all youth with SED age 10-21
- Greater system knowledge and integration
- School – community collaboration for MH
- Single plans of care for youth with complex needs
- Workforce development for BH provider agencies

State context on which to build
- State Legislation mandating EBPs
- *TR vs Quigley* lawsuit mandates Wrap w Intensive svcs
- Transition to regional Behavioral Health Organizations
- State performance indicators for Behav health
- Statewide use of CANS

STRATEGIES

SYSTEM AND INFRASTRUCTURE
- Thurston-Mason SOC Community Team
- T-M SOC core subgroups
  - Evidence based services
  - Transition Aged Youth
  - Outreach and social marketing
  - Youth and Family Leadership
  - Accountability/CQI
- SOC infrastructure to select and oversee implementation of mid-range EBPs
- Develop CD-MH integration plan
- Develop state-local action plan for EBP financing, sustainability, reporting
- Workforce development strategies for:
  - EBP implementation in outpatient tx
  - Youth / parent peer support
  - TAY providers
  - School-based mental health
- Centralized screening and referral
- Develop MOUs re: single plan of care
- Policies for foster care transition plans

SERVICES AND SUPPORTS
- System Navigator to increase access
- EBPs for priority areas:
  - ACRA: MH/SA COD
  - CBT Modules for Child Trauma
  - NFP with CBT and MAP support (TAY 1st time mothers)
  - Fidelity Wraparound for non-WISe youth
- Develop / implement single plan of care
- Increase access to youth peer support
- Develop evidence based TAY model
- Policies for foster care transition planning
- Availability of youth and family system navigators
- Behavioral health support for TAY receiving services from Nurse Home Visitors
- Improved availability of school MH services
- Improved availability of wraparound for non-Medicaid / non-*TR* youths
- Outreach and culturally competent strategies for tribal youth, youth of color, LGBTQ youth

ACCOUNTABILITY AND CONTINUAL QUALITY IMPROVEMENT
- Evaluation of impact and effects of system strategies and training/workforce development
- Use of system partner data to evaluate school, justice, child welfare, and cost outcomes
- Symptom and functioning improvement monitoring for youth at all levels of services
- Family and youth-directed evaluation of family and youth experience of service
- Continuous feedback of data and information to community/subgroup teams and partners
- Social marketing to include results of evaluation and CQI activities

OUTCOMES

SYSTEM/SERVICES
- Focus on utilization management: Match between need and services
- Greater cross-system collaboration, including school/health/vocational
- Coordinated CD-MH plan for T-M
- Sustainable financing for "mid-level" EBP
- Greater knowledge and awareness
- Single plans of care for youth with complex needs
- More effective and coordinated services for TAY youths
- Expanded use of EBP
- Greater access to youth / family support
- Connection to EB MH services in schools

YOUTH/FAMILIES
- Fewer barriers/greater access to help
- Earlier intervention
- Improved functioning/reduced symptoms
- Improved family functioning
- Youth live in homes and communities
- Reduced impact of past trauma
- Reduced arrests and incarcerations
- Reduced ER utilization
- Reduced homelessness
- Improved school achievement and attendance
- Youth graduate and are prepared for work and/or college
- Reductions in disparities for youth of color and LGBT youths