

**The System of Care in Kalamazoo County:**  
**Year One Report**

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Kalamazoo Wraps is a SAMHSA based initiative designed to improve the system of care for children with severe emotional disturbance (SED). It is primarily co-directed by staff from Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) and Advocacy Services for Kids (ASK), but its governing board includes representatives from various community agencies as well as youth with SED and parents of youth with SED. Other primary agencies identified within Kalamazoo's current systems of care include Kalamazoo County's public schools, Department of Human Services, and Kalamazoo County Circuit Court, but many other formal and informal (e.g., family, friends) agencies and supports are included as well.

Kalamazoo Wraps was funded by a six-year, six-million dollar grant from SAMHSA to improve local systems of care. The purpose of Kalamazoo Wraps is to make the current system of care more coordinated, consumer-driven, and effective. Stakeholders intend to accomplish this by incorporating (1) numerous evidence based practices; (2) increased collaboration among various agencies and their consumers; (3) increased input from parents and youth at every feasible level, among other activities. Sustainability and continuous improvement are other expectations of the grant.

**Background and Purpose**

The system of care for children with severe emotional disturbance (SED) was originally defined by Stroul & Friedman (1986) as: "a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families." (Stroul & Friedman, 1986). These services may include mental health, juvenile justice, school, and child welfare. Two decades later, this definition was expanded to include concepts of flexibility, particular values (e.g., family-driven, youth-guided, community based, culturally competent), and the collaboration of administration and fiduciary sources:

A System of Care is defined as an adaptive network of structures, processes, and relationships grounded in system of care values and principles that effectively provides children and youth with serious emotional disturbance and their families with access to and availability of services and supports across administrative and funding boundaries." (Hodges, Ferreira, Israel, & Mazza, 2006, p. 3).

System of care work was initiated in Kalamazoo County in 1996, a decade before the Kalamazoo Wraps initiative was launched. Like the widely-accepted definition of system of care, the expectations for Kalamazoo's system of care has expanded to include flexibility, youth and family input, and cultural competence. The Kalamazoo Wraps initiative has been in place for almost a year. Thus, this manuscript addresses the general question, *what does the system of care look like in Kalamazoo County as of October, 2006?*

More specific questions addressed by this project include the following:

- What are the primary components of Kalamazoo County's system of care?
- What programs exemplify the system of care in practice?
- What components of the system of care will be added or enhanced by Kalamazoo Wraps?
- How do youth enter the System of Care?
- How has Kalamazoo Wraps been organized to meet the needs within the system of care?
- What have been limitations of the system of care, and how has Kalamazoo Wraps addressed them so far?

This document will also address how the system of care will continue to be evaluated during the upcoming five years of the SAMHSA grant.

### **Methods**

To answer these questions, we used the following methods: (1) individual interviews; (2) participant-observation of various meetings; (3) document review of relevant meeting and focus group minutes, organizational brochures, and agency websites.

#### ***Interviews***

The lead evaluator of Kalamazoo Wraps conducted formal, loosely structured interviews of 13 individuals who are involved with the system of care as employees of affiliated agencies, governance board members of Kalamazoo Wraps, and/or parents of children with severe emotional disturbances. Most interviewees met the definition of two or more of these categories. The topics concerned (1) the role of their respective agencies in the system of care; (2) the strengths and weaknesses of the current system of care.

#### ***Participant-Observation***

The lead evaluator attended weekly meetings with the "process team" of the Kalamazoo Wraps project. This process team, which was composed primarily of members of the Kalamazoo Wraps executive committee (including family and youth representatives), was created in the spring of 2006 in order to develop a more cohesive organizational map and logic model concerning the structure and function of Kalamazoo Wraps. This process concerned the burgeoning Kalamazoo Wraps initiative as well as the current status of the system of care. The group explored, from various stakeholders'

perspectives, the ideals of the Kalamazoo Wraps initiative and the barriers and facilitators within the current system of care to fulfilling these ideals.

The lead evaluator also attended weekly Executive Team meetings, one Integrative Action Team meeting, a Wraparound meeting, and a Multi-Purpose Collaborative Body meeting. Each group shared its own set of perspectives regarding the system of care.

### ***Document Review***

Materials such as brochures from various participating organizations, agency-specific flow charts, and web sites were also reviewed. Notes from Kalamazoo Wraps meetings such as the Integrative Action Team, Executive Committee meetings, parent focus groups, and youth focus groups were also reviewed. Documents developed by the Kalamazoo Wraps process group, of which the lead evaluator was a regular participant, were also reviewed; in some cases, diagrams developed by this team are included in this report. The four focus group documents included respective members' perspectives of the strengths and weaknesses of the system of care.

### **Findings Regarding the Current System of Care**

The following are brief summaries of the findings of this study.

#### ***What are the primary components of Kalamazoo County's system of care?***

Defining the Kalamazoo County system of care is a daunting task, because the system of care is loosely bound, fluid, and continuously adapting itself to changes in resources, agency policies, and other environmental factors. Indeed, various stakeholders who viewed preliminary depictions of the system of care had differing perspectives of what should be included as its primary components. What is clear is that it is expansive with ambiguous boundaries, including formal and informal community agencies. It can be described as a consortium of systems, each of which includes its own sub-systems.

Community mental health, juvenile justice, local public schools, and the Department of Human Services (DHS) have been described as the four "primary" agencies (Referring to how generations of families have felt intimidated by these organizations, one parent dubbed them "the four scary agencies.") Other formal service providers that are considered essential to the system of care include private and not-for-profit mental health agencies such as Family & Children's Services and Elizabeth Upjohn Community Healing Center; residential treatment centers; pediatricians and other health professionals; and various programs housed under Gryphon Place and Greater Kalamazoo United Way. Community-based supports which are not directly mental-health related include YMCA/YWCA, Boys & Girls Club, and faith-based programs such as New Genesis. Extended family, friends, and neighbors are also considered part of the system of care. A goal of Kalamazoo Wraps is to further incorporate all these agencies into the system of care; helping them to network with families of children with SED and with one another. See below for a draft diagram of the system of care.

Kalamazoo's Community System of Care System Map - Draft

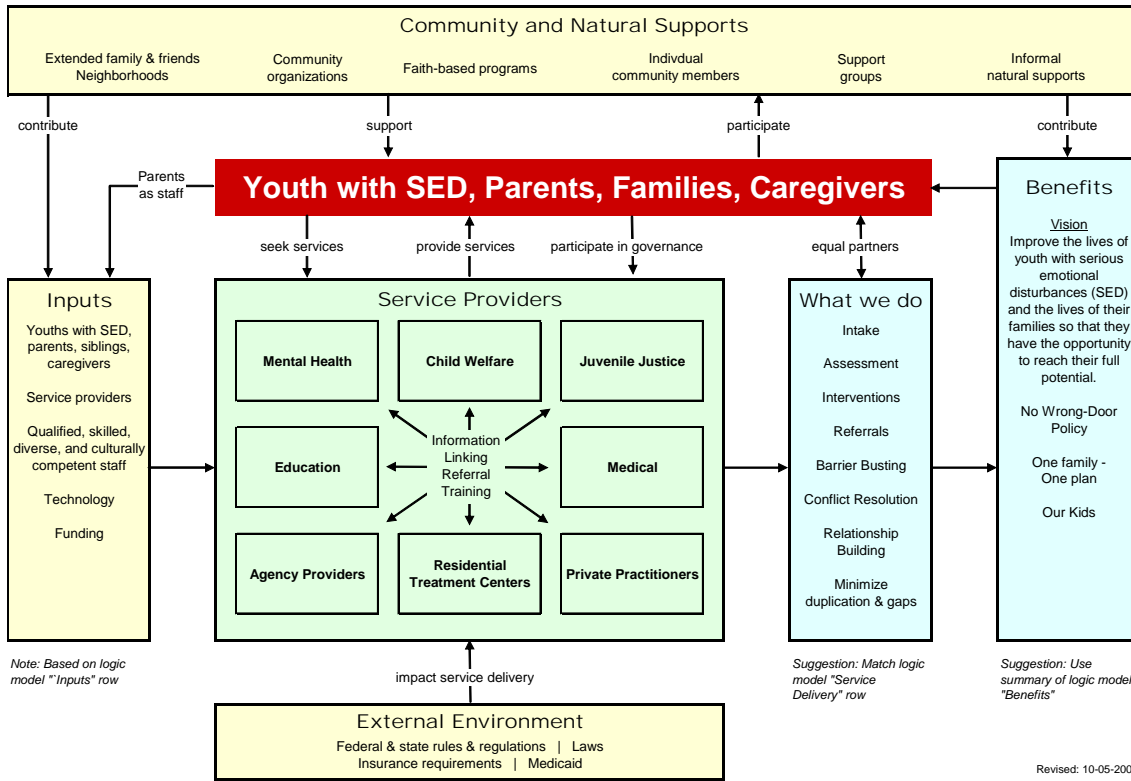


Figure 1: Draft of Kalamazoo’s System of Care Map

Note: This draft is a work in progress, developed by the Kalamazoo Wraps process team.

**What programs exemplify the system of care in practice?**

Although the system of care is broad and expansive, there are two programs that have been designed to exemplify the principles of the system of care: Wraparound and home-based services. These programs specifically target children with SED and are multi-systemic in nature. These are two of the programs which will be part of the national evaluation; the others will be two specific types of evidence-based practices (ICT is not evidence base it is a promising practice) which will be each administered by both KCMHSAS and Family and Children’s Services home-based staff. While each of these programs serve a particular subset of children, the target population of each program includes children ages 7-17 who have a severe emotional disturbance and are eligible for services from at least 2 different primary systems (e.g., schools, mental health, DHS, or juvenile justice).

**Wraparound.** The Kalamazoo County “Wraparound” program is one of the primary programs in the system of care. Founded in 1996 by a KCMHSAS staff and a Juvenile Justice staff, it has since grown to a eight member consortium of staff

representing the Juvenile Justice system (including the drug court), KCMHSAS, Department of Human Services, Kalamazoo Public Schools (KPS), and an additional 2 parent representatives. Approximately 70 percent of Wraparound referrals come from the juvenile justice system. The purpose of this Wraparound program is to collaboratively create service plans for children with SED.

Although the aforementioned four agencies are primarily involved with referring cases to Wraparound and staffing Wraparound meetings, the purpose of Wraparound is to have family centered planning. This means that families can select individuals from various agencies (e.g., religious organizations; mentoring programs) and informal networks (e.g., family members, friends) to be part of the Wraparound team. Thus, the system of care can extend its boundaries into where it is needed most for each family. However, according to Wraparound staff some families continue to struggle to identify informal/natural supports such as community representatives, clergy, extended family and/or friends to be a part of the Wraparound team. It often takes some time for the families to trust the process and to begin reaching out to reconnect with the informal/natural supports.

**KCMHSAS traditional home based services** involve clinicians that work with children and families in their home. Home-based clinicians may work closely with schools, psychiatrists, private agency therapists (most families with home based services do not have additional private therapists), health care providers, Department of Human Services, and juvenile justice staff. Services include individual and family therapy, parent coaching, psychiatric services, behavior planning and consultation, case management, referrals to respite and mentoring, and crisis intervention.

The private agency, Family & Children's Services, which works closely with KCMHSAS and DHS, also has a home-based service, Families and Community Treatment (FACT). At this time the only youth and their families who will be directly involved in the national evaluation will be those who are also working with either the PMTO or the ICT programs.

***What other components of the system of care will be added or enhanced by Kalamazoo Wraps?***

*Evidence based practices and family and youth support, advocacy, and participation* are two concepts central to the improvement of Kalamazoo County's system of care. There are programs that meet one or more of these descriptions that will be enhanced or added to the current system of care.

**Evidence Based and Promising Practices**

One major component of Kalamazoo Wraps includes four new programs, including two evidence based and one promising practice. These practices include Positive

Management Toolkit (PMTO)<sup>1</sup>, and Integrative Co-Occurring Treatment (ICT), which are both home-based services which focus on youth with SED. Directive Supervision is another practice, training for which will be implemented to mental health providers in supervisory roles. Positive Behavior Interventions and Supports is a school-based intervention that is well documented to be effective.

Substantial training for each of these practices is one major aspect of Kalamazoo Wraps. Last summer there were introductory trainings for the general public as well as practitioners. Since then, there have been numerous in-depth trainings for practitioners.

**Positive Management Toolkit, or PMTO** is an evidence-based, intensive parent-education service that only some of the KCMHSAS home-based staff are currently trained to deliver. Part of the Kalamazoo Wraps grant includes training for additional staff at KCMHSAS and Family and Children's Services --a private, non-profit, human service organization with a site in Kalamazoo--to be certified in PMTO. Families in this program also receive community-based services and referrals that traditional home-based services offer.

**Integrative Co-occurring Treatment (ICT)**, is a promising practice; a home-based service which is specific to treating youth who have co-occurring substance abuse and mental health issues. This program also includes referrals to other community-based services. ICT has been funded by the Kalamazoo Wraps grant. Although training for this program began in August, 2006, the formal implementation of this program has not yet begun. ICT services will also be delivered through Family & Children Services, who has just hired two additional staff for this program. There is another program housed in the Juvenile Justice program that is geared toward this dually-diagnosed population; however, the grant funding for this program is ending December 2007.

**Positive Behavior Interventions and Supports (PBIS)** is an evidence-based practice which targets entire schools as well as at-risk and severely emotionally disturbed students. PBIS involves an integration of systemic changes, staff practices, and data collection and analyses designed to improve the climate and social culture of a school. Kalamazoo Regional Education Service Agency (KRESA) has been providing the training for this program, as well as various other supports for children with SED. (KRESA has not been providing all of the training. Some of it was provided through Kalamazoo Wraps)

PBIS was already in place at several of the Kalamazoo Public Schools (Sullins, 2006), but this grant will fund an additional 5 schools, as well provide training for staff who work with the highest-need children in 7 schools throughout Kalamazoo County. One service format for the neediest students is using the wraparound process within the school setting. However, these school-based wraparound teams will not be part of the national evaluation at this time unless the youth is enrolled in one of the aforementioned home based services. The school systems do not use "serious emotional disturbance" as a

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<sup>1</sup> The original name of this program is "Parent Management Training – Oregon." Local parent advocacy groups changed the name to Positive Management Toolkit.

category/criteria for services within the school system; therefore, PBIS will instead be evaluated on the local level, using data collected from each participating school.

**Directive supervision** is a method of supervision in human service agencies to help employees consistently abide by particular values, principles and standardized expectations. The supervisors at both KCMHSAS and ASK have been trained.

### **Youth and Family Support, Advocacy, and Participation**

Two of the principal components of a reformed system of care include “family driven” and “youth guided” services. Services should be based on what youth and families want and need, not simply what organizational finances or agency agendas dictate. Towards this end, youth and families are expected to participate in the development and functions of the Kalamazoo Wraps initiative at virtually every level, from participating in governance to being co-trainers. Also central to the initiative is the development of a family resource center.

**Advocacy Services for Kids (ASK).** Advocacy Services for Kids is the local family resource center and local chapter for the National Federation of Families for Children’s Mental Health. It was formerly called Michigan Association for Children with Emotional Disorders, or MACED. It provides advocacy, support, and training to families raising children with special mental health needs. As of October 2006, there was a youth coordinator staffing the organization as well, and a youth support group was meeting. ASK does not provide formal case management, but is often a focal point of support for parents and youth.

#### ***How does a youth enter one of the four primary programs within the system of care?***

Pending enrollment now scheduled for November 1, 2006, the four primary programs within the system of care will be Wraparound, Integrated Co-Occurring Treatment (ICT) or Positive Management Toolkit (PMTO), and KCMHSAS Homebased. These are the programs from which participants in the national evaluation will be recruited, as they will be eligible for services from multiple systems and must meet the criteria for SED. Referrals to these programs takes several steps.

Original referrals may come from virtually anywhere: schools, ASK, CMH, Juvenile Justice, DHS, pediatricians or other health care workers, churches, directly from the family, etc. Referrals usually go to Intake at Children’s Services at KCMHSAS or, less often, to the Community Resource Team for Wraparound services.

Juvenile Justice has its own process. Police reports on juveniles leads to intake, including a screening using the MAYSI-2 instrument. This instrument – along with the potential for family involvement and the youth’s attitude -- is used to determine whether to refer to the Community Resource Team. To qualify for Wraparound, the youth must have (1) eligibility for involvement in at least 2 systems; (2) severe emotional disturbance; (3) At

risk of out of home placement ie. residential placement, juvenile home detention, school suspension/expulsion, foster care placement, hospitalization, etc. The Community Resource Team acts as the “gatekeepers” for Wraparound services and they will make recommendations/referrals elsewhere if Wraparound is not appropriate.

Children’s Services at KCMHSAS refers to dozens of programs run by KCMHSAS and other organizations. The process for intake and referral may be quite complex and take several sessions, in order to ensure that diagnoses are accurate and treatments are appropriate.

Both parents and clinicians fill out numerous forms that detail the youth’s presenting issues, symptoms and/or diagnostic impressions. The youth may have to be referred to other experts (e.g., psychiatrist, neurologist) before a formal diagnosis can be made and a treatment plan can be created. The diagnosis of SED is based on: (1) DSM-IV diagnosis; (2) degree of functional impairment; (3) assumption that the symptoms will be present for at least one year.

Youth who do not meet eligibility criteria may be linked to services or programs more suited to their needs. This could include individual/family counseling, community group inclusion and more. When children do meet the criteria for SED, they and their families may be referred to the Community Resource Team, KCMHSAS Homebased, or the private agency Family and Children’s Services (F&CS), which has its own home-based program, Families and Community Treatment (FACT). KCMHSAS Homebased and FACT each may refer families to Integrated Co-occurring Treatment or Positive Management Toolkit, as these services are available through both KCMHSAS and F&CS. Intake at Children’s Services also refers to numerous other services, such as crisis intervention or hospitalization for acute concerns, and to individual therapy. Some children will be served by KCMHSAS Homebased but not ICT or PMTO; these children and their families will still be included in the national evaluation as all of KCMHSAS is implementing Directive Supervision.

**Referrals to ASK.** Although Intake at Children’s Services and the Community Resource Team each may refer families to Advocacy Services for Kids (ASK) many families are self-referred or referred through other organizations, including, but not limited to, the four other programs listed above. Unlike the other 4 programs, there is no formal screening process or eligibility requirements for ASK. Therefore, children and their families who are only being served by ASK will not be eligible for the national evaluation.

### ***How has Kalamazoo Wraps been organized to improve the system of care?***

Kalamazoo Wraps, like the system of care that it both represents and is charged with improving, is quite complex, multifaceted, and ever-changing in response to youth and family needs as well as available resources. It is designed to incorporate substantial input from youth and families. It requires intensive time and effort to organize an initiative designed to meet all the goals for the system of care, including trainings and conferences

as well as weekly meetings. It has also involved considerable thought and effort to develop the structure and the organization of Kalamazoo Wraps, including a logic model.

**Kalamazoo Wraps conferences.** There have been a large number of trainings for the Kalamazoo Wraps staff and stakeholders. There have been 7 national trainings in which 57 people participated including several parents and youth. These trainings included the Federation for Families Conference in Nov. 2005, Research Conference Feb. 2006, Evaluation Conference April 2006, Region III Conference May 2006, National Conference July 2006, Primer Training Aug. 2006 and the Family Evaluation Training in Sep. 2006. Parents and youth have participated in all of trainings with the exception of the Primer Training in which only the two Project Directors attended. A two-day nationally sponsored training regarding evaluation was held locally in Sep 2006.

**Process team.** The executive committee hired an external consultant, Peter Dams of Dams & Associates, to assist a subset of Kalamazoo Wraps affiliates with the development of the following: (1) a logic model of Kalamazoo Wraps, (2) organizational chart, (3) a system of care diagram, and (4) a logic model depicting goals for the system of care as a whole. They are currently in the process of a gap analysis. This group met weekly from June to November to collaboratively develop all of the above.

**Focus groups.** The former (which three, there are four mentioned above) three materials have been shared with separate focus groups of youth, families, and providers in order to gain feedback. These focus groups have also been used to brainstorm the best and worst of the current system of care, and the best and worst case scenarios of the impact of Kalamazoo Wraps. The results of these are being used by the process team and work groups.

**Integrative Action Team (IAT)** The IAT has been meeting on a monthly basis since October 2005 and will continue to meet every month. They have participated in the gap analysis. Members will be going through a training in the consensus model.

**Formation of work groups.** As of October 2006, three of the eight work groups have been active. Three other workgroups had identified chairs and members and were scheduled to begin within the next two months.. Both the parent and the youth advisory groups have been active. The Care Review Team has been changed into the Access Workgroup and then the Community Resource Team will take on several of the responsibilities of the Care Review Team.

**Table 1. Workgroups and Progress as of October 2006**

Technology Workgroup	Chairs and members have not been identified and meetings have not begun.; not meeting yet
Care Review	The community resource team (see page 7) will take on the responsibilities of the care review team.
Sustainability Workgroup	Chair & members have been identified and began meeting in in October 2006
Cultural & linguistic	Chair and members have been identified; meetings are

competence Workgroup	pending
Evidence based Workgroup	Chair and members have been identified, meetings are pending
Training Workgroup	Chair and members have been identified, meetings are pending.
Accessibility Workgroup	Chairs and members have not been identified and meetings have not begun
Parent Advisory Council	Although FSAC has been meeting for years, it was recently decided that a separate Parent Advisory Group for Kalamazoo Wraps was established and continued meeting.
Social Marketing Workgroup	Chair and members have been identified and has been active since February 2006
Youth Advisory Council	Chair and members have been identified and has been active since September 2006
Evaluation Workgroup	Chair and members have been identified and has been active since Aug 2006

**Evidence based and promising practice trainings.**

There has been ample training in evidence based/promising practices that extends to practitioners including, but not limited to, provider staff who are directly involved with the governance and management of Kalamazoo Wraps. Trainings include overviews geared toward the general public (especially aimed at youth and families) as well as intensive trainings aimed at respective mental health service providers and school staff. Several days of training have been held regarding Positive Management Toolkit, Integrative Co-Occurring Treatment, Positive Behavior Supports, and Directive Supervision.

***What have been limitations of the system of care, and how has Kalamazoo Wraps addressed them so far?***

The original application for the current SAMHSA grant listed the results of a needs assessment that was conducted in Kalamazoo County earlier in the decade. The issues found are listed, followed by indicators of progress according to the interviewees, members of the process committee, and document reviews.

**Issue 1: #Children with SED & their families are underserved** (– i.e. there are few Wraparound slots, no evidence-based);

**Progress to date:**

- Dearth of Wraparound slots is still an issue; however, an additional 25-30 cases are targeted for Year 2.
- 106 youth may be served by KCMHSAS and F&CS Home Based services, PMTO, and ICT.

- Training for evidence based and promising practices, including PMTO, ICT, and Directive Supervision, began in Aug 2006.

An additional evidence based practice, Positive Behavior Supports, is being implemented in the 5 additional schools that started the training in August 2005. The current plan is to add 4 additional high schools during year 2. The training for the tertiary level is taking place with 6 schools who have been involved with PBS for 2+ years and 1 center based school which is new to PBS as of August 2006.

- **Issue 2: #Families do not have a formal or strong voice system wide or on the service delivery level.** While ASK has been well known and respected within mental health agencies, prior to the grant it lacked formal linkages to all of the service systems, and did not have staffing capacity currently to impact the system.

**Progress to date**

- Staffing for ASK has grown from 2 to 9 positions, and now includes a youth coordinator.
- ASK is extending its linkages to other organizations. For example,
  - A support group for parents of youth served by the drug court has formed.
  - An ASK employee is to begin working at DHS and KCMHSAS in the near future.

**Issue #3: Juvenile justice cases are on the rise and these youth have high mental health need.**

**Progress to date:**

- ICT training has increased awareness of need for co-occurring treatment of mental health/substance abuse for youth in the juvenile justice system.
- Some juvenile probation staff are trying to divert youth from the courts to mental health services.

**Issue #4: Minorities are over represented** in juvenile justice and special education, and although they have high representation in public mental health services, these services are predominantly provided with minimal attention to cultural issues.

**Progress to date:**

- There is an expressed desire for agencies to increase their cultural competence.
- There are still cultural barriers to the system of care (e.g., particularly strong stigma regarding mental health services in some communities).
- White women are overrepresented among service staff.
- Progress has been made in overcoming the barriers to reaching the Latino population. Attempts have been made to include the Hispanic Council; one KCMHSAS staff member in particular has been successfully reaching into the Latino community. A Latina woman and a woman who is fluent in Spanish have been hired at ASK.
- There are numerous initiatives within Kalamazoo to address issues of racism, but there needs to be more integration with the system of care.
- There is still a need to incorporate informal and natural supports into treatment plans.
- The Cultural and Linguistic Competence workgroup is still only in its initial

stages.

**Issue #5: Services for youth & families are not integrated.** Despite the number of services, positive outcomes are not achieved frequently enough; a lack of integration of strategies and a common value base is resulting in duplication of services, poor communication between systems, and multiple service plans with contradictory strategies.

**Progress to date:**

- Over the past 10 years, there have been some successes with services integration: Wraparound has been reported as now serving “our community’s kids” instead of “court kids, mental health kids or child welfare kids.”
- There is high satisfaction with KCMHSAS’s mental health workers.
- Lack of integration and duplication of services are still problematic in some areas, as are issues with intra-agency and inter-agency communication.
  - Directive Supervision training, which commenced this August, may address this, especially within each participating agency.
- Another issue is that youth must change therapists when they move up or down a level of care; this interrupts the trusting relationship that the youth has built with his or her provider.

**Issue #6: Substance abuse and mental health services for SED youth are often not integrated** and there are not specialty services for youth with co-occurring disorders.

**Progress to date:**

- ICT training has increased awareness of need for co-occurring treatment of mental health/substance abuse.
  - At F&CS, 2 ICT therapists have been hired;
  - at KCMHSAS 2 positions have been converted to ICT therapists.

**Issue #7: under-identification is significant,** based on SED numbers receiving services.

**Progress to date**

- The Elizabeth Upjohn Community Healing Center has been working with daycare providers in screening for early intervention. CMH has an Early Intervention Consultant who goes into day cares and preschools to specifically help the staff know how to work with a particular child and she can also refer families for further services through Elizabeth Upjohn, if needed.
- KCMHSAS liaisons are in the schools, helping to identify and provide services for students in need. These liaisons have received positive feedback from numerous stakeholders, and there is preliminary evidence that they are reducing the numbers of students who require special education for emotional disturbance (C. Green, personal communication, July 2006).

**Issue #8: Youth do not have a voice.** The county lacked a formal sustained mechanism to incorporate youth voice, access, and ownership on system or delivery level.

**Progress to date**

- A youth coordinator, who liaisons with various agencies, has been hired at ASK.

- A youth Advisory Council has been formed and has held regular meetings.
- Youth have been involved in delivering trainings to staff, and in initiating a support group for youth in transition to adulthood.
- Family & Children's Services is in the process of forming its own Youth Advisory Board.

**Issue #9: Cross system infrastructure is lacking** – only existing for the Community Wraparound program .

**Progress to date:**

- Plans are in place for using the wraparound process in the 7 Kalamazoo County schools which have been implementing PBS for 2+ years.
- ASK has been reaching out to Juvenile Justice and DHS.
- There are reports of good working relationships among KPS and Juvenile Justice.
- ASK has excellent relationships with KRESA, KPS, Eastern District area and Portage Public Schools.
- There is room for strengthening relationships

***What are other reported weaknesses in the current system of care?***

Several other weaknesses in the current system of care still exist. Some of these are beyond the scope of Kalamazoo Wraps intended purpose; some have yet to be addressed.

**Lack of out-of-home placement.** One recurrent complaint from parents, providers, and DHS staff was of the lack of alternatives for children who needed short term or long term out-of-home placement. This dearth includes everything from brief hospitalization to long-term residential care. There were few facilities available, and those that were available were often far from Kalamazoo County and/or had limited availability. As Kalamazoo Wraps is designed to keep children with SED in the home and community, it may decrease the demand for, but not increase the supply of, out-of-home placement options.

**Private insurance limits.** Another often expressed concern was the lack of alternatives for families with private insurance. Private insurance does not cover some of the same services that Medicaid does. Although some aspects of Kalamazoo Wraps, particularly PBIS, will target a wider range of children than those with SED and/or on Medicaid, some of the issues with insurance may be beyond the reach of the current Kalamazoo Wraps grant. However, ASK can help (informally) coordinate services for families who do not qualify for a caseworker through other programs.

**Isolated information systems.** Numerous stakeholders mentioned that the computer systems at various organizations “don't talk to each other.” This lack of IT integration greatly hampers interagency communication, wastes providers' time and effort, and frustrates families who are tired of repeating the same information to each provider. Redundant paperwork, for families and for providers, is a related issue. A more integrated system could expedite communications among agencies and with

families. Unfortunately, not much progress has been made yet as far as coalescing an IT work group.

**Some staff are reported to be rude or uncaring.** Youth and families have reported that staff at some agencies are disrespectful, or appear to blame them for their own or their children's problems. It is unclear how widespread this phenomenon is, as even one or two rude individuals can leave a lasting impression on a youth or parent. Directive Supervision, which helps staff take more responsibility for their relationships with their clients, may address some of these issues. In addition, integrated information systems and uniform paperwork can save time and minimize provider "burn out."

**Lack of accessibility.** Both families and providers have described the system as "a big maze," described "too much red tape", and complained about long wait times. An accessibility work group has been discussed, but currently chairs and members have not been identified and meetings have not begun .

### ***What are other reported strengths of the current system of care?***

Many of the strengths were included in the "progress to date" paragraphs in the previous section. Providers, parents, and youth were impressed with the wide variety of services available. The most often mentioned strengths were the collaboration between the schools (especially in KPS) and the KCMHSAS liaisons, and the growing influence of ASK, including youth involvement. Progress over the past 10 years as far as seeing the youth as "our community's kids" instead of "court kids, mental health kids or child welfare kids" was another oft-cited improvement. There were hopes expressed that the Juvenile Justice and DHS systems could become as integrated into the Kalamazoo Wraps initiative as KCMHSAS, KPS, and ASK now seem to be, as they are already making some progress.

### **Upcoming Evaluation Activities**

Now that Kalamazoo Wraps has ended its initial, primarily planning year and is moving into its first year of full implementation, the evaluation of the initiative will become more formalized and systematic. Evaluation will be conducted on two levels: national and local.

### **The National Evaluation**

The national evaluation includes the following: (1) a Cross Sectional Descriptive Study and (2) Longitudinal Child and Family Outcomes Study. The Cross Sectional Descriptive Study provides local- and federal-level documentation of the number and the characteristics of youth and families who have received services. The process is simple; it only requires collecting demographic and descriptive data from participating Kalamazoo Wraps agencies and sending them anonymously via secured computer connections to a national database

The far more involved Longitudinal Child and Family Outcomes Study, or “Outcomes Study,” consists of a series of up to 7 interviews with parents and children. All participants in the Longitudinal Child and Family Outcomes Study must also be a part of the Cross Sectional Descriptive Study; the former is subsumed within the latter. However, a person can opt to have their data submitted to the Cross Sectional Descriptive Study without participating in the Longitudinal Child and Family Outcomes Study. The purpose of the Longitudinal Child and Family Outcomes Study is to determine whether the SAMHSA funded systems of care – at both the local and national level--are well coordinated, family-driven, youth-guided, culturally competent, and effective at reducing detrimental mental health symptoms and improving personal and family strengths.

The Longitudinal Child and Family Outcomes Study will be conducted using highly structured yet locally adapted interview processes. Each year for 4 years, a cohort of 89-100 parents and/or youth (if age 11-17) will be interviewed on a bi-annual basis for 3 years regarding the following variables:

- Types of services family and youth are receiving
- Presenting issues
- Youth’s level of functioning (strengths and weaknesses)
- Satisfaction with services
- Cultural competence of services
- Youth and family input into services
- Family strengths and barriers

**Eligibility.** Eligible participants include parents of youth ages 7-17 who are newly enrolled into one or more of the following programs: PMTO, ICT, Wraparound, or KCMHSAS Homebased. Youth between 11-17 who are newly enrolled in one or more of the above programs may also participate in the evaluation.

Table 2 displays the programs that will be directly involved in the aspects of the system of care that will be studied in our national evaluation. It also displays the number of current cases (youth and/or families involved) and the projected new cases for the upcoming year.

**Table 2. Programs that will be studied in our national evaluation.**

<b>Program</b>	<b>Organizations involved</b>	<b>Projected cases 2006-07</b>
Integrated co-occurring treatment (ICT) (2 sites)	KCMHSAS; Family & Children’s Services (F&CS)	48
Wraparound	Juvenile Justice, Dept of Human Services, KPS; KCMHSAS	125
Positive Management Toolkit (PMTO) (2 sites)	KCMHSAS; F&CS	10
Homebased	KCMHSAS	75
<b>TOTAL</b>		<b>258 (+/-)</b>

**Entrance into the national evaluation process.** At each participating program (Positive Management Toolkit, Home-based services; Wraparound; Integrative Co-Occuring Treatment), during one of the initial intake processes shortly after the EDIF data has been collected, the Primary Clinician will present the parent or guardian with a consent form to have the EDIF data shared with the Evaluation Team for the purposes of the Cross Sectional Descriptive Study .

If a family chooses not to provide consent for any EDIF data to be sent to the Evaluation Team even without their name, a Child ID must still be assigned to the child, and a blank EDIF must be submitted with an explanation given for why demographic information is not provided. This is so the number of children served can still be tracked.

One section of this form, if checked, permits the program staff to provide contact information to the Evaluation Team, and for a member of The Evaluation Team to contact the family to give them more information about the evaluation. If the parent chooses not to have the meeting with the Evaluation Team member, they will not be eligible for the Outcomes Study.

If the family has consented to meet with an Evaluation Team Member, the Primary Clinician will call the Evaluation Team to schedule a time for one of the Evaluation Team members to meet with the provider and the family during the families' next scheduled service visit. The Primary Clinician will introduce the Evaluation Team member to the parent and/or youth. Consent forms, which are very similar to the Information Forms, will be presented to the parents; assent forms will be presented to youth between 11-17 years of age. The parent/caregiver consent form has a line that grants permission for their child to be interviewed if s/he is between 11-17 years of age and assents to be interviewed.

The data collection procedures for the Outcomes Study consists of a series of up to seven face-to-face interviews of 75-105 minutes in length conducted at baseline, and every six months for up to 36 months after services begin.

Figure 2 displays a flow chart of the enrollment of youth and families into the system of care programs that will be evaluated on a national level, and into the two national evaluation studies.

Evaluation Flow Chart for Kalamazoo Wraps: Initial Stages of Data Collection

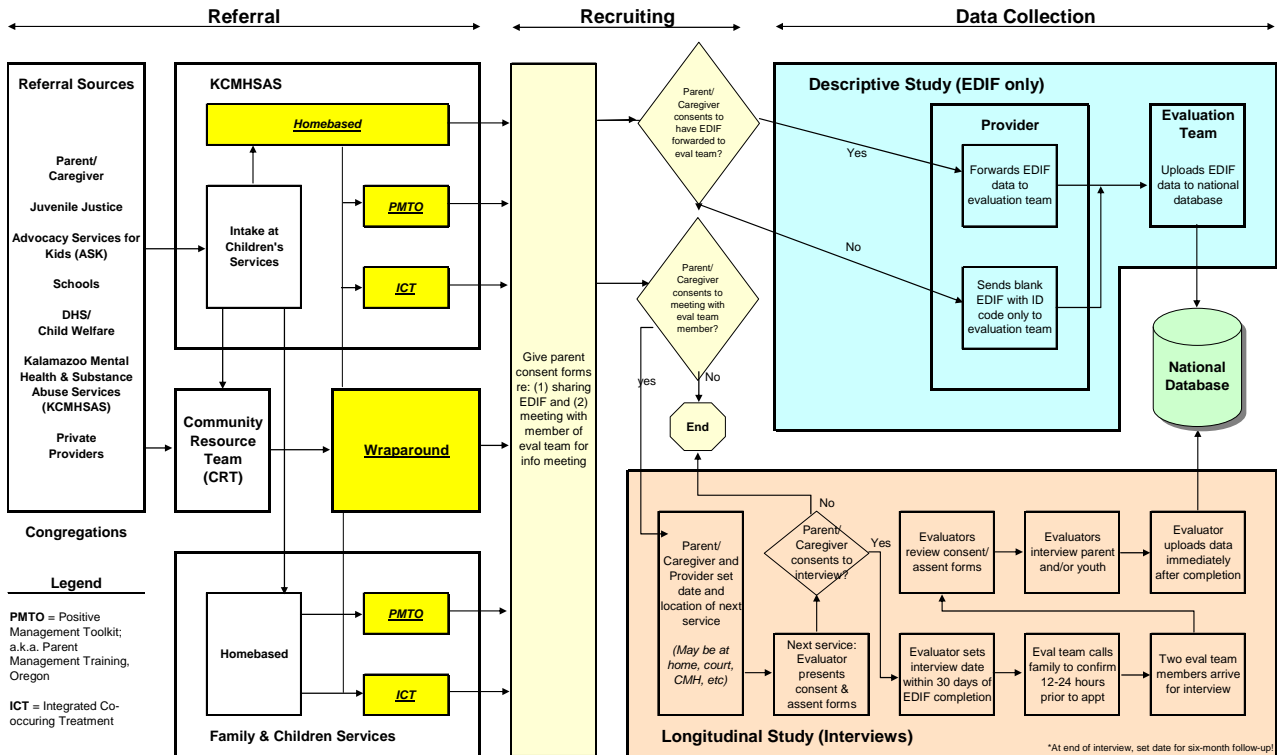


Figure 2: Evaluation flow chart for Kalamazoo Wraps.

Note: Youth and families entering programs in bright yellow are eligible for the national evaluation studies.

There are numerous phenomena that will be assessed using local-level measures instead of, or in addition to, the national studies' measures. These phenomena include (1) process evaluations of both the programs associated with and workgroups created for Kalamazoo Wraps initiative; (2) both process and outcomes related to the evidence-based practices.

**Local Level: Process Evaluation**

Local evaluations will be used to assess the process goals of Kalamazoo Wraps and of each of the evidence-based practices. The overarching questions addressed by each component of the process evaluation will be: is the program or workgroup being implemented the way it was intended to be? If not, why not? What needs to change?

Interviews of parents, agency staff, and Kalamazoo Wraps governance and work group representatives will continue throughout Year 2. In addition, we will submit a proposal to the WMU HSIRB to interview youth for their perspectives. Document review of work group and Integrative Action Team minutes, agency protocol, and other materials will also be used. These data will assess perceptions of the following:

- Family and youth input into treatment plans\*
- Family and youth input into the governance and infrastructure of Kalamazoo Wraps
- Youth and families' levels of social support\*
- Communication among the various agencies affiliated with the System of Care
- Progress within and collaboration among the various workgroups and governance boards of Kalamazoo Wraps
- Accessibility of services\*
- Cultural competence of providers and services\*

*\*These phenomena will also be assessed with data from the longitudinal outcomes study.*

### **Local Level: Evidence Based and Promising Practices**

Local evaluation will also be used to assess the implementation and results of the evidence based practices: PBIS, Directive Supervision, Wraparound, PMTO, and ICT.

**Positive Behavior Intervention and Supports (PBIS).** Process and outcome evaluations are built into the PBIS system. Process goals are measured via surveys and structured interviews concerning the fidelity of implementation. Outcomes such as disciplinary referrals are recorded into and analyzed with a data system called SWIS, or School Wide Information System. We have met with representatives of PBIS at Kalamazoo Public Schools and KRESA for preliminary discussions of evaluation and data sharing. The local evaluators of Kalamazoo Wraps will receive confidential process and outcome reports from the staff of KPS and KRESA.

**Directive Supervision.** Because nearly all the staff in our participating programs will be newly trained via Directive Supervision, this will be assessed indirectly via the national evaluation. In other words, if youth show substantial improvement, this may be one downstream indication that the Directive Supervision was successful. In addition, there are process issues that must be evaluated. The lead evaluator attended a meeting on October 25, 2006 that addresses process evaluation issues in Directive Supervision.

**Wraparound, PMTO, and ICT** will be evaluated in part by the interviews for the national evaluation. In addition, each of these three programs has instruments and processes that measure the fidelity of its implementation. We will work with representatives of each of these programs to see what fidelity instruments and processes will be used, who will administer them, and how we can share their data.

**KCMHSAS programs.** KCMHSAS programs, including but not limited to the programs listed above, will also be assessed on the local and state level using the Child & Adolescent Functional Assessment Scale (CAFAS). This assessment will include families who are not in the national evaluation in addition to those who are. This will be administered by KCMHSAS staff but analyzed in part by WMU evaluation team staff. The lead evaluator attended a training on CAFAS on October 16, 2006.

There are numerous other variables that should be assessed on the local level, including: **family and youth involvement, the impact of ASK, cultural and linguistic competence, accessibility, and stigma reduction.** The evaluation team will collaborate with the various Kalamazoo Wraps work groups to select or develop measures that will best assess these phenomena.

### **References**

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