

# A MONTANA SYSTEM OF CARE

## The BASICS

### What is a System of Care?

**A system of care is a transformed process of planning for and delivering mental health services to families and youth. It is family and youth driven process that links them to formal and informal services and supports, organized into a coordinated network, to meet their multiple and changing needs. The following shifts in principles and values are required to develop a system of care:**

<i>From</i>	<i>To</i>
Professional driven	→ Family and youth driven
Focus on deficits	→ Focus on family strengths
Generic care plans	→ Individualized services & supports
Limited systemic communication	→ System is integrated & collaborative
Limited accountability	→ Outcomes monitored and used
Ignoring culture	→ Culture is as strength
Treatment planning in silos	→ Team based care planning
Treatment failures	→ Flexible, no fail approach
Only professional interventions	→ Building interdependence through natural supports
Out of community	→ Community based supports
Silo funding	→ Flexible funding

### What is a Kids Management Authority (KMA)?

**The KMA model is how Montana decided to implement its system of care. The KMA has two functions: local community planning and child-specific planning, using a wraparound process. A “bare bones” KMA is expected to do the following:**

1. Empower KMA members, including youth and family members, to drive the principles and values of a system of care in the community.
2. Partner with other child serving agencies and providers to collaborate and to transform the system of care.
3. Serve as an access point for families and youth; help them navigate the system
4. Provide support for parents and youth.
5. Convene the multi-agency team for local planning and to identify gaps/barriers in services, with an emphasis on family feedback.
6. Support the family in convening the team identified by the youth and family for wrap around planning.
7. Support the family in identifying informal and natural supports to participate in their planning process
8. Make recommendations to policy makers to improve access, capacity, and quality of services, with an emphasis on family feedback.

## **What has Montana learned from its KMAs?**

**All five grant funded KMAs were fully staffed and providing services to families by July 2008. Each site has added to the knowledge base about what is working in Montana's system of care by demonstrating strengths of the KMA model and what it can achieve for families:**

1. The Crow site and the Po'Ka (Blackfeet) Project have identified wraparound process trainers available to both in tribal and non-tribal communities. Wraparound principles are natural in native communities who have practiced this process for centuries.
2. Most of the KMAs offer both caregiver and youth support groups. These have helped to increase informal supports for families.
3. All of the KMAs serve some youth who do not qualify for either Medicaid or CHIP, and assist those families with services such as assessments, family therapy, and respite.
4. Families report they experience the KMA as a place to learn about their community's mental health resources and to connect with other families who have similar challenges.
5. Evaluation data from youth and families served by KMAs and enrolled in the longitudinal study show improved outcomes in these areas: Youth improved their functioning in education and showed less delinquent behaviors. Youth also showed a decrease in mental health symptoms. Caregivers have shown an increase in vocational functioning, and experienced less overall strain.
6. Each KMA community has a different culture and each KMA operates differently while following the system of care principles.

## **What is a Wraparound?**

**Wraparound is a way of providing family driven services. With the agencies involved with the youth, plus the informal supports identified by the family, the wraparound team helps the family develop a plan of care. With help from a wraparound facilitator, people from the family's life collaborate, add their perspectives about the family's strengths, and coordinate their activities and services to support the family and youth.**

## **What is the state's responsibility for the development a system of care?**

**To provide for and encourage the development of a stable system of care, including quality education, treatment, and services for high-risk children of this state with multi-agency service needs. These children should be served in their homes or in the least restrictive and most appropriate setting for their needs, in order to preserve the unity and welfare of the family whenever possible. (52-2-301 MCA)**

## **What is Montana's Cooperative Agreement with SAMHSA?**

### **Montana agreed to:**

- 1. Implement the system of care principles and values at the state and local levels by aligning agency policies, by developing local KMAs, by ensuring culturally competent, family friendly practices and workforce, by supporting family involvement and planning, and by sharing information across child-serving agencies and providers to improve services.**
- 2. Develop a wraparound process that will enable youth and their families to access a broad array of supports and services necessary to meet their unique needs.**