BUILDING A STATEWIDE SYSTEM OF CARE

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Polling Question #1

- My role can best be described as (choose one):
  - National level planner/administrator/policy maker
  - State level planner/administrator/policy maker
  - Community level planner/administrator/policy maker
  - Family/Youth Organization administrator
  - TA provider
  - Advocate
  - Parent/Caregiver
  - Researcher/Evaluator
  - Service Provider
  - Youth/Young Adults

Overview

- Introductions
- Tennessee Context
- Collaboration as Best Practice
- Legislative and Policy Strategies
- Engaging Youth and Families
- Financing Strategies
- Structures for Sustainability
- Wrap up

Miracles do happen...

8 Minute Dot Exercise

With exactly 4 straight lines, connect all of the dots. Raise your hand when you’ve finished.

TENNESSEE CONTEXT

Statewide System of Care Expansion
Mission of Statewide SOC Expansion in Tennessee: Defining Success

Build upon past and current statewide System of Care and related efforts to further refine what SOC means for Tennessee and put in place policies, organizational structures, and funding mechanisms that support the implementation and expansion of a children’s mental health system in Tennessee grounded in System of Care values and principles.

Tennessee System of Care Timeline

- Local System of Care Demonstration Grant (1999-2006)
- Children’s Mental Health Policy Academy (2005)
- Senate Joint Resolution 799 (2006)
- Public Chapter 1062 – Council on Children’s Mental Health (2008)
- Local/Regional System of Care Demonstration Grants (2006-2016)
- Statewide System of Care Expansion Initiative (2012-2016)
- TennCare Child & Youth Mental Health Services Pilot (2014-2015)

SOC in TN

Vision:

TN families have access to community-based services for children and youth with mental, emotional and behavioral needs that are coordinated across systems, individualized to a family’s unique needs, strengths and culture, and where families are the primary decision makers in the care of their children.

Context

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for families and youth to be the primary decision makers in their care</td>
<td>Need adoption of SOC values at policy and practice levels</td>
<td>Children and youth have access to a coordinated system of services that are family-driven, child-centered or youth guided and culturally and linguistically competent</td>
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<tr>
<td>Need to create opportunities, policies and administrative structures to support family and youth involvement at all levels</td>
<td>Need for more preventive and less restrictive services</td>
<td>Children, youth and their families are engaged in SOC governance and advocacy</td>
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<tr>
<td>Need to maximize funds available</td>
<td>Need infrastructure and capacity for coordination and collaboration among state departments, service providers and referral sources</td>
<td>Family Support Specialist (FSS) Certification is promoted and sustained</td>
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<tr>
<td>Need to increase availability of, access to, and utilization of developmentally appropriate and effective mental health services</td>
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<td>State-level policy, administrative and regulatory changes promote and sustain SOC</td>
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Next Steps

- Develop sustainable Statewide System of Care Technical Assistance Center
- Increase SOC expansion implementation sites
- Enhance infrastructure for SOC expansion
- Leverage financing strategies for sustainability

COLLABORATION AS BEST PRACTICE

Being vs. Doing
Polling Question #2

- When engaging in System of Care work in my community, I spend the majority of my time:
  - Co-Existing with my system partners
  - Communicating with my system partners
  - Coordinating with my system partners
  - Collaborating with my system partners

Collaboration and SOC

“Collaboration is at the heart of system building…it takes time, energy and attention to relationship building, trust building, capacity building, team building, conflict resolution, mediation, development of a common language and communication.”

Pires, S., Building Systems of Care, A Primer, Georgetown, 2010

Context – We are collaborating to change systems to address complex problems for children, youth and families

This is a huge and complex effort that requires individuals and organizations to step beyond their official roles and organizations to collaborate. - Lab Work

Collaboration LAB, Waetzig & Abell (2014)

System change requires collaboration among collaborative groups

System is built on shared values

There are three distinct voices that exist and potentially conflict: those of the individual member, the partner organizations and the community. When those voices are in conflict, it is very hard to proceed with confidence. Individuals, rather than act together, have gone outside of the team to try and recruit their organization to their point of view and move their own agenda forward. As the team has allied and fractured, distrust has grown. - Lab Work

Collaboration LAB, Waetzig & Abell (2014)

Alternatives for Working Together

Which one do you choose?

Communicate: entities are aware and share some information
Coordinate: entities are aware, share information and participate in joint processes
Collaborate: entities are aware, share information, participate in joint processes, co-create policies and procedures, and share resources and ownership

Collaboration LAB, Waetzig & Abell (2014)
Collaborative Tasks for Systems Change

- Determine commitment to Being collaborative
- Define clear purpose with mutual benefit
- Identify shared expectations and shared outcomes
- Identify shared values to be promoted and operationalized
- Define and articulate clear roles and responsibilities across individuals and organizations
- Strike balance between task and relationship in collaborative groups

Expectations about Collaboration are unclear

Competing loyalties

How did we get to the point where the tone in the greeting at the beginning of the day can set the tone for the whole day? - Lab Work

Our ability to work effectively in partnership with others is based as much on who we are committed to Being in this relationship as it is on what we will be Doing in our work.

As implementation started, members of the team held different perspectives about how to build the system and provide services. This caused interpersonal conflict which threatened service delivery and sustainability. - Lab Work

A primary way to build and maintain trust is through aligning our actions, DOING things collaboratively, with our commitment to BEING collaborative.

The team is fractured and individuals are operating under assumptions that are born out of fear and uncertainty. As a result, individuals feel isolated and lonely both personally and professionally. They don't feel invited to participate and are tired of having to force their involvement - Lab Work

Collaborating with partner organizations

Loyalty to the work

Loyalty to the team

Loyalty to the Organization

The layers of “purpose”

Ultimate Purpose: what is the work?

What approach does the community need?

What is the role of the partners and stakeholders?

What is the work of the guiding team(s)?

What is the function of the members on the team?
The work of the leader in clarifying purpose

- Find balance between imposing purpose and letting it emerge;
- Understand and make the layers of purpose clear;
- Make sure that the effort, energies and relationships in the group all fit together in service of the purpose(s);
- Find balance between purpose, task, and relationship within the group.

Roles and Responsibilities

- What role and responsibilities are necessary for the purpose?
- What do we know about each other?
- How can the group develop trust and safety in order to talk about roles?

An innovative approach to roles

- When a person focuses on a system of care value as their official role, there is a risk they “own” that value.
- Can we get beyond official roles and have the whole team own the values through dialogue?

Examples from the field...

- Statewide SOC Legislation
- Children’s Cabinet kidcentral tn initiative
- SOC Demonstration communities
- Statewide Collaboration LAB implementation and training

Polling Question #3

- When engaging in System of Care work in my community, I spend the majority of my time:
  - Co-Existing with my system partners
  - Communicating with my system partners
  - Coordinating with my system partners
  - Collaborating with my system partners

LEGISLATIVE AND POLICY CHANGES

Is it all it is cracked up to be?
Polling Question #4

- Do you currently have state level legislation or policies to further your system of care goals (choose one)?
  - Yes - both
  - Yes - just policies
  - Yes - just legislation
  - Neither
  - Unsure

The Process....

Legislation vs. Policy

- Legislation
  - More concrete
  - Longer process
  - More abstract
  - Funding?

- Policy
  - More flexible
  - Quicker process
  - More detailed
  - Funding?

Small chunks at a time...

Reasons for Legislation or Policies

- Give credence to effort
- Create Coordinating/Governing Council
  - CCMH
- Increase available resources
  - Family Resource Centers
  - Coordinated School Health
- Ensure tenets of SOC are infused throughout system
  - EBP for JJ
  - Title 33

Reasons for Legislation or Policies

- Create structure for sustainability over time
  - Resource Mapping
  - YTAC
  - CCMH
Process for creating change

- Legislative Study
- Legislative Resolution
- Administrative support
- Committee Chair or Other Legislator Sponsor

Random thoughts….

- Include all players – be all inclusive
- Spread around the responsibility – people invest in what they create
- Consider two co-chairs from multiple departments or agencies – break down silos
- Tweak it – don’t recreate it

Polling Question #5

- My community or organization effectively engages families and youth in our System of Care/system change work (choose one):
  - All of the time
  - Most of the time
  - Some of the time
  - Hardly ever

Engaging Families and Youth

Let’s find out…

What would you do?

Equality

We need to remember to meet families and youth where they are (not where we want them to be) so that everyone can have an opportunity to participate.
Meet People Where They Are

- Literal sense, maybe, but also circumstantial (education, financial, etc)
- Be supportive and accepting of whatever they can give—remember that this is ‘extra’ for them
- Consider meeting times, frequency, and location
  - Consistency is best
- Build relationships

What Motivates People?

- Autonomy, Mastery, and Purpose
  [External Link]

Give Autonomy

- Make them the EXPERTS
- Give them CHOICES
- Follow-through on IDEAS

Build Mastery

- BREAK DOWN acronyms and other lingo
- Encourage MENTORSHIP
- Give LEADERSHIP OPPORTUNITIES
- Offer TRAINING

Purpose

- Provide a clear sense of the MISSION
- Update on PROGRESS
- ACKNOWLEDGE contribution (big and small)
- Make individuals ACCOUNTABLE

GATHERING INPUT FROM FAMILIES TO DIRECT DECISION-MAKING
Early Childhood Advisory Council
State Assessment

- Interviewed 9 Parents to ask for impressions and recommendations about state resources and the following:
  - Availability
  - Quality
  - Interaction and Coordination

kidcentraltn.com

- Paper survey
- 1200 parents from 77/95 TN Counties
- Includes content on Health, Education, Development, and Support
- Directory of State-funded and State-operated services
- Parent-lead focus groups for improvement

Systems Alignment Symposium

- Organized by 6 Children's Cabinet Departments each with Central Office Staff, Frontline Staff, Community Partner, Client/Customer

- Recommendations lead to critical change:
  - G.R.E.A.T. customer service
  - STAR Values
  - Multiple Agency Collaboration Workgroup
  - Shared Data Access Workgroup

STRATEGIC FINANCING
Leveraging Financial and Administrative Structures

COMING SOON!
SOC Redesign for Child and Youth Mental Health
Community-Based Services: Medicaid Managed Care Collaborative
2013-2014

Introduction
Once Upon a Time…
Not so long ago (2013)…
We Had a Problem

- Too many children/youth entering residential/inpatient psychiatric levels of care
- Fragmented care in a fragmented system
- Limited standards/expectations for community-based mental health services
- In-home treatment had watered down
- Extreme variability across providers as to quality and intensity of services

And Then....

Competitors

Became Collaborators...

The Script Writers/Directors

- 3 Health Plans managing BH services for Medicaid (i.e., TennCare) members
- The Bureau of TennCare

Had a vision.....

&wrote and directed the script:

THE COLLABORATIVE REDESIGN

The Script: Collaborative Redesign

- All Community-Based Mental Health Services will be team-based
- All provider teams will follow standardized expectations

The Script: Collaborative Redesign

Standardized Processes and Universal Forms

- Program requirements and expectations
- Pre-Authorization Forms/Concurrent Review
- Assessment Tools for Member/Family
- Medical Necessity Criteria
- Audit Tool
- Outcome Measures
- A Pilot
Collaborative Redesign: Take 1

Current
- Minimal requirements
- At least one other BH service and PCP coordinated
- Expectations loosely defined resulting in varying Cm models

Proposed
- Stronger SOC requirements
- Care Coordination supporting Individualized Care Plans
- Collaboration among multiple providers/stakeholders and child/family
- Team case conferences
- Expectations clearly defined

Level 2 Case Management
- Standard Community-Based Services: MHCC
- NO

Collaborative Redesign: Take 2

Current
- Comprehensive Child and Family Treatment (CCFT)
- Stabilization focused, short term
- Requirements loosely defined
- Expectations loosely defined

Proposed
- Home-Based Treatment
- Diversion from higher care levels
- Treatment focused, not just stabilization
- Requires team with specific standards for membership and contracts
- Trauma Informed
- Expectations well defined

Level 1 Case Management
- CCFT
- YES

The Setting: System of Care Philosophy
- Family Driven and Youth Guided
- Individually Tailored Care Plans
- Community Based Interventions
- Culturally, Linguistically, and Developmentally Appropriate
- Trauma Informed
- Integrated Across Systems (via Care Team)
- Outcomes-Driven
- Strengths and Resiliency Focused
- Evidence Informed Interventions

The Lead Actors
- High risk Children/Youth and their Families
- At risk for higher levels of care
- Medicaid members

The Action: REDUCE...
- higher levels of care
- ER over-utilization
- crisis services usage
- over-reliance on medications
- court and DCS involvement
- dysfunctional behaviors
- poor health
- family conflict
- adverse childhood experiences
- variability of care delivery

The Action: Increase...
- family preservation
- positive family/peer relationships
- positive school performance
- progress toward child/family goals
- resilience/recovery
- good health
- positive coping skills
- community involvement
- skills to navigate the system independently
- solid parenting skills
- collaboration among formal and informal service providers to maximize therapeutic benefit
Supporting Roles
- Department of Mental Health and Substance Abuse Services – got feedback & buy in!
- Tennessee Association of Mental Health Organizations (our provider professional organization) – got feedback & buy in!
- Child/Youth Stakeholder meeting – got feedback & buy in!

The Plot Thickens: The Pilot
- Met with Potential Providers
- Assessed feedback and incorporated as necessary
- Applications for Pilot
- Selected 6 pilot providers
- Provider training
  - Weekly meetings with providers/stakeholders
  - System of Care, Wraparound, and Collaboration training

The Performance
- Implement Pilot August 1, 2014
- Run Time: TBD (at least 6 months)

The Review
Evaluate results
- What does it take for successful delivery?
  - Providers accountable for all aspects of activity so that true assessment of what it takes can be accomplished
- Universal outcome measures
  - Have we made a difference?

And They Lived Happily Ever After:
Hopes for Pilot
- Discern best candidates for the models: what works for whom?
- Discover true costs of each model
- Discern best contracting methodology (e.g., P4P)
- Identify challenges for adequately staffing the services and identify opportunities to address challenges and gaps
- Fine tune team case conference models
- Get provider and family/member feedback

And They Lived Happily Ever After
- Minimize Barriers
Polling Question #6

- Have you sustained any aspects of your System of Care grant funded project (choose one)?
  - Yes, only limited aspects
  - Yes, the complete project
  - No, unable to sustain any aspects
  - Not applicable

Structures and Sustainability

- May not 'overhaul' the system – think organically
- Merge many little things.
- What do you really want to change?

Harsh Reality

- Start working on sustainability from the beginning – don’t just say you are – actually do it.
- Most states and communities will NOT sustain the grant structure the way it is.

You have to decide...

- Funding Amount
- Funding Type
- Funding Source
For What:

- School-mental health liaisons
- Family Support Specialist
- Family support network
- Care Coordination

Sustained Examples

Steps

- Break out pieces of the project
- Review funding potential and reoccurring funding sources
- Review data
- Advocate for the pieces with best data and possible funding

Wrap up and Discussion

- Take aways...
- What have you learned today you can apply tomorrow?

SOC Resources

- www.kidcentraltn.com
- https://theinstitute.umd.edu/
- http://tapartnership.org/enterprise/
- http://tapartnership.org/
- http://gucchd.georgetown.edu/
- http://www.ffcmh.org/
- http://www.samhsa.gov/children/
- http://www.tn.gov/tccy