System of Care (SOC) Approach

- Framework and philosophy for children’s mental health services, increasingly substance use services
- Used as a framework for reform by child-serving systems in states, communities, tribes, and territories – some elements in nearly all communities
- Has shaped national policy

Updated Definition

“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”

Core Values of the System of Care Approach

1. Family driven and youth guided
2. Community based
3. Culturally and linguistically competent

Guiding Principles

1. Broad array of evidence-informed services and supports
2. Individualized services
3. Least restrictive, clinically appropriate setting
4. Families and youth as full partners at all levels policies
5. Cross-system collaboration at system level
6. Care management for coordination at services level
7. Services and supports for young children and their families
8. Services and supports for youth and young adults in transition to adulthood
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention
10. Rights protection and advocacy
11. Continuous accountability mechanisms
12. Nondiscrimination

Service Array

Specific evidence-informed interventions and culture-specific interventions can be included in each type of service

- Home and Community-based Treatment and Support Services
  - Assessment and evaluation
  - Individualized “wraparound” service planning
  - Intensive care management
  - Outpatient therapy – individual, family, group
  - Medication management
  - Intensive hospital-based services
  - School-based behavioral health services
  - Substance abuse intensive outpatient services
  - Day treatment
  - Crisis services
  - Mobile crisis response
  - Therapeutic behavioral aide services
  - Behavior management skills training
  - Therapeutic nursery/preschool

- Peer youth support
- Peer family support
- Youth and family education
- Rapid services
- Therapeutic mentoring
- Mental health consultation
- Supported education and employment
- Supported housing
- Transportation

- Out-of-Home Treatment Services
  - Therapeutic foster care
  - Therapeutic group home care
  - Residential treatment services
  - Inpatient hospital services
  - Inpatient medical detoxification
  - Crisis stabilization services

Elements of Systems of Care

- Philosophy
- Services & Supports
- Infrastructure

1. Family driven and youth guided
2. Community based
3. Culturally and linguistically competent
What the SOC Concept is Not

- Not a “model” to be “replicated” like a manualized treatment
- Not a single “program,” but a coordinated network of services across agencies
- Not a “treatment or clinical intervention” that directly improves child and family outcomes without accompanying changes at the practice level to provide effective services and supports to achieve positive child and family outcomes

System Change + Practice Change = Improved Outcomes

What the SOC Concept Is

- Paradigm shift, *vision*, value base
- *Organizational framework* for system reform
- Not a prescription, but a *guide* with flexibility to implement in a way that fits the particular state, tribe, territory, community
- *Adapt* the approach based on political, administrative, fiscal, state, and community contexts
- *Multilevel* intervention – Changes at state, local system, and practice levels

Return on Investment (ROI)

- *Redeploy resources* from higher cost restrictive services to lower cost home- and community-based services and supports
- Increased utilization of home- and community-based services and supports
- Decreased admissions and lengths of stay in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment centers, juvenile justice placements, out-of-school placements)
- Cost data demonstrating impact on costs across systems, particularly cost offsets across systems (reduced out-of-home placements in child welfare and juvenile justice with substantial per capita savings)
- New *ROI document* shows savings in short term and future with SOC approach (increased productivity, decreased costs in criminal justice system, etc.)

Demonstrated Effectiveness of SOCs

- Improve the lives of children and youth – Decrease behavioral and emotional problems, suicide rates, substance use, improve school attendance and grades, decrease involvement with juvenile justice, increase stability of living situations
- Improve the lives of families – Decrease caregiver strain, increase capacity to handle their child’s challenging behavior, increase ability to work
- Improve services – Expand services to broad array of home and community-based services, customize services with individualized, wraparound approach to service planning and delivery, improve care management and coordination, increase family-driven, youth-guided services, increase cultural and linguistic competence of services, increase use of evidence-informed practices

Expanding the SOC Approach: SAMHSA’s Theory of Change

- Purpose to expand the SOC approach statewide and throughout territories and tribes
- Planning grantees develop strategic plans for expansion
- Implementation grants provide up to $1 million per year for 4 years to support implementation of the SOC approach statewide
- Informed by a study of expansion strategies that identified five core strategy areas for SOC expansion (implications for widespread adoption of any innovation)
Preparation and Planning for SOC Expansion

1. Create a SOC Expansion Team
   - Embedded in system
   - Appropriate leaders and stakeholders based on goals
   - Individuals in decision making roles
   - Individuals with access to high-level policy makers
   - Family and youth leaders
   - Representatives from partner systems
   - Leads for cultural and linguistic competence, social marketing, evaluation
   - Service providers
   - Other stakeholders important to SOC expansion

Develop Expansion Approach, Plan, and Priority Goals

1. Develop or refine a SOC expansion plan
2. Determine overall approach to expansion
   - Geographic
   - By level of need (e.g., most high-need children)
   - By population (age band, funding eligibility, service sector)
3. Select high-priority goals for initial action
   - Likely to have impact, high probability of success, provide data to demonstrate positive outcomes of SOC approach
   - Build on timely opportunities in environment to support expansion
   - Support interagency partner outcomes or initiatives
4. Obtain and build commitment among high-level policy and decision makers

Policy and Partnerships

Infusing and “Institutionalizing” the SOC Approach in the System

- Creating an ongoing focal point of accountability at state and local levels
- Developing and implementing strategic plans
- Developing interagency partnerships for coordination and financing
- Promulgating rules, regulations, standards
- Incorporating in RFPs and contracts

Policy Examples

Locus of Accountability

- Maryland State Level – Children’s Cabinet Governor’s Level and Office of Child and Adolescent Services, Mental Hygiene Administration
- Maryland Local Level – Local Management Boards and Regional Care Management Entities for high-need children

Requirements

- Maryland and Oklahoma – Medicaid rules
- New Jersey – Required by contracts with providers to align with SOC goals and demonstrate with performance measures
Services and Supports

**Developing a Broad Array of Services and Supports Based on the SOC Philosophy**

- Creating or expanding **array of services and supports**
- Creating or expanding **individualized approach** (operationalizes SOC approach at service delivery level)
- Creating or expanding **care management entities**
- Creating or expanding **care coordination and care management**
- Implementing **family-driven, youth-guided services and family and youth involvement in services**

**Services Examples**

**Broaden Array**

- Offer a comprehensive range of home- and community-based services and supports
- Expanded coverage under Medicaid is primary vehicle
- Wide range of new services and supports

**Services Examples**

**Individualized Approach**

- Individualized, wraparound approach is the primary mechanism for operationalizing SOC approach at service delivery level
- Requirements for child and family teams for youth with most serious and complex needs with full family and youth involvement, individualized service plans, care coordination, flexible funds
- Provide extensive training
- Fidelity measurement with tools from the National Wraparound Initiative

**Services Examples**

**Family-Driven, Youth-Guided Services**

- Increased involvement at policy and system level
- At service delivery level, families and youth drive wraparound process
- Developed family support partners for system navigation and peer support, often through contract with family organization

**Examples**

- Arizona – Family and youth involvement required in contracts with regional authorities and providers, family peer support covered under Medicaid

**Financing**

**Creating Financing Mechanisms for SOC Infrastructure and Services**

- Increasing the use of **Medicaid financing**
- Increasing the use of **federal grants** (SOC, Block Grants) to leverage other funding
- **Redeploying funds** from higher cost to lower cost services
- Implementing **case rates** or other risk-based financing
- Increasing the use of funds from **other child-serving systems**
- Increasing the use of **state mental health and substance use funds**

**Financing Examples**

**Medicaid**

- Waivers
- Rehabilitation Option, Targeted Case Management, EPSDT
- Add billing codes
- Use existing codes or revise for new services, EBPs
- New opportunities now under ACA

**Redeploy Resources**

- New Jersey – Residential and group home resources (Child Welfare and Mental Health) redirected to SOC infrastructure and services statewide
- Arizona – Similar strategy in Arizona accomplished by creating new services, adding new types of providers, increasing Medicaid coverage
Intersect Between Health Reform and Systems of Care

**Tested Models**
- Offers tested models for many ACA provisions to address unique needs of children with behavioral health challenges
  - Essential benefits for Medicaid and Health Insurance Exchanges
  - Medicaid and CHIP expansion
  - Health homes
  - 1915(i) state plan amendments
  - Money Follows the Person
  - ACOs

**Health Homes**
- Systems of care and their care management entities can be health homes – Improve quality and manage costs for populations with serious disorders, provide intensive care management, individualize care, link to needed services and supports across systems

Training and Workforce Development

**Creating Implementing Workforce Development Mechanisms for Ongoing Training and TA**
- Providing training and TA on the SOC approach
- Creating ongoing training and TA capacity
- Providing training, TA, and coaching on evidence-informed promising practices and practice-based evidence approaches

Training Examples

**Ongoing Training**
- Extensive training and TA on the SOC approach and evidence-informed practices

**Training Capacity**
- Maryland – Innovations Institute at University of Maryland
  - Virtual website training center
  - Training and coaching statewide on SOCs and effective services
  - Wraparound certification program

Generating Support

**Generating Support Among High-Level Decision Makers**
- Establishing strong family and youth organizations
- Generating support among high-level policy makers and administrators at state and local levels
- Using data on outcomes and cost savings/avoidance to promote SOC expansion

Generating Support Examples

**High-Level Decision Makers**
- Support from state-level policy and decision makers is critical for expansion – maybe most critical
- Data, educational briefings, concept papers, plans, reports, meetings with families and youth – strategic communications
- Demonstrate “return on investment” (ROI)

Examples
- Oklahoma - Uses data showing reductions in out-of-home care and translates into financial implications for policy makers and legislators

Infusing SOC Values into Implementation Activities

- Family-driven, youth-guided approaches to services and systems
- Cultural and linguistic competence in services and systems
- Cross-system collaboration in services and systems
GOAL IN
Age (Y/YAT)
Adults of transition youth and young adults of transition

GOAL 1:
Highest improved CSoC

Taking Innovations to Scale
The Louisiana Experience

How to Tailor the Strategic Framework

<table>
<thead>
<tr>
<th>CORE STRATEGIES NEEDED TO ACHIEVE GOAL</th>
<th>GOAL 1:</th>
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<td>Enhanced partnership mechanisms</td>
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<td>LSCAN: Adult Services (state, regional, local)</td>
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<td>MOU: Governor’s Order</td>
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<td>MOU: Office of Behavioral Health (OBH)</td>
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<td>MOU: Cross-agency Team Deployed to OBH</td>
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<td>Integration of system of care efforts into overall managed care operations</td>
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Louisiana Coordinated System of Care

The Coordinated System of Care (CSoC) is an initiative to serve Louisiana’s youth with significant behavioral health challenges who are in highest need and at greatest risk. CSoC is a component of the Louisiana Behavioral Health Partnership.

CSoC is a philosophy and approach to service delivery that results in improved integration and coordination, enhanced service offerings and improved outcomes.

At full implementation the CSoC will serve 2400 youth.

Specific goals for the CSoC include decreasing the number of youth in residential/detention settings, reduction in the state’s cost for providing services by leveraging Medicaid and other funding sources, and improving the overall outcomes for these children/youth and their caregivers.

Implementing Policy, Regulatory, and Partnership Changes

- Governor’s Executive Order for Governance
- MOU between state agencies
- Office of Behavioral Health (OBH) designated as lead agency
- Cross-agency team deployed to OBH
- Integration of system of care efforts into overall managed care operations
- Establishment of Wraparound Agencies for care management for high-need population

Developing/Expanding Services and Supports

- 1915(c) and 1915(b)(3) waivers
  - WAA for care management
  - Five specialized services
- Expansion of Medicaid state plan services
  - Evidence-based practices
  - Community-based services
  - Out of home options

CSoC Implementing Regions

[Map showing CSoCImplementing Regions]
Creating/Improving Financing Strategies

- Increasing use of Medicaid
  - Financial mapping across child-serving agencies
  - Leveraging state dollars
  - Use of Department of Education costs as Certified Public Expenditures
- Maximizing use of MH and SAPT Block Grant for non-Medicaid populations/services
- Use of Social Services Block Grant (child welfare) for training/coaching

Providing Training, TA and Coaching

- “Systems of Care are about...”
- Developing state-based capacity for high fidelity wraparound training/coaching
- Managed care company providing workforce development
  - Use of MH Block Grant for professional development
    - Building Bridges
    - DSM 5

Generating Support

- Development of Family Support Organization structure to strengthen family/youth voice
- Quarterly Governance Board meetings to provide engagement/education to child-serving system leaders
- Use of outcome data to engage critical partners
  - Legislators
  - Judges
  - Others

System of Care Expansion: How Will You Know?

- So your state, tribe, territory, or community has developed a strategic plan for widespread expansion of the system of care (SOC) approach
- Now you’re implementing strategies to achieve your expansion objectives
- How will you know how you’re doing? If you’re getting there? If you’re actually expanding SOCs?
- How will you measure expansion progress?

Outcomes of SOC Expansion

1. SOC values and principles are implemented
2. Services and supports consistent with SOC approach are implemented
3. SOC infrastructure is implemented

Overall Purpose:
To improve behavioral health outcomes for children, youth, and young adults with serious emotional disturbances and their families through widespread expansion of SOCs

Development of a Rating Tool

- Developed by Beth Stroul at the request of SAMSHA Child, Adolescent, and Family Branch
- Provides a method to assess progress in SOC implementation and expansion
- Builds on previous methods – particularly national evaluation of SAMHSA Children’s Mental Health Initiative System-Level Assessment and Sustainability Study
- Developed draft tool and pilot tested
- Revised tool based on pilot and feedback
- Continuing to test and refine tool
- Currently implementing tool in multiple states
Rating Tool Purpose

- Brief, easy to administer, web-based instrument
- Designed to assess progress in implementing the SOC approach in a geographic area – typically community or region
- Provides “snapshot” of implementation of key elements of the SOC approach at a point in time, which are operationally defined
- Method to derive an overall estimate of the “level” of implementation of the SOC approach
- Assess implementation progress statewide, and throughout tribes and territories, with multiple communities or regions
- Can be used as part of evaluation for SOC Expansion
  Implementation grantees or any jurisdictions with SOC initiatives
- Identifies strengths in SOC implementation and elements needing improvement

System of Care Elements Assessed

- Use of a strategic plan
- SOC values and principles
- Array of services and supports
- SOC infrastructure components
- Commitment of key partners and stakeholders

Level of Overall System of Care Implementation

Level 1 – No Implementation
Level 2 – Some Implementation
Level 3 – Moderate Implementation
Level 4 – Substantial Implementation
Level 5 – Extensive Implementation

Uses at Community or Regional Level

- Measure progress in SOC implementation while efforts are underway to develop or improve SOCs
- Initial assessment
- Use at regular intervals to assess progress over time (annually or biennially?)
  - Identify strengths and areas needing attention while implementing the SOC approach

Approach to Administering Rating Tool

1. Georgetown TA Center will work with selected jurisdictions to customize and administer for period of time
2. Subsequently, entire package can be given to a jurisdiction with all tools to administer and generate reports themselves
   - Survey in their own Survey Monkey Account
   - Scripts for emails to lead community person and respondents
   - Excel program to generate reports
   - Report templates

Uses at State, Tribal, Territorial Level

- Assess progress in implementing the SOC approach throughout jurisdiction, outcomes of expansion efforts
- Baseline and subsequent ratings of progress in communities or regions (depends on structure)
- Communities or regions complete tool at regular intervals, state determines % at each of the 5 levels
- Assess all communities or subset depending on expansion approach
- Annual use provides measure of progress based on comparison of % at each level at each point in time (annually or biennially?)
- Identifies strengths and need for investment of resources and TA statewide and in particular communities or regions
2. Implementation

- Services
  - Individualized

1. Existence

- Designed for approximately 10+ respondents per community or region – scores are averaged
- Can be customized to each community re number and type of respondents
  - Local Community Level or Regional-Level Directors or Managers of Services for Children with Behavioral Health Challenges
  - Lead Provider Agency Directors or Managers for Services Children with Behavioral Health Challenges
  - Family Organization Directors or Family Leaders
  - Youth Organization Directors or Youth Leaders
  - Local Community-Level or Regional-Level Directors or Managers of Services for Children with Behavioral Health Challenges from a Partner Agency
  - Other Key Stakeholders Identified by Lead Contact Person for a Community or Region

Data Collection and Analysis

- State, tribal, or territorial children’s mental health directors identify a lead contact in each community/region assessed
- Individualized respondent is emailed a unique URL link from Survey Monkey to complete the rating tool
- Tool takes approximately 20 minutes to complete
- Assessment can be completed in one sitting or over multiple sessions
- Respondent scores are averaged to determine ratings for each SOC element
- Individual responses are confidential
- All data is reported in aggregate
- Community and state level reports are developed

Respondents

- Respondents
  - State
  - Tribal
  - Other
  - Youth
  - Family
  - Lead
  - Treatment

Other Services

- Children’s health needs

Behavioral Health Challenges

- Children
  - Behavioral
  - Indicators
  - Operationalized a
  - Community
  - Principles
  - Scores

Community Implementation

- Customized
- Using
  - Directors
  - Managers

Stakeholders

- Health
  - Children’s
  - Services
  - Tokens
- Components
  - Multiple
  - Life
  - Domains

- Services
  - Informal
  - Natural
  - Additional
  - Treatment

Financed

- Flexible
  - Unavailable
  - Needs
  - Other

Example: Family-Driven Approach

- Families have primary decision making role in service planning and delivery
- Families set goals and desired outcomes
- Family strengths are incorporated
- Families have choice of services and supports
- Families have access to peer support
- Family organization exists that support family involvement at system and service delivery levels

Example: Individualized, Wraparound Approach

- Individualized child and family teams are used (including family, youth, providers, etc.) to develop and implement a customized service plan
- Individualized assessments of child and family strengths and needs are used to plan services and supports
- Individualized service plans are developed and implemented for each child and family that address multiple life domains
- Services include informal and natural supports in addition to treatment
- Flexible funds are available to meet child and family needs not financed by other sources

SOC Elements Assessed

3. Array of services and supports

- Nonresidential services and supports – includes list of services typically included in the service array provided by SOCs
- Out-of-Home Treatment Services for Short-Term Goals Linked to Home and Community-Based Services and Supports
- No community is likely to have all services and supports, but provides a guide for optimal array
Home and Community-Based Treatment and Support Services (Nonresidential)

- Screening
- Assessment and evaluation
- Individualized service planning
- Intensive care management
- Service coordination
- Outpatient individual therapy
- Outpatient group therapy
- Medication treatment/monitoring
- Crisis response services (non-mobile)
- Mobile crisis response and stabilization
- Intensive home-based services
- School-based mental health services
- Day treatment
- Subsistence use treatment
- Therapeutic behavioral aide services
- Behavior management skills training
- Tele-behavioral health
- Youth peer support
- Family peer support
- Youth and family education
- Respite services
- Therapeutic mentoring
- Mental health consultation
- Supported education and employment
- Supported independent living
- Transportation

Out-of-Home Treatment Services

Short-Term Goals Linked to Home- and Community-Based Services

Assesses Availability + Appropriate Use + Linkage

- Therapeutic foster care
- Therapeutic group care
- Crisis stabilization bed
- Medical detoxification
- Substance use residential treatment
- Residential treatment
- Inpatient hospitalization

SOC Elements Assessed

4. SOC infrastructure
- Point of accountability structure for SOC management and oversight
- Structure and/or process to manage care and costs for high-need populations (e.g., Care Management Entities)
- Interagency partnerships/agreements
- Structure and/or process for partnerships with family organizations and family leaders
- Structure and/or process for partnerships with youth organizations and youth leaders
- Defined access/entry points to care
- Extensive provider network for comprehensive service array
- Structure and/or process for training, TA, and workforce development
- Structure and/or process for measuring and monitoring quality, outcomes, and cost
- Structure and/or process for strategic communications/social marketing
- Structure and/or process for strategic planning and resolving barriers

SOC Elements Assessed

5. Commitment to the SOC philosophy and approach among key stakeholders
- Child-serving systems
- High-level policy and decision makers
- Providers
- Family and youth leaders
- Managed care organizations

State Report

State, Tribal, or Territory Report

STATE: Date:
Lead contact person with contact information:
Total number of communities or regions:
Number of community-level reports:

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<th>LEVEL OF SOC IMPLEMENTATION SCORES</th>
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Progress Report

Level of SOC Implementation Progress Report

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Overall level of SOC Implementation Rating Across Communities
SOC Rating Tool: The Tennessee Experience

How far along are Tennessee SOC-EXP communities with the implementation of the SOC approach at the early stages of their grant work?

- A total of 65 individuals across all community teams were surveyed during February 2014; of those, 69% completed the tool

What have we learned from this process?

- Communication with SOC partners is key for buy-in
- Follow-up during data gathering period increases response rate
- Baseline message is important
  “We want to know what you know and/or don’t know.”
- Findings represent the knowledge of the SOC community team members regarding the implementation of SOC values and principles. They are not indicative of the knowledge or expertise of each agency/organization involved with regard to the SOC approach.

How are we communicating the results?

- Georgetown National Technical Assistance Center for Children’s Mental Health Reports
  - State
  - SOC Community (grantee)
  - SOC Team (county)
- TDMHSAS Summary Report
  - Table comparing team with state
  - Strengths
  - Challenges
  - Recommendations

Summary Report Example

How are we using the SOC Rating Tool results?

- To develop a statewide Technical Assistance Plan
  - What elements need to be addressed?
  - What actions need to be taken?
  - What resources are available or needed?
- Inform interviews and focus groups with community team members
  - Focused questions on areas that were identified as a challenge to understand “Why?”

SOC Community Technical Assistance Plan Example