Expanding Systems of Care: Strategies for Wide-Scale System Change

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Background

• Federal SOC program – prime example of initiative with broader impact than grants

• Inability to fund all communities nationwide

• Need for grants to be more than time-limited “programs” in communities but part of a larger expansion strategy

• Implicit goal – To use time-limited demonstration grants (with TA and evaluation) to produce system changes that are maintained after grants and have a broader impact statewide and in tribes and territories
Background

- Incorporated two studies in national evaluation
- Sustainability study to assess success of grantees in sustaining SOCs post grant and identify effective sustainability strategies
- Established the critical role of states in sustainability, in partnership with communities
  - Led to current study of state strategies for sustaining and expanding SOCs
  - Findings have implications for widespread adoption of innovations (SAMHSA’s theory of change)
New SOC Expansion Grant Program

• A researchers dream – Immediate opportunity to apply findings in a new grant program
• Purpose is to expand the SOC approach statewide and throughout territories and tribes
• Grantees will develop plan with concrete action steps to create extensive and wide-ranging policy and program transformation
• Requires use of the system change strategies identified as most effective through this study
Summary of Study Method

1. Developed **conceptual framework** on strategies for SOC expansion

2. Selected sample of **9 states** with significant progress in expanding SOCs

3. Interviewed multiple state, community and family informants in each state focusing on identifying **effective expansion strategies**

4. Analyzed findings and currently developing **TA resources** that can inform current SOC expansion efforts
States in Study Sample

Arizona
Hawaii
Maine
Maryland
Michigan
New Jersey
North Carolina
Oklahoma
Rhode Island
# Number and Recipients of SOC Grants

<table>
<thead>
<tr>
<th>State</th>
<th># SOC Grants</th>
<th>Grant Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>2</td>
<td>1 Local, 1 Tribal</td>
</tr>
<tr>
<td>Hawaii</td>
<td>3</td>
<td>3 State</td>
</tr>
<tr>
<td>Maine</td>
<td>3</td>
<td>2 State, 1 Tribal</td>
</tr>
<tr>
<td>Maryland</td>
<td>4</td>
<td>1 State, 3 Local</td>
</tr>
<tr>
<td>Michigan</td>
<td>6</td>
<td>5 Local, 1 Tribal</td>
</tr>
<tr>
<td>New Jersey</td>
<td>1</td>
<td>1 Local</td>
</tr>
<tr>
<td>North Carolina</td>
<td>6</td>
<td>2 State, 4 Local</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>4</td>
<td>2 State, 2 Tribal (1 Statewide)</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>3</td>
<td>3 State (3 Statewide)</td>
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</tbody>
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32 Total Grants
- 14 State
  (4 statewide focus)
- 13 Local
- 5 Tribal
## Individuals Interviewed

<table>
<thead>
<tr>
<th>Role of Interviewees</th>
<th># Interviewees</th>
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<tbody>
<tr>
<td>State Children’s MH Directors</td>
<td>9</td>
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<tr>
<td>Other State MH Agency Representatives</td>
<td>10</td>
</tr>
<tr>
<td>Other State Agency Representatives</td>
<td>3</td>
</tr>
<tr>
<td>Family Leaders</td>
<td>11</td>
</tr>
<tr>
<td>Local SOC and Children’s MH Leaders</td>
<td>16</td>
</tr>
<tr>
<td>Youth Leaders</td>
<td>1</td>
</tr>
<tr>
<td>University Representatives</td>
<td>2</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>52</strong></td>
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</tbody>
</table>

*4-7 per state*
Expanding What?
Elements of Systems of Care
Strategic Framework: Roadmap for System Change

1. Implementing Policy, Administrative, Regulatory Changes
2. Developing or Expanding Services and Supports, Care Management, and Individualized Approach
3. Creating or Improving Financing Strategies
4. Providing Training, TA, and Coaching
5. Generating Support and an Advocacy Base
Implementing Policy and Regulatory Changes
Infusing and “institutionalizing” SOC approach

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

Most Effective Strategies Across States

• Creating a *locus of accountability* for SOCs at state and local levels
• Developing a *strategic plan* – formal or informal
• *Requiring SOC approach* in RFPs, contracts, regulations, and standards
• *Interagency* coordination and financing

Underutilized Strategies

• Incorporating SOC approach into monitoring protocols
Establish Locus of Accountability & Management

New Jersey:
- State – Div. of Child Behavioral Health, Dept. of Children and Families and Contracted Systems Administrator as Administrative Services Organization
- Local – Care Management Organization in each region for accountability and care management for high-need children

Maryland:
- State – Children’s Cabinet Governor’s Level and Office of Child and Adolescent Services, Mental Hygiene Admin.
- Local – Local Management Boards and Regional Care Management Entities for high-need children
Examples:
Establish Locus of Accountability & Management

Arizona:
• State – Children’s SOC Office, Div. of Behavioral Health Services, Dept. of Health Services
• Local – Regional Behavioral Health Authorities

Maine
• State – State Dept. of HHS
• Local – 3 regional collaboratives staffed by state regional leaders (government)

Oklahoma:
• State – OK Dept. of MH and SA Services
• Local – Local multi-sector coalitions
**Examples:**
**Develop and Implement a Strategic Plan**

**Maryland:**
- Interagency Strategic Plan
- Blueprint for Children’s Mental Health, Children’s Cabinet

**Hawaii:**
- 4-year strategic plan for children’s MH required by legislature with thresholds, benchmarks
- Priorities for 2007 – 2010 were to increase access to care, practice development, financial plan

**Oklahoma:**
- Action plans and logic models (not called “strategic plan”)
- Local plans required
Examples:
Promulgate Rules, Regulations, Standards, Guidelines, Practice Protocols

Maryland:
• SOC language is in Medicaid and Mental Hygiene Admin. Regulations

New Jersey:
• Practice manual based on SOC approach

Michigan:
• Adopted family-driven, youth-guided policy

Arizona:
• Provider manual and practice protocols
Examples:
Incorporate SOC Approach in Contracts

New Jersey:
• Required by contracts with regional BH authorities and providers to align with SOC and demonstrate with performance measures

Oklahoma:
• SOC approach required in RFPs and contracts with local coalitions and their contracts with providers

Maryland:
• SOC approach reflected in contracts with CMEs

Michigan:
• Required in contracts with prepaid health plans (MCOs) and community MH agencies
Examples:
Cultivate Interagency Partnerships for Coordination and Financing

**Michigan:**
- Joint initiative with CW blending with BH, redirecting funds to home and community-based services for children needing intensive services
- Pilot in 8 urban counties, will be statewide

**New Jersey:**
- Agreement with Medicaid agency to make SOC services reimbursable
Examples: Cultivate Interagency Partnerships for Coordination and Financing

Oklahoma:
• Integrated budget for MH, Medicaid, JJ, CW, ED, Rehab for legislature

Maryland:
• Children’s Cabinet comprised of agency executives connected to Governor’s Office
• Pools funds across systems through Children’s Cabinet

Hawaii:
• MOUs with Medicaid, CW, ED, JJ to coordinate funding
Developing or Expanding Services and Supports
Strategies

Creating a Broad Array of Effective, Individualized, Coordinated Home and Community-Based Services and Supports

- Creating or expanding array of services and supports
- Creating or expanding care management
- Creating or expanding individualized approach
- Expanding family and youth involvement
- Creating or expanding evidence-informed services
- Creating or expanding provider network
- Improving cultural/linguistic competence of services
- Reducing disparities
Findings

Most Effective Strategies

- Creating a *broad array* of services and supports – adding nontraditional home and community-based services and supports
- Implementing an *individualized*, “wraparound” approach to service delivery – operationalizes SOC approach at service level
- Creating or expanding *care management*
- Expanding *family and youth involvement*

Underutilized Strategies

- Expanding the use of evidence-informed and promising practices
- Improving cultural and linguistic competence
Examples: Create or Expand Array of Services

**Michigan:**
- Incorporated broad array into Medicaid – wraparound, home-based, respite, peer-to-peer, community living supports, infant MH, etc.

**New Jersey:**
- Expanded array to include mobile crisis response, in-home, behavioral supports, TFC, mentoring, flex funds, family support, etc.

**Arizona:**
- Direct support services covered within capitation

**Maine:**
- Incorporated broad array of community based services, care management, trauma-focused services, family partners, etc.
Examples:
Create or Expand Individualized Approach

**Arizona:**
• Child and family teams (CFTs) implemented for all children, more extensive for children with complex needs

**New Jersey and Maryland:**
• All care management entities use wraparound approach to engage, plan, and deliver services

**Michigan:**
• Wraparound critical building block, embodies SOC principles in services

**Maine:**
• Implemented Wraparound Maine

**Oklahoma:**
• Wraparound is major part of strategy for high-need, high-cost youth
Examples:
Create or Expand Care Management and Care Management Entities (CMEs)

Arizona:
• Regional BH Authorities are CMEs
• Provide enhanced case management for high-need population (assigned based on CASII scores)

New Jersey:
• Care Management Organization in each area

Maryland:
• CMEs in each region

Michigan:
• Prepaid health plans in each area are CMEs, plans contract with community MH agencies for services
Examples:
Expand Family and Youth Involvement

New Jersey:
• Family Support Organization (FSO) in each area under contract with state for engaging families, peer support and system-level involvement
• FSOs incorporating Youth Partnership, Youth Advisory Committee at state level

Maryland:
• Family navigators at each local management board
• Family peer-to-peer support
• Families and youth drivers of child and family team process in wrap approach
Examples:
Expand Family and Youth Involvement

Arizona:
• Contract language and practice protocol on family involvement in services
• Family organization certified as Community Service Agency and provides peer-to-peer support under Medicaid

Michigan:
• Issued family-driven, youth-guided policy
• Block Grant funds support family advocacy positions
• Medicaid waiver used to add service Parent Support Partners in Community MH agencies
Examples: Implement Evidence-Informed Practices (EIPs)

Hawaii:
• Partnership with Univ. of Hawaii and ongoing task force for expanding EIPs statewide to improve outcomes
• Extensive work to identify “practice components” of EIPs
• EIPs added to state’s Medicaid plan

Maine:
• Implemented trauma-related treatments and other EIPs
• Enhanced payment rates for some interventions

Michigan:
• Financed wide-scale implementation of PMTO (family driven and consistent with the SOC approach) and currently Trauma-Focused CBT
Examples:

Improve Cultural and Linguistic Competence (CLC)

Core SOC value. Activities underway, but generally not seen as an expansion strategy per se

Arizona:
- Cultural discovery is part of child and family team process
- SOC Practice Review assesses implementation of CLC at practice level

Maryland:
- Recruit culturally diverse providers, e.g., Afrocentric
- Scholarship at historically black college to develop child MH providers

Hawaii:
- Incorporate traditional services in array
- Financial incentives for CLC providers
Developing or Improving Financing Strategies
Strategies

Creating Long-Term Financing Mechanisms for SOC Infrastructure, Services, and Supports

• Increasing ability to use Medicaid financing
• Obtaining new or increased state MH funds
• Obtaining new or increased funds from other child-serving systems
• Blending or braiding funds across systems
• Redeploying funds
• Obtaining new or increased local funds
• Increasing use of other federal entitlements
• Obtaining federal grants
Findings

Most Effective Strategies

• Increasing ability to obtain *Medicaid* financing – waivers, adding new services, changing existing definitions, using rehab option, etc.

• Using federal *grants* (primarily SOC grants)

Underutilized Strategies

• Redeploying funds from higher cost to lower cost services

• Obtaining, braiding, or blending funds with other child-serving systems
Examples:

Increase the Use of Medicaid

Cover an Extensive Array of Services and Supports in State Medicaid Plans in Addition to Traditional Services – New Services, Revised Definitions

Arizona, New Jersey, Michigan, Maryland, Hawaii, Maine:

• Intensive home-based, intensive outpatient substance abuse, respite, family and peer support, treatment planning, wraparound process, therapeutic foster care, supported housing and employment, mobile crisis response, crisis stabilization, behavioral aides, skills training, traditional Native health, EBPs, ACT teams, targeted care management
Examples:
Increase the Use of Medicaid

Use Multiple Medicaid Strategies to Expand Covered Populations and Home and Community-based Services

**Michigan:**
- 1915(b) Managed Care Specialty Supports & Services Waiver; 1915(c) Home & Community-Based SED Waiver; 1915(c) Children’s Waiver; 1915(c) Habilitation Supports Waiver, Clinic; Rehab; Targeted Case Management; Psych Under 21; EPSDT; Family of One

**North Carolina:**
- Rehab option, expanded coverage, revised service definitions

**Maryland:**
- PRTF Demonstration Waiver and CHIPRA Grant
Examples:
Increase the Use of Medicaid

Generate Medicaid Match by Using Funds from Both Mental Health and Other Child-serving Systems

New Jersey:
• Pools funds across MH, CW, and Medicaid to make services match-able (included RTCs and group home resources)
• Brought in $30 m in state offsets

Michigan:
• CW funds blended with BH have created Medicaid match and expanded resources for services outside of capitation
Examples: Redeploy Resources

Maine:
• Funds from residential services redeployed to support Wraparound Maine

New Jersey:
• Residential and group home resources (CW and MH) redirected to SOC infrastructure and services statewide

Rhode Island:
• Cap on beds has established and 50% of savings goes to financing community-based services

Arizona:
• Resources shifted from residential to home and community-based services by creating new services, adding new types of providers, increasing Medicaid coverage, etc.
Providing Training, TA, and Coaching
Strategies

Preparing Skilled Providers to Provide Effective Services and Supports in SOCs

- Providing training and TA on SOC philosophy and approach
- Providing training, TA, and coaching on effective services
- Creating the capacity for ongoing training and TA SOCs and effective services
Findings

Most Effective Strategies

• Providing *ongoing training*, TA, and coaching on SOC approach
• Creating the *capacity* for ongoing training and TA on SOC approach

Underutilized Strategies

• Providing ongoing training on evidence-informed and promising practices
Examples:
Provide Ongoing Training on SOC Approach and Develop Training Capacity

New Jersey:
• Statewide training institute at Univ. of Medicine and Dentistry of NJ
• Regional and county training for CMOs and providers on SOC philosophy
• Statewide wraparound training and coaching
• Care manager training

Maryland:
• Innovations Institute at Univ. of Maryland
• Virtual website training center
  • Training and coaching statewide on SOCs and effective services
  • Wraparound certification program
Examples:

Provide Ongoing Training on SOC Approach and Develop Training Capacity

Oklahoma:
- Annual training and wraparound training plus coaching

North Carolina:
- Collaborated with universities to provide training and using current SOC grant
- State-level collaborative has training committee

Michigan and Maine:
- Skilled local community MH agencies and SOC communities provide training
Generating Support and an Advocacy Base
Strategies

Generating Support from Key Stakeholders and High-Level Decision Makers

• Establishing strong family and youth organizations
• Cultivating partnerships with key stakeholders (e.g., provider agencies, MCOs)
• Generating support among high-level administrators and policy makers
• Using data on outcomes and cost avoidance to “make the case” for expanding SOCs
• Creating an advocacy base through social marketing
• Cultivating leaders
Findings

Most Effective Strategies

- Establishing a strong family organization to advocate, support, and be involved in expanding SOCs
- Generating policy-level support among high-level administrators and decision makers at the state level
- Using outcome data to “make the case” for expansion

Underutilized Strategies

- Establishing a strong youth organization
- Using social marketing to generate support
- Using data on cost avoidance
Examples: Establish a Strong Family Organization

Role is policy participation and advocacy in system expansion efforts plus family and peer-to-peer support, training, etc.

New Jersey:
• Contract with NJ Alliance of Family Organizations
• Family Support Organizations (FSOs) in counties

Maryland:
• Contract with MD Coalition of Families for Children’s MH which has been critical to survive changes in administration (SOC training, Leadership Institute, social marketing)

Arizona:
• Contract with Family Involvement Center and MIKID
• FIC is Medicaid provider of family support services

North Carolina:
• Uses Block Grant funds to support family organization
Examples: Establish a Strong Youth Organization

New Jersey:
• Each FSO houses a youth partnership

Michigan:
• Funds a community MH agency in Detroit to support a youth organization

Arizona:
• Funds youth advocates through contracts with family organizations

Hawaii:
• New youth organization embedded in family organization

Maine:
• Strong Youth MOVE
Examples:

Generate Support Among High-Level Decision Makers

Michigan:
• Brought high-level decision makers to national SOC meetings, Policy Academies

Maryland:
• Work with agency executives through Children’s Cabinet
• Presentations to General Assembly

New Jersey:
• Strong support for expansion from Governor’s Office and MH Commissioner

Oklahoma:
• Support from all Commissioners has been critical
Examples:
Use Outcome Data to “Make the Case”

Michigan:
• Outcome data available by individual children, caseloads, agencies, statewide
• Web-based CAFAS used by all community MH agencies – provides immediate feedback for management, QI, and to support expansion

Oklahoma:
• Use of data with legislature has been highly effective
• University of Oklahoma involved in evaluation
Examples: Use of Social Marketing to Generate Support

**Oklahoma:**
- State-level social marketing position funded by SOC grant
- Activities include SOC “branding,” anti-stigma campaign, website, quarterly newsletter, etc. to generate support for SOC expansion among key constituencies

**Rhode Island:**
- Family organization is lead contractor
- Children’s Mental Health Awareness Day and other events used to generate broad-based support for SOC expansion

**Maryland:**
- First Lady as spokesperson
- Use of TV and radio spots to cultivate broad-based support
- Children’s mental health awareness campaign
Roles of SOC Communities in Expansion Efforts
Role of Communities

- Test, pilot, and explore feasibility of approaches
- Assist in “replicating” similar approaches
- Provide data to “make the case”
- Provide training and TA
- Participate in planning for statewide SOC development
- Generate support and commitment among high-level decision makers
- Contribute to the development of statewide organizations
- Provide seasoned leaders who then contribute to future SOC expansion efforts at state and/or local levels
Findings

Most Effective Strategies

• Testing, *piloting*, exploring the feasibility of approaches
• Providing *training and TA* to other communities
• Providing *data* on outcomes to “make the case”
• Contributing to the development of statewide *family organizations*

Underutilized Strategies

• Participating in planning for expansion
Barriers
Barriers

• Fiscal crises and budget cuts
• Changes in administration that result in policy changes
• Lack of “institutionalization” in legislation, plans, regulations, and other policy instruments
• Shift in focus to health care reform and parity that is not linked to SOC approach
• Inability to obtain Medicaid financing for services and supports
• Inability to obtain or redirect other funds for services and supports
• Lack of ongoing training
• Lack of data to make the case for statewide development of SOCs
Barriers

• Lack of a children’s mental health workforce trained in SOC approach

• Insufficient “buy-in” among high-level decision makers at state and local levels

• Insufficient “buy-in” among managed care organizations, program managers, provider agencies, clinicians, etc.

• Insufficient “buy-in” and shared financing from other child-serving system partners

• Lack of support and advocacy among families, family organizations, youth, youth organizations, and advocacy groups
Findings

Most Significant Barriers

- *Fiscal crises* and budget cuts
- *Changes in administration* that resulted in policy changes
- *Insufficient buy-in* and financing from other child-serving systems
- Lack of a children’s MH *workforce* trained in SOC approach
- *Loss of federal funding* and accompanying supports for SOCs
Example:
Overcoming Barriers

Maryland:
• “Barrier buster” and TA mechanisms at state and local levels to identify and continuously address evolving implementation issues
Considerations SOC Expansion and Wide-Scale System Change
Wide-Scale System Change

Strong Value Base

- Importance of foundation in SOC philosophy that is broadly accepted
- Work often began 25+ years ago with CASSP in some places, more recent in others

Use of Multiple Strategies

- Expansion occurs with different pathways
- Need a plan (whether called “strategic plan” or not) – expansion doesn’t just happen
- No results from just a few strategies – synergistic impact of multiple strategies over time
Opportunism and Adaptability

- System change may appear more planful than reality – Combination of planned strategies and leveraging opportunities that emerge
- States making progress are skilled in adapting to political, economic, and other contextual changes

Role of SOC Grants

- Importance of leveraging grants, pilots, etc. to expand impact beyond individual communities
- States have used SOC grants as a basis for making major system changes
Most states in sample are continuing progress even with fiscal crises and budget cuts – seen as a barrier and an opportunity.

No state is all the way there.

Links to Block Grant, Medicaid, other system initiatives are essential to continue progress.

Importance of health care reform – essential to link with implementation of ACA.
The Challenge Ahead

- Building on what we know
- Capitalizing on new grant opportunity
- Bringing together key partners in your state to make it happen