Implementing Strategies for Expanding Systems of Care

National Technical Assistance Center for Children’s Mental Health Webinar
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Federal Children’s Mental Health Initiative (CMHI)

- Established by Congress in 1992
- As of FY 2011, funded 173 communities in 50 states, 21 tribes, and 2 territories to implement the SOC approach
- National evaluation of the CMHI and other studies have found:
  - Positive outcomes for children and families
  - Improvements in systems and services
  - Better investment of limited resources
- Led to efforts to expand implementation of the approach so more children and families benefit
SAMHSA’s Theory of Change

Innovation to Widespread Adoption

Innovation
- Proof of Concept
- Services Research
- Practice-based evidence

Translation
- Implementation Science
- Demonstration Programs
- Curriculum Development
- Policy Development
- Financing Models and Strategies

Dissemination
- Technical Assistance
- Policy Academies
- Practice Registries
- Social Media
- Publications
- Graduate Education

Implementation
- Capacity Building
- Infrastructure Development
- Policy Change
- Workforce Development
- Systems Improvement

Widescale Adoption
- Medicaid
- SAMHSA Block Grants
- Medicare
- Private Insurance
- DoD/VA/HRSA/IHS
- ACF/DoL/DoJ/Ed

Innovation to Widespread Adoption
SAMHSA Support for Expanding the SOC Approach

- Planning grants to support development of strategic plans to expand the SOC approach statewide and throughout tribes and territories
- Implementation grants provide up to $1 million per year for 4 years to support implementation of the SOC approach
- Planning and implementation strategies are relevant and applicable in any jurisdiction seeking to improve outcomes by expanding the system of care approach, with or without grant funding
- Assumption for webinar is that some type of expansion plan (formal or informal) has been created
System of Care Expansion Implementation Logic Model
System of Care Expansion Implementation Framework

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

Need for wide-scale adoption of SOCs:
- SOCs are available in selected communities but not yet implemented broadly throughout jurisdictions including states, tribes, and territories.
- More children, youth, and young adults with serious mental health challenges and their families would benefit from services and supports provided within the SOC framework.

Federal Inputs:
- Federal SOC Implementation Grant funds
- Federally supported TA

Jurisdiction Inputs:
- Previously developed SOC expansion plans
- Previous SOC development efforts
- Resources committed to SOC expansion

Jurisdictions prepare for SOC implementation:
- Create or improve SOC Implementation Team
- Review and clarify overall approach to SOC expansion
- Review and clarify the previously developed plan for SOC expansion
- Review and clarify the previously developed social marketing plan and/or goals
- Establish priority goals and strategies for SOC expansion
- Identify implementation factors that affect implementation

Jurisdictions implement systemic changes needed to expand, sustain, and continuously improve SOCs:
- Policy, administrative, and regulatory changes
- Expanding services and supports based on the SOC philosophy and approach
- Financing strategies
- Training, TA, and workforce development strategies
- Generating support through social marketing and strategic communications

Wide-scale adoption and operation of SOCs throughout jurisdictions:
- SOC values and principles are implemented
- Services and supports consistent with SOC approach are implemented
- SOC infrastructure is implemented
- Resources are invested in home and community-based service approaches
- Services and supports are provided to increasing numbers of children within the SOC framework in the jurisdiction

Jurisdictions assess progress in SOC expansion, identify areas of SOC approach needing improvement, and improve expansion strategies.

SOC = System of Care
TA = Technical Assistance

Revised 1/7/2013
Preparation for System of Care Expansion Implementation Activities
Create or Improve System of Care (SOC) Implementation Team

1. Create an SOC Implementation Team or modify an existing SOC-related team (e.g., SOC Planning Team)
2. Use dimensions of and effective team as a guide
   - Embedded in system
   - Appropriate stakeholders based on goals
   - Individuals in decision making roles
   - Individuals with access to high-level policy makers
   - Family and youth voices
   - Representatives of culturally diverse populations
   - Individuals with needed expertise (e.g., social marketing, evaluation, financing)
3. Ensure composition of team includes appropriate leaders and stakeholders
   - Leaders who are leading/managing implementation
   - Family and youth leaders
   - Representatives from partner systems
   - Designated leads for cultural and linguistic competence, social marketing, evaluation
   - Service providers
   - Other stakeholders important to SOC expansion
4. **Obtain official sanction for team**
   - Structure and role
   - Mandate for widespread SOC implementation
   - Executive order, memorandum of understanding (MOU), legislation

5. **Link team with high-level policy and decision makers**
   - Assess existing policy structures to link with
   - Establish a process for SOC Implementation Team to link with and report to high-level decision and policy makers
1. **Review previously developed strategic plan for SOC expansion**
   - Briefly review strategic SOC expansion plan
   - Briefly review social marketing plan and/or goals
   - Ensure all team members are familiar with goals and strategies

2. **Clarify or refine areas of plan if necessary (minor refinements)**
   - Make minor clarifications or refinements needed for implementation – avoid returning to planning phase!
Clarify Overall Expansion Strategy

1. Overall approach to expansion
   • Geographic
   • By level of need population (e.g., most high-need children)
   • Age band
   • Funding eligibility
   • Service sector
   • Other

2. Population of focus
Polling Question #1:

Our jurisdiction has selected, as its primary approach to SOC expansion:

___ Expand geographically (e.g., adding more and more communities/counties over time)

___ Expand by level of need (e.g., start with young people with highest needs, then add those with moderate needs, then with lower needs)

___ Expand by age level (e.g., early childhood, then school aged, then adolescent)

___ Expand by funding eligibility groups (e.g., begin with Medicaid enrollees, then CHIP enrollees, then state-funded, then privately insured)

___ Expand by service sector (e.g., begin with youth in juvenile justice system, then add child welfare, then special education)

___ Other expansion approach (please share with us during Q&A break)
3. **Select high-priority goals for initial action**
   - Must be accomplished first logically
   - Likely to have the biggest impact
   - Have high probability of success to demonstrate progress
   - Are likely to provide data to demonstrate positive outcomes of SOC approach
   - Might take the most time and effort
   - Build on timely opportunities in environment to support expansion goals
   - Support interagency partner outcomes or initiatives
Financing Plan and Service Delivery Plan

4. Develop or refine financing plan
   • Review financing strategies in previously developed plan
   • Ensure financing strategies to achieve goals
   • Create financing strategies where none are already specified
   • Develop financing plan detailing financing strategies to achieve goals

5. Develop or refine plan for delivering services in achieving SOC expansion goals:
   • What services
   • What population
   • What areas of jurisdiction
Implementation of System of Care Expansion Activities
Review and Improve Factors that Affect Implementation

1. Realistic goals
2. High-priority goals
3. Specific, concrete strategies
4. Strong leadership to manage implementation
5. Commitment of high-level policy and decision makers
6. Cross-agency partnerships
7. Commitment across key stakeholders
8. Staff and resources allocated to implementation work
9. Opportunities for expansion in environment
Implementation Strategies in Five Core Strategy Areas

1. Implementing Policy, Administrative, Regulatory Changes
2. Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach
3. Creating or Improving Financing Strategies
4. Providing Training, TA, and Coaching
5. Generating Support
Policy, Administrative, and Regulatory Changes

- Organizational locus of accountability for SOCs (state and local)
- Interagency structures, agreements, and partnerships for coordination and financing
- Rules, regulations, guidelines, standards, and practice protocols
- SOC requirements in requests for proposals and contracts
- Legislation that supports the system of care approach
- SOC approach in monitoring protocols
- SOC approach into data systems for outcome measurement and quality improvement
- Linking with and building on other system change initiatives (e.g. health reform, parity legislation, reforms in other systems, grant programs, and reform initiatives)
Expanding Services and Supports

- Array of home- and community-based services and supports
- Individualized, wraparound approach to service delivery
- Care management entities
- Care coordination and care management
- Family-driven, youth-guided services involvement
- Provider network with new providers and by retooling
- Evidence-informed and promising practices and practice-based evidence approaches
- Cultural and linguistic competence of services
- Racial, ethnic, and geographic disparities in service delivery
- Use of technology (e.g., electronic medical records, telemedicine, videoconferencing, e-therapy)
Financing Strategies

- Medicaid
- Federal system of care grants, Mental Health Block Grants, and other federal grants
- Redeploying funds from higher cost to lower cost services
- Case rates or other risk-based financing
- State mental health and substance use funds
- Funds from other child-serving systems
- Local funds
- Use of federal entitlements other than Medicaid
- New financing structures and funding streams (e.g., health reform)
- Informal resources (e.g., the assets of young people, families, informal supports, community organizations and institutions)
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

Wotring & Stroul, Pires et al – Center for Health Care Strategies
Polling Question #2:

At this point, my jurisdiction’s financing strategies to support our SOC expansion initiative are:

___ Developed and clear and are already being carried implemented.

___ Moderately well developed, and we are making steady progress to develop our financing plan.

___ Incomplete – We have defined some strategies, and we have much more work to do to complete a strategic financing plan.

___ On our “to do” list, but we have not yet begun to focus on the financing strategies.

___ Unclear to me, or I do not know.
Training, Technical Assistance (TA), and Workforce Development

- Training, TA, and coaching on the SOC approach
- Ongoing training and TA capacity, including modification of existing training and TA structures or processes to align with the SOC approach or create new structures and/or processes
- Training, TA, and coaching on evidence-informed and promising practices and practice-based evidence approaches
- Strategies to prepare future workforce to work within SOC framework
Generating Support Through Social Marketing and Strategic Communications

- Establishing strong family and youth organizations to support SOC expansion
- Generating support among high-level policy makers and administrators at state and local levels
- Data on outcomes and cost avoidance to promote SOC expansion
- Partnerships with providers, provider organizations, managed care organizations, and other key leaders
- Social marketing and strategic communications directed at key audiences
- Cultivating leaders and champions for the system of care approach
- Re-evaluating social marketing goals and audiences at regular intervals to ensure alignment with implementation goals
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
Embedding Systemic Changes to Ensure Sustainability Over Time

- Review each strategy during implementation process to assess its sustainability over time
- Embed and “institutionalize” strategies in policy and practice at the system and service delivery levels to ensure sustainability
- Identify elements of the SOC expansion plan that partners can invest in and take a leadership role in implementing
**How to Tailor the Strategic Framework**

<table>
<thead>
<tr>
<th>GOAL IN STRATEGIC PLAN</th>
<th>CORE STRATEGIES NEEDED TO ACHIEVE GOAL</th>
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<tbody>
<tr>
<td>Implementing Policy, Administrative, and Regulatory Changes</td>
<td>Developing Services and Supports Based on the SOC Approach</td>
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**Sub-Strategies:**

**GOAL #1:** To expand SOC approach statewide (including state and local infrastructure and services) for youth and young adults of transition age (Y/YAT)

- Examine local infrastructure, identify strategy to improve management and accountability
- Develop standard service delivery protocols for Y/YAT across systems
- Develop policies and protocols for improving transition from youth to adult services
- Develop contract language for new types of providers
- Link with state’s integrated health care policy transformation
- Identify new services and supports needed to effectively serve Y/YAT (e.g., supported housing and education)
- Identify appropriate evidence-informed practices for Y/YAT
- Develop a provider network with skills to serve Y/YAT effectively
- Identify new types of providers needed
- Develop peer support services
- Design “Resiliency to Recovery” Continuum
- Participate in state’s long-term planning for Medicaid and align goals
- Explore Medicaid expansion to develop “Bridget” benefit at age 18
- Develop strategies for Medicaid financing of new services for Y/YAT
- Design core competencies for traditional and nontraditional providers across agencies
- Develop and provide training in evidence-based practices and promising practices for serving Y/YAT
- Create social marketing and social inclusion plan
- Create Youth Advisory Board and Youth Empowerment Program
Outcomes of System of Care Expansion
Values and Principles

1. SOC values and principles are implemented
   - Individualized, wraparound approach
   - Family-driven approach
   - Youth-guided approach
   - Coordinated approach
   - Culturally and linguistically competent approach
   - Evidence-informed approach
   - Least restrictive approach
   - Broad array of home and community-based services
   - Data-driven continuous quality improvement and accountability approaches
2. Services and supports consistent with SOC approach are implemented
   - Availability of specific services and supports provided in SOCs (non-residential)
   - Availability of out-of-home treatment services for short-term treatment goals that are linked to home- and community-based services and supports
3. SOC infrastructure is implemented
   • Point of accountability structure for SOCs
   • Financing strategies for SOC infrastructure and services
   • Structure/processes to manage care for high-need populations
   • Interagency partnerships/agreements
   • Structure/processes for partnerships with family organizations/leaders
   • Structure/processes for partnerships with youth organizations/leaders
   • Structure/processes to advance culturally and linguistically competent services
   • Defined access/entry points to care
   • Sufficient provider network to deliver comprehensive service array
   • Structure/processes for training, TA, and workforce development
   • Structure/processes for measuring and monitoring quality, outcomes, and costs and using data for continuous quality improvement
   • Structure/processes for strategic communications/social marketing
   • Structure/process for strategic planning and identifying and resolving barriers
4. Resources are invested in home- and community-based services

- 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 by utilizing home- and community-based services and supports
Children Served in SOCs

5. Services and supports are provided to increasing numbers of children with the SOC approach
   • Identification of areas within the jurisdiction that have high levels of SOC implementation
   • Increased number and description of children with serious mental/behavioral health challenges and their families served with the SOC approach within the jurisdiction
Development of a Rating Tool

- Developed at request of CAFB as method to assess progress in SOC expansion
- Built on previous methods, particularly national evaluation
  - National Evaluation System-Level Assessment, Sustainability Study, Study on Strategies for Expanding the SOC Approach
- Developed draft tool with input and pilot tested
- Revised and streamlined tool based on pilot and feedback
- Adaptation for tribes underway with NICWA collaboration
Purpose

- To assess progress in implementing the SOC approach
- Provides “snapshot” of implementation of key elements of the SOC approach at a point in time
- Method to derive an *estimate* of the “level” of implementation of the SOC approach
- Identify areas of strength and areas needing improvement
- Use at regular intervals to track progress (annually suggested)
Levels of Implementation

Level 1 – Little or No Implementation
Level 2 – Some Implementation
Level 3 – Moderate Implementation
Level 4 – Substantial Implementation
Level 5 – Extensive Implementation
Uses of Information

Community or Regional Level
- Measure progress in SOC implementation
- Identify areas needing attention while implementing the SOC approach

State, Tribal, Territorial Level
- Assess progress in implementing SOCs in multiple areas throughout jurisdiction to measure outcomes of expansion efforts
- Baseline and subsequent ratings of progress in communities or regions
- Communities or regions complete tool at regular intervals, state determines % of communities or regions at each of the 5 levels of implementation
- Assess all jurisdictions or a subset depending on expansion approach
- Annual use provides rough measure of progress based on comparison of % at each level year to year
Respondents

- Designed for approximately 5+ respondents per community or region – scores are averaged
- Can be customized to each community re number and type of respondent
  - Local Community- or Regional-Level Director or Manager of Services for Children with Behavioral Health Challenges
  - Lead Provider Agency Director or Manager
  - Family Organization Director or Family Leader
  - Youth Organization Director or Youth Leader
  - Local Community- or Regional-Level Director or Manager 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
# State, Tribal, or Territory Report

**STATE:**

**DATE:**

**LEAD CONTACT PERSON WITH CONTACT INFORMATION:**

**TOTAL NUMBER OF COMMUNITIES OR REGIONS:**

**NUMBER OF COMMUNITY-LEVEL REPORTS:**

<table>
<thead>
<tr>
<th>LEVEL OF SOC IMPLEMENTATION SCORES</th>
<th># Communities or Regions</th>
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<tbody>
<tr>
<td><strong>LEVEL I:</strong> LITTLE OR NO IMPLEMENTATION (0 – 80)</td>
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<tr>
<td><strong>LEVEL II:</strong> SOME IMPLEMENTATION (81 – 160)</td>
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<td><strong>LEVEL III:</strong> MODERATE IMPLEMENTATION (161 – 240)</td>
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<td><strong>LEVEL IV:</strong> SUBSTANTIAL IMPLEMENTATION (241 – 320)</td>
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<tr>
<td><strong>LEVEL V:</strong> EXTENSIVE IMPLEMENTATION (321 – 400)</td>
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# LEVEL OF SOC IMPLEMENTATION PROGRESS REPORT

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Performance Assessment
Assess Progress with Implementation Activities

- Completion of implementation activities
  - Collect performance data on completion of activities
  - Track and monitor progress in implementing expansion strategies
  - Track and monitor barriers
  - Develop strategies to overcome barriers
  - Refine activities to implement expansion strategies as necessary

- Analyze progress and barriers
- Improve implementation strategies and activities based on analysis of progress
Overall Purpose of System of Care Expansion

To improve behavioral health outcomes for children, youth, and young adults with serious emotional disturbances and their families through widespread expansion of systems of care.
Assess Outcomes for Children, Youth, and Young Adults who are Served with the SOC Approach

- Establish set of key outcome indicators
- Target indicators to generate data to support SOC expansion
- Collect data
- Identify areas needing improvement and improve services
- Consider small set of key outcomes indicators:
  - Lives within a family context
  - Stable living arrangement
  - Improved mental health (reduced symptomatology)
  - Reduced/avoided substance use/abuse
  - Successful in education settings
  - Successful in employment
  - Avoided crime and delinquency
  - Avoided hospitalization, residential treatment
  - Avoided suicidality, self-harm
Implementing Strategies for Expanding Systems of Care
The Louisiana Experience

Jody Levison-Johnson – Office of Behavioral Health
Planning, planning and more planning...

- Multi-year process
- Many (many) workgroups
- Use of consultants/experts
- Began as Coordinated System of Care (CSoC), focusing on children with significant behavioral health challenges who are multi-system involved and in or at risk of out-of-home placement
Planning, planning and more planning...

• Broadened to include:
  – Other (non-CSoC) children’s mental health services
  – Addiction services for children and adults
  – Adult mental health services

• Required Request for Proposals (RFP) and Request for Information (RFI)
  – RFP for Statewide Management Organization
  – RFI for CSoC Phase I Implementation Regions
Implementing the Louisiana Behavioral Health Partnership

What is the LBHP?

The umbrella behavioral health managed care program:

– Coordinated System of Care (CSoC)
– Children’s behavioral health (Including State Plan/EPSDT & Non-CSoC)
– Adult behavioral health (including 1915(i) SPA and services)

Hodges et al.

- Values and beliefs shift the mindset of the system
- Goals enable action
- Collaborative structures support local system of care implementation
- Information facilitates system responsiveness
Some key implementation activities

• Governance Board
  – Finance & Audit Committee
  – Quality Assurance Committee

• Memorandum of Understanding
  – State Team
  – Funding

• State Plan Amendments and Waivers

• Regionally based Wraparound Organizations (WAAs), Family Support Organization Staff (FSO) and Community Teams
Some key implementation activities

- Partner outreach and training
  - “Systems of Care are About...” framework
  - Referral Processes
  - Service array
- Workforce development
  - WAAs and FSO staff
  - Other providers
- Clearly defined process and outcome measures
Some takeaways

• Cooperative agreement funding is not required
• Journey not a destination
• Act with intentionality
• Anticipate and plan for challenges
• Commit to ongoing Continuous Quality Improvement
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