Tools for System of Care Expansion
Planning and Assessing Progress

The webinar will begin at 1 PM (ET)

Call-in Number: 1-800-832-0736  Conference Room: 2884179
Webinar Website: http://gucchdtacenter.georgetown.edu/webinars.html

Tools for System of Care Expansion
Planning and Assessing Progress

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March 19, 2015
1. Strategic Framework for System of Care Expansion
2. Self-Assessment of System of Care Expansion Strategies
3. Rating Tool for Implementation of the System of Care Approach

System of Care 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 for a System of Care (SOC)

“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 policy levels
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. Continuous accountability mechanisms
11. Rights protection and advocacy
12. Nondiscrimination

Service Array

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 home-based services
- Substance abuse intensive outpatient services
- Mobile crisis response and stabilization
- Family peer support
- Youth peer support
- Respite services
- Therapeutic behavioral aide services

Out-of-Home Treatment Services
- Therapeutic mentoring
- Behavior management skills training
- Youth and family education
- Mental health consultation
- Therapeutic nursery/preschool
- School-based behavioral health services
- Supported education and employment
- Supported housing
- Transportation

Specific evidence-informed interventions and culture-specific interventions can be included in each type of service and approaches that identify critical elements across many evidence-informed practices and train providers.
Services in Joint Center for Medicaid Services (CMS) - SAMHSA Bulletin

- Intensive care coordination, wraparound approach
- Intensive in-home services
- Mobile crisis response and stabilization
- Parent and youth peer support services
- Respite
- Flex funds
- Specific evidence-based practices

Evidence Base for Systems of Care

- 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
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.)

Expanding Systems of Care:
SAMHSA’s Theory of Change

- Implementation
  - Capacity Building
  - Infrastructure Development
  - Policy Change
  - Workforce Development
  - Systems Improvement
- Dissemination
  - Technical Assistance
  - Policy Academies
  - Practice Registries
  - Social Media
  - Publications
  - Graduate Education
- Translation
  - Implementation Science
  - Demonstration Programs
  - Curriculum Development
  - Policy Development
  - Financing Models and Strategies
- Innovation
  - Proof of Concept
  - Services Research
  - Practice-based evidence

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SAMHSA System of Care Expansion Initiative

- Purpose to expand the SOC approach statewide and throughout territories and tribes
- Planning grants to 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
- 2015 RFA is for one, integrated 4-year grant for SOC expansion with state-community partnerships
- Informed by a study of expansion strategies that identified five core strategy areas for SOC expansion (implications for widespread adoption of any innovation)

Expansion = System Change

- SOC expansion is not a “project”
- Goal is sustainable systemic changes to improve services and outcomes
- Occurs with or without federal grant
Lessons learned from state and community expansion grantees document that neither level can be effective if working alone.

Both high-level systemic changes and local-level changes are needed to implement and sustain SOCs.

Top-down and bottom-up approach creates synergy for wide-scale adoption.

Strategies must be implemented in tandem, no disconnect.

Specific roles for communities (learning labs, TA, etc.)

Reflected in 2015 RFA for SAMHSA expansion initiative.

System of Care Expansion Planning and Implementation Logic Model:

- **Need and Inputs**
  - Need for wide-scale adoption of SOCs:
    - SOCs are in selected communities but not yet implemented broadly.
    - Practice outcomes for SOCs documented.
    - More children, youth, and young adults and their families could benefit.

- **State-Community Partnerships**
  - State, tribal, or territorial systems and community systems create partnerships for two-level expansion strategy including:
    - Develop comprehensive plan for SOC expansion including:
      - Create SOC Expansion Team
      - Conduct self-assessment and determine areas to be addressed to expand SOCs
      - Determine goals for expansion at state, tribal, and territorial system level and at community level
      - Develop overall approach to expanding SOCs with two-level strategy
      - Identify expansion strategies for core strategy areas of policy, services, financing, training, and strategic communications
      - Develop a strategic plan that includes key elements
      - Establish priority goals and strategies
      - Develop a financing plan

- **Expansion Planning Activities**
  - States, tribes, territories, and communities implement SOC expansion strategies at system and community levels including:
    - Systemic changes in:
      - Policy and partnerships
      - Financing
      - Training and workforce development
      - Generations support through strategic approaches
      - Evaluation/CQI
    - SOC implementation:
      - Develop SOC infrastructure
      - Develop treatment services and supports based on SOC philosophy
      - Provide services
      - Collaborate across child-serving systems
      - Incorporate family-driven, youth-guided approaches to systems and services
      - Incorporate cultural and linguistic competence into systems and services
      - Address disparities
    - Federal and local systems and services and supports with the SOC approach
    - Interagency partnerships, evaluation/CQI

- **Expansion Implementation Activities**
  - State, tribal, and territorial level systemic changes are implemented:
    - Changes to developing services and supports based on the SOC philosophy
    - Changes in financing and resource investment
    - Changes in training, TA, and workforce development
    - Changes in support for SOC expansion

- **Outcomes**
  - Outcomes are achieved at the state, tribal, and territorial level including:
    - Children and families benefit:
      - Increased numbers of children with SOC-based services and supports based on the SOC approach
      - Increased clinical and functional outcomes
      - Increased home- and community-based services and supports with the SOC approach
      - Increased children and families satisfaction with their service experience
    - Community grantees link with lead state agency for youth with mental health conditions for systemic changes to support SOC expansion efforts

- **Feasibility of systemwide adoption**
  - Federal and local systems and services and supports with the SOC approach
  - Interagency partnerships, evaluation/CQI
  - Children and families receive effective home- and community-based services and supports with the SOC approach
  - Children and families experience positive clinical and functional outcomes
  - Children and families are satisfied with their service experience

Developed by Beth A. Stroul, M.Ed. Revised 12/14
Strategic Framework: Roadmap for System Change

Five Core Strategy Areas:

1. Implementing *Policy and Partnership* Changes
2. Developing or Expanding *Services* and Supports Based on the SOC Philosophy and Approach
3. Creating or Improving *Financing* Strategies
4. Providing *Training* and Technical Assistance
5. Generating Support through *Strategic Communications*

Overlapping and Interrelated

Policy, Regulatory, and Partnership Changes

Infusing and “Institutionalizing” the SOC Approach in the System

- Organizational *locus of accountability* for SOCs (state and local)
- *Interagency* structures, agreements, and partnerships for coordination and financing
- SOC *requirements* in requests for proposals, contracts, regulations
- SOC approach in *guidelines, standards*, and practice protocols
- SOC approach in *data systems and monitoring protocols* for outcome measurement and quality improvement
- Linking with and building on *other system change initiatives* (e.g., health reform, reforms in other systems)
- Expanding *family and youth involvement* at policy level
- Improving *cultural and linguistic competence* at policy level
Developing a Broad Array of Services and Supports

- **Array** of home- and community-based treatment services and supports
- Individualized, **wraparound practice** approach
- **Family-driven, youth-guided** services
- **Care coordination** and care management
- **Care management entities**
- **Evidence-informed**, promising practices, and practice-based evidence
- **Provider network** with new providers and retooled residential providers
- **Cultural and linguistic competence** of services
- Reduce racial, ethnic, and geographic **disparities** in service delivery
- Use of **technology** (e.g., electronic medical records, telemedicine, videoconferencing, e-therapy)

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

- **Medicaid**
- Mental Health **Block Grants**
- **Redeploying** funds from higher-cost to lower-cost services across systems
- Funds from partner **child-serving systems**
- Federal SOC **grants** (and other grants) to venture capital to leverage and create sustainable financing
- Case rates or other **risk-based** financing
- State **mental health and substance use** funds
- Use of federal **entitlements** other than Medicaid
- **New financing structures** and funding streams (e.g., health reform)
- **Local** funds
Training and Technical Assistance (TA)

Implementing Workforce Development Mechanisms for Ongoing Training and TA

- Training, TA, and coaching on the **SOC approach**
- Ongoing training and TA **capacity**, training and TA institutes, centers or other structures and processes
- Training, TA, and coaching on **evidence-informed**, promising practices, and practice-based evidence approaches
- Strategies to prepare **future workforce** to work within SOC framework

Generating Support

Generating Support through 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
- Using **data on outcomes and ROI** to promote 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 SOC approach
Determine Overall Approach to Expansion and Population of Focus

- Geographic – sequentially add counties, regions
- Age band – early childhood, young adults
- By level of need population – most high-need children, at risk for out-of-home placement
- Funding eligibility – Medicaid
- Service sector – child welfare, juvenile justice

Most Jurisdictions Use Combination

Identify Goals and Strategies

- Identify specific goals based on overall approach
- Determine which core strategy areas are relevant for achieving each goal
- In each core strategy area, identify specific sub-strategies to include in plan and implementation efforts that can be used as steps toward goal achievement
  - Customize sub-strategies to goals for SOC expansion
  - Can be used as format for plan
  - Develop work plan for implementation
### Goals and Strategies Table

<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, Regulatory, and Partnership Changes</td>
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<td>GOAL #4:</td>
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### Example of Expansion Goal and Strategies

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<td>GOAL #1: To expand SOC approach statewide (including state and local infrastructure and services) for youth and young adults of transition age (YYAT)</td>
<td>Sub-Strategies:</td>
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<tr>
<td>Examine local infrastructure, identify strategy to improve management and accountability</td>
<td>Identify new services and supports needed to effectively serve YYAT (e.g., supported housing and education)</td>
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<td>Develop standard service delivery protocols for YYAT across systems</td>
<td>Identify appropriate evidence-informed practices for YYAT</td>
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<td>Develop policies and protocols for improving transition from youth to adult services</td>
<td>Develop a provider network with skills to serve YYAT effectively</td>
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<td>Develop contract language for new types of providers</td>
<td>Identify new types of providers needed</td>
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<td>Link with state’s integrated health care policy transformation</td>
<td>Develop peer support services</td>
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<td>Design ‘Resiliency to Recovery’ Continuum</td>
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<td>Participate in state’s long-term planning for Medicaid and align goals</td>
<td>Create social marketing and social inclusion plan</td>
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<tr>
<td>Explore Medicaid expansion to develop “Bridge” benefit at age 18</td>
<td>Create Youth Advisory Board and Youth Empowerment Program</td>
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Self-Assessment of System of Care Expansion Strategies

- Assessment tool based on the strategic framework
- Assesses progress in each core strategy area
- Can be used as “readiness assessment” or first step in planning process

- Not an evaluation, but a diagnostic tool to assess areas of progress and areas that may need attention in plan
- Extensive progress is not expected in all areas, objective ratings enhance usefulness
- No jurisdiction is expected to use all strategies, only those most relevant to the jurisdiction’s environment and goals

How to Conduct the Self-Assessment

- Complete as a group exercise with SOC Expansion Team or leadership group
- Invite multiple stakeholders to complete the self-assessment individually

- Tabulate results across stakeholders
- Create summary of results for team as a starting point in expansion planning
- Identify strengths and needs
- Determine areas to include as goals in expansion plan
Policy, Regulatory, and Partnership Sample Items

Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols
Promulgating rules and regulations that require elements of the system of care philosophy and approach to support expansion of the system of care approach
Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive
Notes:

Promulgating standards, guidelines, and practice protocols that require elements of the system of care philosophy and approach to support expansion of the system of care approach
Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive
Notes:

Incorporating the System of Care Approach in Requests for Proposals (RFPs) and Contracts
Incorporating requirements for elements of the system of care philosophy and approach in RFPs and contracts with providers and managed care organizations to support expansion of the system of care approach
Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive
Notes:

Services and Supports Sample Items

Creating or Expanding a Broad Array of Services
Creating or expanding a broad range of home- and community-based services and supports that are consistent with the system of care philosophy and approach to improve outcomes to support expansion of the system of care approach
Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive
Notes:

Creating or Expanding an Individualized Approach to Service Delivery
Creating or expanding an individualized, wraparound approach to service planning and delivery to support expansion of the system of care approach
Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive
Notes:
Financing Sample Items

**Increasing the Use of Medicaid**

*Increasing the use of Medicaid to finance services by adding new services, changing existing service definitions, obtaining waivers, using EPSDT, using the rehabilitation option, etc., to finance services and supports to support expansion of the system of care approach*

Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive

Notes:

**Redeploying Funds from Higher-Cost to Lower-Cost Services**

*Redeploying, redirecting, or shifting funds from higher-cost to lower-cost services to finance infrastructure and/or services to support expansion of the system of care approach*

Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive

Notes:

Training and TA Sample Items

**Providing Training, Technical Assistance, and Coaching on the System of Care Approach**

*Providing ongoing training, technical assistance, and coaching on the system of care philosophy and approach to support expansion of the system of care approach*

Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive

Notes:

**Creating Ongoing Training and Technical Assistance Capacity**

*Creating the capacity for ongoing training, technical assistance, and coaching on systems of care and evidence-informed services (e.g., institutes, centers of excellence, technical assistance centers, other intermediary organizations, partnerships with higher education) to support expansion of the system of care approach*

Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive

Notes:
Generating Support Sample Items

**Establishing Strong Family and Youth Organizations**

*Establishing strong family and youth organizations to support and be involved in expansion of the system of care approach (e.g., through funding, involvement at the system and policy levels, contracting for training and services)*

Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive

Notes:

**Generating Support Among Administrators and Policy Makers**

*Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the state level for expansion of the system of care approach*

Rating of Progress: 0=None 1=Some 2=Moderate 3=Significant 4=Extensive

Notes:

Polling Question

[Image of a question mark]
How to Use Assessment Information

- If assessment shows lack of contract language for providers, care management entities, managed care organizations, etc., explore areas in which contractual requirements would enhance alignment with the SOC approach.
- Example of services for Y/YAT, strategy is to develop contract language for new types of providers for this population.
- To address lack of practice protocols for this population, a strategy for the plan is to develop standard service delivery protocols for Y/YAT across systems.

Outcomes of System of Care Expansion

State, Tribal, and Territorial Level
Systemic changes are implemented:
- Changes in policy, requirements, interagency partnerships, evaluation/CQI
- Changes to develop/expand services and supports based on the SOC philosophy
- Changes in financing and resource investment
- Changes in training, TA, and workforce development
- Changes in support for SOC expansion

Community Level
SOC approach is implemented:
- SOC values/principles are implemented
- Home- and community-based services and supports are implemented
- SOC infrastructure is implemented
- Resources are invested in home- and community-based services and supports
- Services and supports are provided to increasing numbers of children with SOC approach

Child and Family Level
Children and families benefit:
- Children and families receive effective home- and community-based services and supports with the SOC approach
- Children and families experience positive clinical and functional outcomes
- Children and families are satisfied with their service experience
Assessing Performance

Assess Progress and Completion of Implementation Activities to Achieve Expansion Goals, Identify Barriers, and Refine Expansion Implementation Strategies

- Collect performance data on the completion of implementation activities as specified in the strategic expansion plan
- Track and monitor progress in implementing expansion strategies
- Track and monitor barriers encountered in implementing strategies

Performance assessment reports

- Submit a performance assessment report to expansion team
- Submit a performance assessment report to SAMHSA twice per year on progress achieved, barriers, efforts to overcome barriers (Grantees)

Implement quality improvement strategies

- Identify barriers and areas needing improvement
- Refine activities to implement expansion strategies

Collect and Report Data Required by the SAMSHA Common Data Platform (CDP) System (Grantees)

- Collect and enter required data on infrastructure measures in the CDP System
- Define the group of children for data collection on client-level measures
- Define how it will be determined that they are being served with the SOC approach
- Collect and enter required service delivery measures for the designated group of children in the CDP System at the required intervals

Jurisdiction System-Level Outcomes

Assess Progress in Implementing Systemic Changes at State, Tribal, Territorial Level

- Assess progress in implementation of systemic changes based on expansion plan
  - Changes in policy, requirements, interagency partnerships, evaluation and continuous quality improvement (CQI)
  - Changes to develop/expand services and supports based on the SOC approach
  - Changes in financing and resource investment
  - Changes in training, TA, and workforce development
  - Changes in support for SOC expansion

Implement quality improvement strategies

- Identify areas needing improvement
- Improve expansion strategies
## Community-Level Outcomes

### Assess Progress in Implementing SOCs at the Community Level

| Implementation of SOC values and principles | • Assess progress on implementation of SOC values and principles at specific intervals, e.g.: indigenous, wraparound; family-driven, youth-guided; coordinated; culturally and linguistically competent; evidence-informed approach, etc. |
| Implementation of services and supports consistent with the SOC approach | • Assess progress on implementation of the services and supports at specific intervals:  
  ✓ 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 |
| Implementation of SOC infrastructure | • Assess progress on implementation of the infrastructure elements for SOCs, e.g.: structure and processes for point of accountability, financing, managing care for high-need populations, interagency partnerships, partnerships with family and youth leaders, provider network, workforce development, outcome measurement and CQI, strategic communications, etc. |
| Resource investment in home- and community-based services and return on investment (ROI) | • Assess progress on investing resources more effectively in home- and community-based services at specific intervals:  
  ✓ Increased utilization of home- and community-based services  
  ✓ Decreased admissions and lengths of stay in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment centers, juvenile justice placements, etc.)  
  • Assess ROI in the SOC approach:  
  ✓ Cost data demonstrating impact on costs across systems by utilizing home- and community-based services |
| Services and supports are provided to increasing numbers of children with SOC approach | • Assess progress in increasing the numbers of children served within SOCs  
  ✓ Identification of areas within jurisdiction with high levels of SOC implementation  
  ✓ Increased number and description of children with serious mental health challenges and their families served with the SOC approach within the jurisdiction |
| Implement quality improvement strategies | • Identify areas of SOC approach needing improvement  
  • Refine expansion implementation strategies  
  • Provide training and TA |

## Child and Family Outcomes

### Child, Youth, and Young Adult Outcomes

| Collect outcome data for children, youth, and young adults served in SOCs | • Assess the extent to which children, youth, and young adults receive effective home- and community-based services, experience positive clinical and functional outcomes, and are satisfied with their service experience with set of key outcome indicators  
  • Potential outcome indicators:  
  ✓ Improved mental health (reduced symptomatology)  
  ✓ Avoided hospitalization, residential treatment  
  ✓ Avoided suicidality, self-harm  
  ✓ Avoided substance use/abuse  
  ✓ Avoided crime and delinquency  
  ✓ Successful in education settings  
  ✓ Successful in employment  
  ✓ Lives within a family context  
  ✓ Stable living arrangement |

### Family Outcomes

| Collect outcome data for families | • Assess the extent to which family life improves and families are satisfied with their service experience with set of key outcome indicators  
  • Potential outcome indicators:  
  ✓ Reduced caregiver strain  
  ✓ Improved ability to work  
  ✓ Increased parent peer support  
  ✓ Increased family education and supports |
| Implement quality improvement strategies for child and family outcomes | • Identify areas needing improvement  
  • Improve service delivery approaches  
  • Provide training and TA |
Community-Level Outcomes:
Rating Tool for System of Care Implementation

- Developed specifically to *assess progress* in implementing the SOC approach in a defined geographic area
- Method to *evaluate SOC implementation* and expansion
- Continuing to *refine tool* based on experience and feedback
- *Multiple states and communities* currently implementing tool – baseline and follow-up assessments

Rating Tool

- Developed specifically to *assess progress* in implementing the SOC approach in a defined geographic area (typically community or region)
- *Web-based* tool, minimal burden
- Method to derive an *estimate of the “level”* of implementation
- Identify *areas of strength and areas needing improvement*
- Use by *a community* or *across multiple communities/regions* in a larger jurisdiction (state, tribe, territory, large geographic area)
- Use at *regular intervals* to track progress with baseline and subsequent assessments (e.g., annually or biennially)
Levels of 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 of Rating Tool Information

<table>
<thead>
<tr>
<th>Level</th>
<th>Uses</th>
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<tbody>
<tr>
<td>Community Level</td>
<td>• Assess progress in SOC implementation while efforts are underway to develop or improve SOCs</td>
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<tr>
<td></td>
<td>• Initial baseline assessment</td>
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<td></td>
<td>• Use at regular intervals to assess progress over time</td>
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<td>• Identify strengths and areas needing attention while implementing the SOC approach</td>
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<tr>
<td>State, Tribal, and Territorial Level</td>
<td>• Assess progress in implementing the SOC approach throughout the jurisdiction and assess outcomes of expansion efforts</td>
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<td>• Baseline and subsequent ratings of progress in communities or regions</td>
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<td>• Communities or regions complete tool at regular intervals, state determines % of communities or regions at each of the 5 levels of implementation</td>
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<td>• Assess all communities or a subset depending on expansion approach</td>
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<td>• Annual or biennial use provides measure of progress based on comparison of % of communities or regions at each level at each point in time</td>
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<td></td>
<td>• Identifies strengths and need for investment of resources and technical assistance statewide and in particular communities or regions</td>
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Domains Assessed by Rating Tool

1. Existence and use of a strategic plan for SOC implementation
2. Implementation of SOC values and principles
3. Implementation of the array of treatment services and supports
4. Implementation of SOC infrastructure
5. Commitment of key partners and stakeholders
Values and Principles

- 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

Indicators for Individualized

- 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
Indicators for Family-Driven

- 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
- A family organization exists that support family involvement at system and service delivery levels

Indicators for Coordinated and Cultural Competence

**Coordinated approach**
- Intensive/targeted care management with a dedicated care manager is provided to high-need youth and families
- Basic service coordination is provided for children and families at lower levels of service intensity
- Care is coordinated across multiple child-serving agencies and systems
- One overall plan of care is created across child-serving agencies and systems (there may be more detailed plans for individual systems as part of the overall plan)

**Culturally and linguistically competent approach**
- Culture-specific services and supports are provided
- Services and supports are adapted to ensure access and effectiveness for culturally diverse populations
- Providers represent the cultural and linguistic characteristics of the population served
- Providers are trained in cultural and linguistic competence
- Specific strategies are used to reduce racial and ethnic disparities in access to and outcomes of services
### Services and Supports

- 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

### Home- and Community-Based Treatment and Supports (Nonresidential)

**Home & Community Based Services**

<table>
<thead>
<tr>
<th>Nonresidential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
</tr>
<tr>
<td>Assessment and evaluation</td>
</tr>
<tr>
<td>Individualized service planning</td>
</tr>
<tr>
<td>Intensive care management</td>
</tr>
<tr>
<td>Service coordination</td>
</tr>
<tr>
<td>Outpatient individual therapy</td>
</tr>
<tr>
<td>Outpatient group therapy</td>
</tr>
<tr>
<td>Outpatient family therapy</td>
</tr>
<tr>
<td>Medication treatment/monitoring</td>
</tr>
<tr>
<td>Crisis response services (non-mobile)</td>
</tr>
<tr>
<td>Mobile crisis response and stabilization</td>
</tr>
<tr>
<td>Intensive home-based services</td>
</tr>
<tr>
<td>School-based mental health services</td>
</tr>
<tr>
<td>Day treatment</td>
</tr>
<tr>
<td>Substance use treatment</td>
</tr>
<tr>
<td>Therapeutic behavioral aide services</td>
</tr>
<tr>
<td>Behavior management skills training</td>
</tr>
<tr>
<td>Tele-behavioral health</td>
</tr>
<tr>
<td>Youth peer support</td>
</tr>
<tr>
<td>Family peer support</td>
</tr>
<tr>
<td>Youth and family education</td>
</tr>
<tr>
<td>Respite services</td>
</tr>
<tr>
<td>Therapeutic mentoring</td>
</tr>
<tr>
<td>Mental health consultation</td>
</tr>
<tr>
<td>Supported education and employment</td>
</tr>
<tr>
<td>Supported independent living</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
</tbody>
</table>
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 beds
- Medical detoxification
- Substance use residential treatment
- Residential treatment
- Inpatient hospitalization

Infrastructure

Structure and processes for:
- Point of accountability
- Financing for infrastructure and services
- Manage care for high-need populations
- Interagency partnerships
- Partnerships with family organizations/leaders
- Partnerships with youth organizations/leaders
- Cultural and linguistic competence of services
- Defined access/entry points to care
- Sufficient provider network to deliver comprehensive service array
- Training, TA, and workforce development
- Measuring and monitoring quality, outcomes, and costs and using data for continuous quality improvement
- Strategic communications/social marketing
- Strategic planning and resolving barriers
### Commitment

#### Child-Serving Systems
- Mental health system
- Child welfare system
- Juvenile justice system
- Education system
- Health system
- Substance use treatment system
- Courts/judiciary system
- Medicaid system

#### Providers
- Provider agency administrators and managers
- Direct service providers

#### Family and Youth Leaders
- Family leaders
- Youth leaders

#### Managed Care Organizations (MCOs)
- Behavioral health MCOs
- MCOs for both physical and behavioral health

#### Policy and Decision Makers
- High-level decision makers at community level

---

### Polling Question
Respondents

- Designed for approximately **10+ respondents** per community or region
- Can be **customized** to each community (number and type)
  - 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
- **All respondents must be sufficiently involved and knowledgeable about the SOC in the area in order to provide informed and meaningful responses**

Approach to Administering Rating Tool

1. Georgetown TA Center will work with selected jurisdictions to customize and administer for period of time
2. 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
Data Collection and Analysis

- State, tribal, or territorial children’s mental health directors identify a lead contact in each community/region assessed
- Lead contact for each community/region identifies potential respondents
  - Each identified 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 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

Community-Level Summary Report

<table>
<thead>
<tr>
<th>LEVEL OF IMPLEMENTATION RATING</th>
<th>Score</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL I: NO IMPLEMENTATION</td>
<td>(0)</td>
<td>(0%)</td>
</tr>
<tr>
<td>LEVEL II: SOME IMPLEMENTATION</td>
<td>(1 – 100)</td>
<td>(1% – 25%)</td>
</tr>
<tr>
<td>LEVEL III: MODERATE IMPLEMENTATION</td>
<td>(101 – 200)</td>
<td>(26% – 50%)</td>
</tr>
<tr>
<td>LEVEL IV: SUBSTANTIAL IMPLEMENTATION</td>
<td>(201 – 300)</td>
<td>(51% – 75%)</td>
</tr>
<tr>
<td>LEVEL V: EXTENSIVE IMPLEMENTATION</td>
<td>(301 – 400)</td>
<td>(76% – 100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL SCORE</th>
<th>Score</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIC PLAN SCORE (MAX = 4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRINCIPLES SCORE (MAX = 152)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICES SCORE (MAX = 136)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFRASTRUCTURE SCORE (MAX = 48)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMITMENT SCORE (MAX = 60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL SCORE (MAX = 400)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# State, Tribal, Territorial Level Report

**STATE/TRIBE/TERRITORY:**

**DATE:**

**LEAD CONTACT PERSON WITH CONTACT INFORMATION:**

**TOTAL NUMBER OF COMMUNITIES OR REGIONS:**

**NUMBER OF COMMUNITY-LEVEL REPORTS:**

## Level of SOC Implementation Scores

<table>
<thead>
<tr>
<th>Level</th>
<th>Score Range</th>
<th>% Communities or Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL I: NO IMPLEMENTATION</td>
<td>0</td>
<td>(0%)</td>
</tr>
<tr>
<td>LEVEL II: SOME IMPLEMENTATION</td>
<td>1 – 100</td>
<td>(1% – 25%)</td>
</tr>
<tr>
<td>LEVEL III: MODERATE IMPLEMENTATION</td>
<td>101 – 200</td>
<td>(26% – 50%)</td>
</tr>
<tr>
<td>LEVEL IV: SUBSTANTIAL IMPLEMENTATION</td>
<td>201 – 300</td>
<td>(51% – 75%)</td>
</tr>
<tr>
<td>LEVEL V: EXTENSIVE IMPLEMENTATION</td>
<td>301 – 400</td>
<td>(76% – 100%)</td>
</tr>
</tbody>
</table>

## Level of SOC Implementation Progress Report

<table>
<thead>
<tr>
<th>Level of SOC Implementation Rating</th>
<th>% Communities or Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
</tr>
<tr>
<td>LEVEL I: NO IMPLEMENTATION</td>
<td></td>
</tr>
<tr>
<td>LEVEL II: SOME IMPLEMENTATION</td>
<td></td>
</tr>
<tr>
<td>LEVEL III: MODERATE IMPLEMENTATION</td>
<td></td>
</tr>
<tr>
<td>LEVEL IV: SUBSTANTIAL IMPLEMENTATION</td>
<td></td>
</tr>
<tr>
<td>LEVEL V: EXTENSIVE IMPLEMENTATION</td>
<td></td>
</tr>
</tbody>
</table>

**Mean Level of SOC Implementation Rating Across Communities**

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### Mean Total Scores Across Communities

<table>
<thead>
<tr>
<th>Score</th>
<th>%</th>
</tr>
</thead>
</table>
| **Strategic Plan Score** (Max = 4) | No plan exists = 0%  
Plan is under development = 1 – 25%  
Plan exists but is not used = 26 – 50%  
Plan exists but is rarely used to guide implementation = 51 – 75%  
Formal written plan is used extensively to guide implementation = 76 – 100% |
| **Principles Score** (Max = 152) | Not at all implemented = 0%  
Somewhat implemented = 1-25%  
Moderately implemented = 26-50%  
Substantially implemented = 51-75%  
Extensively implemented = 76-100% |
| Individualized, Wraparound Approach to Service Planning and Delivery (Max = 20) |
| Family-Driven Approach (Max = 20) |
| Youth-Guided Approach (Max = 20) |
| Coordinated Approach (Max = 16) |
| Culturally and Linguistically Competent Approach (Max = 20) |
| Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches (Max = 16) |
| Least Restrictive Approach (Max = 16) |
| Service Array (Max = 16) |
| Data and Accountability (Max = 8) |
| **Services Score** (Max = 136) | Not at all available = 0%  
Somewhat available = 1-25%  
Moderately available = 26-50%  
Substantially available = 51-75%  
Extensively available = 76-100% |
| Home and Community-Based Treatment and Support Services (Nonresidential) |
| Out-of-Home Treatment Services for Short-Term Treatment Goals that are Linked to Home and Community-Based Services and Supports |
| **Infrastructure Score** (Max = 48) | Not at all implemented = 0%  
Somewhat implemented = 1-25%  
Moderately implemented = 26-50%  
Substantially implemented = 51-75%  
Extensively implemented = 76-100% |
| Point of Accountability Structure for System of Care Management and Oversight |
| Financing for System of Care Infrastructure and Services |
| Structure and/or Process to Manage Care and Costs for High-Need Populations (e.g., Care Management Entities) |
| Intergroup Partnerships/Agreements |
| Structure and/or Process for Partnerships with Family Organization and Family Leaders |
| Structure and/or Process for Partnerships with Youth Organization and Youth Leaders |
| Defined Access/Entry Points to Care |
| Extensive Provider Network to Provide Comprehensive Array of Services |
| Structure and/or Process for Training, TA, and Workforce Development |
| Structure and/or Process for Measuring and Monitoring Quality, Outcomes, and Costs (including IT system) and for Using Data for Continuous Quality Improvement |
| Structure and/or Process for Strategic Communications/Social Marketing |
| Structure and/or Process for Strategic Planning and Identifying and Resolving Barriers |
COMMITMENT SCORE (MAX = 60)

<table>
<thead>
<tr>
<th>System/Menger</th>
<th>Score</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Treatment System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courts/Judiciary System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-Level Policy and Decision Makers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Agency Administrators and Mid-Level Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Service Providers (Clinicians and Others)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Managed Care Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed Care Organizations Managing both Physical Health and Behavioral Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SCORE (MAX = 400)

SOC Rating Tool: The Tennessee Experience

How would you use the SOC Rating Tool results?

Tennessee Department of Mental Health and Substance Abuse Services
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 work?

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

How Are We Using 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?
  - What strategies need to be implemented?

- Inform interviews and focus groups with community team members
  - Focused questions on areas that were identified as a challenge to understand “Why?”
  - How can we move forward with SOC implementation?
## TN SOC Rating Tool Guided Implementation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>TN SOC implementation</th>
<th>TN SOC implementation guided efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>Local</td>
<td></td>
</tr>
<tr>
<td>Strategic plan</td>
<td>Plan under development</td>
<td>SOC logic model</td>
</tr>
<tr>
<td>SOC Principles</td>
<td>Moderately implemented</td>
<td>9 strategies</td>
</tr>
<tr>
<td>- Individualized, wraparound approach to service planning and delivery</td>
<td>Moderately implemented</td>
<td>- Care coordination TA</td>
</tr>
<tr>
<td>- Family-driven approach</td>
<td>Moderately implemented</td>
<td>- Adoption of CANS</td>
</tr>
<tr>
<td>- Youth guided approach</td>
<td>Somewhat implemented</td>
<td>- Revision of Family Support Specialist (FSS) handbook and guidelines</td>
</tr>
<tr>
<td>- Coordinated approach</td>
<td>Somewhat implemented</td>
<td>- Youth participates in SOC statewide meeting</td>
</tr>
<tr>
<td>- CLC</td>
<td>Somewhat implemented</td>
<td>- Collaboration Lab</td>
</tr>
<tr>
<td>- Evidence-informed and promising practices and practice-based evidence approaches</td>
<td>Moderately implemented</td>
<td>- Trauma-informed care training and SOC statewide meeting focusing on trauma-informed care</td>
</tr>
<tr>
<td>- Data and accountability</td>
<td>Moderately implemented</td>
<td>- Data dissemination</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Somewhat implemented</td>
<td>- Data sharing</td>
</tr>
</tbody>
</table>

### SOC Community Technical Assistance Plan Example

<table>
<thead>
<tr>
<th>Topic</th>
<th>Status</th>
<th>Indicator</th>
<th>Questions</th>
<th>Actions</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic plan/Infrastructure</td>
<td>25%</td>
<td>Governance</td>
<td>Who is taking leadership for the planning process?</td>
<td>Connect with local Community Advisory Boards (CABs)</td>
<td>Council of Children’s Mental Health Activities Committee</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>25%</td>
<td>Infrastructure</td>
<td>Points of accountability structure for SOC management and oversight</td>
<td>Training opportunities to enhance emergency collaborations</td>
<td>SOC marketing coordinator</td>
</tr>
<tr>
<td>Communication</td>
<td>100%</td>
<td>Structure</td>
<td>How will communication and dissemination be structured?</td>
<td>Create a brochure describing SOC</td>
<td>Match Tip Sheet</td>
</tr>
<tr>
<td>Infrastructure</td>
<td></td>
<td>Processes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td>Structure</td>
<td>What resources will be used?</td>
<td>ID possible sources for match funding</td>
<td></td>
</tr>
<tr>
<td>Infrastructure</td>
<td></td>
<td>Processes</td>
<td>What are the structures and processes needed to gather outcomes and/or monitor quality?</td>
<td>Include preliminary data results in SOC team monthly meetings</td>
<td></td>
</tr>
<tr>
<td>Family-driven approach</td>
<td>25%</td>
<td>Family engagement</td>
<td>What structures or processes are needed to reach and involve children and families?</td>
<td>ID effective family engagement strategies</td>
<td>Statewide Family and Youth Engagement Coordinator</td>
</tr>
<tr>
<td>Cultural and Biologically competent (CLC) approach</td>
<td>25%</td>
<td>Culture-specific services and supports</td>
<td>How are services and supports addressing the needs of your population?</td>
<td>Attend CLC regional training</td>
<td>CLC Advisory Group</td>
</tr>
</tbody>
</table>
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.

Polling Question
Presenter Contact Information

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Email: lymari.benitez@tn.gov

**Kisha Ledlow, M.A.**, Technical Assistance Coordinator and Grants Manager, Office of Statewide System of Care Initiatives, Tennessee Department of Mental Health and Substance Abuse Services  
Email: kisha.ledlow@tn.gov

Resources

**Expanding Systems of Care: Improving the Lives of Children, Youth, and Families**  
[http://gucchd.georgetown.edu/293751.html](http://gucchd.georgetown.edu/293751.html)

**Return on Investment in Systems of Care for Children with Behavioral Health Challenges**  

**Return on Investment in Systems of Care for Children with Behavioral Health Challenges: Issue Brief**  
Data Matters

http://www.gucchdgeorgetown.net/data/

Important Links

Evaluation Form

https://www.surveymonkey.com/s/TACenterWebinarEvaluation

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Connect with us on Linkedin? Georgetown University National Technical Assistance Center for Children’s Mental Health