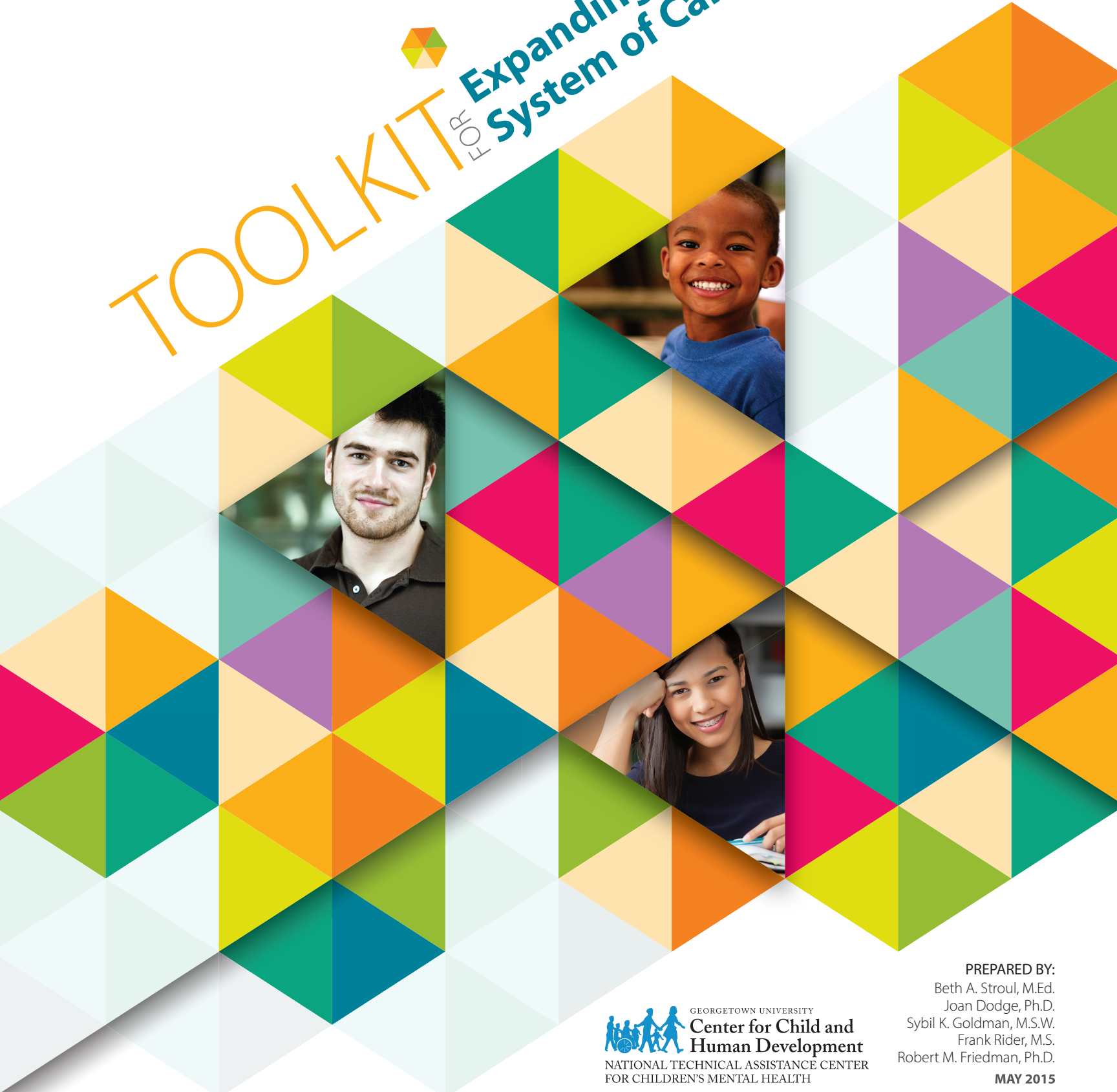


TOOLKIT FOR Expanding the System of Care Approach





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3300 Whitehaven Street, N.W., Suite 3300
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Phone: 202-687-5000

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Preface

The system of care approach was introduced in response to the many systemic problems in serving children, youth, and young adults with mental health challenges and their families. Since 1993, the Substance Abuse and Mental Health Services Administration (SAMHSA) has provided resources to states, communities, tribes, and territories to implement systems of care. After extensive evaluation documented the effectiveness of systems of care, SAMHSA determined that the approach was ready for widespread adoption and launched a system of care expansion initiative in 2011. This initiative provides funds and technical assistance to support the development and implementation of strategies for expanding and sustaining the system of care approach broadly throughout jurisdictions.

To support expansion efforts, a number of resources and tools have been developed to guide jurisdictions at each stage of the process. All of these are included in this toolkit so that they will be easily accessible together and organized in sequence. A strategic framework for system of care expansion is presented, with an accompanying logic model to depict the process. Detailed guides are included that provide direction for creating strategic expansion plans, implementing expansion strategies, and developing financing plans. A self-assessment tool allows jurisdictions to identify areas of progress and areas needing attention in their system of care planning and goal-setting processes, and worksheets are provided to structure the tasks of teams working on expansion. In addition, a rating tool is included that can be used to measure the level of system of care implementation in a state, community, tribe, or territory.

The toolkit is divided into four sections—introduction to expansion, strategic expansion planning, expansion implementation, and performance and outcome measurement. Specific resources are described in each of these sections. In addition, each resource is included in the “References and Resources” section to allow users to easily select and duplicate those that will be most helpful in their work. To maximize the utility of the toolkit, the Self-Assessment of System of Care Expansion Strategies and the Worksheets for Expansion Teams are also available in MS Word and may be downloaded through the links provided.

All of these resources are designed to assist both federally funded and non-funded jurisdictions to successfully bring systems of care to scale so that more children and families will benefit.

Resource #1: System of Care
Definition and Philosophy

Resource #2: Evidence Base
for Systems of Care

Resource #3: System of Care
Expansion Logic Model

Resource #4: Strategic Framework
for Expanding the System of
Care Approach

Resource #5: System of Care
Expansion Goals and Strategies Table

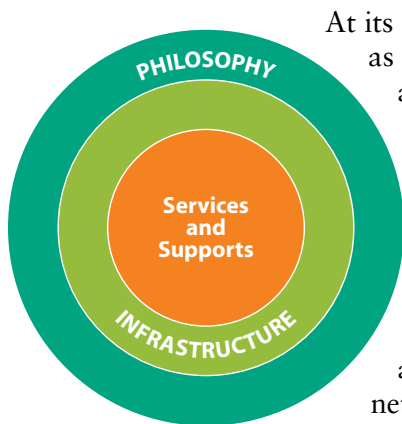
Introduction to System of Care Expansion



The System of Care Approach

The children’s mental health field took a major step forward in the mid-1980s with the introduction of the concept of a “*system of care*” to address the many well-documented problems in serving children, youth, and young adults with mental health challenges and their families (Stroul & Friedman, 1996). The system of care approach has gained broad acceptance and has served as a framework for system reform in children’s mental health systems and in other child-serving agencies. A system of care is defined as “*a spectrum of effective, community-based services and supports that is organized into a coordinated network*” and is grounded in a well-defined philosophy to guide the way services and supports are provided to children and families (Stroul, Blau, & Friedman, 2010). Although the approach continues to evolve to reflect advances in research and service delivery, the core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services are widely accepted. The guiding principles calling for a broad array of effective services, individualized care, and coordination across child-serving systems are extensively used as the standards of care.

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



At its broadest level, a system of care can be conceptualized as having three major, interrelated components—an array of services, a supportive infrastructure, and an underlying philosophy that guides the system and its component services. Specifically, these encompass: 1) a set of values and principles that provide the foundation for service systems and the services they provide; 2) an infrastructure (including governance structures; financing for a wide range of services and supports; partnerships among child-serving agencies, providers, families, and youth; provider networks; and capacity for planning, evaluation, workforce development, and quality improvement); and 3) interventions with children, youth, and families at the service delivery level that are consistent with the system of care values and principles (Stroul, 2002).

The full definition of a system of care and the values and principles that comprise its philosophy are included as Resource #1.

The first federal support for systems of care came through the Child and Adolescent Service System Program (CASSP) which was launched in 1984 and provided small amounts of funds to state mental health authorities to increase both attention and resources to meet the needs of this population. The Comprehensive Community Mental Health Services for Children and Their Families Program, referred to as the “Children’s Mental Health Initiative” (CMHI), followed in 1993. Under the auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA), the initiative has provided funds to states, communities, tribes, and territories to implement the system of care approach.

System of Care Philosophy

Core Values:

- Community Based
- Family Driven, Youth Guided
- Culturally and Linguistically Competent

Principles:

- Broad Array of Effective Services and Supports
- Individualized, Wraparound Practice Approach
- Least Restrictive Setting
- Family and Youth Partnerships
- Service Coordination
- Cross-Agency Collaboration
- Services for Young Children
- Services for Youth and Young Adults in Transition to Adulthood
- Linkage with Promotion, Prevention, and Early Identification
- Accountability

An array of services and supports are associated with the system of care approach that includes both home- and community-based treatment services and supports and out-of-home treatment services that are provided when necessary. A joint bulletin issued by the federal Centers for Medicare and Medicaid Services and SAMHSA in 2013 highlighted the effectiveness of home- and community-based services, including:

- Intensive care coordination, wraparound approach
- Intensive in-home services
- Mobile crisis response and stabilization
- Parent and youth peer support services
- Respite care
- Flex funds
- Evidence-based treatments addressing trauma

The joint bulletin also describes Medicaid reimbursement mechanisms for providing this array of services. (CMS-SAMHSA, 2013)

It is important to recognize that a system of care is not a single “program,” but a coordinated network of services across agencies. It is also not a “treatment or clinical intervention” that directly improves child and family outcomes without accompanying changes at the practice level to provide effective treatment services and supports. Further, it is not a prescription, but a guide with flexibility for implementation in a way that fits each state, tribe, territory, and community based on its unique political, administrative, and fiscal context. As such, the system of care approach provides an organizational framework and philosophy for system reform and allows for innovation, adaptability to different environments, and responsiveness to diverse populations.

► Array of Services and Supports

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
- 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
- Telehealth

Out-of-Home Treatment Services

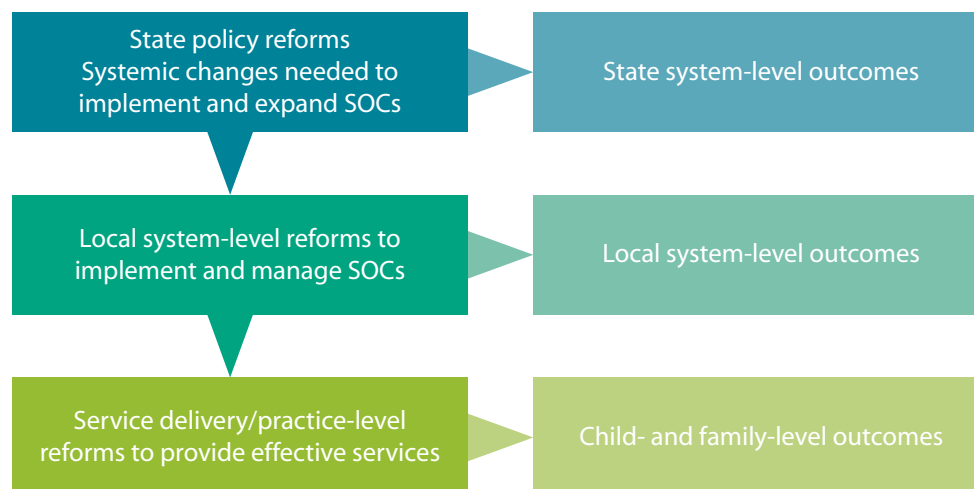
- Therapeutic foster care
- Therapeutic group home care
- Residential treatment services
- Inpatient hospital services
- Inpatient medical detoxification
- Crisis stabilization services

Specific evidence-informed interventions and culture-specific interventions can be included in each type of service and/or critical elements across multiple evidence-informed practices can be incorporated

It is also important to recognize that implementing the system of care approach requires changes at multiple levels, including:

- Changes at the state, tribal, and territorial system level in policies, financing, services, and workforce development;
- Changes at the local system level to plan, implement, develop infrastructure, manage, and evaluate the system; and
- Changes at the service delivery/practice level to provide an array of effective, evidence-informed treatments, services, and supports.

► Levels of System of Care (SOC) Intervention



An extensive national evaluation has provided substantial evidence that systems of care work for children and youth, and for families (Stroul, Goldman, Pires, & Manteuffel, 2012; Manteuffel, Stephens, Brashears, Krivelyova, & Fisher, 2008). Outcomes for children and youth include decreased behavioral and emotional problems, suicide rates, substance use, and juvenile justice involvement, as well as increased strengths, school attendance and grades, and stability of living situation. For families, findings include reduced caregiver strain and improved family functioning. System of care implementation is also associated with improvements in service delivery systems, such as an expanded array of home- and community-based services and supports, individualization of services, increased family and youth involvement in services, increased coordination of care across systems, and increased use of evidence-informed practices.

In addition to outcome data, there is also a growing body of evidence indicating that the system of care approach is cost effective and provides an excellent return on investment (ROI) (Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014). The emerging data demonstrate that ROI can be quantified in terms of cost savings both currently and in the future. Cost savings are derived from reduced use of inpatient psychiatric hospitalization, emergency rooms, residential treatment, and other group care, even when expenditures increase for home- and community-based care and care coordination. Cost savings are also derived from decreased involvement in the juvenile justice system, fewer school failures, and improved family stability, among other positive outcomes. Given these positive results, SAMHSA has made a commitment to take systems of care to scale so that more children and families can benefit.

The evidence base for systems of care is summarized in Resource #2.

System of Care Expansion

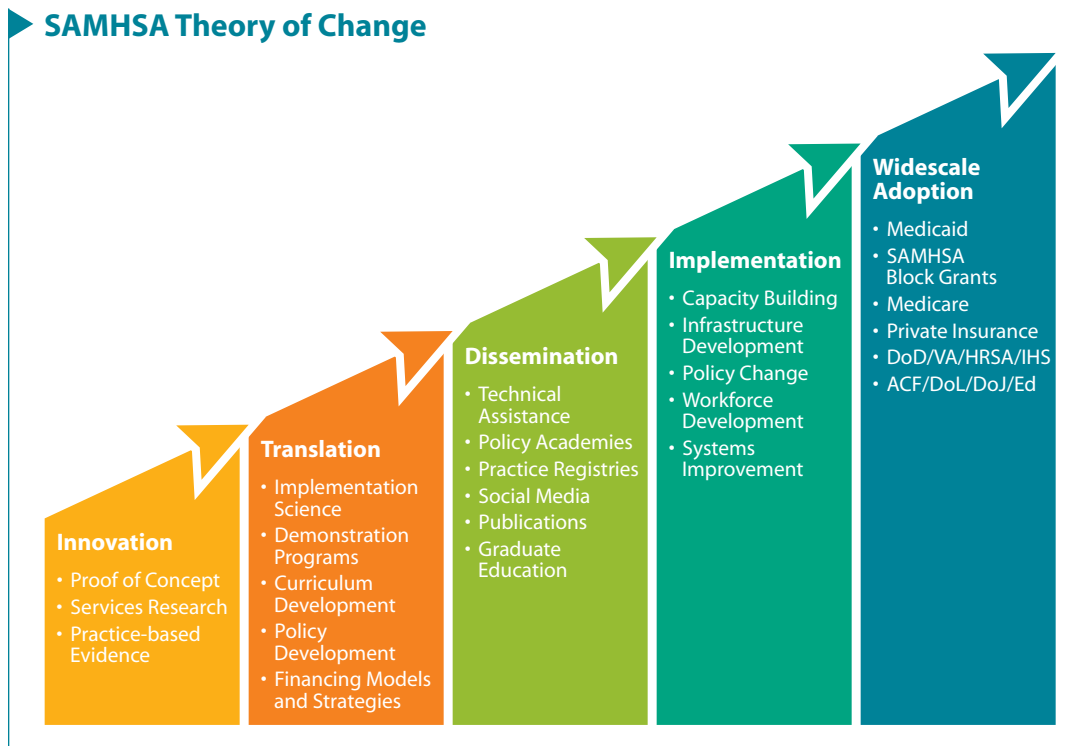
To achieve widespread adoption of the system of care approach, SAMHSA launched an initiative that provides resources and technical assistance to states, tribes, territories, and communities to support their expansion efforts. The expansion initiative is consistent with SAMHSA's theory of change, which takes an innovation—in this instance, the system of care approach—through the stages of conceptual development, implementation as demonstrations, dissemination, capacity building for broader implementation, and finally to widespread adoption (Blau, 2011). With the demonstration of the system of care approach in states and communities across the nation, and with the documented positive results, the approach has reached the stage of readiness for broad-based implementation in service delivery systems. The expansion initiative was initially comprised of one-year planning grants that supported the development of a strategic plan for system of care expansion and four-year implementation grants to support expansion activities (SAMHSA, 2014a; 2014b). In 2015, SAMHSA consolidated these two types of grants into one single, four-year grant that focuses on system of care expansion and sustainability to implement the theory of change (SAMHSA, 2015). This effort is designed to achieve the ultimate objective in SAMHSA's theory of change.

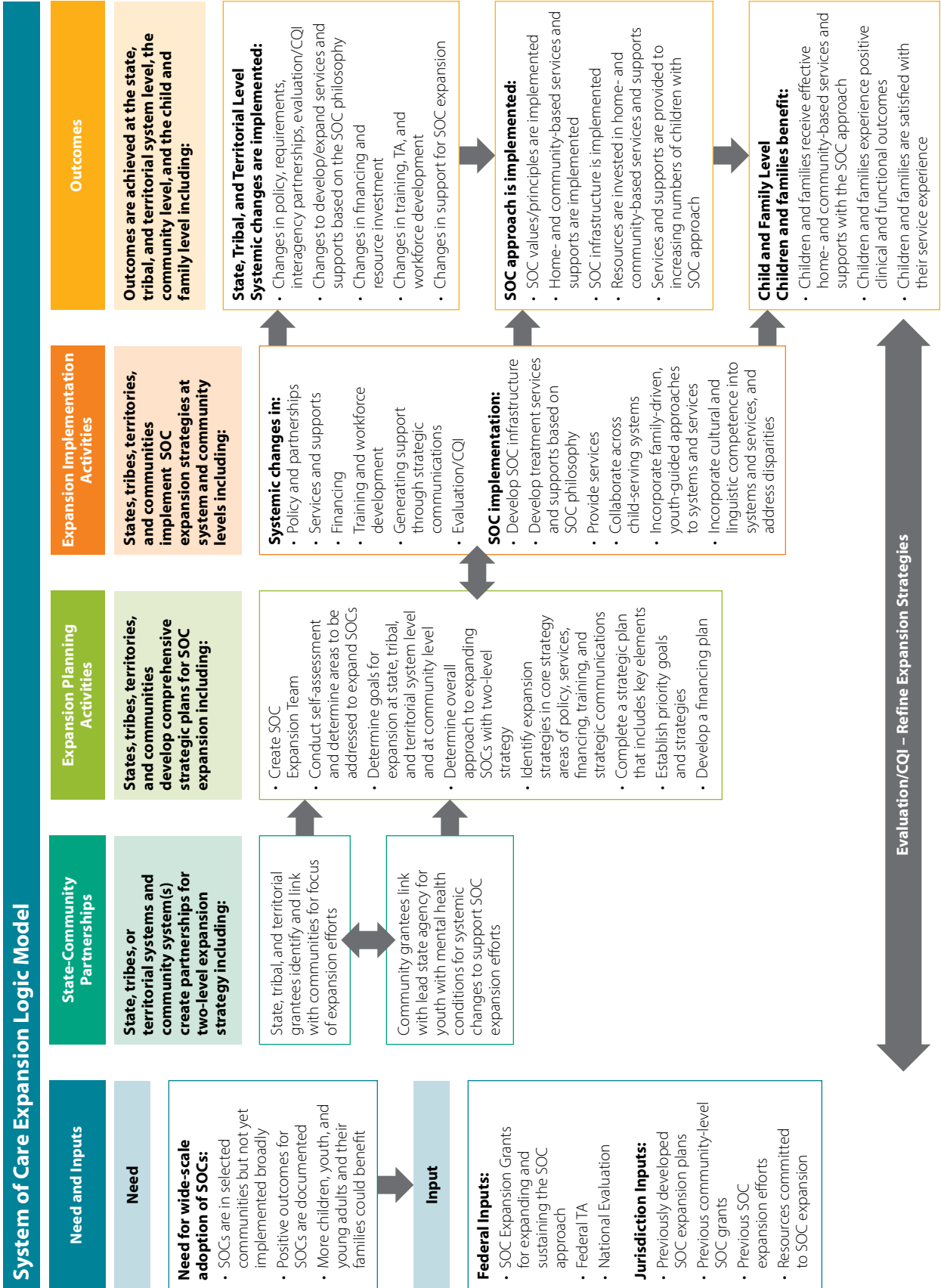
A “logic model” has been developed to depict the expansion process in terms of the need for system of care expansion and its inputs, activities, and intended outcomes.

The logic model portrays expansion *planning and implementation as a continuous process*. Regardless of how federal grants may be structured, these phases of expansion should be connected and free from artificial boundaries. To the extent possible, the leaders, expansion team, and goals should be consistent through the initial and ongoing phases of the process, ensuring that planning and subsequent implementation efforts will result in the desired outcomes.

The components of the logic model include:

- **Need**—The need for widespread adoption of the system of care approach is the recognition that systems of care have produced positive outcomes, but are not yet implemented broadly. With expansion of the approach, more children and families will benefit.
- **Inputs**—Inputs comprise the investment of resources in system of care expansion. These may include federal grants and accompanying technical assistance, although many jurisdictions undertake expansion efforts without these resources. Jurisdictional inputs include previous system of care implementation plans and activities, as well as resource investment.
- **State-Community Partnerships**—Expansion goals can only be achieved with efforts at the state, tribal, and territorial level *AND* at the local community level. The logic model shows that these partnerships are a precursor to both planning and implementation.
- **Expansion Planning Activities**—Planning activities are undertaken to develop a comprehensive strategic plan for expansion, such as creating an expansion team, developing an overall approach to expansion, determining expansion goals, and identifying strategies to achieve each goal.





- **Expansion Implementation Activities**—Implementation activities involve systemic changes to support expansion such as changes in policies, services, training, and evaluation. These changes encompass both high-level systemic changes at the state, tribal, and territorial level and systemic changes at the local community level to implement systems of care.
- **Outcomes**—Consistent with the multi-level nature of the system of care approach, outcomes are depicted as: 1) systemic changes at the state, tribal, and territorial level; 2) system of care implementation at the community level; and 3) changes in service delivery at the child and family level.

The logic model for system of care expansion is included as Resource #3.

Strategic Framework for System of Care Expansion

A strategic framework for system of care expansion was developed as a tool to guide jurisdiction planning and implementation efforts. The framework is based on a study of effective strategies for expansion used by states that have already made significant progress, as well as research on making and sustaining systemic changes (Stroul & Friedman, 2011; Stroul & Manteuffel, 2007; 2008). The framework includes five “core strategy areas,” each with a number of more specific sub-strategies. These core strategies are critical for implementing, sustaining, and expanding systems of care:

- I. **Implementing Policy, Regulatory, and Partnership Changes**—System changes directed at infusing and “institutionalizing” the system of care approach into the larger service system
- II. **Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach**—System changes to implement and sustain a broad array of home- and community-based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent
- III. **Creating or Improving Financing Strategies**—System changes to create or improve financing mechanisms and use funding sources more strategically to support system of care infrastructure and services
- IV. **Providing Training, Technical Assistance, and Workforce Development**—System changes to develop a skilled workforce to provide services and supports within a system of care framework
- V. **Generating Support through Strategic Communications**—Strategies to generate the support of high-level policy makers and key constituencies and stakeholders for system of care expansion

Each of these core strategy areas includes specific sub-strategies. The sub-strategies in each of the core domains are shown below.

Core Strategies for Expanding the System of Care Approach

- I. Policy and Partnerships
- II. Services and Supports
- III. Financing
- IV. Training
- V. Generating Support

Sub-Strategies in Each Core Strategy Area for Expanding the System of Care (SOC) Approach

I. Implementing Policy, Regulatory, and Partnership Changes

- Establishing an organizational locus of SOC management and accountability at state and local levels
- Developing and implementing strategic plans
- Developing interagency structures, agreements, and partnerships for coordination and financing
- Promulgating rules, regulations, guidelines, standards, and practice protocols
- Incorporating the SOC approach as requirements in requests for proposals and contracts
- Enacting legislation that supports the SOC approach
- Incorporating the SOC approach in protocols to monitor compliance with SOC requirements
- Incorporating the 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)
- Expanding family and youth involvement at the policy level
- Improving cultural and linguistic competence at the policy level and incorporating strategies to eliminate disparities

II. Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach

- Creating or expanding the array of home- and community-based services and supports
- Creating or expanding an individualized, wraparound approach to service delivery
- Creating care management entities
- Creating or expanding care coordination and care management
- Implementing family-driven, youth-guided services and expanding family and youth involvement at the service delivery level
- Creating, expanding, or changing the provider network with new providers and by retooling and aligning community and residential providers
- Creating or expanding the use of evidence-informed and promising practices, and practice-based evidence approaches
- Improving the cultural and linguistic competence of services
- Reducing racial, ethnic, and geographic disparities in service delivery
- Implementing or expanding the use of technology (e.g., electronic medical records, telehealth, videoconferencing, e-therapy)

III. Creating or Improving Financing Strategies

- Increasing the use of Medicaid
- Increasing the use of Mental Health Block Grants, federal SOC grants, and other federal grants
- Redeploying funds from higher-cost to lower-cost services
- Implementing case rates or other risk-based financing approaches
- Increasing the use of state mental health and substance use funds
- Increasing the use of funds from other child-serving systems
- Increasing the use of local funds
- Increasing the use of federal entitlements other than Medicaid
- Accessing new financing structures and funding streams (e.g., health reform, parity legislation)

IV. Providing Training, Technical Assistance, and Workforce Development

- Providing training, technical assistance, and coaching on the SOC approach
- Creating ongoing training and technical assistance capacity
- Providing training, technical assistance, and coaching on evidence-informed and promising practices, and practice-based evidence approaches
- Implementing strategies to prepare future workforce to work within SOC framework
- Implementing strategies to diversify the workforce by including staff with cultural and language diversity, paraprofessionals, families, and youth

V. Generating Support

- Establishing strong family and youth organizations to support expansion of the SOC approach
- Generating support among high-level policy makers and administrators at state and local levels
- Using data on outcomes and cost savings to promote expansion of the SOC approach
- Cultivating partnerships with providers, provider organizations, managed care organizations, and other key leaders
- Generating broad-based support through social marketing and strategic communications
- Cultivating leaders and champions for the SOC approach

The core strategy areas with all of the corresponding sub-strategies are included as Resource #4.

The strategic framework can be used as a structure for organizing the goals in expansion plans and for identifying the sub-strategies needed for goal achievement within each of the core strategy domains. The process involves:

- Identifying goals for the system of care expansion plan
- Determining which core strategy areas are relevant for achieving each goal
- Identifying sub-strategies in each core strategy area that can be used as specific steps toward goal achievement
- Customizing sub-strategies to fit the specific context and goals of the jurisdiction's strategic plan

A template for using this process in developing a system of care expansion plan follows with an example demonstrating how a jurisdiction used the framework to identify strategies related to one expansion goal. The population of focus in this jurisdiction was youth and young adults of transition age. One of the plan's broad goals was to expand infrastructure and services at the state and local levels to better serve this population. The table format was used to specify sub-strategies to accomplish this goal in each of the core areas of policy, services, financing, training, and generating support. Many jurisdictions have used this framework as the format for their expansion plans.

The goals and strategies table is included as Resource #5.

State-Community Partnerships

As reflected on the logic model, state-community partnerships are critical for system of care expansion, including partnerships among tribes or territories and the local communities within their jurisdictions. Lessons learned from state-level and community-level expansion grantees support the theory that neither level can be effective if working alone rather than in unison with the other. Because the implementation of

System of Care Expansion Goals and Strategies Table

Major System of Care Expansion Goals and Strategies for Goal Achievement

Jurisdiction:

| | | Core Strategies Needed to Achieve Goal | | | | |
|-------------------------------|--|--|--|-------------------------------|---|---|
| | | Implementing Policy, Regulatory, and Partnership Changes | Developing Services and Supports Based on the System of Care Philosophy and Approach | Creating Financing Mechanisms | Providing Training, Technical Assistance, and Workforce Development | Generating Support through Strategic Communications |
| | | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: |
| GOAL IN STRATEGIC PLAN | | | | | | |
| GOAL #1: | | | | | | |
| GOAL #2: | | | | | | |
| GOAL #3: | | | | | | |
| GOAL #4: | | | | | | |

| Core Strategies Needed to Achieve Goal | | | | | |
|--|---|---|---|---|---|
| | Implementing Policy, Regulatory, and Partnership Changes | Developing Services and Supports Based on the System of Care Philosophy and Approach | Creating Financing Mechanisms | Providing Training, Technical Assistance, and Workforce Development | Generating Support through Strategic Communications |
| GOAL #1: To expand the SOC approach statewide for youth and young adults of transition age (Y/YAT), including state and local infrastructure and services | Sub-Strategies: <ul style="list-style-type: none"> Examine local infrastructure and identify needed improvements Identify strategies 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 to serve Y/YAT Link with state's integrated health care policy transformation | Sub-Strategies: <ul style="list-style-type: none"> 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 and certify new types of providers needed for Y/YAT services Develop peer support services Design "Resiliency to Recovery" Continuum Identify 3 communities for partnership to pilot services and supports for Y/YAT and to develop skills to train other communities | Sub-Strategies: <ul style="list-style-type: none"> Participate in state's long-term planning for Medicaid and align goals Develop strategies for Medicaid financing of new services for Y/YAT (e.g., adding services to state plan or waivers) Identify financing to support the start-up costs of evidence-based practices for Y/YAT Identify financing to provide training on effective services for Y/YAT | Sub-Strategies: <ul style="list-style-type: none"> Design core competencies for traditional and nontraditional providers across agencies for serving Y/YAT Identify evidence-based practices and promising practices for serving Y/YAT Fund and provide training for provider agencies in evidence-based practices and promising practices for serving Y/YAT Create the capacity to provide ongoing training for this population | Sub-Strategies: <ul style="list-style-type: none"> Create social marketing plan to promote social inclusion of Y/YAT Create Youth Advisory Board and Youth Empowerment Program |
| | | | | | |

Roles for Communities

1. Testing and Demonstrating Approaches
2. Providing Training and TA
3. Providing Data to Build Support
4. Participating in State Planning
5. Developing Family and Youth Organizations
6. Developing System of Care Leaders

systems of care is inherently a multi-level process, it is essential that state-level systemic changes be accompanied by local-level changes to implement systems of care and to support broader expansion efforts. Similarly, local system of care implementation efforts must be accompanied by high-level system changes for sustaining the approach and expanding it to other areas. This can be characterized as a two-level, *bi-directional approach*. Ideally, a top-down approach with policies, financing, workforce development, and other system-level supports for system of care implementation, combined with a bottom-up approach involving innovation and expertise at the community level, can create the synergy needed to achieve wide-scale adoption. Local communities play key roles in expansion as learning labs to pilot system of care implementation approaches and as a resource for the state and other communities through data gathering, providing technical assistance (TA), and developing leaders. Thus, both states and communities are central players and have important roles to play in expanding the system of care approach in mutually beneficial relationships (Stroul, 2015).

Given the importance of a bi-directional approach, state-local partnerships are needed to ensure that expansion strategies are implemented at both levels in tandem and that there is no “disconnect” between the system development work at the state and community levels. An analysis of partnership strategies in both state expansion grantees and community expansion grantees found several important strategies for state-local partnerships that have been created intentionally to achieve expansion goals (Stroul, 2015). These are grouped in three categories:

- **State selection of communities for participation in expansion**—States can select specific communities for participation in expansion planning and/or implementation efforts. Competitive processes can be used to identify communities that are poised for system change by issuing Requests for Proposals (RFPs), both formal and informal, that invite communities to submit proposals to participate.
- **State funding to communities for planning or start-up costs**—With or without a competitive application process, states can provide funds to communities to support expansion planning and the implementation of system of care approaches. Expansion grant funds and/or state resources may be used to finance local planning activities or start-up costs for system of care infrastructure and services. The amount of funding typically is small and serves primarily as an incentive or seed money during the initial phases while the state and communities transition to long-term, sustainable financing streams.
- **Communities reaching out to states**—Communities can connect with states to align their work and achieve shared expansion goals. They can share their successes, challenges, and lessons learned with the state to inform state-level systemic changes, to shape expansion efforts in other areas, and to provide resources for training and consultation to support statewide system of care implementation.

Changes in SAMHSA’s system of care expansion initiative in 2015 recognize the need for a bi-directional approach. States are required to identify and work with localities to implement service innovations and systematically expand in additional localities over time. Community grantees must work with their respective states to achieve broader systemic changes to expand systems of care and to achieve high-level systemic changes that build on the work in the jurisdiction (SAMHSA, 2015).

Resource #6: Strategic Planning
Guidance for System of Care Expansion

Resource #7: Self-Assessment
of Strategies for Expanding the
System of Care Approach

Resource #8: System of Care
Expansion Planning Guide

Resource #9: Planning Protocol for
System of Care Expansion Teams

Resource #10: Worksheets for
System of Care Expansion Teams



Strategic Planning for System of Care Expansion

To assist jurisdictions to begin planning for widespread adoption of the system of care approach, a series of tools has been developed. These tools are intended to support the work of system of care expansion teams and help them structure their planning process. Each resource is described below, with a description of how it can support expansion planning.

Strategic Planning Guidance

Strategic planning is an organization's process for defining its goals and formulating strategies to achieve them. The process of strategic planning can be conducted in different ways, but generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. Strategic planning is typically an iterative process with feedback loops throughout. The end result is a plan that clearly describes what the organization intends to accomplish, the overall approach, specific strategies that will be used to achieve goals, and action plans to implement the strategies (http://en.wikipedia.org/wiki/Strategic_planning).

The method chosen to conduct strategic planning for system of care expansion depends on a number of factors. For example, whether planning related to system of care implementation has been undertaken previously, the culture of the service system, and the environment within which planning occurs all affect the choice of a planning process. However, regardless of the specific method used, strategic planning guidance has been developed to assist jurisdictions to create a plan that has broad buy-in by the many stakeholders involved in expansion and that leads to concrete, measurable change. The resulting plan should serve as the blueprint for expanding the system of care approach throughout the jurisdiction.

This guidance addresses three major areas to consider in the strategic planning process: 1) constituency building and engaging partners, 2) planning strategically, and 3) expanding systems of care using the five core system change strategies and sub-strategies described above. Key steps in developing a strategic plan are described in the guide and include:

- **Establish a shared vision statement**—This statement is the dream, the big idea, “out there” five years into the future. It should be a widely held or a shared vision, developed and agreed upon by as many stakeholders as possible.
- **Identify purpose (mission statement)**—This statement describes why the system of care exists or should exist—its essential purpose.
- **Identify values and principles**—Values and principles are foundational for system of care implementation. The system of care approach is largely defined by its strong value base specifying that systems and services should be family driven and youth

guided, individualized and strengths based, culturally and linguistically competent, data driven and outcomes oriented, and collaborative across child-serving systems. These values must be defined and reflected in the strategic planning process and in the plan.

- **Select broad goals (desired outcomes) to effectively work toward the mission and achieve the vision**—Goals are broad statements of what must be accomplished to realize the vision that the initiative intends to accomplish. Some goals may be short-term goals, accomplished easily within a year; others must be longer term and may take a number of years to achieve.
- **Identify specific core strategies and sub-strategies needed to reach the goals or outcomes**—A strategy is a chosen direction that leads to goal fulfillment. When choosing strategies, it is important to identify those that lead to fundamental change in the system. Strategies for system of care expansion should be drawn from the strategic framework with core strategies for policy and partnerships, financing, services, workforce development, and generating support, with specific sub-strategies delineated in each area.
- **Identify specific action steps to implement each strategy**—These are the action steps needed to implement the strategies. Each action step should have a completion date and a designated person responsible for ensuring that it is accomplished. That person is not necessarily responsible for doing all the work, but is the point person and coordinates the efforts of those working on the action toward completion.
- **Compile the vision, mission, values, goals, strategies, and action steps into a strategic action plan document**—This step creates the written plan that includes all of the key plan components and clearly describes how expansion will be accomplished. In creating the written plan, jurisdictions must ensure that the various constituencies and partners that have participated in the planning process buy into the plan and are committed to implementation. In addition, it is essential that high-level policy and decision makers are committed to implementing the plan and allocating the staff and financial resources to accomplish its goals. The plan serves as a blueprint that guides the work of the expansion team.
- **Monitor implementation of the strategic plan and update the plan as needed**—System builders must regularly review progress in plan implementation and reflect on the extent to which goals are being met and whether action steps are being implemented as intended. Based on progress and challenges, the dynamic strategic plan should be updated periodically.

The complete guidance for strategic expansion planning is included as Resource #6.

Self-Assessment of Expansion Strategies

A “readiness assessment” can be a useful process for determining a jurisdiction’s current status with respect to system of care implementation and for identifying strengths and areas needing a specific focus in expansion efforts. To support this process, a self-assessment tool was created to provide a structure for systematically exploring previous progress in system of care implementation and gaps. This self-assessment can serve as the readiness assessment.

The assessment is designed as a self-administered tool. It is not intended to be used as an evaluation, but as a planning tool to provide a basis for selecting the goals and strategies to include in the strategic plan. The tool is based on the strategic framework described above and assesses progress on each of the many sub-strategies included in the framework. No jurisdiction is expected to use all of the strategies. Rather, *each jurisdiction will employ the mix of strategies deemed most appropriate and effective for its unique context, environment, and system of care goals.* Further, it is not expected that there will be extensive progress in all areas. Rating progress objectively will enhance the usefulness of the tool for providing data that informs the planning process and shapes the expansion plan.

The self-assessment can be administered in a way that best supports the jurisdiction's expansion planning process. Some jurisdictions prefer to complete it as a group exercise with their full system of care expansion team or with a sub-group of the team that plays a leadership role. Others invite individual team members and/or other stakeholders at state and community levels to complete the self-assessments. The results can then be tabulated across all of these individual stakeholders.

Sample items in the self-assessment in each of the five core strategy domains are shown below.

The self-assessment is included as Resource #7.

Note: *The Self-Assessment is also available for download as a Word document to enable jurisdictions to distribute and administer it to their teams and/or to other stakeholders involved in system of care expansion. Visit http://gucchd.georgetown.edu/products/Toolkit_SOC_Self-Assessment.docx*

Sample Items in Self-Assessment of Strategies for Expanding the System of Care Approach

I. Implementing Policy, Regulatory, and Partnership Changes

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:

Sample Items, Continued

II. Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach

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:

III. Creating or Improving Financing Strategies

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:

IV. Providing Training, Technical Assistance, and Workforce Development

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:

V. Generating Support

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:

Planning Guide

A detailed guide was developed to delineate the tasks involved in the expansion planning process. The major task areas detailed in this guide include:

- **Creating a system of care expansion team**—Includes tasks for creating an effective team
- **Determining the overall approach to expansion and expansion goals**—Includes tasks for assessing strengths and needs in system of care implementation and establishing goals to address expansion needs
- **Identifying strategies for achieving each goal**—Includes tasks for selecting strategies to achieve each goal based on the strategic framework for system of care expansion
- **Specifying action steps, timelines, and responsibilities for implementing strategies**—Includes tasks for developing action steps, time frames, and responsibilities for implementation
- **Addressing factors affecting successful plan implementation**—Includes tasks for assessing plans against factors that improve the likelihood of successful implementation
- **Developing the system of care expansion plan document**—Includes tasks for developing and finalizing the plan document and determining next steps to prepare for implementation

The tasks in each of these areas are detailed below.

| System of Care (SOC) Expansion Planning Guide | |
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| Create an SOC Expansion Team | |
| <p>1. Create an SOC expansion team or modify an existing SOC team to be the SOC expansion team</p> | <ul style="list-style-type: none"> • Review the composition of an existing SOC team or another existing structure responsible for SOC planning and implementation • Determine if the existing team or structure can serve as the SOC expansion team or can be modified to serve as the SOC expansion team • Create a new SOC expansion team if a previous team or structure does not exist as a foundation to fulfill this role |
| <p>2. Use dimensions of an effective SOC expansion team as a guide to review the team’s composition and roles</p> | <ul style="list-style-type: none"> • Review and apply the dimensions of an effective team: <ul style="list-style-type: none"> – Embedded in the system, not a separate entity/project – Includes appropriate stakeholders – Includes individuals in decision-making roles – Includes individuals with access to high-level policy makers – Includes state, tribal, and territorial system-level members and community-level members – Includes family members and youth – Includes representatives of culturally diverse populations – Includes individuals with skills and expertise relevant to system of care expansion (e.g., social marketing, evaluation, financing) |
| <p>3. Develop state-community partnerships for SOC expansion</p> | <ul style="list-style-type: none"> • Determine strategies for state-local partnerships for expansion to achieve the high-level systemic changes needed for SOC expansion and for SOC implementation in local communities • Define the respective roles of state and community stakeholders in SOC expansion |
| <p>4. Ensure that composition of team includes appropriate leaders and stakeholders</p> | <ul style="list-style-type: none"> • Review the composition of the expansion team to ensure that it includes appropriate leaders, stakeholders, new partners relevant for SOC expansion, and individuals whose support is essential for implementation • SOC expansion team members may include: <ul style="list-style-type: none"> – Principal investigator and project director (<i>Grantees</i>) – Individuals who will be leading and managing implementation efforts – Family and youth leaders – Representatives from partner systems (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, education, etc.) – Designated lead for cultural and linguistic competence – Designated lead for social marketing and strategic communications – Designated lead for evaluation and continuous quality improvement – Service providers – Other identified stakeholders important to system of care expansion |

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| <p>5. Obtain official sanction for the team</p> | <ul style="list-style-type: none"> • Formalize the SOC expansion team by obtaining official sanction for the structure, its role, and its mandate for widespread SOC implementation (e.g., executive order, memorandum of understanding) • Ensure that the decision-making process is explicit so that stakeholders understand how decisions are made within the SOC expansion effort |
| <p>6. Link the team and implementation work with high-level policy and decision makers</p> | <ul style="list-style-type: none"> • Assess existing policy structures embedded in the system that include high-level policy and decision makers across child-serving agencies to determine if the high-level structure can serve as the policy making body to which the SOC expansion team reports • If no structure exists to fulfill this function, establish a process for the SOC expansion team to link with and report to high-level policy and decision makers |
| <p>Determine SOC Expansion Approach, Goals, and Strategies</p> | |
| <p>1. Review previously developed strategic plans for SOC implementation</p> | <ul style="list-style-type: none"> • Review any strategic plans for SOC implementation previously created for the jurisdiction • Determine the relevance of goals or strategies in previous plans for the new SOC expansion initiative |
| <p>2. Conduct an assessment to determine current status in SOC implementation, strengths, and needs (“readiness” assessment)</p> | <ul style="list-style-type: none"> • Conduct a self-assessment to determine current status in SOC implementation and readiness for SOC expansion • Consider Self-Assessment of SOC Expansion Strategies based on the strategic framework for expansion or other tools found useful by other states and communities • Use assessment to review previous progress achieved in the jurisdiction in implementing the SOC approach • Use assessment to identify areas needed attention for SOC expansion |
| <p>3. Determine the overall approach to SOC expansion</p> | <ul style="list-style-type: none"> • Determine vision for broad SOC implementation in the jurisdiction • Determine overall approach to SOC expansion from one or more of the following categories: <ul style="list-style-type: none"> – Expand geographically – Expand by level of need population (e.g., the most high-need children) – Expand by age bands – Expand by funding eligibility – Expand by service sector – Other • Determine the population of focus: <ul style="list-style-type: none"> – All children with serious emotional disturbances in the jurisdiction – Specific subset as the population of focus |

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| <p>4. Select expansion goals including high-priority goals for initial action</p> | <ul style="list-style-type: none"> • Determine specific, realistic goals for SOC expansion • Select high-priority goals for initial action based on those goals that: <ul style="list-style-type: none"> – Must be accomplished first logically to lay the foundation for expansion – Are likely to have the biggest impact on SOC expansion – Have a high probability of success to demonstrate initial progress and build momentum – Are likely to provide data that document positive outcomes, cost-effectiveness, and return on investment in the SOC approach – Build on timely opportunities in the environment to support expansion goals – Support interagency partner outcomes or initiatives • Align goals with changing external realities (e.g., building on accomplishments, managed care implementation, Medicaid redesign, Affordable Care Act [ACA] implementation, etc.) |
| <p>Identify Strategies for Achieving Each Goal</p> | |
| <p>1. Identify core strategies and sub-strategies needed to achieve each expansion goal</p> | <ul style="list-style-type: none"> • Use the strategic framework for SOC expansion to determine the core strategies needed to achieve each individual expansion goal <ul style="list-style-type: none"> – Policy, Regulatory, and Partnership Changes – Expanding Services and Supports Based on the SOC Philosophy and Approach – Financing Strategies – Training, Technical Assistance, and Workforce Development Strategies – Generating Support Through Strategic Communications • Identify anticipated challenges to expansion and strategies for addressing challenges |
| <p>2. Develop strategies for delivering services</p> | <ul style="list-style-type: none"> • Determine how service delivery will be accomplished in achieving SOC expansion goals: <ul style="list-style-type: none"> – What services – What population – What areas of the jurisdiction |
| <p>3. Develop financing strategies</p> | <ul style="list-style-type: none"> • Develop financing strategies related to each goal included in the plan • Identify team members or other individuals in positions to implement the financing strategies (e.g., Medicaid agency representative) |
| <p>4. Develop strategic communications/ social marketing strategies</p> | <ul style="list-style-type: none"> • Develop strategies for strategic communications to build support and buy-in for widespread system of care implementation among key constituencies (e.g., high-level decision makers, providers, managed care organizations, etc.) |
| <p>5. Develop a logic model for SOC expansion</p> | <ul style="list-style-type: none"> • Develop a logic model that depicts inputs, strategies, and intended outcomes of SOC expansion efforts |
| <p>Specify Action Steps, Timelines, and Responsibilities for Implementing Strategies</p> | |
| <p>1. Specify action steps for implementing strategies</p> | <ul style="list-style-type: none"> • Break each strategy into specific action steps for implementation • Create a detailed action plan showing strategies related to each goal and action plan for implementation |

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| <p>2. Establish timelines and completion dates for action steps</p> | <ul style="list-style-type: none"> • Add time frames and completion dates to action plan for near-term objectives • Identify strategies for longer-term implementation and anticipated time frame |
| <p>3. Assign lead responsibility for implementing each strategy</p> | <ul style="list-style-type: none"> • Designate individuals with lead responsibility for implementing each strategy and include in action plan |
| <p>Review Plan to Address Factors Affecting Successful Plan Implementation</p> | |
| <p>1. Realistic goals</p> | <ul style="list-style-type: none"> • Ensure that goals are: <ul style="list-style-type: none"> – Well defined – Measurable – Achievable |
| <p>2. High-priority goals</p> | <ul style="list-style-type: none"> • Ensure that clear, manageable goals are established as priorities for initial action • Review rationale for the selection of priorities • Ensure that priorities reflect an intentionally strategic approach to achieving SOC expansion goals • Ensure that priority goals are likely to have a demonstrable impact on SOC expansion, and will lay the foundation for future strategy implementation |
| <p>3. Specific, concrete strategies</p> | <ul style="list-style-type: none"> • Review each high-priority goal against the five core strategy areas (policy and partnerships, services and supports, financing, training and TA, and generating support) • Ensure that each goal has defined strategies in each area that are relevant to achieving the respective goal • Ensure that strategies are specific, concrete, and clearly understandable for diverse stakeholders and audiences • Ensure that strategies are further defined with action steps, timelines, responsibilities, and methods for measuring and monitoring progress |
| <p>4. Strong leaders to manage the expansion process</p> | <ul style="list-style-type: none"> • Ensure that a dedicated leader is assigned as the point of accountability for managing and overseeing the work of the SOC expansion team, the staff, and the future implementation of expansion strategies • Ensure that the leadership responsibility is embedded in the system, and is not perceived as a temporary, grant-dependent position • Ensure that the leader has the necessary skills, knowledge, and abilities to lead SOC expansion, as well as a strong commitment to the SOC approach |

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| <p>5. Commitment of high-level policy makers and decision makers</p> | <ul style="list-style-type: none"> • Assess the level of commitment to SOC expansion among agency executives and political policy makers • Generate support for expansion goals through strategic communications to high-priority audiences by: <ul style="list-style-type: none"> – Providing evidence of positive outcomes from SOC approach on critical dimensions (e.g., improved mental health symptomatology, increased stability of living arrangement, increased living in family context, increased success in school or employment, decreased use of residential treatment, decreased suicides or self-harm) – Providing evidence of impact on costs of service delivery when using SOC approach and its array of home- and community-based services – Highlighting areas of SOC expansion that align with administrative and political priorities • Involve influential people and individuals with direct access to high-level policy and decision makers • Involve families and youth to incorporate personal stories in communication strategies • Identify champions to advocate SOC expansion |
| <p>6. Cross-agency partnerships</p> | <ul style="list-style-type: none"> • Determine whether the right partners are involved in SOC expansion efforts based on the goals of the SOC expansion plan (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, higher education, etc., based on plan) • Involve additional partners based on the identified goals to participate in expansion efforts • Assess the level and quality of the partnerships and work to enhance as necessary: <ul style="list-style-type: none"> – Shared commitment to SOC expansion – Commitment of resources to SOC expansion – Mechanisms for cross-system collaboration at state and local levels – Joint training – Other opportunities to strengthen collaboration • Develop formal commitments (e.g., memoranda of understanding) |
| <p>7. Commitment across key stakeholders</p> | <ul style="list-style-type: none"> • Assess the involvement and commitment of key stakeholders and work to enhance as necessary: <ul style="list-style-type: none"> – Family and youth organizations and leaders – Provider agencies and organizations – Clinicians and other direct service providers – Managed care organizations – Courts/judiciary • Identify and address impediments to fully committed involvement • Enhance involvement and commitment through work groups, subcommittees, etc., with assigned tasks in areas of expertise • Enhance involvement and commitment through social marketing and strategic communications |

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| <p>8. Staff and resources allocated to expansion work</p> | <ul style="list-style-type: none"> • Ensure that there is adequate staff to support the work of the SOC expansion team and the future implementation of expansion strategies • Ensure that funds are available to support the work of the SOC expansion team and the future implementation of expansion strategies • Use grant resources to leverage staff and funds from partners to support the work of the SOC expansion team and the future implementation of expansion strategies |
| <p>9. Leverage opportunities for expansion in environment</p> | <ul style="list-style-type: none"> • Identify opportunities in the environment to advance the achievement of SOC expansion goals: <ul style="list-style-type: none"> – Health reform implementation (e.g., health homes, Medicaid expansion, waivers, state plan amendments, etc., in ACA) – Title IV-E waivers – Reform efforts in behavioral health and in other child-serving systems • Develop strategies for linking with, building on, and leveraging identified opportunities and reform efforts • Incorporate these strategies into SOC expansion plans |
| <p>Develop SOC Expansion Plan Document</p> | |
| <p>1. Draft written expansion plan</p> | <ul style="list-style-type: none"> • Draft expansion plan with the following components: <ul style="list-style-type: none"> – Vision for SOC expansion throughout the jurisdiction – Overall approach to expansion – Population of focus – Goals – Core strategies and sub-strategies for each goal – Action steps for each strategy with time frames and assigned responsibility – Benchmarks or measures for assessing progress – Logic model depicting and summarizing graphically the inputs, strategies, and intended outcomes for SOC expansion (i.e., the “theory of change”) |
| <p>2. Submit plan to policy makers for review</p> | <ul style="list-style-type: none"> • Submit plan to policy and decision makers or policy-level structure for review and feedback |
| <p>3. Revise and finalize plan</p> | <ul style="list-style-type: none"> • Revise plan based on feedback • Create final version of SOC expansion plan |
| <p>4. Determine next steps for implementation of expansion plan</p> | <ul style="list-style-type: none"> • Determine the next steps for plan implementation • Develop and implement strategies to ensure continuity between the planning and implementation phases • Determine how plan implementation will be monitored and how the plan will be revised over time based on progress and challenges encountered |

The planning guide is included as **Resource #8**.

Guide for Team Work Sessions

To assist jurisdictions begin the planning process, a protocol was developed for group work concentrated over five work sessions. Each jurisdiction can determine the most effective process for the team work sessions in terms of participants, time allotment, and sequencing. For example, the jurisdiction may select a small, core group of their expansion team to complete the process, or may decide to complete the exercises with the entire team. The work may be completed over a period of sequential days or may be spread over a period of one to two weeks, and the time allotted to each of the five sessions may be modified based on the needs of the group and progress in completing the specified tasks. The jurisdiction may also choose to use an outside facilitator to assist with the strategic planning process and the work involved in this planning protocol, or may complete the process with internal staff facilitating.

The five team work sessions provide opportunities for team members to work intensively with each other to articulate strategies and next steps to:

- Ensure that the jurisdiction's structures and processes will be effective for developing a realistic strategic plan for expanding systems of care
- Refine the goals that will be included in the jurisdiction's strategic plan and begin to identify strategies for goal achievement
- Determine next steps for moving the strategic planning process forward
- Guide the procurement of needed technical assistance

The protocol uses an action approach for the work sessions. The sessions build on each other in a systematic process and include the following:

- **Session #1: Getting Started: Defining Your Process and Outcomes for Planning**

The first session is designed to gain consensus on what will be accomplished during the team work sessions and the process that will be used. The group will determine the method for completing the Self-Assessment of System of Care Expansion Strategies prior to Team Work Session #2.

- **Session #2: Analyzing Information from the Self-Assessment of System of Care Expansion Strategies and Conducting an Environmental Scan**

This session is designed to analyze information from the Self-Assessment of System of Care Expansion Strategies tool and an environmental scan to identify strengths, challenges, and opportunities that the jurisdiction brings to the planning effort.

- **Session #3: Reviewing Your Planning Process and Goals**

This session provides an opportunity to examine the jurisdiction's planning structure and process to ensure that it is organized to effectively accomplish its tasks and is aligned with system of care values. The team will also examine and refine the jurisdiction's system of care expansion goals.

- **Session #4: Developing Strategies to Achieve Your Goals**

This session is designed to identify system of care expansion strategies to achieve each of the goals that will be incorporated into the strategic plan.

- **Session #5: Next Steps and Technical Assistance Needs**

The last team work session is structured to build consensus among team members on the next steps to move the planning process forward and to delineate needs and priorities for technical assistance.

Worksheets are provided for each of the team work sessions as shown below.

Detailed instructions for each team work session are provided in the planning protocol in Resource #9 and the worksheets are included as Resource #10.

Note: *The worksheets are available to download as a Word document so that expansion teams can use the templates. Visit http://gucchd.georgetown.edu/products/Toolkit_SOC_Planning_Wkst.docx*

| Worksheets for System of Care Expansion Teams | | |
|---|--|---|
| TEAM WORK SESSION | WORKSHEET | PURPOSE |
| Team Work Session # 1: Getting Started: Defining Your Process and Outcomes for the Team Work Sessions | 1: Self-Assessment of System of Care System of Care Expansion Strategies | <ul style="list-style-type: none"> • Gain consensus on team work process • Identify team members to complete the Self-Assessment of System of Care Expansion Strategies and the process for completion |
| | 2A: Analysis of Self-Assessment of System of Care Expansion Strategies | <ul style="list-style-type: none"> • Analyze the key lessons learned from the Self-Assessment of System of Care Expansion Strategies • Identify key areas of strength to build on in planning process • Identify key areas for improvement to address in strategic plan |
| Team Work Session #2: Analyzing the Information from the Self-Assessment of Expansion Strategies and Conducting an Environmental Scan | 2B: Scan of Environmental Forces | <ul style="list-style-type: none"> • Brainstorm about major forces in the environment that have implications for your strategic plan • Identify strengths • Identify opportunities • Identify challenges |
| | 3A: Planning Structures and Processes | <ul style="list-style-type: none"> • Describe the planning structure(s) established to support your planning processes • Specify the purpose/role of each structure, types of participants, and the processes to achieve the purpose |
| Team Work Session #3: Reviewing Your Planning Process and Goals | 3B: Alignment with Core System of Care Values | <ul style="list-style-type: none"> • Describe strategies to ensure that your planning process and resulting plan is family driven, youth guided, and culturally and linguistically competent • Describe strategies to incorporate a social marketing/strategic communications component in the plan |
| | 3C: Major System of Care Expansion Planning Goals and Strategies for Goal Achievement | <ul style="list-style-type: none"> • Refine proposed goals • Delineate your major goals for system of care expansion |

| Worksheets, Continued | | |
|--|--|--|
| TEAM WORK SESSION | WORKSHEET | PURPOSE |
| Team Work Session # 4: Developing Strategies to Achieve Your Goals | 3C: Major System of Care Expansion Planning Goals and Strategies for Goal Achievement | <ul style="list-style-type: none"> • For each goal identified in Team Work Session #3, identify the core strategies needed to achieve the goal • Identify sub-strategies to include in your plan for each core strategy • Build on strengths, leverage opportunities, and address challenges in selecting strategies for your system of care expansion plan |
| | 5A: Next Steps in the Strategic Planning Process | <ul style="list-style-type: none"> • Review results of worksheets and determine next steps to move forward with the planning process • Specify what needs to be done, who will be responsible, and when tasks will be accomplished |
| Team Work Session # 5: Next Steps and Technical Assistance (TA) Needs | 5B: Priority TA Needs | <ul style="list-style-type: none"> • Identify priority TA needs • Specify what TA is needed, audience(s) for TA, timeline, and resources to support the TA |

Resource #11: System of Care
Expansion Implementation Guide

Resource #12: Guide to
Developing a System of Care
Expansion Financing Plan

System of Care Expansion Implementation



Since planning and implementation are continuous and closely linked phases of expansion, there is overlap and fluidity between them. Some implementation activities may actually occur during the planning phase, and revisions and adjustments to the plan will inevitably occur throughout the implementation phase. Recognizing this connection, resources and tools have been developed to support expansion implementation activities. Each is described below.

Expansion Implementation Guide

An expansion implementation guide was developed to detail the tasks involved. The guide is divided into two major areas:

- **Preparation for system of care expansion implementation**—Preparation involves a review to ensure that there is an effective expansion team in place and that there is a strong, “actionable” expansion plan. Although these two tasks are ideally completed during the planning process, there is often a need for revising and refining the team and/or the plan prior to beginning implementation activities.
- **Implementation of expansion activities**—With an “actionable” strategic plan in hand that is built around the five core strategy areas, tasks are described that focus specifically on implementing the action steps outlined for each strategy. Throughout the process, system of care values are infused and systemic changes are embedded to ensure sustainability over time.

System of Care (SOC) Expansion Implementation Guide

Preparation for SOC Expansion Implementation Activities

Create or Improve an SOC Expansion Team

1. Use or modify an existing SOC team to be the SOC expansion team or create a new SOC expansion team if necessary

- Review the composition of an existing SOC expansion team or another existing structure responsible for SOC
- Determine if the existing team or structure needs to be modified to serve as the SOC expansion team
- Create a new SOC expansion team if a previous team or structure does not exist as a foundation to fulfill this role

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| <p>2. Use dimensions of an effective SOC expansion team as a guide to review the team's composition and roles</p> | <ul style="list-style-type: none"> • Review and apply the dimensions of an effective team that are listed below: <ul style="list-style-type: none"> – Embedded in the system, not a separate entity/project – Includes appropriate stakeholders based on the overall goals and strategies in the expansion plan – Includes individuals in decision-making roles – Includes individuals with access to high-level policy makers – Includes state, tribal, and territorial system-level members and community-level members – Includes family members and youth – Includes representatives of culturally diverse populations – Includes individuals with skills and expertise relevant to the expansion (e.g., social marketing, evaluation, financing) |
| <p>3. Develop state-community partnerships for SOC expansion</p> | <ul style="list-style-type: none"> • Determine strategies for state-local partnerships for expansion to achieve the high-level systemic changes needed for SOC expansion and for SOC implementation in local communities • Define the respective roles of state and community stakeholders in SOC expansion |
| <p>4. Ensure that composition of team includes appropriate leaders and stakeholders</p> | <ul style="list-style-type: none"> • Review the composition of the expansion team to ensure that it includes appropriate leaders, stakeholders, new partners relevant for SOC expansion implementation goals, and other identified individuals whose support is essential for implementation • SOC expansion team members may include: <ul style="list-style-type: none"> – Principal investigator and project director (<i>Grantees</i>) – Individuals who will be leading and managing implementation efforts – Family and youth leaders – Representatives from partner systems (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, higher education, etc., based on expansion plan focus and goals) – Designated lead for cultural and linguistic competence – Designated lead for social marketing and strategic communications – Designated lead for evaluation and continuous quality improvement – Service providers – Other identified stakeholders important to system of care expansion |
| <p>5. Obtain official sanction for the team</p> | <ul style="list-style-type: none"> • Formalize the SOC expansion team by obtaining official sanction for the structure, its role, and its mandate for widespread SOC implementation (e.g., executive order, memorandum of understanding, legislation) • Ensure that the decision-making process is explicit so that stakeholders understand how decisions are made within the SOC expansion effort |
| <p>6. Link the team and implementation work with high-level policy and decision makers</p> | <ul style="list-style-type: none"> • Assess existing policy structures embedded in the system that include high-level policy and decision makers across child-serving agencies • Determine if the high-level structure can serve as the policy-making body to which the SOC expansion team reports • If no structure exists to fulfill this function, establish a process for the SOC expansion team to link with and report to high-level policy and decision makers |

| Review and Clarify Previously Developed Plan for SOC Expansion | |
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| 1. Review previously developed strategic plan for SOC expansion | <ul style="list-style-type: none"> • Briefly review the strategic plan for SOC expansion previously created as part of the SOC Expansion Planning Grant process and/or other SOC expansion plan developed in the jurisdiction • Briefly review the social marketing plan and/or social marketing goals • Ensure that all SOC expansion team members are familiar with the plan's approach, goals, strategies, and priorities |
| 2. Clarify or refine areas of the SOC expansion plan if necessary | <ul style="list-style-type: none"> • Determine if minor clarifications or refinements are needed to move forward with implementation activities • Use this opportunity only to clarify and refine specific areas to prepare for implementation activities - avoid returning to planning phase • Clarify or refine overall approach to SOC expansion from one or more of the following categories: <ul style="list-style-type: none"> – Expand geographically – Expand by level of need population (e.g., the most high-need children) – Expand by age bands – Expand by funding eligibility – Expand by service sector – Other • Clarify or refine population of focus: <ul style="list-style-type: none"> – All children with serious emotional disturbances in the jurisdiction – Specific subset as the population of focus • Clarify or refine goals and strategies: <ul style="list-style-type: none"> – Refine goals and strategies based on changing external realities, building on accomplishments, etc. • Clarify or refine logic model that depicts inputs, activities, and intended outcomes of SOC expansion implementation efforts • Identify or clarify anticipated challenges to implementation and strategies for addressing challenges • Continuously communicate with the group that developed the SOC expansion plan to assure their ownership and buy-in |
| 3. Select high-priority goals for initial action | <ul style="list-style-type: none"> • Select high-priority goals for initial action based on those goals that: <ul style="list-style-type: none"> – Must be accomplished first logically to lay the foundation for future strategy implementation – Are likely to have the biggest impact on SOC expansion – Have a high probability of success to demonstrate initial progress and build momentum – Are likely to provide data that document positive outcomes, cost-effectiveness, and return on investment in the SOC approach – Might take the most time and effort, and thus should be undertaken early – Build on timely opportunities in the environment to support expansion goals – Support interagency partner outcomes or initiatives • Align goals with changing external realities (e.g., building on accomplishments, managed care implementation, Medicaid redesign, ACA implementation, etc.) |

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| <p>4. Develop or refine a financing plan</p> | <ul style="list-style-type: none"> • Review and refine financing strategies that were defined in the previously developed SOC expansion plan • Ensure that there are specific financing strategies to achieve the goals in the SOC expansion plan • Create financing strategies to achieve goals where none are already specified • Develop a separate, written financing plan that details the financing strategies to achieve expansion goals |
| <p>5. Develop or refine the plan for delivering services</p> | <ul style="list-style-type: none"> • Review and refine how service delivery will be accomplished in achieving SOC expansion goals: <ul style="list-style-type: none"> – What services – What population – What areas of the jurisdiction |
| <p>Review and Improve Factors That Affect Implementation of SOC Expansion Plan</p> | |
| <p>1. Realistic goals</p> | <ul style="list-style-type: none"> • Ensure that goals are: <ul style="list-style-type: none"> – Well defined – Measurable – Achievable |
| <p>2. High-priority goals</p> | <ul style="list-style-type: none"> • Ensure that clear, manageable goals are established as priorities for initial action • Review rationale for the selection of priorities • Ensure that priorities reflect an intentionally strategic approach to achieving SOC expansion goals • Ensure that priority goals are likely to have a demonstrable impact on SOC expansion, and will lay the foundation for future strategy implementation |
| <p>3. Specific, concrete strategies</p> | <ul style="list-style-type: none"> • Review each high-priority goal against the five core strategy areas (policy and partnerships, services and supports, financing, training and technical assistance [TA], and generating support) • Ensure that each goal has defined strategies in each core strategy area that are relevant to achieving the respective goal • Ensure that strategies are specific, concrete, and clearly understandable for diverse stakeholders and audiences • Ensure that strategies are further defined with action steps, timelines, responsibilities, and methods for measuring and monitoring progress |
| <p>4. Strong leaders to manage the implementation process</p> | <ul style="list-style-type: none"> • Ensure that a dedicated leader is assigned as the point of accountability for managing and overseeing the work of the SOC expansion team, the staff, and the implementation of expansion strategies • Ensure that the leadership responsibility is embedded in the system and is not perceived as a temporary, grant-dependent position • Ensure that the leader has the necessary skills, knowledge, and abilities to lead SOC expansion implementation, as well as a strong commitment to the SOC approach |

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| <p>5. Commitment of high-level policy makers and decision makers</p> | <ul style="list-style-type: none"> • Assess the level of commitment to SOC expansion among agency executives and political policy makers • Generate support for expansion goals through strategic communications to high-priority audiences by: <ul style="list-style-type: none"> – Providing evidence of positive outcomes from SOC approach on critical dimensions (e.g., improved mental health symptomatology, increased stability of living arrangement, increased living in family context, increased success in school or employment, decreased use of residential treatment, decreased suicides or self-harm) – Providing evidence of impact on costs of service delivery when using SOC approach and its array of home- and community-based services – Highlighting areas of SOC expansion that align with administrative and political priorities • Involve influential people and individuals with direct access to high-level policy and decision makers • Involve families and youth to incorporate personal stories in communication strategies • Identify champions to advocate SOC expansion |
| <p>6. Cross-agency partnerships</p> | <ul style="list-style-type: none"> • Determine whether the right partners are involved in SOC implementation efforts based on the goals of the SOC expansion plan (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, higher education, etc., based on plan) • Involve additional partners based on the goals of the strategic expansion plan • Assess the level and quality of the partnerships and work to enhance as necessary: <ul style="list-style-type: none"> – Shared commitment to SOC expansion – Commitment of resources to SOC implementation – Mechanisms for cross-system collaboration at state and local levels – Joint training – Other opportunities to strengthen collaboration • Develop formal commitments (e.g., memoranda of understanding) |
| <p>7. Commitment across key stakeholders</p> | <ul style="list-style-type: none"> • Assess the involvement and commitment of key stakeholders and work to enhance as necessary: <ul style="list-style-type: none"> – Family and youth organizations and leaders – Provider agencies and organizations – Clinicians and other direct service providers – Managed care organizations – Courts/judiciary • Identify and address impediments to fully committed involvement • Enhance involvement and commitment through work groups, subcommittees, etc., with assigned tasks in areas of expertise • Enhance involvement and commitment through social marketing and strategic communications |

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| <p>8. Staff and resources allocated to implementation work</p> | <ul style="list-style-type: none"> • Ensure that there is adequate staff to support the work of the SOC expansion team and the implementation of expansion strategies • Ensure that funds are available to support the work of the SOC expansion team and the implementation of expansion strategies • Use grant resources to leverage staff and funds from partners to support the work of the SOC expansion team and the implementation of expansion strategies |
| <p>9. Opportunities for expansion in environment</p> | <ul style="list-style-type: none"> • Identify opportunities in the environment to advance the achievement of SOC expansion goals: <ul style="list-style-type: none"> – Health reform implementation (e.g., health homes, Medicaid expansion, waivers, state plan amendments, etc., in ACA) – Title IV-E waivers – Reform efforts in behavioral health and in other child-serving systems • Develop strategies for linking with, building on, and leveraging identified opportunities and reform efforts • Incorporate these strategies into SOC expansion efforts |

Implementation of SOC Expansion Activities

Implement Systemic Changes Needed to Expand, Sustain, and Continuously Improve SOCs Based on Goals in SOC Expansion Plan

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| <p>1. Policy, Regulatory, and Partnership Changes</p> | <ul style="list-style-type: none"> • Implement policy, regulatory, and partnership changes to achieve the specific goals in the strategic expansion plan: <ul style="list-style-type: none"> – Establishing an organizational locus of SOC management and accountability at state and local levels – Developing and implementing strategic plans – Developing interagency structures, agreements, and partnerships for coordination and financing – Promulgating rules, regulations, guidelines, standards, and practice protocols – Incorporating the SOC approach as requirements in requests for proposals and contracts – Enacting legislation that supports the SOC approach – Incorporating the SOC approach in protocols to monitor compliance with SOC requirements – Incorporating the 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) – Expanding family and youth involvement at the policy level – Improving cultural and linguistic competence at the policy level and incorporating strategies to eliminate disparities |
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| <p>2. Expanding Services and Supports Based on the SOC Philosophy and Approach</p> | <ul style="list-style-type: none"> • Implement strategies to expand services and supports to achieve the specific goals in the strategic expansion plan: <ul style="list-style-type: none"> – Creating or expanding the array of home- and community-based services and supports – Creating or expanding an individualized, wraparound approach to service delivery – Creating care management entities – Creating or expanding care coordination and care management – Implementing family-driven, youth-guided services and expanding family and youth involvement at the service delivery level – Creating, expanding, or changing the provider network with new providers and by retooling, training, and aligning community and residential providers – Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches – Improving the cultural and linguistic competence of services – Reducing racial, ethnic, and geographic disparities in service delivery – Implementing or expanding the use of technology (e.g., electronic medical records, telehealth, videoconferencing, e-therapy) |
| <p>3. Financing Strategies</p> | <ul style="list-style-type: none"> • Implement financing strategies specified in the financing plan to achieve the specific goals in the SOC expansion plan: <ul style="list-style-type: none"> – Increasing the use of Medicaid – Increasing the use of federal SOC grants, Mental Health Block Grants, and other federal grants – Redeploying funds from higher cost to lower cost services – Implementing case rates or other risk-based financing approaches – Increasing the use of state mental health and substance use funds – Increasing the use of funds from other child-serving systems – Increasing the use of local funds – Increasing the use of federal entitlements other than Medicaid – Accessing new financing structures and funding streams (e.g., health reform, parity legislation) – Leveraging informal resources (e.g., the assets of young people, families, informal supports, community organizations) |
| <p>4. Training, TA, and Workforce Development Strategies</p> | <ul style="list-style-type: none"> • Implement strategies for training, TA, and workforce development to achieve the specific goals in the strategic plan: <ul style="list-style-type: none"> – Providing training, TA, and coaching on the SOC approach – Creating ongoing training and TA capacity, including the modification of existing training and TA structures or processes to align with the SOC approach or create new structures and/or processes – Providing training, TA, and coaching on evidence-informed and promising practices and practice-based evidence approaches – Implementing strategies to prepare future workforce to work within SOC framework – Implementing strategies to diversify the workforce by including staff with cultural and language diversity, paraprofessionals, families, and youth |

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| 5. Generating Support Through Strategic Communications | <ul style="list-style-type: none"> • Generate support for SOC expansion to achieve the specific goals in the strategic plan through social marketing and strategic communication: <ul style="list-style-type: none"> – Establishing strong family and youth organizations to support expansion of the SOC approach – Generating support among high-level policy makers and administrators at state and local levels – Using data on outcomes and cost savings to promote expansion of the SOC approach – Cultivating partnerships with providers, provider organizations, managed care organizations, and other key leaders – Generating broad-based support through social marketing and strategic communications – Cultivating leaders and champions for the SOC approach – Re-evaluating social marketing goals and audiences at regular intervals to ensure alignment with implementation goals |
| 6. Infusing SOC Values into Implementation Activities | <ul style="list-style-type: none"> • Ensure that SOC values guide and are infused into all SOC expansion strategies and activities: <ul style="list-style-type: none"> – Family-driven, youth-guided approaches to services and systems – Cultural and linguistic competence in services and systems – Cross-system collaboration in services and systems |
| 7. Embedding Systemic Changes to Ensure Sustainability Over Time | <ul style="list-style-type: none"> • 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 lead role in implementation |

The implementation guide is included as Resource #11.

Financing Plan Guide

Systems of care cannot be implemented, sustained, and expanded without long-term financing for both the infrastructure and services that comprise the approach. As such, a financing plan with detailed strategies is a critical component of the expansion implementation process. Financing strategies are included in the strategic framework, and financing strategies should be identified for each goal included in the plan.

In addition, it may be helpful to create a stand-alone document that delineates strategies and actions for obtaining long-term, sustainable funding for systems of care. SAMHSA expansion grantees are required to create such a separate financing plan.

A guide for developing financing plans was created to assist jurisdictions with this task. It includes:

- Review of the federal requirements for a financing plan from grantees
- Context for plan components
- Steps in creating a financing plan
- Content of financing plan

Guide to Developing a System of Care Expansion Financing Plan

Context for Financing Plan

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| <p>Requirements in System of Care Expansion Request for Applications (RFA) (Grantees)</p> | <ul style="list-style-type: none"> • The RFA requires a strategic financing plan for how the system of care framework will be brought to scale and sustained. • The plan must address how the system of care will: <ol style="list-style-type: none"> 1. Financially link with other child-serving systems 2. Use Medicaid dollars 3. Use other third-party payers 4. Be connected and integrated with block grants 5. Be included and integrated with implementation of the Affordable Care Act (ACA) • There is flexibility in the organization of the plan as there is no required format. |
| <p>Context for Plan Components</p> | <ul style="list-style-type: none"> • Plans should be developed in the context of a rapidly changing environment with opportunities for new partnerships and new financing strategies. • The plan should be viewed as an initial, dynamic plan that will be refined and revised at regular intervals based on progress, changes in policy, and new opportunities. • Current opportunities include: <ol style="list-style-type: none"> 1. Braiding or coordinating funds across systems for shared financing of services, Medicaid match, etc. 2. Using Medicaid financing to increase coverage of home- and community-based services and shift funding from inpatient and residential care to community-based care, using new guidance and bulletins (e.g., the joint Centers for Medicare and Medicaid Services [CMS] – Substance Abuse and Mental Health Services Administration [SAMHSA] Informational Bulletin on Coverage of Behavioral Health Services; waivers such as 1915(c); and potential new financing opportunities from CMS) 3. Leveraging provisions in the ACA to finance home- and community-based services, including health homes, Money Follows the Person, 1915(i) State Plan Amendments, and Medicaid and CHIP expansion 4. Increasing the use of Mental Health Block Grant funds to fill gaps in services not covered by Medicaid or other sources |

Relationship to System of Care Expansion Objectives in Plan

- The financing plan should be an integral component of the overall expansion plan that is directly linked to the objectives in the strategic plan for system of care expansion. In this context, the plan must address the question “Financing for what?”
- Plans should:
 1. Clarify what financing is needed to achieve expansion objectives
 2. Review the current funding mix
 3. Delineate the most promising and appropriate financing strategies to achieve SOC expansion goals
 4. Establish priorities for financing based on priorities of expansion implementation work
 5. Identify specific action steps to be taken to obtain financing from the specified sources to achieve expansion objectives and timelines for action steps
 6. Identify responsibilities and timelines for implementing action steps and for reviewing progress and refining financing strategies as needed

Steps in Creating the Financing Plan
1. Identify and Enlist an Appropriate Work Group for Plan Development

- Use the existing system of care expansion team to develop the financing plan to ensure a thorough knowledge and understanding of the expansion approach, objectives, and strategies and that the financing plan is based on the objectives and strategies outlined in the overall expansion plan.
- Develop a work group of the system of care expansion team that specifically addresses financing and includes additional resource persons who may have specific knowledge and roles relevant for financing system of care expansion.
- Obtain the commitment of high-level policymakers to the development and implementation of the financing plan to support expansion of the system of care approach.

2. Identify and Clarify Objectives

- Identify and clarify the objectives in the system of care expansion plan.
- For each objective, specify the strategies in each of the five core strategy areas needed to achieve the particular objective:
 - Policy and Partnerships
 - Services
 - Financing
 - Training
 - Generating Support
- A worksheet can be used to identify strategies needed to achieve each objective included in the plan in the five core strategy areas. Strategies in each of these areas are needed to achieve expansion objectives.

3. Identify and Analyze Financing Needed to Achieve Plan Objectives

- Identify resources needed to achieve plan objectives based on analysis of objectives and strategies. Ensure that the financing plan is not a separate or distinct task, but is designed to obtain financing to achieve the jurisdiction’s specific expansion goals and is integral to the expansion planning and implementation process.
- Identify and analyze financing currently being used and strategic opportunities that may exist within current financing (e.g., to redirect funds) by conducting a targeted financial “mapping” analysis based on current expenditures and service utilization.

- Assess gaps between current resources and needs to achieve expansion objectives.
- Identify and analyze potential financing opportunities, including:
 - Opportunities in Medicaid, including Medicaid redesign, waivers, coverage of new home- and community-based services, state plan amendments, etc.
 - Opportunities across systems, including Mental Health and Substance Abuse Block Grants, Child Welfare Title IV-E waivers, Juvenile Justice, Education, Early Childhood, TANF, Housing, Labor, private third-party payers, etc.
 - Opportunities in ACA implementation including health homes, Money Follows the Person, 1915(i) State Plan Amendments, and Medicaid and CHIP expansion
 - Other innovative approaches to increase “income” for systems of care (e.g., new public-private partnerships, tax levies, nontraditional workforce development opportunities, timebanks, etc.)

4. Determine Role of System of Care Expansion Grants

- Use expansion grants as “venture capital” and opportunities to lay a foundation for future financing.
- Develop and demonstrate new financing strategies.
- Negotiate cross-system investments (e.g., investments in systems of care by the child welfare or juvenile justice system to serve their populations with the system of care approach).
- Modify what existing financing streams will pay for (e.g., Medicaid).
- Secure commitments to redirect existing funds to more cost-effective home- and community-based services and supports.
- Provide compelling data on return on investment in the system of care approach.

5. Develop Strategies for Creating, Modifying, or Realigning Funding for System of Care Expansion

- Determine the most promising and appropriate financing approaches to achieve expansion goals, including:
 - Redeploying existing resources
 - Refinancing to maximize public funds (e.g., pool funds for Medicaid match to maximize federal dollars)
 - Braiding or otherwise coordinating funds across agencies
 - Creating new financing structures or processes (e.g., case rates, rate cells, care management entities, integrated care models, health homes)
 - Raising new revenues
- Determine the financing strategies to be implemented, including specific funding sources.

6. Develop Action Steps for Implementing Financing Strategies

- Develop action steps to be taken to obtain financing from the specified sources to achieve expansion objectives.
- Assign responsibilities for implementing action steps.
- Determine the timeline for implementation of action steps.
- Determine the mechanism and intervals for assessing progress and revising financing strategies as needed to achieve expansion goals.

Content of Plan

The financing plan should include the following components:

1. Process for Creating Financing Plan

Summary of the structure and process used to create the financing plan

2. System of Care Expansion Objectives and Needed Financing

Delineation of objectives in the system of care expansion plan and the financing needed to achieve objectives

3. Assessment of Available Financing and Gaps

Analysis of available funding and identified gaps

4. Financing Approaches, Specific Strategies, and Priorities

Identification of promising financing approaches, specific strategies to be implemented to access and leverage financing opportunities, and priority financing strategies

5. Action Steps and Timeline

Specification of action steps and timelines for implementation, review of progress, and refinement of financing strategies

The financing plan guidance is included as Resource #12.

Resource #11: System of Care Expansion Implementation Guide: Performance Assessment and Outcome Measurement

Resource #13: Rating Tool for Implementation of the System of Care Approach

Resource #14: Community- and State-Level Rating Tool Report Templates

IV. Performance and Outcome Measurement



In addition to the implementation tasks described above, the System of Care Expansion Implementation Guide outlines the tasks involved in assessing the progress of expansion efforts and measuring outcomes. Each is discussed below.

Performance Assessment

Performance assessment occurs at regular intervals throughout the expansion process and provides data for refining strategies and approaches based on progress, challenges encountered, and changes in the environment. SAMHSA grantees are required to track performance by entering data into the agency's Common Data Platform (CDP) related to changes in infrastructure and client services. The tasks involved in performance assessment are shown below.

| System of Care (SOC) Expansion Implementation Guide, Continued | |
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| Performance Assessment | |
| Assess Progress and Completion of Implementation Activities to Achieve Expansion Goals, Identify Barriers, and Refine Expansion Implementation Strategies | |
| 1. Completion of implementation activities | <ul style="list-style-type: none"> • 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 |
| 2. Performance assessment reports | <ul style="list-style-type: none"> • Prepare and submit a performance assessment report to expansion team • Prepare and submit a performance assessment report to SAMHSA twice per year on progress achieved, barriers, efforts to overcome barriers (<i>Grantees</i>) |
| 3. Quality improvement strategies | <ul style="list-style-type: none"> • Identify barriers and areas needing improvement • Refine activities to implement expansion strategies |
| Collect and Report Data Required by the SAMSHA CDP (<i>Grantees</i>) | |
| 1. Infrastructure measures | <ul style="list-style-type: none"> • Collect and enter required data on infrastructure measures in the CDP, including: <ul style="list-style-type: none"> – # Policy changes – # Agencies, organizations, or communities demonstrating improved readiness to change systems – # Organizations collaborating – Changes to credentialing and licensing – Amount of additional funding |

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| | <ul style="list-style-type: none"> – # Financing policy changes – Amount of pooled, blended, braided funding – # Agencies entering into formal interagency agreements – # and % of work group/advisory group/council members who are youth/family members – # Youth/family members representing organizations involved in planning and advocacy – # Youth/family members involved in evaluation, oversight, data collection, analysis – # Individuals exposed to mental health awareness messages |
| 2. Service delivery client-level measures | <ul style="list-style-type: none"> • 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 at the required intervals (CMHS Child Outcome Measures for Discretionary Programs Tool) (e.g., demographic data, services received, etc.) |

This performance assessment information is included in the Resource #11, the implementation guide.

Measurement of Expansion Outcomes

As shown on the expansion logic model, outcomes for system of care expansion initiatives must be achieved at three levels—the state, tribal, or territorial system level to implement systemic changes; the local community level to implement systems of care; and the child and family level to achieve positive outcomes for service recipients. The table below shows the outcome measures that can be tracked at each level.

| System of Care (SOC) Expansion Implementation Guide, Continued | |
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| Outcomes of SOC Expansion | |
| Assess Progress in Implementing Systemic Changes | |
| 1. Implementation of systemic changes at the state, tribal, or territorial level | <ul style="list-style-type: none"> • Assess progress in implementation of systemic changes based on expansion plan <ul style="list-style-type: none"> – Changes in policy, requirements, interagency partnerships, evaluation, and continuous quality improvement (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 |
| 2. Quality improvement strategies | <ul style="list-style-type: none"> • Identify areas needing improvement • Improve expansion strategies |

| Assess Progress in Implementing SOC's at the Community Level | |
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| 1. Implementation of SOC values and principles | <ul style="list-style-type: none"> • Assess progress on implementation of SOC values and principles at specific intervals: <ul style="list-style-type: none"> – 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 available – Data-driven, continuous quality improvement (CQI), and accountability approaches |
| 2. Implementation of services and supports consistent with the SOC approach | <ul style="list-style-type: none"> • Assess progress on implementation of the services and supports provided in SOC's at specific intervals: <ul style="list-style-type: none"> – Availability of specific services and supports provided in SOC's (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. Implementation of SOC infrastructure | <ul style="list-style-type: none"> • Assess progress on implementation of the infrastructure elements for SOC's at specific intervals: <ul style="list-style-type: none"> – Point of accountability structure for SOC's – Financing structures/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 and leaders – Structure/processes for partnerships with youth organizations and leaders – Structure/processes to advance culturally and linguistically competent services – Defined access/entry points to care – Sufficient provider network to deliver comprehensive array of services and supports – Structure/processes for training, TA, and workforce development – Structure/processes for measuring and monitoring quality, outcomes, and costs and using data for CQI – Structure/processes for strategic communications/social marketing – Structure/process for strategic planning and identifying and resolving barriers |

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| 4. Resource investment in home- and community-based services and return on investment (ROI) | <ul style="list-style-type: none"> • Assess progress on investing resources more effectively in home- and community-based services at specific intervals: <ul style="list-style-type: none"> – 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, etc.) • Assess ROI in the SOC approach: <ul style="list-style-type: none"> – Cost data demonstrating impact on costs across child-serving systems by utilizing home- and community-based services and supports |
| 5. Delivery of services and supports are provided to increasing numbers of children with the SOC approach | <ul style="list-style-type: none"> • Assess progress in increasing the numbers of children served within SOC's <ul style="list-style-type: none"> – Identify areas within the jurisdiction that have 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 |
| 6. Quality improvement strategies | <ul style="list-style-type: none"> • Identify areas of SOC approach needing improvement • Refine expansion implementation strategies • Provide training and TA |
| Assess outcomes for children, youth, and young adults with serious mental health challenges and their families who are served with the SOC approach | |
| 1. Collect outcome data for children, youth, and young adults served in SOC's | <ul style="list-style-type: none"> • Assess the extent to which children and families receive effective home- and community-based services with the SOC approach, experience positive clinical and functional outcomes, and are satisfied with their service experience • Establish a set of key outcome indicators for children served within SOC's as appropriate for the jurisdiction's expansion goals • Target indicators to generate data that can be used to support continued SOC expansion implementation efforts • Consider focusing on a small set of key outcome indicators to ensure that data collection is feasible and tailored to the goals of SOC expansion in the jurisdiction. Examples of indicators to generate policy-relevant information include: <ul style="list-style-type: none"> – Lives within a family context – Stable living arrangement – Improved mental health (reduced symptomatology) – Reduced/avoided substance use/abuse – Successful in education settings (e.g., preschool, school, community college) – Successful in employment – Avoided crime and delinquency – Avoided hospitalization, residential treatment – Avoided suicidality, self-harm |
| 2. Implement quality improvement strategies | <ul style="list-style-type: none"> • Identify areas needing improvement • Improve service delivery approaches • Provide training and TA |

This performance and outcome measurement information is included in the Resource #11, The Implementation Guide.

Rating Tool for Implementation of the System of Care Approach

The central goal for system of care expansion is to spread the approach widely across states, tribes, territories, and communities. As such, a tool for measuring the actual implementation of the approach in communities is essential for assessing progress. At the request of SAMHSA, a Rating Tool was developed to provide a method for determining movement toward this goal.

The Rating Tool is based on previous methods for assessing system of care implementation, particularly the methods used for the System-Level Assessment of the national evaluation of the CMHI and the evaluation's Sustainability Study. The tool was pilot tested and refined and is being used by multiple states and communities as an outcome measure for system of care expansion.

The Rating Tool is a web-based instrument that is easy to administer with minimal burden. It is designed to:

- Assess progress in implementing the system of care approach in a defined geographic area, typically a community or region based on the structure of the service system
- Assess implementation progress statewide and throughout tribes and territories with multiple communities or regions
- Derive an overall estimate of the “level” of implementation of the system of care approach in communities or regions
- Provide an estimate of implementation of key elements of the system of care approach in communities or regions
- Identify strengths in system of care implementation and elements needing improvement in communities or regions

The Rating Tool measures implementation progress in five domains:

1. **System of care plan**—Assesses the existence and use of a plan for system of care implementation
2. **System of care philosophy**—Assesses the extent of implementation of system of care values and principles, each operationalized with four or five specific indicators
3. **Services and supports**—Assesses the extent of implementation of a list of treatment services and supports typically included in the array provided by systems of care, including nonresidential treatment services and supports and out-of-home treatment services for short-term goals and linked to home- and community-based services and supports
4. **System of care infrastructure**—Assesses the implementation of the infrastructure for systems of care, including a point of accountability and structures and/or processes for interagency partnerships; defined entry points to care; extensive

Domains Assessed by Rating Tool

- Use of a strategic plan for system of care implementation
- Implementation of system of care values and principles
- Implementation of the array of treatment services and supports
- Implementation of system of care infrastructure elements
- Commitment of key partners and stakeholders

provider network; providing training and technical assistance; measuring quality, outcomes, and costs; partnerships with family and youth organizations and leaders; and strategic communications

5. **Commitment to the system of care approach**—Assesses commitment to the system of care approach among child-serving systems, high-level policy and decision makers, providers, family and youth leaders, and managed care organizations

Examples of how the Rating Tool measures the implementation of the system of care philosophy are shown below.

| Assessment of System of Care Philosophy in Rating Tool | |
|--|--|
| Principle | Indicators |
| Individualized, wraparound approach | <ul style="list-style-type: none"> • 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 |
| Family-driven approach | <ul style="list-style-type: none"> • 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 supports family involvement at system and service delivery levels |
| Youth-guided approach | <ul style="list-style-type: none"> • Youth are active partners in service planning and delivery • Youth strengths and interests are incorporated in service planning and delivery • Youth have a choice of services and supports • Youth have access to peer support • A youth organization exists and supports youth involvement at the system and service delivery levels |
| Coordinated approach | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| Evidence-informed, promising practices, and practice-based evidence approach | <ul style="list-style-type: none"> • Evidence-informed practices are implemented within the array of services and supports to improve outcomes • Providers are trained in specific evidence-informed practices and/or evidence-informed practice components • Best practice guidelines, clinical protocols, and manuals are provided to practitioners • Fidelity to evidence-informed practices and outcomes are measured |
| Least restrictive approach | <ul style="list-style-type: none"> • Utilization of home- and community-based services is increased • The number of children who are served in settings more restrictive than necessary is reduced • Utilization of inpatient hospital services is decreased and it is primarily used for short-term, acute treatment and stabilization when necessary and appropriate • Utilization of residential treatment is decreased and it is primarily used for short-term lengths of stay to achieve specific treatment goals when necessary and appropriate |
| Broad service array | <ul style="list-style-type: none"> • Broad array of home- and community-based services and supports is available • Includes or is linked with early identification and intervention activities to identify mental health problems earlier • Includes developmentally appropriate services for young children and their families • Includes developmentally appropriate services for youth and young adults in transition to adulthood |
| Data and accountability | <ul style="list-style-type: none"> • Data are collected regularly and are used to improve system quality and outcomes • Electronic health records exist |

The tool should be completed by 10 or more respondents per community or region in order to have sufficient information for analysis. The number and type of respondents can be customized to each community and should include:

- Local community-level or regional-level directors or managers of services for children with behavioral health challenges
- Lead provider agency directors or managers of services for children with behavioral health challenges
- Family organization directors or family leaders
- Youth organization directors or youth leaders

- Local community-level or regional-level directors or managers of services for children with behavioral health challenges from a partner agency
- Other key stakeholders identified by lead contact person for a community or region

All respondents must be sufficiently involved and knowledgeable about the system of care in the area in order to provide informed and meaningful responses.

The results of the assessment are useful both at the community level and at the state, tribal, or territorial level to measure progress and identify strengths and areas needing improvement. Jurisdictions can administer the tool first as a baseline assessment and subsequently at regular intervals, typically annually or biennially. The results are used at both community and state levels as shown below.

| Uses of Rating Tool Information | |
|---|--|
| Level | Uses |
| Community Level | <ul style="list-style-type: none"> • Assess progress in SOC implementation while efforts are underway to develop or improve SOCs • Initial baseline assessment • Use at regular intervals to assess progress over time • Identify strengths and areas needing attention while implementing the SOC approach |
| State, Tribal, and Territorial Level | <ul style="list-style-type: none"> • Assess progress in implementing the SOC approach throughout the jurisdiction and assess 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 communities or a subset depending on expansion approach • Annual or biennial use provides measure of progress based on comparison of % of communities or regions at each level at each point in time • Identifies strengths and need for investment of resources and technical assistance statewide and in particular communities or regions |

To administer the tool, a lead contact person in each community or region is identified. The lead person identifies and contacts potential respondents. Each respondent is then emailed a unique URL from Survey Monkey to complete the tool, which takes approximately 20 minutes. The survey can be completed at one sitting or over multiple sessions. Significant follow-up is needed to ensure that a large enough number of responses is obtained. Respondent scores are averaged to determine the rating for each system of care element, and all data are reported in aggregate. Individual responses are confidential. An Excel program is used to generate a report for the community and a report for the state that summarizes the ratings for multiple communities.

All of the reports include an estimate of the level of system of care implementation.



- Level 5**—Extensive Implementation
- Level 4**—Substantial Implementation
- Level 3**—Moderate Implementation
- Level 2**—Some Implementation
- Level 1**—No Implementation

In addition, the reports provide detail on the level of implementation of each of the domains. For illustrative purposes, the summary page of the community-level report is shown below, followed by the summary progress report generated for the state level. The individual scores on the various elements are included in the complete reports; the state also receives mean ratings on each element across the communities assessed.

The Rating Tool is included as Resource #13 and the complete community-level report and state-level reports are included as Resource #14.

| COMMUNITY-LEVEL REPORT | | | | |
|---------------------------------------|-----------|------------|--------------|----------|
| Summary Report | | | | |
| TOTAL SCORE | | | Score | % |
| Strategic Plan Score (Max = 4) | | | | |
| Principles Score (Max = 152) | | | | |
| Services Score (Max = 136) | | | | |
| Infrastructure Score (Max = 48) | | | | |
| Commitment Score (Max = 60) | | | | |
| Total Score (Max = 400) | | | | |
| Level of Implementation Rating | | | Score | % |
| Level I: No Implementation | (0) | (0%) | | |
| Level II: Some Implementation | (1–100) | (1%–25%) | | |
| Level III: Moderate Implementation | (101–200) | (26%–50%) | | |
| Level IV: Substantial Implementation | (201–300) | (51%–75%) | | |
| Level V: Extensive Implementation | (301–400) | (76%–100%) | | |

STATE, TRIBE, OR TERRITORY REPORT

Total Number of Communities or Regions:

Number of Community-Level Reports:

Progress Report

| Level of Implementation Rating | | | Score | % |
|--------------------------------------|-----------|------------|-------|---|
| Level I: No Implementation | (0) | (0%) | | |
| Level II: Some Implementation | (1–100) | (1%–25%) | | |
| Level III: Moderate Implementation | (101–200) | (26%–50%) | | |
| Level IV: Substantial Implementation | (201–300) | (51%–75%) | | |
| Level V: Extensive Implementation | (301–400) | (76%–100%) | | |

| Level of SOC Implementation Progress Report | | | | | |
|---|--------------------------|------|------|------|------|
| Level of SOC Implementation Rating | % Communities or Regions | | | | |
| | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 |
| Level I: No Implementation (0) (0%) | | | | | |
| Level II: Some Implementation (1–100) (1%–25%) | | | | | |
| Level III: Moderate Implementation (101–200) (26%–50%) | | | | | |
| Level IV: Substantial Implementation (201–300) (51%–75%) | | | | | |
| Level V: Extensive Implementation (301–400) (76%–100%) | | | | | |
| Mean Level of SOC Implementation Rating Across Communities | | | | | |



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System of Care Definition and Philosophy

Definition

A system of care is: 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

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
2. Community based, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

Guiding Principles

Systems of care are designed to:

1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and nation
5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children and their families can move through the system of services in accordance with their changing needs
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings
8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level
11. Protect the rights of children, youth, and families and promote effective advocacy efforts
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences

Evidence Base for Systems of Care

BETH A. STROUL, M.ED

Evidence of Improved Outcomes and Investments

- Federal Children's Mental Health Initiative established by Congress in 1993 to fund communities, tribes, and territories to implement the system of care (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
- Results have led to efforts to expand implementation of the approach so more children and families benefit

Stroul, Goldman, Pires, & Manteuffel, 2012

SOCs Improve the Lives of Children and Youth

- Decrease *behavioral and emotional problems* (depression, anxiety, aggression)
- Decrease *suicide* rates
- Decrease *substance use*
- Improve *school* attendance and grades
- Decrease involvement with *juvenile justice*
- Increase stability of *living situations*
- Increase *strengths*

SOCs Improve the Lives of Families

- Decrease *caregiver strain*
- Increase *capacity to handle* their child's challenging behavior
- Improve *problem-solving* skills
- Increase ability to *work*
- Increase *peer-to-peer* support
- Increase family *education* and supports
- Improve the *service experience* of caregivers and youth

SOCs Improve Service Systems

- Improve *system management*
- Create *interagency partnerships* (structures, agreements, braided funding)
- Result in systematic development and implementation of *strategic plans* to improve services
- Improve *requirements* in contracts with MCOs, providers, regulations, Medicaid rules, standards, practice protocols
- Improve *accountability* and use of data for quality improvement and decision making

SOCs 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* (especially for youth with most complex, costly problems)
- Increase *family-driven, youth-guided* services
- Increase *cultural and linguistic competence* of services
- Increase use of *evidence-informed practices*
- Increase training of children's mental health *workforce*

SOCs Provide Positive 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 treatment services and supports
- *Decreased admissions and lengths* of stay in out-of-home treatment settings (e.g., psychiatric hospitals, residential treatment, juvenile justice, and out-of-school placements)
- Cost data demonstrating impact on *costs across systems* (e.g., reduced out-of-home placements in child welfare and juvenile justice with substantial per capita savings)
- *ROI document* shows savings in short term and future

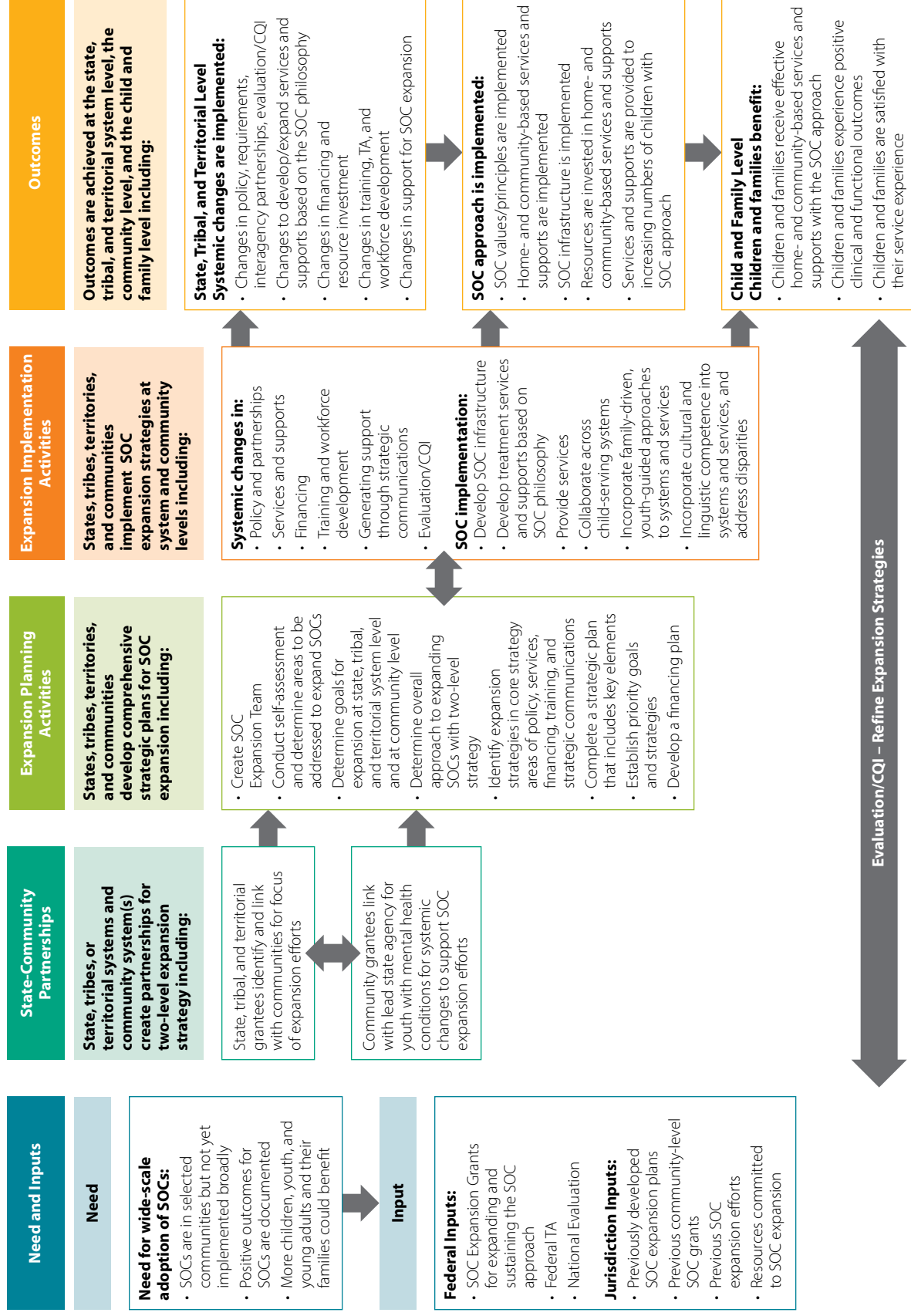
ROI Examples: National CMHI Evaluation

| Outcome | Cost Savings |
|--------------------------------------|---|
| Reduced Inpatient Use | <ul style="list-style-type: none"> • Average cost/child reduced by 42% • \$37 million saved when applied to all children in funded SOC |
| Reduced ER Use | <ul style="list-style-type: none"> • Average cost/child reduced by 57% • \$15 million saved when applied to all children in funded SOC |
| Reduced Arrests | <ul style="list-style-type: none"> • Average cost/child reduced by 39% • \$10.6 million saved when applied to all children in funded SOC |
| Reduced School Dropout | <ul style="list-style-type: none"> • Fewer school dropouts in SOC (8.6%) than national population (20%) • Potential \$380 million saved when applied to all children in funded SOC (Based on monetizing average annual earnings and earnings over lifetime) |
| Reduced Caregiver Missed Work | <ul style="list-style-type: none"> • Estimated 39% reduction in average cost of lost productivity (Based on imputed average daily wage of caregivers) |

ROI Examples

| State or Community | Cost Savings |
|--|--|
| Evaluation of Medicaid PRTF Waiver Demonstration – 9 States | <ul style="list-style-type: none"> • Waiver expenditures cost 32% of services provided in PRTFs (home- and community-based services with wraparound process) • Average savings of 68% • Average per child savings of between \$35,000 and \$40,000 |
| Georgia | <ul style="list-style-type: none"> • Inpatient hospital use declined 86% - 89% • PRTF use declined 62% - 73% • Costs declined by 56%, with estimated savings of \$44,008 annually per youth • Juvenile correction facility costs declined by 45%, with savings of \$3,180 per youth |
| Maine: THRIVE System of Care | <ul style="list-style-type: none"> • Inpatient use decreased by half, 51% savings in Medicaid inpatient hospital costs • Average per child per month costs decreased by 30% • Costs for ER visits decreased by 40% |
| Massachusetts, Mental Health Services Program for Youth (MHSPY) | <ul style="list-style-type: none"> • Total per child per month Medicaid claims expense less than half for SOC group vs. comparison group (both physical and behavioral health) • Claims 31% lower for ER, 73% lower for inpatient |
| Oklahoma | <ul style="list-style-type: none"> • 41% reduction in average total behavioral health charges vs. 17% reduction for control group • 60% reduction in average inpatient charges vs. 17% for control group • Savings of \$357 per youth per month, projected \$18 million savings if all youth in study participated in SOC |
| Wraparound Milwaukee | <ul style="list-style-type: none"> • \$3,200 average total all-inclusive cost per child per month vs. \$6,083 group home, \$8,821 correctional facility, \$9,460 residential treatment, \$39,100 inpatient |

System of Care Expansion Logic Model



Strategic Framework for Expanding the System of Care Approach

Five Core Strategy Areas and Sub-Strategies

DEVELOPED BY BETH A. STROUL, M.ED. AND ROBERT M. FRIEDMAN, PH.D. REVISED NOVEMBER 2013.
Georgetown University National Technical Assistance Center for Children's Mental Health and the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

I. Implementing Policy, Regulatory, and Partnership Changes

Making state-level policy, regulatory, and partnership changes that infuse and institutionalize the system of care (SOC) philosophy and approach into the larger service system to support expansion of the SOC approach

- Sub-Strategies:**
- Establishing an organizational locus of SOC management and accountability at state and local levels
 - Developing and implementing strategic plans
 - Developing interagency structures, agreements, and partnerships for coordination and financing
 - Promulgating rules, regulations, guidelines, standards, and practice protocols
 - Incorporating the SOC approach as requirements in requests for proposals and contracts
 - Enacting legislation that supports the SOC approach
 - Incorporating the SOC approach in protocols to monitor compliance with SOC requirements
 - Incorporating the 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)
 - Expanding family and youth involvement at the policy level
 - Improving cultural and linguistic competence at the policy level and incorporating strategies to eliminate disparities

II. Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach

Implementing the systemic changes needed to develop and expand a broad array of home- and community-based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent to support expansion of the SOC approach

- Sub-Strategies:**
- Creating or expanding the array of home- and community-based services and supports
 - Creating or expanding an individualized, wraparound approach to service delivery
 - Creating care management entities
 - Creating or expanding care coordination and care management
 - Implementing family-driven, youth-guided services and expanding family and youth involvement at the service delivery level
 - Creating, expanding, or changing the provider network with new providers and by retooling and aligning community and residential providers
 - Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches
 - Improving the cultural and linguistic competence of services
 - Reducing racial, ethnic, and geographic disparities in service delivery
 - Implementing or expanding the use of technology (e.g., electronic medical records, telehealth, videoconferencing, e-therapy)

III. Creating or Improving Financing Strategies

Creating or improving financing mechanisms and using funding sources more strategically to support the infrastructure and services comprising systems of care to support expansion of the SOC approach

- Sub-Strategies:**
- Increasing the use of Medicaid
 - Increasing the use of Mental Health Block Grants, federal SOC grants, and other federal grants
 - Redeploying funds from higher-cost to lower-cost services
 - Implementing case rates or other risk-based financing approaches
 - Increasing the use of state mental health and substance use funds
 - Increasing the use of funds from other child-serving systems
 - Increasing the use of local funds
 - Increasing the use of federal entitlements other than Medicaid
 - Accessing new financing structures and funding streams (e.g., health reform, parity legislation)

IV. Providing Training, Technical Assistance, and Workforce Development

Implementing workforce development mechanisms to provide ongoing training, technical assistance, and coaching to ensure that providers are prepared and skilled to provide effective services and supports consistent with the SOC philosophy and approach to support expansion of the SOC approach

- Sub-Strategies:**
- Providing training, technical assistance, and coaching on the SOC approach
 - Creating ongoing training and technical assistance capacity
 - Providing training, technical assistance, and coaching on evidence-informed and promising practices and practice-based evidence approaches
 - Implementing strategies to prepare future workforce to work within SOC framework
 - Implementing strategies to diversify the workforce by including staff with cultural and language diversity, paraprofessionals, families, and youth

V. Generating Support

Generating support among high-level decision makers at state and local levels, families, youth, providers, managed care organizations, and other key leaders through strategic communications to support expansion of the system of care approach

- Sub-Strategies:**
- Establishing strong family and youth organizations to support expansion of the SOC approach
 - Generating support among high-level policy makers and administrators at state and local levels
 - Using data on outcomes and cost savings to promote expansion of the SOC approach
 - Cultivating partnerships with providers, provider organizations, managed care organizations, and other key leaders
 - Generating broad-based support through social marketing and strategic communications
 - Cultivating leaders and champions for the SOC approach

Cross-Cutting Themes Across All Core Strategy Areas

- Family-driven, youth-guided approaches to services and systems
- Cultural and linguistic competence in services and systems
- Cross-system collaboration in services and systems
- Social marketing and strategic communications

System of Care Expansion Goals and Strategies Table

Major System of Care Expansion Goals and Strategies for Goal Achievement

Jurisdiction:

| | Core Strategies Needed to Achieve Goal | | | | |
|-------------------------------|--|--|-------------------------------|---|---|
| | Implementing Policy, Regulatory, and Partnership Changes | Developing Services and Supports Based on the System of Care Philosophy and Approach | Creating Financing Mechanisms | Providing Training, Technical Assistance, and Workforce Development | Generating Support through Strategic Communications |
| | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: |
| GOAL IN STRATEGIC PLAN | | | | | |
| GOAL #1: | | | | | |
| GOAL #2: | | | | | |
| GOAL #3: | | | | | |
| GOAL #4: | | | | | |

Strategic Planning Guidance for System of Care Expansion

DEVELOPED BY JOAN M. DODGE, PH.D. REVISED DECEMBER 2014

“Effective system builders plan and implement strategically; that is, they are continually scanning the environment looking for opportunities—to generate interest, build constituencies, create buy-in, re-engineer financing streams, utilize existing structures, and the like. Being strategic is both a science and an art.” — SHEILA PIRES (2010), *BUILDING SYSTEMS OF CARE: A PRIMER*

Strategic planning is an agency’s or organization’s process or tool for defining its future direction or strategy and for making decisions about the allocation of resources to pursue that direction or strategy. There is no single, perfect model for strategic planning—the approach depends on the purpose of the planning, whether planning has been done before, the culture of the organization or agency, and the environment within which the planning occurs. However, this strategic planning guidance is intended to assist jurisdictions to develop *a strategic action plan that has broad consensus by many stakeholders and leads to concrete measurable change*. This plan will serve as the blueprint for expanding the system of care approach. This document provides guidance for developing a strategic plan for system of care expansion and is based on the approaches included in the following materials:

1. Pires, S. (2010). *Building Systems of Care: A Primer*. National Technical Assistance Center for Children’s Mental Health, Georgetown University.
2. Substance Abuse and Mental Health Services Administration (2009). *Environmental Scan and Strategic Planning Guidance—A Reference Tool for Grantees* in Project LAUNCH Grant Program
3. Strahl, B., and Rider, F. *A Strategic Planning Template*, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research.
4. Stroul, B. A., and Friedman, R. M. (2011). *Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care*. Atlanta, GA: ICF Macro
5. Dodge, J. *Action Planning Templates*. Georgetown University Policy Academies, National Technical Assistance Center for Children’s Mental Health.

This guidance addresses three major areas to consider in the strategic planning process: 1) constituency building and engaging partners, 2) planning strategically, and 3) sustaining and expanding systems of care using five core system change strategies and sub-strategies.

Constituency Building and Engaging Partners

Creating a comprehensive strategic plan is dependent on creating a core group or team that comes from the various constituencies that are committed to and interested in system of care expansion efforts. Pires, in her *Building a System of Care: A Primer* (2010), associates the effectiveness of a core leadership team with “the five C’s” of Constituency (or representativeness), Credibility, Capacity, Commitment, and Consistency (p. 241). Time and thought should be invested in choosing the members of the core expansion planning team, as that group will be responsible for overseeing the development and implementation of the plan, from its shared overall vision to its many action steps. A larger constituency group of stakeholders should be created, beyond the core leadership group, to also participate in developing and supporting the strategic plan.

Effective collaboration is essential to success, beginning with agreement across all key constituencies on a shared vision and direction as the foundation for the strategic plan. State and local teams should be collaborating from the beginning of the process with representatives of child-serving agencies, and families

and youth. Pires offers the following principles for collaboration: agreeing on essential values, focusing on common goals, developing a common language, respecting the knowledge and experience of each person, assuming the best intention of the partners, and honoring all voices (p. 244).

The designated leaders responsible for creating a strategic expansion plan (including a complementary social marketing or strategic communications plan) will be responsible for handling both the process of establishing/supporting/strengthening collaboration among the various constituency groups, as well as the actual planning and production (writing) of the final products. *The processes of collaboration and consensus development can be as important to the success of the strategic plan as the final products that are created.*

Planning Strategically

A comprehensive strategic action plan that is both short-term and long-term in scope should be informed by an assessment of the environment or context, e.g., through use of a SWOT (strength, weakness, opportunity, threat) analysis and a self-assessment tool. Such an environmental analysis provides a basis for creating a logic model that is an important component of the strategic plan. The logic model becomes, ideally, a one-page visual representation of a planning entity's intent, including the population of focus, a theory of change, and desired short- and long-term outcomes.

While many strategic planning processes are imagined as linear, the reality is often not that simple. The planning process may follow a unique sequence, depending on previous planning efforts, and even on the culture of the planning group itself. Project LAUNCH, which focused on early childhood, outlined steps in the strategic planning process for its grantees (SAMHSA, 2009, p. 25). While the language used for Project LAUNCH grantees is somewhat different from that of the system of care expansion planning, the major steps are relevant for creating both a logic model and a strategic plan:

- Engage stakeholders
- Gather existing information to inform the process
- Conduct a strategic analysis of the environmental scan
- Review and refine vision, values, goals, and objectives
- Refine the logic model including outcomes and indicators
- Develop and refine program and policy strategies
- Plan financing and sustainability
- Identify tasks and move forward

The development of a logic model is an important component of the creation of a strategic plan. The logic model defines critical areas that must be included as part of the strategic planning process, as it depicts the theory behind the intervention. It specifies the problem that will be addressed, the activities that will be undertaken, and the intended outcomes to be achieved based on the interventions to be implemented. Two key components of a logic model are: 1) articulation of a *clear population of focus*, and 2) *a set of short- and long-term outcomes*.

According to Pires (2010), “Developing a clear population of focus does not mean that one must adopt either a narrow or a broad population focus. Either is possible, or something in between. What it does mean is that system builders need to agree upon and articulate who the children and families are for whom the system is being built—from among or including all of the total population of children and families who depend on public systems for services and supports” (p. 267). That step is consequential. Furthermore, “every decision that system builders make about who is included carries implications for the types of strategies that need to be developed” (p. 268).

Outcomes represent results of implementation and are expressed as changes in a person’s (or a population’s (e.g., families, children, adolescents) knowledge, skills, behaviors, attitudes, values, and/or life conditions. Words such as increase or decrease are often used with outcomes. Long-term outcomes are often systemic changes over time and are the flipside or intended results of articulated goals. It is sometimes easier for a group to say what it wants to increase or decrease than to create a broad goal from scratch. Articulation of both the population of focus and intended outcomes are integral parts of a logic model and should be reviewed (refined, updated) as strategic planning proceeds. “The process of establishing shared outcomes,” Pires writes, “is one of finding common ground and purpose across diverse stakeholder groups. It is a process guided by values and vision and an understanding of the needs and strengths of the identified population” (p. 272).

As mentioned, there is no single, perfect strategic plan format. However, most plans have a set of common fundamental elements. It is also important to remember that *strategic plans are meant to be modified in a continual process of quality monitoring and improvement as implementation proceeds*. The following description outlines some of the fundamental elements that might be included in the strategic plan, allowing for appropriate variation to occur for different jurisdictions. Most strategic plans are for a 3-year period, with much of the detail work reflected in the first full year of implementation. Periodically during the first implementation year, the plan is reviewed by the team, accomplishments are celebrated, and ongoing and incomplete tasks are moved into the second implementation year along with a clear set of year 2 goals. A plan always continues to move forward, checking off what has been completed, and adding goals and actions that become evident and decided by the group. A 3-year plan should get the initiative at least half the way to realizing a five year vision (Strahl & Rider, 2011).

Key components of a strategic plan include:

- **Establish a shared vision statement**—This statement is the dream, the big idea, “out there” five years into the future—attainable, but reachable only by stretching. It should be a “widely held” or a “shared” vision, developed and agreed upon by as many people as possible, and is exciting, brief, and interesting.
- **Identify purpose (mission statement)**—This statement describes why the system of care exists or should exist—its essential purpose. The statement may change somewhat over the years. The mission statement tells what the system of care is and its purpose. It is simple, short, and current, and it proclaims what the system of care is about. A great mission statement will explain your work in terms that a child could understand.
- **Identify values and principles**—Values are what we believe and how we behave. Values and principles are *foundational* for ongoing system development. The system of care approach is largely defined by its strong value base captured in these concepts: family driven and youth guided, individualized and strengths based, culturally and linguistically competent, data driven and outcomes oriented, and collaborative across child-serving systems.
- **Select broad goals (outcomes) to effectively work toward the mission and achieve the vision**—Goals are the “big chunks” or broad statements of what must be accomplished to realize the vision that the initiative or program intends to accomplish. They can be written to include the intended outcome as part of the goal statement. Some goals will need to be completed first before other goals, so they must be addressed in initial actions. Additional goals that may naturally follow or that may be less urgent can be acted on in later years. Some goals may be short-term goals, accomplished easily within a year; others must be longer term and may take a number of years to achieve. It may be advisable to include in the strategic plan a goal that is an easy win or “low hanging fruit” in order to demonstrate early success.
- **Identify specific core strategies and sub-strategies which should be implemented to reach the broad goals or outcomes**—A strategy is a chosen direction. Strategies can be considered as the major directions chosen in the quest toward the mission and goal fulfillment. When choosing strategies, it is important to identify

ones that lead to *fundamental change in the system*. Although there may be a number of worthwhile strategies, they might not lead to the kind of systemic changes desired by the jurisdiction that is involved in the planning process (Pires, 2010, p. 284). A strategy must be articulated to others. That is, in addition to establishing a course for the future, one must attract others to come “on board for the ride.”

Recent research in system development resulted in a strategic framework for system of care expansion comprised of five core strategies and multiple sub-strategies under each core strategy that are effective for sustaining and expanding systems of care for children, youth, and young adults with behavioral health challenges and their families (Stroul, B. A., & Friedman, R. M., 2011). These include: 1) Implementing policy, regulatory, and partnership changes, 2) Developing or expanding services and supports based on system of care philosophy and approach, 3) Creating and improving financing strategies, 4) Providing training, technical assistance, and workforce development, and 5) Generating support for system of care expansion through strategic communications. Once goals are identified, it is necessary to identify the core strategies and sub-strategies needed to achieve each goal. Identifying the major strategies and sub-strategies needed to achieve each goal can organize the overall plan and prepare for identifying action steps.

- **Identify specific action steps to implement each strategy**—These are the action steps to accomplish the goals. Each action step should have a completion date and list the person responsible for seeing it is accomplished. (That person is not necessarily responsible for doing all the work, but instead is the point person and at least coordinates the efforts of those working on the action toward completion.)
- **Compile the vision, mission, values, strategies, goals, and action steps into a strategic action plan document**—Ensure that the various constituencies and partners that have participated in the planning process recognize their contributions in the plan.
- **Monitor implementation of the strategic plan and update the plan as needed**—System builders must regularly reflect on the extent to which goals are being met and whether action steps are being implemented. The strategic plan with its shared goals, strategies, and action steps becomes the ongoing work of the team and its workgroups as it is being monitored and updated periodically.

Expanding Systems of Care Based on Five Core Strategy Areas

In summary, creating a strategic plan involves developing consensus among key constituents on a shared vision, shared values, and shared goals and outcomes, and then applying specific core strategies/sub-strategies and action steps needed to carry them out. The resultant strategic plan will become a reliable blueprint to ensure the multi-level changes needed to accomplish successful system reform to expand the system of care approach.

Self-Assessment of Strategies for Expanding the System of Care Approach

DEVELOPED BY BETH A. STROUL, M.ED. AND ROBERT M. FRIEDMAN, PH.D. REVISED NOVEMBER 2013.
Georgetown University National Technical Assistance Center for Children's Mental Health and the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

STATE:

DATE COMPLETED:

ASSESSMENT COMPLETED BY:

NAME:

TITLE:

AGENCY:

DAYTIME PHONE:

E-MAIL ADDRESS:

Instructions

This assessment is designed as a self-administered tool to explore the implementation of an array of strategies that may be used by states, tribes, territories, and communities (hereafter referred to as states) to expand the system of care approach, with the goal of implementing the system of care philosophy and approach statewide and throughout tribes and territories. (For your information, the system of care philosophy is detailed in an appendix to this assessment tool.)

No state is expected to use all of the strategies listed below. Rather, each state will employ the mix of strategies deemed most appropriate and effective in their unique context and environment. *Further, this self-assessment process is not intended to be used as an evaluation, but as a technical assistance tool to identify areas of strength and potential opportunities and to provide a basis for the development of a comprehensive strategic plan for expanding the system of care approach.* It is intended to measure progress in implementing each strategy; it is not expected that there will be extensive progress in all areas. Rating progress objectively will enhance the usefulness of this tool in creating a strategic plan to move further toward expansion of the system of care approach.

To complete the assessment, rate the *progress* that your state has achieved in implementing each strategy that may be used as part of your efforts to expand the system of care approach. If you have purposefully not elected to use a particular strategy, mark the box labeled "None."

Rating of Overall Progress to Date in Expanding the System of Care Approach Statewide:

| None | Some | Moderate | Significant | Extensive |
|------|------|----------|-------------|-----------|
| 0 | 1 | 2 | 3 | 4 |

I. Implementing Policy, Regulatory, and Partnership Changes

Making state-level policy, regulatory, and partnership changes that infuse and institutionalize the system of care philosophy and approach into the larger service system to support expansion of the system of care approach

1. Establishing an Ongoing Locus of Management and Accountability for Systems of Care

- | | None | Some | Moderate | Significant | Extensive |
|--|------|------|----------|-------------|-----------|
| a) Creating or assigning a viable, ongoing focal point of management and accountability at the state level (e.g., agency, office, staff) to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

- | | None | Some | Moderate | Significant | Extensive |
|---|------|------|----------|-------------|-----------|
| b) Creating or assigning viable, ongoing focal points of accountability and management at the local level (e.g., agency, office, staff) to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

2. Developing and Implementing Strategic Plans

- | | None | Some | Moderate | Significant | Extensive |
|--|------|------|----------|-------------|-----------|
| Developing and implementing strategic plans that establish the system of care philosophy and approach as goals for the state's service delivery system to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

3. Strengthening Interagency Collaboration

- | | None | Some | Moderate | Significant | Extensive |
|---|------|------|----------|-------------|-----------|
| a) Developing interagency structures to set policy, guide, and support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

- | | None | Some | Moderate | Significant | Extensive |
|--|------|------|----------|-------------|-----------|
| b) Incorporating the system of care philosophy and approach into memoranda of understanding and interagency agreements to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

- | | None | Some | Moderate | Significant | Extensive |
|---|------|------|----------|-------------|-----------|
| c) Cultivating strong interagency relationships and partnerships to coordinate and/or finance systems of care to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

4. Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols

- | | None | Some | Moderate | Significant | Extensive |
|---|------|------|----------|-------------|-----------|
| a) Promulgating rules and regulations that require elements of the system of care philosophy and approach to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

b) Developing guidelines, standards, or practice protocols based on the system of care philosophy and approach to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

5. 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

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

6. Enacting Legislation

Passing legislation that supports the system of care philosophy and approach to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

7. Incorporating the System of Care Approach in Monitoring Protocols

Incorporating the system of care philosophy and approach into protocols to monitor compliance with system of care requirements among providers and managed care organizations to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

8. Implementing Outcome Measurement and Quality Improvement Systems

Incorporating the system of care philosophy and approach into data systems for outcome measurement and quality improvement efforts to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

9. Linking With and Building on Other System Change Initiatives

Linking with and building on existing and emerging system change initiatives in the state (e.g., health reform, parity legislation, reforms in other systems) to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

10. Expanding Family and Youth Partnerships at the Policy Level

Creating or expanding family and youth involvement and partnerships at the policy and system level to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

11. Improving Cultural and Linguistic Competence at the Policy Level and Incorporating Strategies to Eliminate Disparities

Incorporating strategies to improve the cultural and linguistic competence at the system level and to eliminate disparities to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

II. Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach

Implementing the systemic changes needed to develop and expand a broad array of home- and community-based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent to support expansion of the system of care approach

1. 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

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

2. Creating or Expanding an Individualized Approach to Service Delivery

Creating or expanding an individualized, wraparound approach to service planning and delivery

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

3. Creating or Expanding Care Management Entities

Creating or expanding care management entities to serve as the focal point of accountability and responsibility for managing the services, costs, and care management for children with intensive service needs and their families to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

4. Creating or Expanding Care Coordination and Care Management

Creating or expanding care coordination and care management approaches to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

5. Creating or Expanding Family-Driven and Youth-Guided Services and Expanding Family and Youth Involvement in Service Delivery

Creating or expanding family-driven and youth-guided services and expanding family and youth involvement in the planning and delivery of their own services to improve outcomes to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

6. Creating, Expanding, or Changing the Provider Network

| | | | | | |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|
| a) Creating, expanding, or changing the provider network by adding new types of home- and community-based providers, changing licensing and certification, etc., to support expansion of the system of care approach | None 0 | Some 1 | Moderate 2 | Significant 3 | Extensive 4 |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|

Notes:

| | | | | | |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|
| b) Creating, expanding, or changing the provider network by retooling community and residential providers to provide services that are aligned with the system of care philosophy and to diversify the services they offer to support expansion of the system of care approach | None 0 | Some 1 | Moderate 2 | Significant 3 | Extensive 4 |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|

Notes:

7. Creating or Expanding the Use of Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches

| | | | | | |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|
| Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches within systems of care that improve outcomes to support expansion of the system of care approach | None 0 | Some 1 | Moderate 2 | Significant 3 | Extensive 4 |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|

Notes:

8. Improving the Cultural and Linguistic Competence of Services

| | | | | | |
|---|------------------|------------------|----------------------|-------------------------|-----------------------|
| Creating or expanding the use of culturally and linguistically competent approaches to service delivery to improve outcomes to support expansion of the system of care approach | None 0 | Some 1 | Moderate 2 | Significant 3 | Extensive 4 |
|---|------------------|------------------|----------------------|-------------------------|-----------------------|

Notes:

9. Reducing Racial, Ethnic, and Geographic Disparities in Service Delivery

| | | | | | |
|---|------------------|------------------|----------------------|-------------------------|-----------------------|
| Developing and implementing strategies directed at reducing racial, ethnic, and geographic disparities in service delivery across child-serving systems to support expansion of the system of care approach | None 0 | Some 1 | Moderate 2 | Significant 3 | Extensive 4 |
|---|------------------|------------------|----------------------|-------------------------|-----------------------|

Notes:

10. Implementing or Expanding the Use of Technology

| | | | | | |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|
| Implementing or expanding the use of technology (e.g., electronic medical records, telehealth, videoconferencing, e-therapy) to support expansion of the system of care approach | None 0 | Some 1 | Moderate 2 | Significant 3 | Extensive 4 |
|--|------------------|------------------|----------------------|-------------------------|-----------------------|

Notes:

III. Creating or Improving Financing Strategies

Creating or improving financing mechanisms and using funding sources more strategically to support the infrastructure and services comprising systems of care to support expansion of the system of care approach

1. 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

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

2. Increasing the Use of Federal Grants to Finance Systems of Care

a) Maximizing the use of federal system of care grants to develop infrastructure and/or services and to leverage other long-term funding to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

b) Maximizing federal Mental Health Block Grant funds to finance infrastructure and/or services to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

c) Maximizing other federal grant funds to finance infrastructure and/or services to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

3. 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

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

4. Implementing Case Rates or Other Risk-Based Financing Approaches

Implementing case rates or other risk-based financing approaches to increase flexibility in financing services and supports to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

5. Increasing the Use of State Mental Health and Substance Use Funds

a) Obtaining new or increased state mental health funds to support system of care infrastructure and services to support expansion of the system of care approach

| | | | | |
|------|------|----------|-------------|-----------|
| None | Some | Moderate | Significant | Extensive |
| 0 | 1 | 2 | 3 | 4 |

Notes:

b) Obtaining new or increased state substance use funds to support system of care infrastructure and services to support expansion of the system of care approach

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

6. Increasing the Use of Funds from Other Child-Serving Systems

a) Obtaining new or increased funds from other child-serving agencies to finance infrastructure and/or services to support expansion of the system of care approach

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

b) Coordinating, braiding, blending, or pooling funds with other child-serving agencies to finance infrastructure and/or services to support expansion of the system of care approach

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

7. Increasing the Use of Local Funds

Obtaining new or increased local funds (e.g., taxing authorities, special funding districts, county funds) to finance infrastructure and/or services to support expansion of the system of care approach

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

8. Increasing the Use of Federal Entitlements Other Than Medicaid

Increasing the use of federal entitlements other than Medicaid to finance infrastructure and/or

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

9. Accessing New Financing Structures and Funding Streams

Accessing new financing structures and funding streams (e.g., health reform, parity legislation) to support expansion of the system of care approach

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

IV. Providing Training, Technical Assistance, and Workforce Development

Implementing workforce development mechanisms to provide ongoing training, technical assistance, and coaching to ensure that providers are prepared and skilled to provide effective services and supports consistent with the system of care philosophy and approach

1. 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

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

2. 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, TA centers, other intermediary organizations, partnerships with higher education) to support expansion of the system of care approach

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

3. Providing Training, Technical Assistance, and Coaching on Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches

Providing ongoing training on evidence-informed and promising practices and practice-based evidence approaches to support high-quality and effective service delivery to support expansion

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

4. Implementing Workforce Development Strategies

Implementing strategies to prepare future workforce to work within the system of care framework

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

5. Implementing Strategies to Diversity the Workforce

Implementing strategies to diversify the workforce by including staff with cultural and language diversity, paraprofessionals, families, and youth

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

V. Generating Support

Generating support among high-level decision makers at state and local levels, providers, managed care organizations, families, and youth and other key leaders through strategic communications to support expansion of the system of care approach

1. Establishing Strong Family and Youth Organizations

a) Establishing a strong family organization 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)

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

b) Establishing a strong youth organization 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)

None 0 Some 1 Moderate 2 Significant 3 Extensive 4

Notes:

2. Generating Support Among Administrators and Policy Makers

| | | | | | |
|---|------|------|----------|-------------|-----------|
| | None | Some | Moderate | Significant | Extensive |
| a) 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 | 0 | 1 | 2 | 3 | 4 |

Notes:

| | | | | | |
|---|------|------|----------|-------------|-----------|
| | None | Some | Moderate | Significant | Extensive |
| b) Generating political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the local level for expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

3. Using Data

| | | | | | |
|---|------|------|----------|-------------|-----------|
| | None | Some | Moderate | Significant | Extensive |
| a) Using data on the outcomes of systems of care and services to promote expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

| | | | | | |
|---|------|------|----------|-------------|-----------|
| | None | Some | Moderate | Significant | Extensive |
| b) Using data on cost savings across systems and comparison with high-cost services to promote expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

4. Cultivating Partnerships With Other Key Leaders

| | | | | | |
|--|------|------|----------|-------------|-----------|
| | None | Some | Moderate | Significant | Extensive |
| a) Cultivating partnerships with provider agency and organization leaders, managed care organizations, etc., to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

| | | | | | |
|--|------|------|----------|-------------|-----------|
| | None | Some | Moderate | Significant | Extensive |
| b) Cultivating partnerships with civic leaders and other key leaders to support expansion of the system of care approach | 0 | 1 | 2 | 3 | 4 |

Notes:

5. Generating Broad-Based Support Through Social Marketing and Strategic Communications

| | | | | | |
|--|------|------|----------|-------------|-----------|
| Informing key constituencies about the value and merits of expanding the system of care approach through social marketing and strategic communications | None | Some | Moderate | Significant | Extensive |
| | 0 | 1 | 2 | 3 | 4 |

Notes:

6. Cultivating Leaders

| | | | | | |
|--|------|------|----------|-------------|-----------|
| Cultivating ongoing leaders and champions for the system of care philosophy and approach to support expansion of the system of care approach (e.g., through training, leadership development activities) | None | Some | Moderate | Significant | Extensive |
| | 0 | 1 | 2 | 3 | 4 |

Notes:

Most Significant Strategies

Of the strategies above, specify 5 strategies that have been the most significant in your progress in expanding systems of care to date:

- 1.
- 2.
- 3.
- 4.
- 5.

State–Community Partnerships for Expanding the System of Care Approach

Indicate the ways in which state–community partnerships have been created to support expansion of the system of care approach:

Communities are strategically engaged as partners in system of care expansion to do the following:

- Test, pilot, demonstrate, and explore the feasibility of approaches to developing and expanding systems of care that can be applied in other communities in the state
- Provide training and technical assistance to other communities in the state
- Provide data on the outcomes of systems of care at the system and service delivery levels and cost savings for making the case for expanding the system of care approach
- Participate in planning for expansion of the system of care approach
- Generate support and commitment for the system of care philosophy and approach among high-level policy makers and administrators
- Contribute to the development of family organizations in the state
- Provide seasoned leaders who then contribute to future system of care expansion efforts at the state and/or local levels
- Other (specify)

Potential Challenges to Statewide System of Care Expansion

Indicate the potential challenges and barriers to statewide system of care expansion:

- Fiscal crises and budget cuts
- Changes in administration or leadership that result in policy changes
- Lack of institutionalization of the system of care philosophy and approach in legislation, plans, regulations, and other policy instruments
- Inability to obtain Medicaid financing for services and supports
- Inability to obtain or redirect other funds for services and supports
- Lack of data to make the case for statewide development of systems of care
- Lack of ongoing training
- Lack of a children's mental health workforce trained in system of care philosophy and approach
- Insufficient buy-in to the system of care philosophy and approach among high-level administrators and policy makers at the state level
- Insufficient buy-in to the system of care philosophy and approach among high-level administrators and policy makers at the local level
- Insufficient buy-in to the system of care philosophy and approach among provider agencies, program managers, clinicians, managed care organizations, etc.
- Insufficient buy-in and shared financing from other child-serving systems for expansion of the system of care approach
- Lack of support and advocacy among families, family organizations, youth, youth organizations, advocacy groups, and so forth for expansion of the system of care approach
- Shift in focus to the implementation of health care reform and parity legislation
- Lack of coordination and linkage with other system change initiatives in the state (e.g., health reform, parity legislation, reform initiatives in other child-serving systems)
- Other (specify)

System of Care Definition and Philosophy

Definition

A system of care is: 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

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
2. Community based, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

Guiding Principles

Systems of care are designed to:

1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and nation
5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children and their families can move through the system of services in accordance with their changing needs
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings
8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level
11. Protect the rights of children, youth, and families and promote effective advocacy efforts
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences

Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

System of Care Expansion Planning Guide

DEVELOPED BY BETH A. STROUL, M.ED. AND FRANK RIDER, M.S. REVISED DECEMBER 2014.

Create an SOC Expansion Team

- 1. Create an SOC expansion team or modify an existing SOC team to be the SOC expansion team**

 - Review the composition of an existing SOC team or another existing structure responsible for SOC planning and implementation
 - Determine if the existing team or structure can serve as the SOC expansion team or can be modified to serve as the SOC expansion team
 - Create a new SOC expansion team if a previous team or structure does not exist as a foundation to fulfill this role

- 2. Use dimensions of an effective SOC expansion team as a guide to review the team's composition and roles**

 - Review and apply the dimensions of an effective team:
 - Embedded in the system, not a separate entity/project
 - Includes appropriate stakeholders
 - Includes individuals in decision-making roles
 - Includes individuals with access to high-level policy makers
 - Includes state, tribal, and territorial system-level members and community-level members
 - Includes family members and youth
 - Includes representatives of culturally diverse populations
 - Includes individuals with skills and expertise relevant to system of care expansion (e.g., social marketing, evaluation, financing)

- 3. Develop state-community partnerships for SOC expansion**

 - Determine strategies for state-local partnerships for expansion to achieve the high-level systemic changes needed for SOC expansion and the SOC implementation in local communities
 - Define the respective roles of state and community stakeholders in SOC expansion

- 4. Ensure that composition of team includes appropriate leaders and stakeholders**

 - Review the composition of the expansion team to ensure that it includes appropriate leaders, stakeholders, new partners relevant for SOC expansion, and individuals whose support is essential for implementation
 - SOC expansion team members may include:
 - Principal investigator and project director (*Grantees*)
 - Individuals who will be leading and managing implementation efforts
 - Family and youth leaders
 - Representatives from partner systems (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, education, etc.)
 - Designated lead for cultural and linguistic competence
 - Designated lead for social marketing and strategic communications
 - Designated lead for evaluation and continuous quality improvement
 - Service providers
 - Other identified stakeholders important to system of care expansion

- 5. Obtain official sanction for the team**

 - Formalize the SOC expansion team by obtaining official sanction for the structure, its role, and its mandate for widespread SOC implementation (e.g., executive order, memorandum of understanding)
 - Ensure that the decision-making process is explicit so that stakeholders understand how decisions are made within the SOC expansion effort

6. Link the team and implementation work with high-level policy and decision makers

- Assess existing policy structures embedded in the system that include high-level policy and decision makers across child-serving agencies to determine if the high-level structure can serve as the policy making body to which the SOC expansion team reports
- If no structure exists to fulfill this function, establish a process for the SOC expansion team to link with and report to high-level policy and decision makers

Determine SOC Expansion Approach, Goals, and Strategies

1. Review previously developed strategic plans for SOC implementation

- Review any strategic plans for SOC implementation previously created for the jurisdiction
- Determine the relevance of goals or strategies in previous plans for the new SOC expansion initiative

2. Conduct an assessment to determine current status in SOC implementation, strengths, and needs (“readiness” assessment)

- Conduct a self-assessment to determine current status in SOC implementation and readiness for SOC expansion
- Consider Self-Assessment of SOC Expansion Strategies based on the strategic framework for expansion or other tools found useful by other states and communities
- Use assessment to review previous progress achieved in the jurisdiction in implementing the SOC approach
- Use assessment to identify areas needed attention for SOC expansion

3. Determine the overall approach to SOC expansion

- Determine vision for broad SOC implementation in the jurisdiction
- Determine overall approach to SOC expansion from one or more of the following categories:
 - Expand geographically
 - Expand by level of need population (e.g., the most high-need children)
 - Expand by age bands
 - Expand by funding eligibility
 - Expand by service sector
 - Other
- Determine the population of focus:
 - All children with serious emotional disturbances in the jurisdiction
 - Specific subset as the population of focus

4. Select expansion goals including high-priority goals for initial action

- Determine specific, realistic goals for SOC expansion
 - Select high-priority goals for initial action based on those goals that:
 - Must be accomplished first logically to lay the foundation for expansion
 - Are likely to have the biggest impact on SOC expansion
 - Have a high probability of success to demonstrate initial progress and build momentum
 - Are likely to provide data that document positive outcomes, cost-effectiveness, and return on investment in the SOC approach
 - Build on timely opportunities in the environment to support expansion goals
 - Support interagency partner outcomes or initiatives
 - Align goals with changing external realities (e.g., building on accomplishments, managed care implementation, Medicaid redesign, Affordable Care Act [ACA] implementation, etc.)
-

Identify Strategies for Achieving Each Goal

- | | |
|---|--|
| 1. Identify core strategies and sub-strategies needed to achieve each expansion goal | <ul style="list-style-type: none"> • Use the strategic framework for SOC expansion to determine the core strategies needed to achieve each individual expansion goal <ul style="list-style-type: none"> – Policy, Regulatory, and Partnership Changes – Expanding Services and Supports Based on the SOC Philosophy and Approach – Financing Strategies – Training, Technical Assistance, and Workforce Development Strategies – Generating Support Through Strategic Communications • Identify anticipated challenges to expansion and strategies for addressing challenges |
| 2. Develop strategies for delivering services | <ul style="list-style-type: none"> • Determine how service delivery will be accomplished in achieving SOC expansion goals: <ul style="list-style-type: none"> – What services – What population – What areas of the jurisdiction |
| 3. Develop financing strategies | <ul style="list-style-type: none"> • Develop financing strategies related to each goal included in the plan • Identify team members or other individuals in positions to implement the financing strategies (e.g., Medicaid agency representative) |
| 4. Develop strategic communications/social marketing strategies | <ul style="list-style-type: none"> • Develop strategies for strategic communications to build support and buy-in for widespread system of care implementation among key constituencies (e.g., high-level decision makers, providers, managed care organizations, etc.) |
| 5. Develop a logic model for SOC expansion | <ul style="list-style-type: none"> • Develop a logic model that depicts inputs, strategies, and intended outcomes of SOC expansion efforts |

Specify Action Steps, Timelines, and Responsibilities for Implementing Strategies

- | | |
|---|---|
| 1. Specify action steps for implementing strategies | <ul style="list-style-type: none"> • Break each strategy into specific action steps for implementation • Create a detailed action plan showing strategies related to each goal and action plan for implementation |
| 2. Establish timelines and completion dates for action steps | <ul style="list-style-type: none"> • Add time frames and completion dates to action plan for near-term objectives • Identify strategies for longer-term implementation and anticipated time frame |
| 3. Assign lead responsibility for implementing each strategy | <ul style="list-style-type: none"> • Designate individuals with lead responsibility for implementing each strategy and include in action plan |

Review Plan to Address Factors Affecting Successful Plan Implementation

- | | |
|-------------------------------|---|
| 1. Realistic goals | <ul style="list-style-type: none"> • Ensure that goals are: <ul style="list-style-type: none"> – Well defined – Measurable – Achievable |
| 2. High-priority goals | <ul style="list-style-type: none"> • Ensure that clear, manageable goals are established as priorities for initial action • Review rationale for the selection of priorities • Ensure that priorities reflect an intentionally strategic approach to achieving SOC expansion goals • Ensure that priority goals are likely to have a demonstrable impact on SOC expansion, and will lay the foundation for future strategy implementation |

-
- 3. Specific, concrete strategies**
- Review each high-priority goal against the five core strategy areas (policy and partnerships, services and supports, financing, training and TA, and generating support)
 - Ensure that each goal has defined strategies in each area that are relevant to achieving the respective goal
 - Ensure that strategies are specific, concrete, and clearly understandable for diverse stakeholders and audiences
 - Ensure that strategies are further defined with action steps, timelines, responsibilities, and methods for measuring and monitoring progress
-
- 4. Strong leaders to manage the expansion process**
- Ensure that a dedicated leader is assigned as the point of accountability for managing and overseeing the work of the SOC expansion team, the staff, and the future implementation of expansion strategies
 - Ensure that the leadership responsibility is embedded in the system, and is not perceived as a temporary, grant-dependent position
 - Ensure that the leader has the necessary skills, knowledge, and abilities to lead SOC expansion, as well as a strong commitment to the SOC approach
-
- 5. Commitment of high-level policy makers and decision makers**
- Assess the level of commitment to SOC expansion among agency executives and political policy makers
 - Generate support for expansion goals through strategic communications to high-priority audiences by:
 - Providing evidence of positive outcomes from SOC approach on critical dimensions (e.g., improved mental health symptomatology, increased stability of living arrangement, increased living in family context, increased success in school or employment, decreased use of residential treatment, decreased suicides or self-harm)
 - Providing evidence of impact on costs of service delivery when using SOC approach and its array of home- and community-based services
 - Highlighting areas of SOC expansion that align with administrative and political priorities
 - Involve influential people and individuals with direct access to high-level policy and decision makers
 - Involve families and youth to incorporate personal stories in communication strategies
 - Identify champions to advocate SOC expansion
-
- 6. Cross-agency partnerships**
- Determine whether the right partners are involved in SOC expansion efforts based on the goals of the SOC expansion plan (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, higher education, etc., based on plan)
 - Involve additional partners based on the identified goals to participate in expansion efforts
 - Assess the level and quality of the partnerships and work to enhance as necessary:
 - Shared commitment to SOC expansion
 - Commitment of resources to SOC expansion
 - Mechanisms for cross-system collaboration at state and local levels
 - Joint training
 - Other opportunities to strengthen collaboration
 - Develop formal commitments (e.g., memoranda of understanding)
-

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- | | |
|---|--|
| 7. Commitment across key stakeholders | <ul style="list-style-type: none"> • Assess the involvement and commitment of key stakeholders and work to enhance as necessary: <ul style="list-style-type: none"> – Family and youth organizations and leaders – Provider agencies and organizations – Clinicians and other direct service providers – Managed care organizations – Courts/judiciary • Identify and address impediments to fully committed involvement • Enhance involvement and commitment through work groups, subcommittees, etc., with assigned tasks in areas of expertise • Enhance involvement and commitment through social marketing and strategic communications |
| 8. Staff and resources allocated to expansion work | <ul style="list-style-type: none"> • Ensure that there is adequate staff to support the work of the SOC expansion team and the future implementation of expansion strategies • Ensure that funds are available to support the work of the SOC expansion team and the future implementation of expansion strategies • Use grant resources to leverage staff and funds from partners to support the work of the SOC expansion team and the future implementation of expansion strategies |
| 9. Leverage opportunities for expansion in environment | <ul style="list-style-type: none"> • Identify opportunities in the environment to advance the achievement of SOC expansion goals: <ul style="list-style-type: none"> – Health reform implementation (e.g., health homes, Medicaid expansion, waivers, state plan amendments, etc., in ACA) – Title IV-E waivers – Reform efforts in behavioral health and in other child-serving systems • Develop strategies for linking with, building on, and leveraging identified opportunities and reform efforts • Incorporate these strategies into SOC expansion plans |
-

Develop SOC Expansion Plan Document

- | | |
|---|--|
| 1. Draft written expansion plan | <ul style="list-style-type: none"> • Draft expansion plan with the following components: <ul style="list-style-type: none"> – Vision for SOC expansion throughout the jurisdiction – Overall approach to expansion – Population of focus – Goals – Core strategies and sub-strategies for each goal – Action steps for each strategy with time frames and assigned responsibility – Benchmarks or measures for assessing progress – Logic model depicting and summarizing graphically the inputs, strategies, and intended outcomes for SOC expansion (i.e., the “theory of change”) |
| 2. Submit plan to policy makers for review | <ul style="list-style-type: none"> • Submit plan to policy and decision makers or policy-level structure for review and feedback |
| 3. Revise and finalize plan | <ul style="list-style-type: none"> • Revise plan based on feedback • Create final version of SOC expansion plan |
| 4. Determine next steps for implementation of expansion plan | <ul style="list-style-type: none"> • Determine the next steps for plan implementation • Develop and implement strategies to ensure continuity between the planning and implementation phases • Determine how plan implementation will be monitored and how the plan will be revised over time based on progress and challenges encountered |
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Planning Protocol for System of Care Expansion Teams

DEVELOPED BY SYBIL K. GOLDMAN, M.S.W. REVISED DECEMBER 2014.

This expansion planning protocol is designed to provide a process for System of Care Expansion Teams to begin the process of creating a strategic plan for expanding the system of care approach throughout their jurisdictions. The process requires the commitment of a significant amount of time to group work, concentrated across five sequential work sessions. Recognizing this significant commitment of time, some jurisdictions may prefer to designate a core planning team (e.g., 4 to 8 members) to participate in the work sessions together. Others may prefer to have their full System of Care Expansion Team participate in the work sessions together. (A larger group might require additional time, so add more time to each session for a larger group.) It is acceptable to divide up the sessions across several days, but it is recommended that the full protocol be implemented within one to two weeks. Should you opt for the smaller/core team approach, then it will be important to report back to, and then begin working in concert with, your full System of Care Expansion Team. Note that in some instances, this protocol contains prompts for small/core teams to report back to their full System of Care Expansion Teams.

Purposes of the Team Work Sessions

Following the System of Care Expansion Planning Protocol entails five team work sessions. These are times for team members to work with each other to articulate strategies and next steps to:

1. Ensure that the jurisdiction's planning structures and processes will be effective for developing a realistic strategic plan for expanding systems of care
2. Refine the goals that will be included in the jurisdiction's strategic plan and begin to identify strategies for goal achievement
3. Determine next steps for moving the strategic planning process forward
4. Guide the provision of needed technical assistance

Your system of care expansion team may choose to utilize facilitative support from a coach skilled in strategic planning and knowledgeable about system of care expansion.

What Each Team Member Should Do to Prepare for the Team Work Sessions

Team members should:

- Review and become familiar with their SAMHSA Expansion Planning Grant proposal and bring a hard copy for the team's discussions
- Review the "Self-Assessment of Strategies for Expanding the System of Care Approach" tool to prepare for the self-assessment process and bring a hard copy to the work session
- Bring a laptop computer and electronic copies of all team work session worksheets
- Designate a note taker for the team who will complete the worksheets based on the team's discussions

What Each Session Will Accomplish

The system of care expansion planning protocol uses an action approach as the framework for the five team work sessions. The team work sessions build on each other in a sequential process to accomplish the purposes of the planning process. The following is a brief description of the sessions:

- **Session #1: Getting Started: Defining Your Process and Outcomes for the Planning Protocol:** Gain consensus on what will be accomplished during the team work sessions and the process that will be used. Determine the process for completing the Self-Assessment of System of Care Expansion Strategies prior to Team Work Session #2.

- **Session #2: Analyzing Information from the Self-Assessment of System of Care Expansion Strategies and Conducting an Environmental Scan:** Analyze information from the Self-Assessment of System of Care Expansion Strategies tool and an environmental scan to identify strengths, challenges, and opportunities that the jurisdiction brings to the effort to develop a realistic strategic plan for expanding systems of care.
- **Session #3: Reviewing Your Planning Process and Goals:** Examine the jurisdiction’s planning structure and process to determine how well they “fit” with the strategic planning process and their alignment with core system of care values. Examine and refine the jurisdiction’s system of care expansion planning goals.
- **Session #4: Developing Strategies to Achieve Your Goals:** Identify system of care expansion strategies to achieve each of the goals to be incorporated into the strategic plan.
- **Session #5: Next Steps and Technical Assistance Needs:** Build consensus among team members on the next steps to move the planning process forward and delineate priorities for technical assistance.

Detailed Description of Each Team Work Session

Team Work Session #1 [90 MINUTES]

Getting Started: Defining Your Process and Outcomes for the Strategy Protocol

The purposes of Session #1 are to:

- Become oriented and organized
- Become comfortable with each other and the work ahead
- Gain consensus on what will be accomplished over the course of the team work sessions and the process that will be used
- Organize the team to complete the Self-Assessment System of Care Expansion Strategies and determine who will complete the assessment and the process for completing the assessment (individually by team members and/or others or as a group)

Suggested session agenda:

- Introduce team members, facilitator(s), and guests
- Review what is to be accomplished during Team Work Session #1
- Review proposed outcomes for the team work sessions including: 1) refining the jurisdiction’s system of care expansion structure and process; 2) refining the jurisdiction’s goals for system of care expansion and beginning to identify strategies to meet these goals to be included in their strategic plan; 3) identifying next steps to move the jurisdiction’s planning process forward towards creating a realistic strategic plan for system of care expansion; and 4) identifying priorities for technical assistance
- Review the structure and tasks outlined for the team work sessions and how they build on each other in a sequential process for moving forward with strategic planning for system of care expansion
- Establish necessary ground rules for the discussions
- Discuss the process for vetting all plans, products, and action steps developed with the wider System of Care Expansion Planning Team
- Discuss the Self-Assessment of System of Care Expansion Strategies and determine who will complete the assessment and if it will be completed individually or as a group

Worksheet:

- Worksheet 1: Self-Assessment of Strategies for Expanding the System of Care Approach

Note: *The Self-Assessment is available as a Word Document to enable jurisdictions to administer it to their teams and/or to other stakeholders involved in system of care implementation. Visit http://gucchd.georgetown.edu/products/Toolkit_SOC_Self-Assessment.docx*

Team Work Session #2 [90 MINUTES]**Analyzing Information from the Self-Assessment of System of Care Expansion Strategies and Conducting an Environmental Scan****The purposes of Session #2 are to:**

- Analyze information from the Self-Assessment of System of Care Expansion Strategies tool and identify areas where progress has already been achieved and areas that need attention for expanding systems of care
- Complete an environmental scan to identify the strengths, challenges, and opportunities that the jurisdiction brings to the effort to develop a plan for expanding systems of care
- Identify the implications of this information for developing a strategic plan for system of care expansion

Suggested session agenda:

- Review what is to be accomplished during Team Work Session #2 (Ensure that each team member has a copy of the completed Self-Assessment of System of Care Expansion Strategies.)
- Identify strengths that emerge from the Self-Assessment of System of Care Expansion Strategies and areas that need to be addressed in the strategic plan
- Conduct an environmental scan of major “external” forces to identify additional strengths, opportunities, and challenges to inform the strategic planning process
- Determine the implications of this analysis for the strategic plan and prioritize areas that emerge for potential inclusion in the goals and strategies comprising the strategic plan for expanding systems of care

Worksheets:

- Complete Worksheet 2A: Analysis of Self-Assessment of System of Care Expansion Strategies
- Complete Worksheet 2B: Scan of Environmental Forces

Team Work Session #3 [90 MINUTES]**Reviewing Your Process and Goals****The purposes of Session #3 are to:**

- Examine the jurisdiction’s planning structure and process to determine how well they “fit” with the task of developing a strategic plan for expanding systems of care
- Examine the alignment of the planning process with core system of care values (family driven, youth guided, cultural and linguistic competence) and develop strategies to address any identified issues
- Examine and refine the jurisdiction’s proposed system of care expansion goals based on the previously completed assessment and environmental scan and determine whether they are clearly focused on implementing the system changes needed for expanding systems of care
- Determine needed refinements of proposed goals for the strategic plan and identify goals in the plan that will be prioritized for initial action

Suggested session agenda:

- Review what is to be accomplished during Team Work Session #3
- Examine the jurisdiction’s planning structure and process to develop a strategic plan for system of care expansion
- Discuss whether the structure and processes are likely to result in a plan that can be realistically implemented (e.g., the right people, the needed authority to create a plan, work groups, etc.)
- Determine how core systems of care values are being incorporated into the planning structure and process (family driven, youth guided, cultural and linguistic competence) as well as social marketing/strategic communications

- Identify needed adjustments to the planning structure and process to best develop an agreed-upon strategic plan and identify action steps to implement these changes
- Review the proposed system of care expansion goals that were delineated in the jurisdiction’s application
- Refine the system of care expansion goals to be included in the strategic plan based on the analysis conducted in Team Work Session #2

Worksheets:

- Complete Worksheet 3A: Planning Structures and Processes
- Complete Worksheet 3B: Alignment with Core System of Care Values
- Begin Worksheet 3C: Major System of Care Expansion Planning Goals and Strategies for Goal Achievement

Team Work Session #4 [90 MINUTES]

Developing Strategies to Achieve Your Goals

The purpose of Session #4 is to:

- Identify specific strategies to achieve the goals that will be included in the strategic plan

Suggested session agenda:

- Review what is to be accomplished during Team Work Session #4
- Identify specific strategies or combination of strategies needed to achieve each major goal for system of care expansion to be detailed in the strategic plan
- Use the strategic framework comprised of the five major core strategy areas and sub-strategies as a starting point for identifying strategies for achieving each goal—policy and partnerships, services, financing, training, and generating support. (See “Strategic Framework for Expanding the System of Care Approach: Five Core Strategy Areas and Sub-Strategies” included in this protocol)
- Review selected strategies to ensure that they capitalize on the opportunities identified in previous team work sessions
- Ensure that the multiple strategies to be included in the strategic plan are aligned with each other and will create a synergistic effect for expanding systems of care

Worksheets:

- Complete Remainder of Worksheet 3C: Major System of Care Expansion Planning Goals and Strategies for Goal Achievement

Team Work Session #5 [120 MINUTES]

Next Steps and Technical Assistance Needs

The purposes of Session #5 are to:

- Identify next steps to continue the system of care expansion strategic planning process
- Determine how the team’s work will be shared with the larger System of Care Expansion Planning Team
- Identify needed technical assistance
- Celebrate the work done by the team

Suggested session agenda:

- Review what is to be accomplished during Team Work Session #5
- Determine next steps for continuing the strategic planning process for system of care expansion including: 1) what tasks will be done; 2) who will do each task; and 3) when each task will be completed

- Discuss the process for sharing and continuing the team’s work with the larger System of Care Expansion Planning Team and how the team will convene to monitor progress in creating the strategic plan
- Identify priority technical assistance needs
- Discuss and complete the Priority Technical Assistance Worksheet
- Briefly review the role of the coach in working with the jurisdiction over the remainder of the grant year, and how the worksheet will be used as a guide to connect the jurisdiction with needed technical assistance
- Discuss how the team will discuss the completed worksheet with the larger System of Care Expansion Planning Team. (Feel free to share the finalized plan with your coach for feedback.)
- Celebrate the accomplishments of the team and close the session

Worksheets:

- Complete Worksheet 5A: Next Steps in the Strategic Planning Process
- Complete Worksheet 5B: Priority Technical Assistance Needs

Worksheets for System of Care Expansion Planning Teams

DEVELOPED BY SYBIL K. GOLDMAN, M.S.W. REVISED DECEMBER 2014.

| Overview of Worksheets | | |
|---|--|--|
| TEAM WORK SESSION | WORKSHEET | PURPOSE |
| Team Work Session #1: Getting Started: Defining Your Process and Outcomes for the Team Work Sessions | 1: Self-Assessment of System of Care System of Care Expansion Strategies | <ul style="list-style-type: none"> • Gain consensus on team work process • Identify team members to complete the Self-Assessment of System of Care Expansion Strategies and the process for completion |
| Team Work Session #2: Analyzing the Information from the Self-Assessment of Expansion Strategies and Conducting an Environmental Scan | 2A: Analysis of Self-Assessment of System of Care Expansion Strategies | <ul style="list-style-type: none"> • Analyze the key lessons learned from the Self-Assessment of System of Care Expansion Strategies • Identify key areas of strength to build on in planning process • Identify key areas for improvement to address in strategic plan |
| | 2B: Scan of Environmental Forces | <ul style="list-style-type: none"> • Brainstorm about major forces in the environment that have implications for your strategic plan • Identify strengths • Identify opportunities • Identify challenges |
| Team Work Session #3: Reviewing Your Planning Process and Goals | 3A: Planning Structures and Processes | <ul style="list-style-type: none"> • Describe the planning structure(s) established to support your planning processes • Specify the purpose/role of each structure, types of participants, and the processes to achieve the purpose |
| | 3B: Alignment with Core System of Care Values | <ul style="list-style-type: none"> • Describe strategies to ensure that your planning process and resulting plan is family driven, youth guided, and culturally and linguistically competent • Describe strategies to incorporate a social marketing/strategic communications component in the plan |
| | 3C: Major System of Care Expansion Planning Goals and Strategies for Goal Achievement | <ul style="list-style-type: none"> • Refine proposed goals in your application • Delineate your major goals for system of care expansion |
| Team Work Session #4: Developing Strategies to Achieve Your Goals | 3C: Major System of Care Expansion Planning Goals and Strategies for Goal Achievement | <ul style="list-style-type: none"> • For each goal identified in Team Work Session #3, identify the core strategies needed to achieve the goal • Identify sub-strategies to include in your plan for each core strategy • Build on strengths, leverage opportunities, and address challenges in selecting strategies for your system of care expansion plan |
| Team Work Session #5: Next Steps and Technical Assistance (TA) Needs | 5A: Next Steps in the Strategic Planning Process | <ul style="list-style-type: none"> • Review results of worksheets and determine next steps to move forward with the planning process • Specify what needs to be done, who will be responsible, and when tasks will be accomplished |
| | 5B: Priority TA Needs | <ul style="list-style-type: none"> • Identify priority TA needs • Specify what TA is needed, audience(s) for TA, timeline, and resources to support the TA |

TEAM SESSION #2

WORKSHEET 2A: Analysis of Information from the Self-Assessment of SOC Expansion Strategies

Grantee:

Key Areas of Strength to Build on in Planning Process:

TEAM SESSION #2

WORKSHEET 2A: Analysis of Information from the Self-Assessment of SOC Expansion Strategies

Grantee:

Key Areas for Improvement to Address in Strategic Plan:

TEAM SESSION #2

WORKSHEET 2A: Analysis of Information from the Self-Assessment of SOC Expansion Strategies

Grantee:

Strengths

Opportunities

Challenges

TEAM SESSION #3

WORKSHEET 3A: Planning Structures and Processes

Grantee:

| Type of Structure | Purpose/Role | Participants | Processes to Accomplish Purpose |
|-------------------|--------------|--------------|---------------------------------|
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TEAM SESSION #3

WORKSHEET 3B: Alignment of Planning Process with Core System of Care Values

Grantee:

Strategies to Ensure Alignment in Planning Process and Resulting Strategic Plan

System of Care Value

Family Driven

Youth Guided

Culturally and Linguistically Competent

Social Marketing/Strategic Communications

TEAM SESSION #3 and #4

WORKSHEET 3C: Major System of Care Expansion Goals and Strategies for Goal Achievement

Grantee:

| | | Core Strategies Needed to Achieve Goal | | | | |
|-------------------------------|--|--|--|-------------------------------|---|---|
| | | Implementing Policy, Regulatory, and Partnership Changes | Developing Services and Supports Based on the System of Care Philosophy and Approach | Creating Financing Mechanisms | Providing Training, Technical Assistance, and Workforce Development | Generating Support through Strategic Communications |
| | | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: | Sub-Strategies: |
| GOAL IN STRATEGIC PLAN | | | | | | |
| GOAL #1: | | | | | | |
| GOAL #2: | | | | | | |
| GOAL #3: | | | | | | |
| GOAL #4: | | | | | | |

TEAM SESSION #5

WORKSHEET 5A: Next Steps in the Strategic Planning Process

Grantee:

| Next Steps in Strategic Planning Process | What... | Who... | When... | | |
|--|---------|--------|---------|--|--|
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TEAM SESSION #5

WORKSHEET 5B: Priority Technical Assistance (TA) Needs

Grantee:

| | Topic Area | What TA is Needed | Audience | Timeline | Resources |
|-----------------|------------|-------------------|----------|----------|-----------|
| Topic 1: | | | | | |
| Topic 2: | | | | | |
| Topic 3: | | | | | |
| Topic 4: | | | | | |
| Topic 5: | | | | | |

System of Care Expansion Implementation Guide

DEVELOPED BY BETH A. STROUL, M.ED. AND FRANK RIDER, M.S. REVISED DECEMBER 2014.

Preparation for SOC Expansion Implementation Activities

Create or Improve an SOC Expansion Team

- 1. Use or modify an existing SOC team to be the SOC expansion team or create a new SOC expansion team if necessary**

 - Review the composition of an existing SOC expansion team or another existing structure responsible for SOC
 - Determine if the existing team or structure needs to be modified to serve as the SOC expansion team
 - Create a new SOC expansion team if a previous team or structure does not exist as a foundation to fulfill this role

- 2. Use dimensions of an effective SOC expansion team as a guide to review the team's composition and roles**

 - Review and apply the dimensions of an effective team that are listed below:
 - Embedded in the system, not a separate entity/project
 - Includes appropriate stakeholders based on the overall goals and strategies in the expansion plan
 - Includes individuals in decision-making roles
 - Includes individuals with access to high-level policy makers
 - Includes state, tribal, and territorial system-level members and community-level members
 - Includes family members and youth
 - Includes representatives of culturally diverse populations
 - Includes individuals with skills and expertise relevant to the expansion (e.g., social marketing, evaluation, financing)

- 3. Develop state-community partnerships for SOC expansion**

 - Determine strategies for state-local partnerships for expansion to achieve the high-level systemic changes needed for SOC expansion and for SOC implementation in local communities
 - Define the respective roles of state and community stakeholders in SOC expansion

- 4. Ensure that composition of team includes appropriate leaders and stakeholders**

 - Review the composition of the expansion team to ensure that it includes appropriate leaders, stakeholders, new partners relevant for SOC expansion implementation goals, and other identified individuals whose support is essential for implementation
 - SOC expansion team members may include:
 - Principal investigator and project director (*Grantees*)
 - Individuals who will be leading and managing implementation efforts
 - Family and youth leaders
 - Representatives from partner systems (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, higher education, etc., based on expansion plan focus and goals)
 - Designated lead for cultural and linguistic competence
 - Designated lead for social marketing and strategic communications
 - Designated lead for evaluation and continuous quality improvement
 - Service providers
 - Other identified stakeholders important to system of care expansion

- 5. Obtain official sanction for the team**

 - Formalize the SOC expansion team by obtaining official sanction for the structure, its role, and its mandate for widespread SOC implementation (e.g., executive order, memorandum of understanding, legislation)
 - Ensure that the decision-making process is explicit so that stakeholders understand how decisions are made within the SOC expansion effort

6. Link the team and implementation work with high-level policy and decision makers

- Assess existing policy structures embedded in the system that include high-level policy and decision makers across child-serving agencies
- Determine if the high-level structure can serve as the policy-making body to which the SOC expansion team reports
- If no structure exists to fulfill this function, establish a process for the SOC expansion team to link with and report to high-level policy and decision makers

Review and Clarify Previously Developed Plan for SOC Expansion

1. Review previously developed strategic plan for SOC expansion

- Briefly review the strategic plan for SOC expansion previously created as part of the SOC Expansion Planning Grant process and/or other SOC expansion plan developed in the jurisdiction
- Briefly review the social marketing plan and/or social marketing goals
- Ensure that all SOC expansion team members are familiar with the plan's approach, goals, strategies, and priorities

2. Clarify or refine areas of the SOC expansion plan if necessary

- Determine if minor clarifications or refinements are needed to move forward with implementation activities
- Use this opportunity only to clarify and refine specific areas to prepare for implementation activities - avoid returning to planning phase
- Clarify or refine overall approach to SOC expansion from one or more of the following categories:
 - Expand geographically
 - Expand by level of need population (e.g., the most high-need children)
 - Expand by age bands
 - Expand by funding eligibility
 - Expand by service sector
 - Other
- Clarify or refine population of focus:
 - All children with serious emotional disturbances in the jurisdiction
 - Specific subset as the population of focus
- Clarify or refine goals and strategies:
 - Refine goals and strategies based on changing external realities, building on accomplishments, etc.
- Clarify or refine logic model that depicts inputs, activities, and intended outcomes of SOC expansion implementation efforts
- Identify or clarify anticipated challenges to implementation and strategies for addressing challenges
- Continuously communicate with the group that developed the SOC expansion plan to assure their ownership and buy-in

3. Select high-priority goals for initial action

- Select high-priority goals for initial action based on those goals that:
 - Must be accomplished first logically to lay the foundation for future strategy implementation
 - Are likely to have the biggest impact on SOC expansion
 - Have a high probability of success to demonstrate initial progress and build momentum
 - Are likely to provide data that document positive outcomes, cost-effectiveness, and return on investment in the SOC approach
 - Might take the most time and effort, and thus should be undertaken early
 - Build on timely opportunities in the environment to support expansion goals
 - Support interagency partner outcomes or initiatives
- Align goals with changing external realities (e.g., building on accomplishments, managed care implementation, Medicaid redesign, ACA implementation, etc.)

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- | | |
|--|---|
| 4. Develop or refine a financing plan | <ul style="list-style-type: none"> • Review and refine financing strategies that were defined in the previously developed SOC expansion plan • Ensure that there are specific financing strategies to achieve the goals in the SOC expansion plan • Create financing strategies to achieve goals where none are already specified • Develop a separate, written financing plan that details the financing strategies to achieve expansion goals |
| 5. Develop or refine the plan for delivering services | <ul style="list-style-type: none"> • Review and refine how service delivery will be accomplished in achieving SOC expansion goals: <ul style="list-style-type: none"> – What services – What population – What areas of the jurisdiction |
-

Review and Improve Factors That Affect Implementation of SOC Expansion Plan

- | | |
|---|---|
| 1. Realistic goals | <ul style="list-style-type: none"> • Ensure that goals are: <ul style="list-style-type: none"> – Well defined – Measurable – Achievable |
| 2. High-priority goals | <ul style="list-style-type: none"> • Ensure that clear, manageable goals are established as priorities for initial action • Review rationale for the selection of priorities • Ensure that priorities reflect an intentionally strategic approach to achieving SOC expansion goals • Ensure that priority goals are likely to have a demonstrable impact on SOC expansion, and will lay the foundation for future strategy implementation |
| 3. Specific, concrete strategies | <ul style="list-style-type: none"> • Review each high-priority goal against the five core strategy areas (policy and partnerships, services and supports, financing, training and technical assistance [TA], and generating support) • Ensure that each goal has defined strategies in each core strategy area that are relevant to achieving the respective goal • Ensure that strategies are specific, concrete, and clearly understandable for diverse stakeholders and audiences • Ensure that strategies are further defined with action steps, timelines, responsibilities, and methods for measuring and monitoring progress |
| 4. Strong leaders to manage the implementation process | <ul style="list-style-type: none"> • Ensure that a dedicated leader is assigned as the point of accountability for managing and overseeing the work of the SOC expansion team, the staff, and the implementation of expansion strategies • Ensure that the leadership responsibility is embedded in the system and is not perceived as a temporary, grant-dependent position • Ensure that the leader has the necessary skills, knowledge, and abilities to lead SOC expansion implementation, as well as a strong commitment to the SOC approach |
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5. Commitment of high-level policy makers and decision makers

- Assess the level of commitment to SOC expansion among agency executives and political policy makers
- Generate support for expansion goals through strategic communications to high-priority audiences by:
 - Providing evidence of positive outcomes from SOC approach on critical dimensions (e.g., improved mental health symptomatology, increased stability of living arrangement, increased living in family context, increased success in school or employment, decreased use of residential treatment, decreased suicides or self-harm)
 - Providing evidence of impact on costs of service delivery when using SOC approach and its array of home- and community-based services
 - Highlighting areas of SOC expansion that align with administrative and political priorities
- Involve influential people and individuals with direct access to high-level policy and decision makers
- Involve families and youth to incorporate personal stories in communication strategies
- Identify champions to advocate SOC expansion

6. Cross-agency partnerships

- Determine whether the right partners are involved in SOC implementation efforts based on the goals of the SOC expansion plan (e.g., mental health, Medicaid, child welfare, juvenile justice, education, substance use, primary care, education, early childhood, transition age youth, higher education, etc., based on plan)
- Involve additional partners based on the goals of the strategic expansion plan
- Assess the level and quality of the partnerships and work to enhance as necessary:
 - Shared commitment to SOC expansion
 - Commitment of resources to SOC implementation
 - Mechanisms for cross-system collaboration at state and local levels
 - Joint training
 - Other opportunities to strengthen collaboration
- Develop formal commitments (e.g., memoranda of understanding)

7. Commitment across key stakeholders

- Assess the involvement and commitment of key stakeholders and work to enhance as necessary:
 - Family and youth organizations and leaders
 - Provider agencies and organizations
 - Clinicians and other direct service providers
 - Managed care organizations
 - Courts/judiciary
- Identify and address impediments to fully committed involvement
- Enhance involvement and commitment through work groups, subcommittees, etc., with assigned tasks in areas of expertise
- Enhance involvement and commitment through social marketing and strategic communications

8. Staff and resources allocated to implementation work

- Ensure that there is adequate staff to support the work of the SOC expansion team and the implementation of expansion strategies
 - Ensure that funds are available to support the work of SOC expansion team and the implementation of expansion strategies
 - Use grant resources to leverage staff and funds from partners to support the work of the SOC expansion team and the implementation of expansion strategies
-

9. Opportunities for expansion in environment

- Identify opportunities in the environment to advance the achievement of SOC expansion goals:
 - Health reform implementation (e.g., health homes, Medicaid expansion, waivers, state plan amendments, etc., in ACA)
 - Title IV-E waivers
 - Reform efforts in behavioral health and in other child-serving systems
- Develop strategies for linking with, building on, and leveraging identified opportunities and reform efforts
- Incorporate these strategies into SOC expansion efforts

Implementation of SOC Expansion Activities

Implement Systemic Changes Needed to Expand, Sustain, and Continuously Improve SOC Based on Goals in SOC Expansion Plan

1. Policy, Regulatory, and Partnership Changes

- Implement policy, regulatory, and partnership changes to achieve the specific goals in the strategic expansion plan:
 - Establishing an organizational locus of SOC management and accountability at state and local levels
 - Developing and implementing strategic plans
 - Developing interagency structures, agreements, and partnerships for coordination and financing
 - Promulgating rules, regulations, guidelines, standards, and practice protocols
 - Incorporating the SOC approach as requirements in requests for proposals and contracts
 - Enacting legislation that supports the SOC approach
 - Incorporating the SOC approach in protocols to monitor compliance with SOC requirements
 - Incorporating the 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)
 - Expanding family and youth involvement at the policy level
 - Improving cultural and linguistic competence at the policy level and incorporating strategies to eliminate disparities

2. Expanding Services and Supports Based on the SOC Philosophy and Approach

- Implement strategies to expand services and supports to achieve the specific goals in the strategic expansion plan:
 - Creating or expanding the array of home- and community-based services and supports
 - Creating or expanding an individualized, wraparound approach to service delivery
 - Creating care management entities
 - Creating or expanding care coordination and care management
 - Implementing family-driven, youth-guided services and expanding family and youth involvement at the service delivery level
 - Creating, expanding, or changing the provider network with new providers and by retooling, training, and aligning community and residential providers
 - Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches
 - Improving the cultural and linguistic competence of services
 - Reducing racial, ethnic, and geographic disparities in service delivery
 - Implementing or expanding the use of technology (e.g., electronic medical records, telehealth, videoconferencing, e-therapy)

3. Financing Strategies

- Implement financing strategies specified in the financing plan to achieve the specific goals in the SOC expansion plan:
 - Increasing the use of Medicaid
 - Increasing the use of federal SOC grants, Mental Health Block Grants, and other federal grants
 - Redeploying funds from higher cost to lower cost services
 - Implementing case rates or other risk-based financing approaches
 - Increasing the use of state mental health and substance use funds
 - Increasing the use of funds from other child-serving systems
 - Increasing the use of local funds
 - Increasing the use of federal entitlements other than Medicaid
 - Accessing new financing structures and funding streams (e.g., health reform, parity legislation)
 - Leveraging informal resources (e.g., the assets of young people, families, informal supports, community organizations)
-

4. Training, TA, and Workforce Development Strategies

- Implement strategies for training, TA, and workforce development to achieve the specific goals in the strategic plan:
 - Providing training, TA, and coaching on the SOC approach
 - Creating ongoing training and TA capacity, including the modification of existing training and TA structures or processes to align with the SOC approach or create new structures and/or processes
 - Providing training, TA, and coaching on evidence-informed and promising practices and practice-based evidence approaches
 - Implementing strategies to prepare future workforce to work within SOC framework
 - Implementing strategies to diversify the workforce by including staff with cultural and language diversity, paraprofessionals, families, and youth
-

5. Generating Support Through Strategic Communications

- Generate support for SOC expansion to achieve the specific goals in the strategic plan through social marketing and strategic communication:
 - Establishing strong family and youth organizations to support expansion of the SOC approach
 - Generating support among high-level policy makers and administrators at state and local levels
 - Using data on outcomes and cost savings to promote expansion of the SOC approach
 - Cultivating partnerships with providers, provider organizations, managed care organizations, and other key leaders
 - Generating broad-based support through social marketing and strategic communications
 - Cultivating leaders and champions for the SOC approach
 - Re-evaluating social marketing goals and audiences at regular intervals to ensure alignment with implementation goals
-

6. Infusing SOC Values into Implementation Activities

- Ensure that SOC values guide and are infused into all SOC expansion strategies and 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
-

7. 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 lead role in implementation
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Performance Assessment

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

- | | |
|---|--|
| 1. Completion of implementation activities | <ul style="list-style-type: none"> • 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 |
| 2. Performance assessment reports | <ul style="list-style-type: none"> • Prepare and submit a performance assessment report to expansion team • Prepare and submit a performance assessment report to SAMHSA twice per year on progress achieved, barriers, efforts to overcome barriers (<i>Grantees</i>) |
| 3. Quality improvement strategies | <ul style="list-style-type: none"> • Identify barriers and areas needing improvement • Refine activities to implement expansion strategies |

Collect and Report Data Required by the SAMHSA Common Data Platform (CDP) (*Grantees*)

- | | |
|--|--|
| 1. Infrastructure measures | <ul style="list-style-type: none"> • Collect and enter required data on infrastructure measures in the CDP, including: <ul style="list-style-type: none"> – # Policy changes – # Agencies, organizations, or communities demonstrating improved readiness to change systems – # Organizations collaborating – Changes to credentialing and licensing – Amount of additional funding – # Financing policy changes – Amount of pooled, blended, braided funding – # Agencies entering into formal interagency agreements – # and % of work group/advisory group/council members who are youth/family members – # Youth/family members representing organizations involved in planning and advocacy – # Youth/family members involved in evaluation, oversight, data collection, analysis – # Individuals exposed to mental health awareness messages |
| 2. Service delivery client-level measures | <ul style="list-style-type: none"> • 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 at the required intervals (CMHS Child Outcome Measures for Discretionary Programs Tool) (e.g., demographic data, services received, etc.) |

Outcomes of SOC Expansion

Assess Progress in Implementing Systemic Changes

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|---|--|
| 1. Implementation of systemic changes at the state, tribal, or territorial level | <ul style="list-style-type: none"> • Assess progress in implementation of systemic changes based on expansion plan <ul style="list-style-type: none"> – Changes in policy, requirements, interagency partnerships, evaluation and continuous quality improvement (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 |
| 2. Quality improvement strategies | <ul style="list-style-type: none"> • Identify areas needing improvement • Improve expansion strategies |

Assess Progress in Implementing SOC at the Community Level

- | | |
|--|---|
| 1. Implementation of SOC values and principles | <ul style="list-style-type: none"> • Assess progress on implementation of SOC values and principles at specific intervals: <ul style="list-style-type: none"> – 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 available – Data-driven, continuous quality improvement (CQI), and accountability approaches |
| 2. Implementation of services and supports consistent with the SOC approach | <ul style="list-style-type: none"> • Assess progress on implementation of the services and supports provided in SOC at specific intervals: <ul style="list-style-type: none"> – Availability of specific services and supports provided in SOC (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. Implementation of SOC infrastructure | <ul style="list-style-type: none"> • Assess progress on implementation of the infrastructure elements for SOC at specific intervals: <ul style="list-style-type: none"> – Point of accountability structure for SOC – Financing structures/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 and leaders – Structure/processes for partnerships with youth organizations and leaders – Structure/processes to advance culturally and linguistically competent services – Defined access/entry points to care – Sufficient provider network to deliver comprehensive array of services and supports – Structure/processes for training, TA, and workforce development – Structure/processes for measuring and monitoring quality, outcomes, and costs and using data for CQI – Structure/processes for strategic communications/social marketing – Structure/process for strategic planning and identifying and resolving barriers |
| 4. Resource investment in home- and community-based services and return on investment (ROI) | <ul style="list-style-type: none"> • Assess progress on investing resources more effectively in home- and community-based services at specific intervals: <ul style="list-style-type: none"> – 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, etc.) • Assess ROI in the SOC approach: <ul style="list-style-type: none"> – Cost data demonstrating impact on costs across child-serving systems by utilizing home- and community-based services and supports |
| 5. Delivery of services and supports are provided to increasing numbers of children with the SOC approach | <ul style="list-style-type: none"> • Assess progress in increasing the numbers of children served within SOC <ul style="list-style-type: none"> – Identify areas within the jurisdiction that have 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 |
| 6. Quality improvement strategies | <ul style="list-style-type: none"> • Identify areas of SOC approach needing improvement • Refine expansion implementation strategies • Provide training and TA |

Assess Outcomes for Children, Youth, and Young Adults with Serious Mental Health Challenges and Their Families who are Served with the SOC Approach

- 1. Outcome data for children, youth, and young adults served in SOCs**

 - Assess the extent to which children and families receive effective home- and community-based service with the SOC approach, experience positive clinical and functional outcomes, and are satisfied with their service experience
 - Establish a set of key outcome indicators for children served within SOCs as appropriate for the jurisdiction's expansion goals
 - Target indicators to generate data that can be used to support continued SOC expansion implementation efforts
 - Consider focusing on a small set of key outcome indicators to ensure that data collection is feasible and tailored to the goals of SOC expansion in the jurisdiction. Examples of indicators to generate policy-relevant information include:
 - Lives within a family context
 - Stable living arrangement
 - Improved mental health (reduced symptomatology)
 - Reduced/avoided substance use/abuse
 - Successful in education settings (e.g., preschool, school, community college)
 - Successful in employment
 - Avoided crime and delinquency
 - Avoided hospitalization, residential treatment
 - Avoided suicidality, self-harm

- 2. Quality improvement strategies**

 - Identify areas needing improvement
 - Improve service delivery approaches
 - Provide training and TA

Guide to Developing a System of Care Expansion Financing Plan

DEVELOPED BY BETH A. STROUL, M.ED. AND JIM WOTRING, M.S.W. REVISED DECEMBER 2014.

Context for Financing Plan

Requirements in System of Care Expansion Request for Applications (RFA) (*Grantees*)

- The RFA requires a strategic financing plan for how the system of care framework will be brought to scale and sustained.
- The plan must address how the system of care will:
 1. Financially link with other child-serving systems
 2. Use Medicaid dollars
 3. Use other third-party payers
 4. Be connected and integrated with block grants
 5. Be included and integrated with implementation of the Affordable Care Act (ACA)
- There is flexibility in the organization of the plan as there is no required format.

Context for Plan Components

- Plans should be developed in the context of a rapidly changing environment with opportunities for new partnerships and new financing strategies.
- The plan should be viewed as an initial, dynamic plan that will be refined and revised at regular intervals based on progress, changes in policy, and new opportunities.
- Current opportunities include:
 1. Braiding or coordinating funds across systems for shared financing of services, Medicaid match, etc.
 2. Using Medicaid financing to increase coverage of home- and community-based services and shift funding from inpatient and residential care to community-based care, using new guidance and bulletins (e.g., the joint Centers for Medicare and Medicaid Services [CMS] – Substance Abuse and Mental Health Services Administration [SAMHSA] Informational Bulletin on Coverage of Behavioral Health Services; waivers such as 1915(c); and potential new financing opportunities from CMS)
 3. Leveraging provisions in the ACA to finance home- and community-based services, including health homes, Money Follows the Person, 1915(i) State Plan Amendments, and Medicaid and CHIP expansion
 4. Increasing the use of Mental Health Block Grant funds to fill gaps in services not covered by Medicaid or other sources

Relationship to System of Care Expansion Objectives in Plan

- The financing plan should be an integral component of the overall expansion plan that is directly linked to the objectives in the strategic plan for system of care expansion. In this context, the plan must address the question “Financing for what?”
- Plans should:
 1. Clarify what financing is needed to achieve expansion objectives
 2. Review the current funding mix
 3. Delineate the most promising and appropriate financing strategies to achieve SOC expansion goals
 4. Establish priorities for financing based on priorities of expansion implementation work
 5. Identify specific action steps to be taken to obtain financing from the specified sources to achieve expansion objectives and timelines for action steps
 6. Identify responsibilities and timelines for implementing action steps and for reviewing progress and refining financing strategies as needed

Steps in Creating the Financing Plan

1. Identify and Enlist an Appropriate Work Group for Plan Development

- Use the existing system of care expansion team to develop the financing plan to ensure a thorough knowledge and understanding of the expansion approach, objectives, and strategies and that the financing plan is based on the objectives and strategies outlined in the overall expansion plan.
- Develop a work group of the system of care expansion team that specifically addresses financing and includes additional resource persons who may have specific knowledge and roles relevant for financing system of care expansion.
- Obtain the commitment of high-level policymakers to the development and implementation of the financing plan to support expansion of the system of care approach.

2. Identify and Clarify Objectives

- Identify and clarify the objectives in the system of care expansion plan.
- For each objective, specify the strategies in each of the five core strategy areas needed to achieve the particular objective:
 - Policy and Partnerships
 - Services
 - Financing
 - Training
 - Generating Support
- A worksheet can be used to identify strategies needed to achieve each objective included in the plan in the five core strategy areas. Strategies in each of these areas are needed to achieve expansion objectives.

3. Identify and Analyze Financing Needed to Achieve Plan Objectives

- Identify resources needed to achieve plan objectives based on analysis of objectives and strategies. Ensure that the financing plan is not a separate or distinct task, but is designed to obtain financing to achieve the jurisdiction's specific expansion goals and is integral to the expansion planning and implementation process.
- Identify and analyze financing currently being used and strategic opportunities that may exist within current financing (e.g., to redirect funds) by conducting a targeted financial "mapping" analysis based on current expenditures and service utilization.
- Assess gaps between current resources and needs to achieve expansion objectives.
- Identify and analyze potential financing opportunities, including:
 - Opportunities in Medicaid, including Medicaid redesign, waivers, coverage of new home- and community-based services, state plan amendments, etc.
 - Opportunities across systems, including Mental Health and Substance Abuse Block Grants, Child Welfare Title IV-E waivers, Juvenile Justice, Education, Early Childhood, TANF, Housing, Labor, private third-party payers, etc.
 - Opportunities in ACA implementation including health homes, Money Follows the Person, 1915(i) State Plan Amendments, and Medicaid and CHIP expansion
 - Other innovative approaches to increase "income" for systems of care (e.g., new public-private partnerships, tax levies, nontraditional workforce development opportunities, timebanks, etc.)

4. Determine Role of System of Care Expansion Grants

- Use expansion grants as "venture capital" and opportunities to lay a foundation for future financing.
- Develop and demonstrate new financing strategies.
- Negotiate cross-system investments (e.g., investments in systems of care by the child welfare or juvenile justice system to serve their populations with the system of care approach).
- Modify what existing financing streams will pay for (e.g., Medicaid).
- Secure commitments to redirect existing funds to more cost-effective home- and community-based services and supports.
- Provide compelling data on return on investment in the system of care approach.

5. Develop Strategies for Creating, Modifying, or Realigning Funding for System of Care Expansion

- Determine the most promising and appropriate financing approaches to achieve expansion goals, including:
 - Redeploying existing resources
 - Refinancing to maximize public funds (e.g., pool funds for Medicaid match to maximize federal dollars)
 - Braiding or otherwise coordinating funds across agencies
 - Creating new financing structures or processes (e.g., case rates, rate cells, care management entities, integrated care models, health homes)
 - Raising new revenues
- Determine the financing strategies to be implemented, including specific funding sources.

6. Develop Action Steps for Implementing Financing Strategies

- Develop action steps to be taken to obtain financing from the specified sources to achieve expansion objectives.
- Assign responsibilities for implementing action steps.
- Determine the timeline for implementation of action steps.
- Determine the mechanism and intervals for assessing progress and revising financing strategies as needed to achieve expansion goals.

Content of Plan

The financing plan should include the following components:

1. Process for Creating Financing Plan

Summary of the structure and process used to create the financing plan

2. System of Care Expansion Objectives and Needed Financing

Delineation of objectives in the system of care expansion plan and the financing needed to achieve objectives

3. Assessment of Available Financing and Gaps

Analysis of available funding and identified gaps

4. Financing Approaches, Specific Strategies, and Priorities

Identification of promising financing approaches, specific strategies to be implemented to access and leverage financing opportunities, and priority financing strategies

5. Action Steps and Timeline

Specification of action steps and timelines for implementation, review of progress, and refinement of financing strategies

Rating Tool for Implementation of the System of Care Approach for Children, Youth, and Young Adults with Behavioral Health Challenges and Their Families

Community – State Version

REVISED 2015

Informed Consent

You are invited to complete a Rating Tool to assess children's behavioral health services entitled "Rating Tool for Implementation of the System of Care Approach: Community - State Version." The purpose is to assess progress in a community or region implementing the system of care approach for children, youth, and young adults with behavioral health challenges and their families. Results from the Rating Tool will provide guidance about areas needing attention and technical assistance to increase alignment with the system of care approach.

Participation in this assessment is entirely voluntary. You may choose not to participate at all or to leave the survey at any time. Regardless of your decision, there will be no effect on your relationships with local or state agencies or any other consequences.

The Rating Tool is designed to be completed by multiple respondents to obtain an integrated perspective on progress in implementing the system of care approach. You are being asked to take part because of your involvement and understanding of the services being provided in the community or region being assessed. Your individual responses will be completely confidential. All data will be reported in aggregate. The community or region will receive reports of the results of the survey that contain average responses for each question. No one will be able to link your name and your responses.

If you agree to participate, you will be asked to complete one electronic survey with questions related to several major implementation areas of the system of care approach. This online survey should take around 20 minutes to complete. You will not be required to answer any question. You may answer "don't know" to any question you choose not to answer.

If you agree to take part in this assessment, there will be no direct benefit to you. However, the assessment may help to set goals and priorities, identify opportunities for improvement, and celebrate successes in implementing the system of care approach in the community or region.

Below please indicate whether you agree or disagree to participate in the survey.

- 1. Indicate whether or not you agree to participate in this survey.**
I understand all of the information in this Informed Consent.
I freely and voluntarily agree to participate in this survey.

Yes

No

Please note that your full name, title/role, and agency will not be used in the report. The results will only be reported in aggregate by community/region.

Introduction

Purpose

The Rating Tool for Implementation of the System of Care Approach® is designed to assess progress in a geographic area, typically a community or region, in implementing the system of care approach for children, youth, and young adults with behavioral health challenges and their families. In addition to assessing the level of implementation of the system of care approach, the information gathered can inform the allocation of resources and technical assistance aimed at efforts to improve service delivery.

A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for behavioral 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 for systems of care specify that they are community based, family driven, youth guided, and culturally and linguistically competent. Guiding principles call for a broad array of home- and community-based services and supports, individualized care, evidence-informed services, and coordination across child-serving systems.

The tool is designed to provide a “snapshot” of implementation of the key elements of the system of care approach at a point in time. The tool offers a method for deriving an estimate of the “level” of implementation of the system of care approach. Ratings estimate system of care implementation at one of five levels:

1. No Implementation
2. Some Implementation
3. Moderate Implementation
4. Substantial Implementation
5. Extensive Implementation

How to Use the Tool

At the community or regional level the Rating Tool can be used as a measure of the level of system of care implementation. It can be used as an initial baseline assessment at a point in time when efforts are underway to develop or improve the system of care. The tool can be used subsequently at regular intervals to assess progress over time. Use of the tool can help a community or region to determine areas needing attention while implementing the system of care approach. The ratings on each element provide a method for identifying the need for investment or resources, training, and technical assistance.

The Rating Tool can also be used by states, tribes, or territories (hereafter referred to as jurisdictions) with multiple communities or regions to assess progress throughout their jurisdictions in implementing the system of care approach. These jurisdictions can use the tool to obtain a baseline rating and subsequent ratings of progress that are tied to their efforts to implement, sustain, and expand the approach across all communities, regions, or other types of subdivisions in accordance with the structure of their service systems. Communities or regions complete the tool, and the larger jurisdiction can then determine the percent of its communities or regions that have achieved each of the five levels of implementation of the system of care approach. Repeated use of the tool annually or at other intervals can provide a measure of progress throughout a state, tribe, or territory based on comparisons of the percent of communities or regions at each level of implementation over time. Further, the average ratings on each element across communities provide a method for identifying the need for investment of resources and technical assistance throughout jurisdictions.

We ask that you rate the level of implementation of the system of care approach for your area.

Areas of Assessment

The Rating Tool explores 5 major areas of system of care implementation:

1. A plan for the system of care approach
2. Service delivery guided by system of care values and principles
3. Services and supports based on the system of care approach
4. System infrastructure based on the system of care approach
5. Commitment to the system of care philosophy and approach

Respondents

The Rating Tool is designed for completion by **ten or more respondents per community or region**. The number and types of respondents can be **customized** based on the key individuals in the community or region, with the requirement that they fulfill specific types of roles related to children with behavioral health challenges in their areas, and that they are sufficiently **knowledgeable about the system of care** to be able to make a reliable assessment. The scores of these respondents are averaged to determine the ratings for that area. Responses are **confidential**, and no individual respondent is identified.

Re-Accessing the Rating Tool

You may complete the Rating Tool in **one sitting or over multiple sessions**. Use the **unique URL link** emailed to you to re-access the assessment at the point where you stopped. To store responses on a page, please click “next.” To go back to a previous page to change a response, please click “prev.” You may change your responses at any point before you submit your assessment.

Click “next” below to begin completing the tool.

Respondent Information

2. Indicate the name of your community or region.

Area Served:

3. Indicate your primary role in relation to services for children, youth, and young adults with behavioral health challenges and their families. (Select the choice that best describes your role)

- Community-Level or Regional-Level Director or Manager of Services for Children with Behavioral Health Challenges
- Lead Provider Agency Director or Manager of Services for Children with Behavioral Health Challenges
- Clinician or Care Manager
- Family Organization Director or Family Leader
- Youth Organization Director or Youth Leader
- Community-Level or Regional-Level Director or Manager of Services for Children with Behavioral Health Challenges in a Partner Child-Serving System (e.g., Child Welfare, Juvenile Justice, Education, Health, etc.)
- Other (Please Specify):

I. Plan for the System of Care Approach

Assess the use of a strategic plan for implementing, sustaining, and expanding the system of care approach in the community or region.

4. Indicate the extent to which the community or region has developed and used a strategic plan to guide the implementation, sustainability, and expansion of the system of care approach during the past 12 months.

| | No plan exists | Plan is under development | Plan exists but is not used | Plan exists but is rarely used to guide implementation | Formal written plan is used extensively to guide implementation | Don't know |
|---|-----------------------|---------------------------|-----------------------------|--|---|-----------------------|
| Existence of a strategic plan for implementing, sustaining, and expanding the system of care approach | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

II. Service Delivery Guided by System of Care Values and Principles

The principles that comprise the system of care philosophy and several indicators for each principle are listed below. For each indicator, rate the extent to which it has been implemented in the community or region during the past 12 months.

5. Individualized, Wraparound Approach to Service Planning and Delivery

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Individualized child and family teams are used (including family, youth, providers, etc.) to develop and implement a customized service plan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Individualized assessments of child and family strengths and needs are used to plan services and supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Individualized service plans are developed and implemented for each child and family that address multiple life domains | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Services include informal and natural supports in addition to treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flexible funds are available to meet child and family needs not financed by other sources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Family-Driven Approach

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Families have a primary decision making role in service planning and delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family strengths are incorporated in service planning and delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families have a choice of services and supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Families have access to peer support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A family organization exists and supports family involvement at the system and service delivery levels | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Youth-Guided Approach

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Youth are active partners in service planning and delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth strengths and interests are incorporated in service planning and delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth have a choice of services and supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth have access to peer support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A youth organization exists and supports youth involvement at the system and service delivery levels | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Coordinated Approach

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|---|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Intensive/targeted care coordination with a dedicated care coordinator is provided to high-need youth and families | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Basic care coordination is provided for children and families at lower levels of service intensity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care is coordinated across multiple child-serving agencies and systems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. Culturally and Linguistically Competent Approach

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Culture-specific services and supports are provided | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Services and supports are adapted to ensure access and effectiveness for culturally diverse populations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providers represent the cultural and linguistic characteristics of the population served | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providers are trained in cultural and linguistic competence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specific strategies are used to reduce racial and ethnic disparities in access to and outcomes of services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Evidence-informed practices are implemented within the array of services and supports to improve outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providers are trained in specific evidence-informed practices and/or evidence-informed practice components | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Best practice guidelines, clinical protocols, and manuals are provided to practitioners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fidelity to evidence-informed practices and outcomes is measured | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Least Restrictive Approach

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Utilization of home- and community-based services is increased | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The number of children who are served in settings more restrictive than necessary is reduced | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Utilization of inpatient hospitalization is decreased and it is primarily used for short-term, acute treatment and stabilization when necessary and appropriate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Utilization of residential treatment is decreased and it is primarily used for short-term lengths of stay to achieve specific treatment goals when necessary and appropriate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. Service Array

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|---|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Broad array of home- and community-based services and supports is available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Array includes or is linked to services and activities to identify behavioral health problems at earlier stages and at earlier ages (e.g., screening in primary care, schools, child welfare, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Array includes developmentally appropriate services for young children and their families | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Array includes developmentally appropriate services for youth and young adults in transition to adulthood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Data and Accountability

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|---|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Data are collected regularly on the quality and outcomes of services and supports and are used for continuous quality improvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic health records exist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

III. Services and Supports Based on the System of Care Approach

For each of the following services, indicate the extent to which it has been available in the community or region during the past 12 months.

14. Home- and Community-Based Treatment and Support Services (Nonresidential)

| | Not at all available | Somewhat available | Moderately available | Substantially available | Extensively available | Don't know |
|--|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| Screening for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assessment and evaluation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Individualized service planning (e.g., wraparound process) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intensive care management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Service coordination for youth at lower levels of service intensity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outpatient individual therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outpatient group therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outpatient family therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medication treatment/management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crisis response services, non-mobile (24 hours, 7 days) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mobile crisis and stabilization services (24 hours, 7 days) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intensive in-home services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School-based behavioral health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Day treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Therapeutic behavioral aide services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Behavior management skills training | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tele-behavioral health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth peer support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family peer support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth and family education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respite services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Not at all available | Somewhat available | Moderately available | Substantially available | Extensively available | Don't know |
|------------------------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| Therapeutic mentoring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health consultation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supported education and employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supported independent living | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Out-of-Home Treatment Services for Short-Term Treatment Goals that are Linked to Home- and Community-Based Services and Supports

| | Not at all available | Available but not used appropriately and not linked | Available, somewhat used appropriately and somewhat linked | Available, moderately used appropriately and moderately linked | Available, mostly used appropriately and mostly linked | Don't know |
|-------------------------------------|-----------------------|---|--|--|--|-----------------------|
| Therapeutic foster care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Therapeutic group home care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crisis stabilization beds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical detoxification | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use residential treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Residential treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inpatient hospitalization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

IV. System Infrastructure Based on System of Care Approach

This section lists components that comprise the infrastructure for a system of care. For each component, indicate the extent to which the component has been implemented in the community or region during the past 12 months.

16. Infrastructure Components

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Point of accountability structure for system of care management and oversight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financing for system of care infrastructure and services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process to manage care and costs for high-need populations (e.g., care management entities) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process for interagency partnerships and agreements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Not at all implemented | Somewhat implemented | Moderately implemented | Substantially implemented | Extensively implemented | Don't know |
|--|------------------------|-----------------------|------------------------|---------------------------|-------------------------|-----------------------|
| Structure and/or process for partnerships with family organization and family leaders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process for partnerships with youth organization and youth leaders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Defined access/entry points to care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Extensive provider network to provide comprehensive array of services and supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process for training, TA, and workforce development | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process for measuring and monitoring quality, outcomes, and costs (including IT system) and for using data for continuous quality improvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process for strategic communications/social marketing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structure and/or process for strategic planning and identifying and resolving barriers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

V. Commitment to the System of Care Philosophy and Approach

For each of the following groups, indicate your assessment of the extent to which there has been buy-in and commitment to the system of care philosophy and approach in the community or region during the past 12 months.

17. Child-Serving Systems

| | Not at all committed | Somewhat committed | Moderately committed | Substantially committed | Extensively committed | Don't know |
|--------------------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| Mental health system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child welfare system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Juvenile justice system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use treatment system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Courts/judiciary system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicaid system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. Policy and Decision Makers

| | Not at all committed | Somewhat committed | Moderately committed | Substantially committed | Extensively committed | Don't know |
|--|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| High-level policy and decision makers at the local community or regional level | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Providers

| | Not at all committed | Somewhat committed | Moderately committed | Substantially committed | Extensively committed | Don't know |
|---|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| Provider agency administrators and mid-level managers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Direct service providers (clinicians and others) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Family and Youth Leaders

| | Not at all committed | Somewhat committed | Moderately committed | Substantially committed | Extensively committed | Don't know |
|----------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| Family leaders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth leaders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. Managed Care Organizations

| | Not at all committed | Somewhat committed | Moderately committed | Substantially committed | Extensively committed | Don't know |
|--|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| Behavioral health managed care organizations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Managed care organizations managing both physical health and behavioral health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. Overall Assessment

| | Not at all | Somewhat | Moderately | Substantially | Extensively | Don't know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| To what extent do you believe that the system of care approach is being implemented in your community or region? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please click the “Done” button below to submit your responses.

Rating Tool for Implementation of the System of Care Approach for Children, Youth, and Young Adults with Behavioral Health Challenges and Their Families

Community-Level Report

STATE, TRIBE, OR TERRITORY:

DATE:

COMMUNITY OR REGION #:

COMMUNITY OR REGION NAME:

LEAD CONTACT PERSON:

Name:

Title:

Organization:

Department:

Daytime Phone Number:

Email:

SUMMARY REPORT

| TOTAL SCORE | Score | % |
|---------------------------------|-------|---|
| Strategic Plan Score (Max = 4) | | |
| Principles Score (Max = 152) | | |
| Services Score (Max = 136) | | |
| Infrastructure Score (Max = 48) | | |
| Commitment Score (Max = 60) | | |
| Total Score (Max = 400) | | |

| LEVEL OF IMPLEMENTATION RATING | Score | % |
|--|-------|---|
| Level I: No Implementation (0) (0%) | | |
| Level II: Some Implementation (1–100) (1%–25%) | | |
| Level III: Moderate Implementation (101–200) (26%–50%) | | |
| Level IV: Substantial Implementation (201–300) (51%–75%) | | |
| Level V: Extensive Implementation (301–400) (76%–100%) | | |

DETAILED REPORT

I. Plan for the System of Care Approach

| PLAN FOR THE SYSTEM OF CARE APPROACH | Use of a Strategic Plan for Systems of Care | | | | | | Score |
|---|---|-------------------------------|---------------------------------|--|---|--|-------|
| | 0 = No plan exists | 1 = Plan is under development | 2 = Plan exists but is not used | 3 = Plan exists but is rarely used to guide implementation | 4 = Formal written plan is used extensively to guide implementation | Don't know/Not applicable/No plan exists | |
| Existence of a Strategic Plan for System of Care Implementation and Operation | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Development and Use of a Strategic Plan (Max = 4) | | | | | | | |

| Score: Strategic Plan and Plan Components | # | % |
|---|---|---|
| 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% | | |

II. Service Delivery Guided by System of Care Values and Principles

| CORE VALUES AND PRINCIPLES | Implementation of System of Care Principles During the Past 12 Months | | | | | | Score |
|---|---|--------------------------|----------------------------|-------------------------------|-----------------------------|------------|-------|
| | 0 = Not at all implemented | 1 = Somewhat implemented | 2 = Moderately implemented | 3 = substantially implemented | 4 = Extensively implemented | Don't know | |
| Individualized, Wraparound Approach to Service Planning and Delivery | | | | | | | |
| Individualized child and family teams are used (including family, youth, providers, etc.) to develop and implement a tailored service plan | 0 | 1 | 2 | 3 | 4 | DK | |
| Individualized assessments of child and family strengths and needs are used to plan services and supports | 0 | 1 | 2 | 3 | 4 | DK | |
| Individualized, tailored service plans are developed and implemented for each child and family that address multiple life domains and are revised based on progress | 0 | 1 | 2 | 3 | 4 | DK | |
| Services include informal and natural supports in addition to treatment | 0 | 1 | 2 | 3 | 4 | DK | |
| Flexible funds are available to meet child and family needs not financed by other sources | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Individualized (Max = 20) | | | | | | | |

| CORE VALUES AND PRINCIPLES | Implementation of System of Care Principles During the Past 12 Months | | | | | | Score |
|---|---|--------------------------|----------------------------|-------------------------------|-----------------------------|------------|-------|
| | 0 = Not at all implemented | 1 = Somewhat implemented | 2 = Moderately implemented | 3 = substantially implemented | 4 = Extensively implemented | Don't know | |
| Family-Driven Approach | | | | | | | |
| Families have a primary decision making role in service planning and delivery | 0 | 1 | 2 | 3 | 4 | DK | |
| Family strengths are incorporated in service planning and delivery | 0 | 1 | 2 | 3 | 4 | DK | |
| Families have a choice of services and supports | 0 | 1 | 2 | 3 | 4 | DK | |
| Families have access to peer support | 0 | 1 | 2 | 3 | 4 | DK | |
| A family organization exists and supports family involvement at the system and service delivery levels | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Family Driven (Max = 20) | | | | | | | |
| Youth-Guided Approach | | | | | | | |
| Youth are active partners in service planning and delivery | 0 | 1 | 2 | 3 | 4 | DK | |
| Youth strengths and interests are incorporated in service planning and delivery | 0 | 1 | 2 | 3 | 4 | DK | |
| Youth have a choice of services and supports | 0 | 1 | 2 | 3 | 4 | DK | |
| Youth have access to peer support | 0 | 1 | 2 | 3 | 4 | DK | |
| A youth organization exists and supports youth involvement at the system and service delivery levels | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Youth Guided (Max = 20) | | | | | | | |
| Coordinated Approach | | | | | | | |
| Intensive/targeted care management with a dedicated care manager is provided to high-need youth and families | 0 | 1 | 2 | 3 | 4 | DK | |
| Basic service coordination is provided for children and families at lower levels of service intensity | 0 | 1 | 2 | 3 | 4 | DK | |
| Care is coordinated across multiple child-serving agencies and systems | 0 | 1 | 2 | 3 | 4 | DK | |
| 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) | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Coordinated Approach (Max = 16) | | | | | | | |
| Culturally and Linguistically Competent Approach | | | | | | | |
| Culture-specific services and supports are provided | 0 | 1 | 2 | 3 | 4 | DK | |
| Services and supports are adapted to ensure access and effectiveness for culturally diverse populations | 0 | 1 | 2 | 3 | 4 | DK | |
| Providers represent the cultural and linguistic characteristics of the population served | 0 | 1 | 2 | 3 | 4 | DK | |
| Providers are trained in cultural and linguistic competence | 0 | 1 | 2 | 3 | 4 | DK | |

| CORE VALUES AND PRINCIPLES | Implementation of System of Care Principles During the Past 12 Months | | | | | | Score |
|--|---|--------------------------|----------------------------|-------------------------------|-----------------------------|------------|-------|
| | 0 = Not at all implemented | 1 = Somewhat implemented | 2 = Moderately implemented | 3 = substantially implemented | 4 = Extensively implemented | Don't know | |
| Specific strategies are used to reduce racial and ethnic disparities in access to and outcomes of services | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Cultural and Linguistic Competence (Max = 20) | | | | | | | |
| Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches | | | | | | | |
| Evidence-informed practices are implemented within the array of services and supports to improve outcomes | 0 | 1 | 2 | 3 | 4 | DK | |
| Providers are trained in specific evidence-informed practices and/or evidence-informed practice components | 0 | 1 | 2 | 3 | 4 | DK | |
| Best practice guidelines, clinical protocols, and manuals are provided to practitioners | 0 | 1 | 2 | 3 | 4 | DK | |
| Fidelity to evidence-informed practices and outcomes are measured | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Evidence-Informed (Max = 16) | | | | | | | |
| Least Restrictive Approach | | | | | | | |
| Utilization of home- and community-based services is increased | 0 | 1 | 2 | 3 | 4 | DK | |
| The number of children who are served in settings more restrictive than necessary is reduced | 0 | 1 | 2 | 3 | 4 | DK | |
| Utilization of inpatient hospital services is decreased and it is primarily used for short-term, acute treatment and stabilization when necessary and appropriate | 0 | 1 | 2 | 3 | 4 | DK | |
| Utilization of residential treatment is decreased and it is primarily used for short-term lengths of stay to achieve specific treatment goals when necessary and appropriate | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Least Restrictive (Max = 16) | | | | | | | |
| Service Array | | | | | | | |
| Broad array of home- and community-based services and supports is available | 0 | 1 | 2 | 3 | 4 | DK | |
| Includes or is linked with early identification and intervention activities to identify behavioral health problems earlier | 0 | 1 | 2 | 3 | 4 | DK | |
| Includes developmentally appropriate services for young children and their families | 0 | 1 | 2 | 3 | 4 | DK | |
| Includes developmentally appropriate services for youth and young adults in transition to adulthood | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Service Array (Max = 16) | | | | | | | |
| Data and Accountability | | | | | | | |
| Data are collected regularly and are used to improve system quality and outcomes | 0 | 1 | 2 | 3 | 4 | DK | |
| Electronic health records exist | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Data and Accountability (Max = 8) | | | | | | | |

| Score: System of Care Principles | # | % |
|---|---|---|
| MAX = 152 Not at all implemented = 0% Somewhat implemented = 1-25% Moderately implemented = 26-50% Substantially implemented = 51-75% Extensively implemented = 76-100% | | |

| Score: Individual System of Care Principles | # | % |
|--|---|---|
| Score: Individualized (Max = 20) | | |
| Score: Family Driven (Max = 20) | | |
| Score: Youth Guided (Max = 20) | | |
| Score: Coordinated Approach (Max = 16) | | |
| Score: Cultural and Linguistic Competence (Max = 20) | | |
| Score: Evidence-Informed (Max = 16) | | |
| Score: Least Restrictive (Max = 16) | | |
| Score: Service Array (Max = 16) | | |
| Score: Data and Accountability (Max = 8) | | |

III. Services and Supports Based on the System of Care Approach

| SERVICES AND SUPPORTS | Availability During the Past 12 Months | | | | | | Score |
|--|--|------------------------|--------------------------|-----------------------------|---------------------------|------------|-------|
| | 0 = Not at all available | 1 = Somewhat available | 2 = Moderately available | 3 = substantially available | 4 = Extensively available | Don't know | |
| Home- and Community-Based Treatment and Support Services (Nonresidential) | | | | | | | |
| Screening for behavioral health needs (e.g., in early care, education, primary care, child welfare, and juvenile justice settings) | 0 | 1 | 2 | 3 | 4 | DK | |
| Assessment and evaluation | 0 | 1 | 2 | 3 | 4 | DK | |
| Individualized service planning (e.g., wraparound process) | 0 | 1 | 2 | 3 | 4 | DK | |
| Intensive care management | 0 | 1 | 2 | 3 | 4 | DK | |
| Care coordination for youth at lower levels of service intensity | 0 | 1 | 2 | 3 | 4 | DK | |
| Outpatient individual therapy | 0 | 1 | 2 | 3 | 4 | DK | |
| Outpatient group therapy | 0 | 1 | 2 | 3 | 4 | DK | |
| Outpatient family therapy | 0 | 1 | 2 | 3 | 4 | DK | |
| Medication treatment/management | 0 | 1 | 2 | 3 | 4 | DK | |
| Crisis response services (non-mobile) (24 hours, 7 days) | 0 | 1 | 2 | 3 | 4 | DK | |
| Mobile crisis and stabilization services (24 hours, 7 days) | 0 | 1 | 2 | 3 | 4 | DK | |
| Intensive home-based services | 0 | 1 | 2 | 3 | 4 | DK | |
| School-based behavioral health services | 0 | 1 | 2 | 3 | 4 | DK | |

| SERVICES AND SUPPORTS | Availability During the Past 12 Months | | | | | | Score |
|--|--|---|--|--|--|------------|-------|
| | 0 = Not at all available | 1 = Somewhat available | 2 = Moderately available | 3 = substantially available | 4 = Extensively available | Don't know | |
| Day treatment | 0 | 1 | 2 | 3 | 4 | DK | |
| Substance use treatment | 0 | 1 | 2 | 3 | 4 | DK | |
| Therapeutic behavioral aide services | 0 | 1 | 2 | 3 | 4 | DK | |
| Behavior management skills training | 0 | 1 | 2 | 3 | 4 | DK | |
| Tele-behavioral health services | 0 | 1 | 2 | 3 | 4 | DK | |
| Youth peer support | 0 | 1 | 2 | 3 | 4 | DK | |
| Family peer support | 0 | 1 | 2 | 3 | 4 | DK | |
| Youth and family education | 0 | 1 | 2 | 3 | 4 | DK | |
| Respite services | 0 | 1 | 2 | 3 | 4 | DK | |
| Therapeutic mentoring | 0 | 1 | 2 | 3 | 4 | DK | |
| Mental health consultation | 0 | 1 | 2 | 3 | 4 | DK | |
| Supported education and employment | 0 | 1 | 2 | 3 | 4 | DK | |
| Supported independent living | 0 | 1 | 2 | 3 | 4 | DK | |
| Transportation | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Home- and Community-Based Treatment and Support Services (Max = 108) | | | | | | | |
| Out-of-Home Treatment Services for Short-Term Treatment Goals That are Linked to Home- and Community-Based Services and Supports | 0 = Not at all available | 1 = Available but not used appropriately and not linked | 2 = Available, somewhat used appropriately and somewhat linked | 3 = Available, moderately used appropriately and moderately linked | 4 = Available, mostly used appropriately and mostly linked | Don't know | Score |
| Therapeutic foster care | 0 | 1 | 2 | 3 | 4 | DK | |
| Therapeutic group home care | 0 | 1 | 2 | 3 | 4 | DK | |
| Crisis stabilization beds | 0 | 1 | 2 | 3 | 4 | DK | |
| Medical detoxification | 0 | 1 | 2 | 3 | 4 | DK | |
| Substance use residential treatment | 0 | 1 | 2 | 3 | 4 | DK | |
| Residential treatment | 0 | 1 | 2 | 3 | 4 | DK | |
| Inpatient hospitalization | 0 | 1 | 2 | 3 | 4 | DK | |
| Score: Out-of-Home Treatment Services (Max = 28) | | | | | | | |

| Score: Services | # | % |
|------------------|--|---|
| MAX = 136 | Not at all available = 0% Somewhat available = 1-25% Moderately available = 26-50% Substantially available = 51 -75% Extensively available = 76-100% | |

IV. System Infrastructure Based on System of Care Approach

| INFRASTRUCTURE COMPONENTS | Implementation During the Past 12 Months | | | | | | Score |
|--|--|--------------------------|----------------------------|-------------------------------|-----------------------------|------------|-------|
| | 0 = Not at all implemented | 1 = Somewhat implemented | 2 = Moderately implemented | 3 = substantially implemented | 4 = Extensively implemented | Don't know | |
| Point of Accountability Structure for System of Care Management and Oversight | 0 | 1 | 2 | 3 | 4 | DK | |
| Financing for System of Care Infrastructure and Services | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process to Manage Care and Costs for High-Need Populations (e.g., Care Management Entities) | 0 | 1 | 2 | 3 | 4 | DK | |
| Interagency Partnerships/Agreements | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process for Partnerships with Family Organization and Family Leaders | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process for Partnerships with Youth Organization and Youth Leaders | 0 | 1 | 2 | 3 | 4 | DK | |
| Defined Access/Entry Points to Care | 0 | 1 | 2 | 3 | 4 | DK | |
| Extensive Provider Network to Provide Comprehensive Array of Services | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process for Training, TA, and Workforce Development | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process for Measuring and Monitoring Quality, Outcomes, and Costs (including IT system) and for Using Data for Continuous Quality Improvement | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process for Strategic Communications/Social Marketing | 0 | 1 | 2 | 3 | 4 | DK | |
| Structure and/or Process for Strategic Planning and Identifying and Resolving Barriers | 0 | 1 | 2 | 3 | 4 | DK | |

| Score: Infrastructure | # | % |
|-----------------------|--|---|
| MAX = 48 | Not at all implemented = 0% Somewhat implemented = 1-25% Moderately implemented = 26-50% Substantially implemented = 51 -75% Extensively implemented = 76-100% | |

V. Commitment to the System of Care Philosophy and Approach

| GROUP | Extent of Commitment During the Past 12 Months | | | | | | Score |
|--|--|------------------------|--------------------------|-----------------------------|---------------------------|------------|-------|
| | 0 = Not at all committed | 1 = Somewhat committed | 2 = Moderately committed | 3 = Substantially committed | 4 = Extensively committed | Don't know | |
| Child-Serving Systems | | | | | | | |
| Mental Health System | 0 | 1 | 2 | 3 | 4 | DK | |
| Child Welfare System | 0 | 1 | 2 | 3 | 4 | DK | |
| Juvenile Justice System | 0 | 1 | 2 | 3 | 4 | DK | |
| Education System | 0 | 1 | 2 | 3 | 4 | DK | |
| Health System | 0 | 1 | 2 | 3 | 4 | DK | |
| Substance Use Treatment System | 0 | 1 | 2 | 3 | 4 | DK | |
| Courts/Judiciary System | 0 | 1 | 2 | 3 | 4 | DK | |
| Medicaid | 0 | 1 | 2 | 3 | 4 | DK | |
| Policy and Decision Makers | | | | | | | |
| High-Level Policy and Decision Makers at the Local Community or Regional Level | 0 | 1 | 2 | 3 | 4 | DK | |
| Providers | | | | | | | |
| Provider Agency Administrators and Mid-Level Managers | 0 | 1 | 2 | 3 | 4 | DK | |
| Direct Service Providers (Clinicians and Others) | 0 | 1 | 2 | 3 | 4 | DK | |
| Family and Youth Leaders | | | | | | | |
| Family Leaders | 0 | 1 | 2 | 3 | 4 | DK | |
| Youth Leaders | 0 | 1 | 2 | 3 | 4 | DK | |
| Managed Care Organizations | | | | | | | |
| Behavioral Health Managed Care Organizations | 0 | 1 | 2 | 3 | 4 | DK | |
| Managed Care Organizations Managing both Physical Health and Behavioral Health | 0 | 1 | 2 | 3 | 4 | DK | |

| Score: Commitment | # | % |
|--|---|---|
| <p>MAX = 60</p> <p>Not at all committed = 0% Somewhat committed = 1-25% Moderately committed = 26-50% Substantially committed = 51 -75% Extensively committed = 76-100%</p> | | |

| OVERALL ASSESSMENT | Assessment | | | | | | Score |
|--|----------------|--------------|----------------|-------------------|-----------------|------------|-------|
| | 0 = Not at all | 1 = Somewhat | 2 = Moderately | 3 = Substantially | 4 = Extensively | Don't know | |
| To what extent do you believe that the system of care approach is being implemented in your community or region? | 0 | 1 | 2 | 3 | 4 | DK | |

Rating Tool for Implementation of the System of Care Approach for Children, Youth, and Young Adults with Behavioral Health Challenges and Their Families

State, Tribe, or Territory Report

STATE, TRIBE, OR TERRITORY:

DATE:

LEAD CONTACT PERSON:

Name:

Title:

Organization:

Department:

Daytime Phone Number:

Email:

TOTAL NUMBER OF COMMUNITIES OR REGIONS:

NUMBER OF COMMUNITY-LEVEL REPORTS:

PROGRESS REPORT

| LEVEL OF SOC IMPLEMENTATION SCORES | | | | # Communities or Regions | % Communities or Regions |
|--------------------------------------|-----------|------------|--|--------------------------|--------------------------|
| Level I: No Implementation | (0) | (0%) | | | |
| Level II: Some Implementation | (1–100) | (1%–25%) | | | |
| Level III: Moderate Implementation | (101–200) | (26%–50%) | | | |
| Level IV: Substantial Implementation | (201–300) | (51%–75%) | | | |
| Level V: Extensive Implementation | (301–400) | (76%–100%) | | | |

| LEVEL OF SOC IMPLEMENTATION PROGRESS REPORT | | | | | |
|---|--------------------------|------------|--------|--------|--------|
| Level of SOC Implementation Rating | % Communities or Regions | | | | |
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Level I: No Implementation | (0) | (0%) | | | |
| Level II: Some Implementation | (1–100) | (1%–25%) | | | |
| Level III: Moderate Implementation | (101–200) | (26%–50%) | | | |
| Level IV: Substantial Implementation | (201–300) | (51%–75%) | | | |
| Level V: Extensive Implementation | (301–400) | (76%–100%) | | | |
| Mean Level of SOC Implementation Rating Across Communities | | | | | |

AVERAGE SCORES REPORT

| MEAN TOTAL SCORES ACROSS COMMUNITIES | Score | % |
|---|-------|---|
| 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) | | |
| Interagency 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 | | |

| MEAN TOTAL SCORES ACROSS COMMUNITIES | Score | % |
|--|-------|---|
| 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) Not at all committed = 0% Somewhat committed = 1-25% Moderately committed = 26-50% Substantially committed = 51 -75% Extensively committed = 76-100% | | |
| Mental Health System | | |
| Child Welfare System | | |
| Juvenile Justice System | | |
| Education System | | |
| Health System | | |
| Substance Use Treatment System | | |
| Courts/Judiciary System | | |
| Medicaid | | |
| High-Level Policy and Decision Makers at the Local Community or Regional Level | | |
| Provider Agency Administrators and Mid-Level Managers | | |
| Direct Service Providers (Clinicians and Others) | | |
| Family Leaders | | |
| Youth Leaders | | |
| Behavioral Health Managed Care Organizations | | |
| Managed Care Organizations Managing both Physical Health and Behavioral Health | | |
| TOTAL SCORE (MAX = 400) | | |

INDIVIDUAL COMMUNITY REPORT

LEVEL OF SOC IMPLEMENTATION SCORES FOR INDIVIDUAL COMMUNITIES OR REGIONS

Level I: No Implementation = 0 (0%)
 Level II: Some Implementation = 1-100 (1-25%)
 Level III: Moderate Implementation = 101-200 (51-75%)
 Level IV: Substantial Implementation = 201-300 (51-75%)
 Level V: Extensive Implementation = 301-400 (76-100%)

| Community or Region # | Community or Region Name | Total Score (0-400) | % (0-100%) |
|-----------------------|--------------------------|---------------------|------------|
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