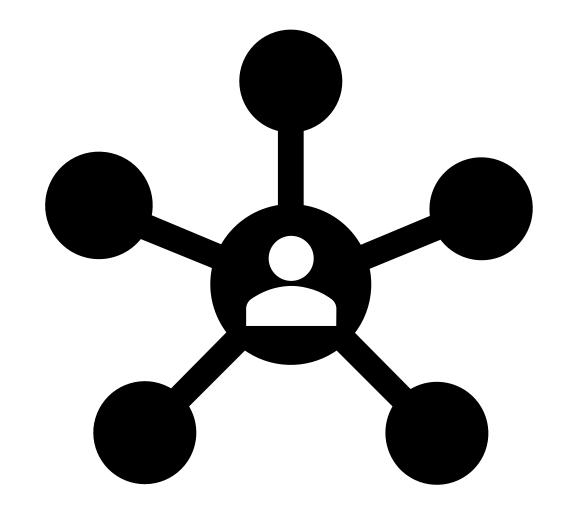
# Systems of Care 101

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## Learning Objectives



Understand the fundamental components of System of Care in order to explain SOC to others.



Help you to develop a local System of Care



Understand what resources are available to you for technical assistance.

# The System of Care Primer uses this definition

- "A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A system of care helps children, youth, and families function better at home, in school, in the community, and throughout life.
- <a href="https://gucchd.georgetown.edu/products/PRIMER2ndEd\_FullVersion.pdf">https://gucchd.georgetown.edu/products/PRIMER2ndEd\_FullVersion.pdf</a> pg 10

### System Of Care is:





A RANGE OF SERVICES AND SUPPORTS SUPPORTED BY AN INFRASTRUCTURE

A WAY TO KEEP YOUTH AT HOME, IN SCHOOL & IN THE COMMUNITY







**A PHILOSOPHY** 

# Hallmarks of the System of Care Approach

- The mental health service system is driven by the needs and preferences of the child and family, using a strengths-based perspective.
- Youth and Family involvement is integrated into all aspects of service planning and delivery.
- The locus and management of services are built on multi-agency collaboration and grounded in a strong **community base**.
- A broad array of services and supports is provided in an individualized, flexible, coordinated manner and emphasizes treatment in the least restrictive, most appropriate setting.
- The services offered, the agencies participating, and the programs generated are responsive to the **cultural** context and characteristics of the populations that are served.

<sup>•</sup> Center for Mental Health Services. (1998). Hallmarks of the system of care approach. In Annual report to congress on the evaluation of the comprehensive community mental health services for children and their families program. Atlanta, GA: Macro International, Inc.

# FACES OF MEDICAID: CHILDREN'S BEHAVIORAL HEALTH CARE UTILIZATION & EXPENDITURES

Of the 32 million children covered by Medicaid, about 1-in-10 use behavioral health care services



... and those children account for over 1/3 of all costs for children in Medicaid — totaling over \$30.2 billion

These children have mean expenditures 4x higher than children in Medicaid who only use physical health care \$10,259

\$ 2,492

Children using only physical health services Children using both physical and behavioral health services

#### Children covered by foster care and SSI/disability account for...

Over 1/4 of behavioral health service use among children in Medicaid



Half of total behavioral health care costs for children in Medicaid



Only a small portion of children covered by Medicaid



#### **OPPORTUNITIES FOR STATES TO IMPROVE QUALITY**



Expand access to evidence-based therapeutic interventions



Invest in care coordination models that use a wraparound approach to facilitate service delivery

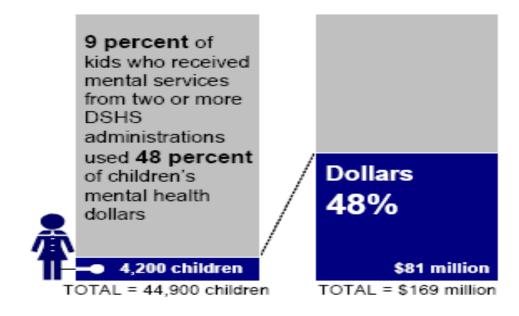


Ensure collaboration across child-serving systems to improve care coordination and oversight



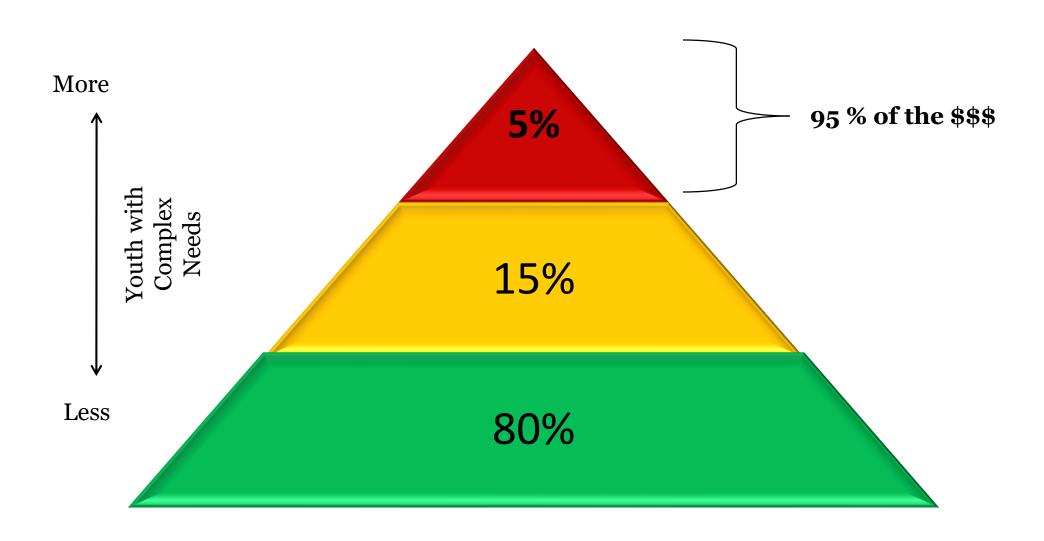
#### **Washington State**

The 9% of youth involved with multiple systems consume 48% of all DSHS and Health Care Authority resources



# An Unbalanced System of Care

Building Systems of Care: A Primer (Sheila Pires)





# Milestones in Evolution of Systems of Care

2013 SAMHSA Behavioral Health Disparity Impact Statements required of SOC Expansion and other grantees

**2013** FREDLA – family-run organizations

**2011 SAMHSA SOC Expansion grants** 

2010 CMS CHIPRA Quality grants – fidelity
Wraparound through Care Management Entities

2010 Health Reform - system of care principles in health care

2003 Children's Bureau - child welfare system of care grants

2003 YouthMove – *youth movement* 

2002 President Bush's New Freedom MH Commission - children's recommendations

1997 Robert Wood Johnson Foundation Mental Health Services Program for Youth – introduction of managed care approaches to SOC

1993 President Clinton's Health Care Reform Task Force - children's plan

1992 Annie E Casey Foundation Urban Mental Health Initiative

1992 SAMHSA CMHI - services and supports

1989 Federation of Families – family movement

1984 CASSP – interagency coordination

1982 Unclaimed Children





### **Historic/Current Systems Problems**

Lack of home and community-based services and supports

Deficitbased/medical models, limited types of interventions Patterns of utilization; racial/ethnic disproportionality and disparities

**Poor outcomes** 

Cost

Rigid financing structures

Administrative inefficiencies; fragmentation

Knowledge, skills and attitudes of key stakeholders



### Cha-cha-chachange: System reform initiatives

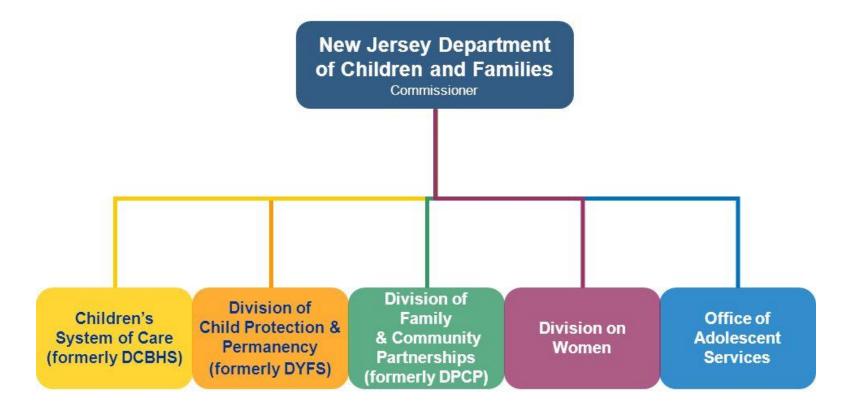
#### From

- Fragmented Service Delivery
- Categorical programs/funding
- Limited services
- Reactive, crisis oriented
- Focus on deep endrestrictive
- Children out of home
- Centralized authority
- Creation of "dependency"

#### To

- Coordinated service delivery
- Blended resources
- Comprehensive service array
- Focus on prevention/early intervention
- Least restrictive settings
- Children within families
- Community based ownership
- Creation of "self help"

#### NJ Department of Children and Families







# Understanding the New Jersey Children's System of Care (CSOC) for Children with Intellectual and Developmental Disabilities (I/DD)

#### What is the Children's System of Care (CSOC)?

The Children's System of Care, serves individuals with emotional and behavioral health care challenges and their families; and individuals with intellectual and developmental disabilities and their families. CSOC provides these services based on the needs of the individual and family in a family-centered, community-based environment.

#### Who is eligible?

- $\Rightarrow$  Individuals between the ages of 5 and 21, and live in NJ.
- ⇒ The parent or child must be a US citizen or permanent resident. You only need to provide the proof for the parent, or the child you are applying for, not both. (Read more: bit.ly/ddresidencyrequirementsnj)
- ⇒ Individuals with emotional or mental health issues
- ⇒ Individuals with behavioral health needs
- ⇒ Individuals with substance abuse problems
- ⇒ Individuals with intellectual and/or developmental disability (I/DD) \*Special consideration for services given to children under the age of 5\*

How can you access CSOC services	Who can make a Referral?	Resources	System Partners
To access services through CSOC call <b>1-877-652-7624 or TTY at 1-866-896-6975</b> . This is the single point of entry into the Children's System of Care. This number connects you to PerformCare, the Contracted System Administrator (CSA) for the Children's System of Care. PerformCare can be reached 24/7, 365 days a year.	The parent/guardian must make the call to PerformCare to ask for assistance.  Who can help the parent/ guardian make that call:  • teachers or child study team  • social workers or clinicians  • medical personnel  • pastors  • others involved with the child or family	PerformCare-Intellectual and Developmental Disability Services Website: bit.ly/performcareidd  PerformCare's Youth and Family Guide: bit.ly/youthandfamilyguide  CSOC ResourceNet Links: www.njresourcenet.org	Depending on a child's unique needs, services and supports may include key partners in the Children's System of Care (CSOC):  • Children's Mobile Response and Stabilization Services (MRSS)  • Care Management Organization (CMO)  • Family Support Organization (FSO)

# Oregon's System Of Care

In 2009 HB 2144 rolled out the Statewide Children's Wraparound Initiative (SOCWI)

SOC was implemented, statewide in 2014

The SOC governance structure was designed to bring local communities together to address services and supports that may be missing and to develop new and improved supports and services

# Local System of Care Governance







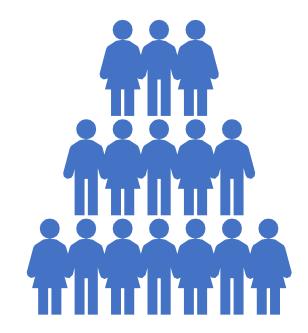
Practice Level Workgroup

**Advisory Committee** 

**Executive Council** 

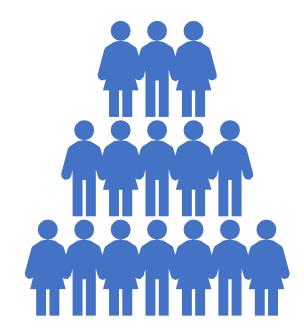
# Practice Level Workgroup

- WHY: to address practice level barriers
- **WHO**: Program level supervisors from child serving systems, those who oversee individuals providing direct care to youth and families, youth, youth advocates, family members and family advocates, & other supervisors of local community supports and services
- WHAT: reviews practice barriers, remove barriers when possible, and submit barriers that remain unresolved to the Advisory Committee for resolution and/or advancement to the State System of Care Steering Committee



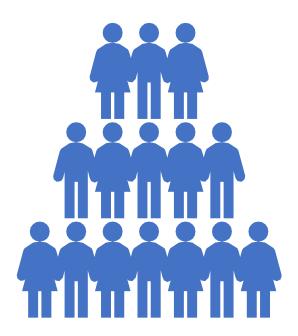
# Advisory

- WHY: To address system level issues
- WHO: Individuals with budget and policy awareness and ability to make decisions on behalf of their agency, managers from child serving systems, managers from community based organizations, youth, youth advocates, family members and family advocates
- WHAT: Respond to system level barriers, develop a strategic plan, review data/outcomes from child serving programs, and refer barriers that cannot be resolved up to the Executive Committee
  - Develop a way of making decisions as a group, document barriers, document solutions,
  - Barriers specific to the Advisory: systems issues requiring policy change, potential budget changes



### Executive

- WHO: Individuals with budget and policy changing abilities, directors, judges, commissioners, directors from child serving systems, directors from community based organizations, youth and/or youth advocates, & family members and/or family advocates
- WHAT: Address system barriers that require policy and funding changes, create and or, provide guidance on a SOC strategic plan, and send barriers that cannot be resolved to the State level SOC Steering Committee
  - Develop a way of making decisions as a group, document barriers, document solutions,
  - Scope of Barriers specific to the Executive council: Workforce development, policy changes, blending funding, development of new programs etc.



# Senate Bill 1's: System of Care Advisory Council



To improve the effectiveness and efficacy of state and the continuum of care that provide services to youth, ages 0 – 25, by providing a centralized and impartial forum for statewide policy development and planning.



Develop and maintain a state System of Care policy and a comprehensive, long-range plan and recommendations for a coordinated state System of Care



Provide oversight for programs



Monitor children's system data

# Connecting State and Local System of Care

Children's Cabinet

System of Care Advisory Council

• State-wide policy & practice, recommendations for change, funding

System of Care Steering Committee

• Ensure full continuum of care, problem solving to address SOC gaps for policy and funding by reviewing local SOC barriers.

System of Care Executive

System of Care Advisory Group

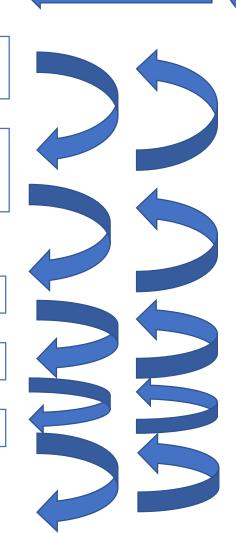
**Practice Level Committees** 











• Now What? Once you have the philosophy embedded, you can begin the strategic process of building and expanding your System of Care.

- What is your mission?
- **Don't just wait for Barriers-** vision changes, expansions and improvements
- How will you combine CCO contract requirements with the local needs of your community?
- What does collaboration across agencies look like in your community?
- Who has the organizational authority to lead this work?
- What is important to your community? Use this as a starting point.



### Technical Assistance

- Portland State University's System of Care Institute
   https://www.pdx.edu/ccf/systems-of-care-institute
   is staffed with consultants, and trainers who are here to support System of Care development and implementation needs. <a href="mailto:orsoc@pdx.edu">orsoc@pdx.edu</a> or by calling Brooke Rizor, Director at 503.725.5914
- <u>Statewide.SOC@state.or.us</u> is the email for the SOC Steering Committee for Executive Councils
- Youth ERA Contact email: <u>activatethe@youthera.org</u> or by emailing Crissy Oyervides, Training Coordinator and Coach at <u>coyervides@youthera.org</u>

### Technical Assistance

- -Oregon Family Support Network: Facilitate group discussions for SOC Family Advisory Councils to provide meaningful family voice Facilitate and develop a community plan for sustainable family engagement at SOC meetings. Tammi Paul <a href="mailto:TammiP@ofsn.net">TammiP@ofsn.net</a>
- -Email Address to submit local barriers to the SOC Steering Committee:

<u>Statewide.SOC@state.or.us</u> please request state level barrier submission form from Nat Jacobs

# System of Care Primer

 For more in depth information about SOC and being a System Builder read: <a href="https://gucchd.georgetown.edu/products/PRIMER2ndEd FullVersion.pdf">https://gucchd.georgetown.edu/products/PRIMER2ndEd FullVersion.pdf</a>

### Please remember that SOC is....

- \*A philosophy that is grounded in the values of being family-driven, youth-guided, community based and culturally and linguistically responsive.
- \*A way to keep youth at home, in school, & in the community.
- \*Culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, has supportive policy and management infrastructure, and is data-driven.



# CCO SOC Reporting Requirements Webinar: Jan 27<sup>th</sup> from 11-12



#### **Objectives:**



Review CCO SOC language



Share guidance for completing deliverables



Offer templates



Review technical assistance options