

## ISSUE BRIEF

# Strategies FOR Expanding THE System of Care Approach

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## **Acknowledgments**

This issue brief summarizes the findings from a study on effective strategies for expanding the system of care approach that was undertaken as part of the national evaluation of the federal Comprehensive Community Mental Health Services for Children and Their Families Program. This study could not have been conducted out without the input and assistance of many people. The directors of children's mental health in the nine states that were included in the study not only shared their perspectives, but also enlisted others to participate. In total, 52 individuals were interviewed, and the authors are most appreciative of their time and contributions.

At each stage of the study, leaders in children's mental health from around the country contributed their ideas and feedback. Local, state, and federal policy makers and administrators; service providers; family members; youth; researchers; and technical assistance providers all offered valuable and much appreciated input. Special appreciation is due to Gary Blau, Ph.D., chief of the Child, Adolescent and Family Branch of the Federal Center for Mental Health Services, and Brigitte Manteuffel, Ph.D., of ICF Macro, principal investigator for the national evaluation, for their guidance and thoughtful review.

Twenty-five years ago, we were privileged to have the opportunity to present a vision for a system of care to better serve children, youth, and families. We were again privileged to have had this new opportunity to gather and present what we believe to be very helpful information to expand the implementation of the system of care approach. Throughout this study, we were impressed by the outstanding work and commitment of so many people across the country. We hope that the study does justice to their work and will enhance efforts to improve services and outcomes for children, youth, and young adults with mental health challenges and their families.

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# Background and Context

Since 1992, the federal Comprehensive Community Mental Health Services for Children and Their Families Program (or the Children’s Mental Health Initiative, CMHI) has invested resources in implementing the system of care approach in communities across the nation. With a strong history of demonstrating the effectiveness of this approach, the Substance Abuse and Mental Health Services Administration (SAMHSA) is turning its attention to strategies for expanding systems of care throughout states, tribes, and territories (hereafter referred to as “states”; SAMHSA, 2011). To support this new focus, a study was undertaken to identify lessons that can be learned from a diverse group of states that have made significant progress in promoting the widespread adoption of systems of care. This issue brief is based on the study results and is an outgrowth of efforts across the country to achieve the large-scale systemic changes that are required to expand the system of care approach.

The children’s mental health field took a major step forward in the mid-1980s with the initiation of the Child and Adolescent Service System Program (CASSP) and the introduction of the concept of a “system of care.” Originally defined as a “comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families” (Stroul & Friedman, 1986, p. 3), the approach has gained broad acceptance. In fact, the system of care approach has reshaped children’s mental health services to the extent that at least some elements of the system of care philosophy and approach can be found in nearly all communities across the nation (Stroul, Blau, & Friedman, 2010). The approach has also been adopted by child welfare, juvenile justice, education, and

substance abuse systems; early childhood programs; systems designed to serve youth and young adults in transition to adulthood; and even many adult-serving systems.

Although the system of care 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 throughout the nation. A recently updated definition of the system of care concept and philosophy is shown in Table 1 (Stroul et al., 2010).

## Children’s Mental Health Initiative

The CMHI is designed to provide funding for communities to implement systems of care (Stroul, Blau, & Sondheimer, 2008). As of 2011, the CMHI has invested nearly \$1.6 billion in grants to 173 communities in all 50 states, Puerto Rico, Guam, the District of Columbia, and 21 American Indian/Alaska Native communities. Initially providing funding in the form of 5-year demonstration grants, the legislation was revised to add a 6th year of funding, and the funding subsequently took the form of cooperative agreements (hereafter referred to collectively as grants). In addition to the program’s time-limited grants to support system reform and build service capacity, an increasingly explicit goal has been to develop systems of care that are sustained after the grants end and that have an impact on communities around the country whether or not they actually receive a grant. Such an impact has been achieved through developing effective strategies for implementing systems of care, collecting outcome data that demonstrate positive effects, building strong constituencies for systems of care, and widely disseminating the information that has been gathered.

TABLE 1

## SYSTEM OF CARE CONCEPT 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, strengths, and needs of each child and family, guided by an individualized, “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 community, state, territory, tribe, and nation.
5. Ensure cross-system collaboration, with linkages among child-serving systems and mechanisms for system-level management, coordination, and integrated management of service delivery and costs.
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-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 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, socio-economic status, geography, language, immigration status, or other characteristics, and services should be sensitive and responsive to these differences.

## Expanding the System of Care Approach

Extensive evaluation and research have documented the effectiveness of the system of care approach (Manteuffel, Stephens, Brashears, Krivelyova, & Fisher, 2008). The national evaluation of the CMHI has consistently found that implementing the approach at the system and service delivery levels results in positive outcomes. With changes in service delivery and frontline practice, children and youth have demonstrated improvements in clinical and functional outcomes, increases in behavioral and emotional strengths, reductions in suicide attempts, improvements in school performance and attendance, fewer contacts with law enforcement, reductions in reliance on inpatient care, and more stable living situations. Data also have shown that caregivers of children and youth served within systems of care experience reduced strain associated with caring for a child or youth who has a serious mental health condition, more adequate resources, fewer missed days of work due to the mental health needs of their child, and improvement in overall family functioning (Manteuffel et al., 2008).

At the system level, the evaluation of the CMHI has shown that grantees change their policies, infrastructure, and services in accordance with the system of care philosophy. The evaluation has also shown that the system of care approach is a cost-effective way of investing resources by redirecting funds from deep-end services (inpatient and residential treatment) to home- and community-based services and supports (Gruttadaro, Markey, & Duckworth, 2009; Maine Department of Health and Human Services, 2011; Maryland Child & Adolescent Innovations Institute, 2008; Manteuffel et al., 2008). As a result of these positive outcomes, SAMHSA launched a new effort to further this progress by providing funds to states to develop comprehensive strategic plans for widespread expansion of the system of care approach so that more children and families can benefit (SAMHSA, 2011).

The system of care 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. SAMHSA's System of Care Expansion Planning Grant program is intended as a step toward achieving the ultimate objective in SAMHSA's theory of change. This study on strategies for expanding the system of care approach will inform the work of states as they develop and implement system of care expansion plans.

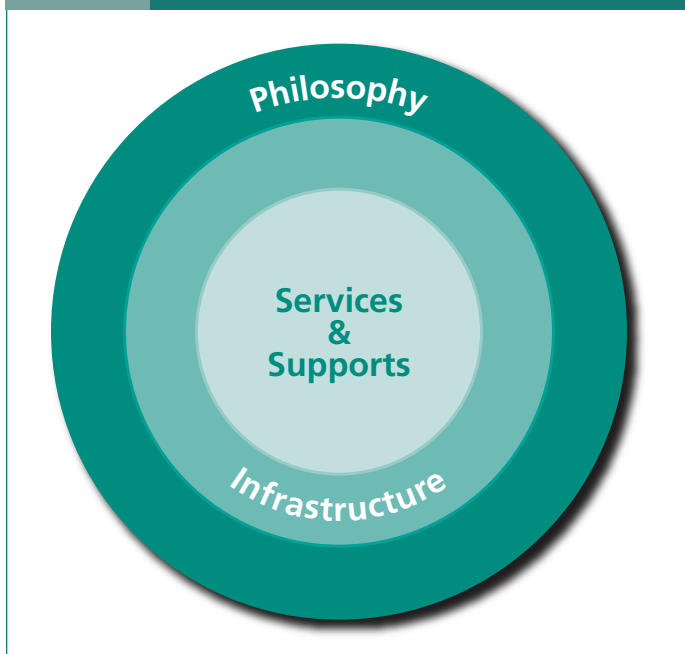
## Conceptual Framework for System Change

At its broadest level, the framework for the study conceptualized systems of care 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, as shown in Figure 1. Specifically, these encompass: (1) a set of values and principles; (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, and quality improvement); and (3) actual interactions with children, youth, and families at the service delivery level that are consistent with the system of care philosophy. The study focused on the expansion of these major elements of the system of care approach.

A conceptual framework was then developed that focused specifically on expanding systems of care. The framework was built on prior research on

**FIGURE 1**

**ELEMENTS OF THE SYSTEM OF CARE APPROACH**



making and sustaining systemic changes and includes five “core strategy areas” (Stroul & Manteuffel, 2007, 2008). Within each of these core strategy areas, a number of more specific sub-strategies were identified. For example, specific sub-strategies for creating or improving financing approaches include increasing the use of Medicaid, increasing the use of federal grants, increasing the use of funds from other child-serving systems, and redeploying funds from higher-cost services to lower-cost services. Table 2 shows the core strategy areas with the corresponding sub-strategies. In several instances, new sub-strategies to include in the strategic framework were identified through interviews with study informants and through discussions with expert advisors. Where applicable, those sub-strategies are included in the table.

To explore effective strategies for expanding the system of care approach, nine states were identified that had made significant progress in statewide system of care expansion and were selected for inclusion in the study (Stroul & Friedman, 2011). Each of these states has received

**CORE STRATEGY AREAS**

- I. Implementing Policy, Administrative, and Regulatory Changes
- II. Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach
- III. Creating or Improving Financing Strategies
- IV. Providing Training, Technical Assistance, and Coaching
- V. Generating Support

at least one prior system of care grant as part of the federal CMHI. New Jersey is at the low end of this range, having received only 1 grant; Michigan is at the high end, having received 6 grants. In all, 31 grants have been awarded across all states.

Based on the conceptual framework comprised of the five core strategy areas, an interview protocol was developed to determine which strategies had been used in each state and which were judged to be effective. Interviews were conducted with four to seven individuals in each state, including representatives of state and community lead agencies, families and youth, and others identified as important to system of care expansion within each state. Information was then analyzed to identify effective expansion strategies and lessons learned. These findings establish a research base for implementing the high-level systemic changes needed to move toward widespread adoption of the system of care approach and are intended to assist other states in their efforts to expand their systems of care statewide.

**STATES STUDIED**

Arizona	Maryland	North Carolina
Hawaii	Michigan	Oklahoma
Maine	New Jersey	Rhode Island

TABLE 2

## STRATEGIC FRAMEWORK FOR EXPANDING THE SYSTEM OF CARE APPROACH: FIVE CORE STRATEGY AREAS AND SUB-STRATEGIES

### I. Implementing Policy, Administrative, and Regulatory Changes

*Making state-level policy and regulatory 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*

#### Sub-Strategies

- Establishing an organizational locus of system of care 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 system of care approach as requirements in requests for proposals and contracts
- Enacting legislation that supports the system of care approach
- Incorporating the system of care approach in protocols to monitor compliance with system of care requirements
- Incorporating the system of care 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)

### II. Developing or Expanding Services and Supports Based on the System of Care 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*

#### 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, telemedicine, 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 system of care approach*

#### Sub-Strategies

- Increasing the use of Medicaid
- Increasing the use of federal system of care 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)



TABLE 2  
CONTINUED**STRATEGIC FRAMEWORK FOR EXPANDING THE SYSTEM OF CARE APPROACH: FIVE CORE STRATEGY AREAS AND SUB-STRATEGIES****IV. Providing Training, Technical Assistance, and Coaching**

*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 to support expansion of the system of care approach*

**Sub-Strategies**

- Providing training, technical assistance, and coaching on the system of care 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

**V. Generating Support**

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

**Sub-Strategies**

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

## Effective Strategies for Expanding the System of Care Approach

Each core strategy area is discussed below. The most effective strategies and those found to be underutilized are described. The study team defined underutilized strategies as those that have the potential to have an impact on system of care expansion but were not used in most states. States have used strategies selectively, choosing those that they considered to be the most appropriate for their particular contexts. Examples of how each strategy was implemented in the states studied are included.

### I. Implementing Policy, Administrative, and Regulatory Changes

The first core strategy area involves a range of system changes that are directed at making state-level policy and regulatory 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.

#### Most Effective Strategies

##### Establishing an Ongoing Locus of Management and Accountability for Systems of Care

Creating or assigning a viable, ongoing focal point of accountability and management at the state and

local levels (e.g., agency, office, staff) to support system of care expansion proved to be essential in providing continuous leadership and management for systems of care. In most states in the study sample, a state-level agency has taken the lead for system of care development and has had major responsibility for both policy and system management and oversight. A number of states have interagency entities serving as policy-making bodies; however, those states also have a focal point of management and accountability within an agency that manages system of care implementation. An example of this dual approach can be seen in Maryland, where the administrative locus of accountability is in the Office of Child and Adolescent Services of the Mental Hygiene Administration, and policy leadership is provided by a Children’s Cabinet at the governor’s level that comprises executives from child-serving agencies.

At the local level, focal points of management and accountability for system of care implementation vary. Regional behavioral health entities, cross-system bodies, community collaboratives, mental health agencies, and care management entities (CMEs) have all been used as local management structures. For example, Regional Behavioral Health Authorities (RBHAs) are responsible in Arizona, cross-system entities are used in Maine, mental health agencies are assigned in Michigan and Hawaii, and CMEs are used in New Jersey and Maryland.

### **Developing and Implementing Strategic Plans**

Developing and implementing plans that establish the system of care philosophy and approach as goals for the state’s service delivery system were found to be essential to guide expansion efforts. Most of the states have used a strategic plan, whether formal or informal, as a blueprint for system of care expansion. A formal strategic plan for statewide systems of care was created in response to a class action settlement in Arizona, and Maryland has followed an interagency strategic plan created at the Children’s Cabinet level with extensive community and stakeholder

input. New Jersey used a concept paper to guide statewide system of care implementation, and Oklahoma has used action plans and logic models.

### **Strengthening Interagency Collaboration**

Cultivating strong interagency partnerships was seen as a critical strategy for system of care expansion, particularly in cases where such partnerships have led to cross-agency financing of system of care infrastructure and services. Such relationships were seen in interagency structures, interagency agreements that incorporate the system of care approach, and interagency partnerships for coordination and/or financing. In several states (e.g., Arizona, North Carolina, Oklahoma), partnerships with the state Medicaid agency have resulted in coverage for a broader range of services and supports. A partnership between the mental health and child welfare agencies in Michigan has been instrumental in system of care expansion by creating system of care pilots in eight areas, with plans for eventual statewide implementation.

### **Promulgating Rules, Regulations, Standards, Guidelines, and Practice Protocols**

Promulgating rules, regulations, standards, guidelines, or practice protocols that require elements of the system of care philosophy and approach is another important component of an overall expansion strategy. Rules and regulations have been used as a strategy in some states, for example, Medicaid rules in Maryland and Oklahoma. Other states have relied more on standards and guidelines to promote expansion, such as practice protocols in Arizona and standards for lead agencies in Rhode Island.

### **Incorporating the System of Care Approach in Requests for Proposals and Contracts**

Requirements for the various elements of the system of care approach in requests for proposals (RFPs) and contracts with providers, lead agencies, and managed care organizations have been used widely to support expansion efforts. Interviewees noted that requirements are best used in combination with other strategies, including incentives such as

financing and training, to generate commitment to this approach. Contractual requirements have been used effectively to ensure that all system participants are aligned with the system of care approach and with the state's system of care expansion goals. For example, in Maine, all providers receiving state funds are required to apply system of care principles. In Michigan, health plans under the managed care system must contractually implement systems of care, and in New Jersey there are performance requirements in contracts related to the system of care philosophy.

## Underutilized Strategies

### Incorporating the System of Care Approach in Monitoring Protocols

The use of monitoring protocols as a mechanism for assessing the implementation of system of care requirements was not identified as a frequently used strategy. However, some states found monitoring to be an effective strategy. For example, in New Jersey, site reviews, reviews of performance data, and audits make up an important expansion strategy, and data dashboards provide local and statewide information on system of care development. Oklahoma uses annual site visits and monthly reports on system performance to monitor the implementation of the system of care approach. Other states were in early stages of developing capabilities in this area.

### Enacting Legislation

Legislation has not been used as an expansion strategy in most states studied. An exception is Rhode Island where several pieces of legislation are seen as instrumental in establishing the basis for statewide expansion of the system of care approach, such as legislation requiring blended funding to support system of care development and legislation requiring collaboration and joint planning with the state Medicaid agency. In Maryland, legislation was passed in 2011 to remove barriers to family-driven care and to align the state's service delivery system with the system of care approach set forth in its interagency strategic plan. Several informants in other states

indicated that legislation would be helpful in lending “weightiness” to expansion goals.

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

The second core strategy area involves 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.

### Most Effective Strategies

#### Creating or Expanding a Broad Array of Services and Supports

All the states have broadened their service array to offer a comprehensive range of home- and community-based services and supports, which is an inherent characteristic of systems of care.

Expanded coverage under Medicaid has been a primary vehicle for accomplishing this goal. New services and supports include respite, family and youth peer support, intensive care management, intensive home-based services, therapeutic behavioral aide services, skills training, therapeutic foster care, mobile crisis services, crisis stabilization, specific evidence-based practices, and mentoring among others.

#### Creating or Expanding an Individualized Approach to Service Delivery

An individualized or wraparound approach to service planning and delivery has been a central component of the expansion efforts in all the states and has been the primary mechanism for operationalizing the system of care approach at the service delivery level. Most of the states require child and family teams for youth with the most serious and complex service needs, with full family and youth involvement, individualized service

plans, care coordination, and flexible funds to purchase services and supports not covered by other funding sources. Extensive training in the wraparound approach is provided in many states. Wraparound fidelity is often measured using tools from the National Wraparound Initiative, which is a consortium of individuals and organizations seeking to promote high-fidelity wraparound implementation and evaluation ([www.nwi.pdx.edu](http://www.nwi.pdx.edu)).

### **Creating or Expanding CMEs and Care Management Services**

Another important system change involves creating or expanding CMEs 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. A number of the states have created CMEs. Examples include Arizona's RBHAs, New Jersey's Care Management Organizations in each county, and Maryland's CMEs that cover the entire state. These CMEs are an important expansion strategy and a significant service system innovation. In addition, some of the states have expanded intensive care management services, such as Arizona's high-need care management services and Maine's extensive use of targeted case management.

### **Implementing Family-Driven, Youth-Guided Services and Expanding Family and Youth Involvement in Service Delivery**

The states view the expansion of family and youth involvement at the service delivery level as a basic tenet of systems of care, with the core value of family-driven and youth-guided services. Family and youth involvement is also a fundamental principle of the wraparound approach and is considered an important strategy for supporting system of care expansion. Some states, such as Arizona, require family and youth involvement in contracts with RBHAs and providers. Nearly all states have family support partners who help families navigate service systems and provide peer support. In some cases, peer support is funded through a contract with a family organization. In New Jersey, a Family Support Organization is tied to each CME

and facilitates family engagement and involvement in services through peer-to-peer support provided by parent partners. Each of these Family Support Organizations also houses a Youth Partnership.

## **Underutilized Strategies**

### **Creating or Expanding the Use of Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches**

A number of states are supporting the implementation of specific evidence-informed practices, such as Trauma-Focused Cognitive Behavior Therapy in Maine and Parent Management Training-Oregon Model in Michigan. Others are implementing or exploring the "common elements" approach that identifies practice components across evidence-based interventions and provides training to clinicians in using these approaches. Other than in Maine, however, the states did not identify implementation of evidence-informed practices as a specific expansion strategy.

### **Creating, Expanding, or Changing the Provider Network**

Although expanding the provider network for the expanded array of services and supports is an underutilized strategy, several states found it to be an effective strategy. Arizona, for example, added a new type of provider agency for direct support and rehabilitation services, and Rhode Island expanded the provider network beyond community mental health centers through its newly created Family Care Community Partnerships. Others have expanded their networks by adding providers for new services such as respite, mentoring, and therapeutic behavioral aide services.

### **Improving the Cultural and Linguistic Competence of Services**

Activities are under way in the states to enhance the cultural and linguistic competence of their services, although these activities were generally not defined as strategies for expanding the system of care approach. The states described strategies including incorporating culture-specific services in their service array (as in Hawaii), recruiting culturally diverse

providers (as in Maryland), and training (as in Oklahoma). In Arizona, a culture discovery process is seen as an integral part of the wraparound approach, and the cultural and linguistic competence of services at the practice level is measured using the System of Care Practice Review tool. This tool measures how well the system of care approach is applied at the service delivery level.

### **Reducing Racial, Ethnic, and Geographic Disparities in Service Delivery**

Similar to improving the cultural and linguistic competence of services, reducing disparities was identified as an important goal but was not generally defined as a strategy for system of care expansion. Several of the states have received grants that specifically target rural areas or communities of color; for example, Maine's efforts to serve its Somali population. Interviewees noted that geographic disparities are reduced simply by expanding the system of care approach statewide.

## **III. Creating or Improving Financing Strategies**

Financing is indispensable to expanding the system of care approach, and the states are creating or improving financing mechanisms and using funding sources more strategically to support the infrastructure and services comprising systems of care.

### **Most Effective Strategies**

#### **Increasing the Use of Medicaid**

Increasing the use of Medicaid to finance services and supports was unequivocally the primary and most effective financing strategy that the states have used. Three major approaches were used:

- Expanding the array of covered services by adding new service codes and definitions and by revising existing service definitions to cover such services as intensive home-based services, intensive outpatient substance use services, respite, family and peer support, treatment planning, the wraparound process, therapeutic foster care, supported housing and employment, mobile crisis response, crisis stabilization,

therapeutic behavioral aide services, skills training, traditional Native healers, specific evidence-based practices, assertive community treatment, and targeted care management

- Using multiple Medicaid options and waivers to finance services and supports as seen in the options and waivers implemented in Michigan
- Generating Medicaid match with funds from both mental health and other child-serving systems to draw down increased federal Medicaid funds, as in New Jersey where funds are pooled across mental health, child welfare, and Medicaid to draw down additional federal funds including funds from residential and group home services to be redirected to home and community-based services

#### **Increasing the Use of Federal Grants to Finance Systems of Care**

Federal grants, especially system of care grants through the CMHI, have been used to support statewide expansion of systems of care. These grants have been used strategically as vehicles for leveraging other long-term financing sources. Maine and Rhode Island are examples of states that have used system of care grants to put in place structures and long-term financing for statewide system of care implementation. In Maryland, multiple federal grants have been linked and have built on one another to move statewide expansion forward. Federal Mental Health Block Grants have also been used to fund activities that support statewide expansion. For example, counties in Michigan can apply for Mental Health Block Grant funds to support system of care planning.

### **Underutilized Strategies**

#### **Increasing the Use of State Mental Health and/or Substance Use Funds**

The strategy of obtaining new or increased state mental health funds has not been used for expansion primarily because of the lack of availability of these funds in the context of state budget crises. Although some mental health general revenue funds may have been used previously to support services not covered under

Medicaid, budget cuts have had a dramatic effect on their current availability. In North Carolina, however, state mental health funds have been used for statewide conferences on the system of care approach, support of Local Management Entities and their system of care coordinators, school-based system of care coordinators, and collaborative activities. State funds in Maryland pay for crisis response and respite services for children who do not qualify under their Psychiatric Residential Treatment Facility Medicaid Waiver. No state reported using state substance abuse funds as a strategy for expanding the system of care approach.

### **Increasing the Use of Funds from Other Child Serving Systems**

Using funds from partner child-serving systems has worked well in several states, but overall is an underutilized expansion strategy. For example, in Michigan, child welfare funds are currently used to support systems of care in eight counties, with plans for statewide expansion. Child welfare and juvenile justice funds have supported both wraparound and specific evidence-informed interventions in Maine. In Rhode Island, funds across child-serving systems are being used to support statewide system of care implementation, and in Maryland, the Children's Cabinet is a vehicle for blending resources across agencies to fund the services provided by CMEs.

### **Redeploying Funds**

The process of redeploying funds from high-cost residential and inpatient services to home- and community-based services is underutilized, although this strategy has proven effective in states such as Maine, Michigan, and New Jersey. In some cases, savings from reduced utilization of inpatient and residential services have had to be returned to state treasuries in the current fiscal environment, rather than be reinvested in community-based services and supports. In Rhode Island, a cap on beds has been established; 50 percent of the savings is reinvested in home- and community-based services, and the other 50 percent is returned to the state's treasury.

### **Increasing the Use of Local Funds**

Local funds are not being used as an expansion strategy in most states studied. In Michigan, the child welfare system has county child care funds, and decision-making power about the use of those funds is at the local level. With approval from the state child welfare agency, counties can redirect these funds and blend them with mental health funds to draw down additional Medicaid funds. One Michigan community has a juvenile justice millage (i.e., property tax) that funds some system of care activities, such as an alternative school and recreation programs. Other communities may be considering the idea of a millage.

### **Increasing the Use of Federal Entitlements Other Than Medicaid**

No state reported using other federal entitlements as a source of funding for system of care infrastructure or services. There was consensus among key informants that this was not a viable financing strategy for expanding the system of care approach.

## **IV. Providing Training, Technical Assistance, and Coaching**

The system of care approach cannot be expanded without a skilled workforce to provide services and supports consistent with this framework, and the lack of a workforce was identified as a barrier in some states. Several effective strategies for addressing workforce development needs were identified.

### **Most Effective Strategies**

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

Training has been a vital expansion strategy in all the states studied, and substantial resources have been invested in providing training and technical assistance on the system of care approach. Outside consultants, partnerships, and contracts with universities, state staff, and system of care communities have all provided vehicles and resources for developing a workforce that is skilled and prepared to work within a system of care framework. For example, Arizona brought

consultants into the state to provide training in wraparound. In Maine, a federally funded system of care community provides training to other communities on the system of care approach and evidence-informed practices. Partnerships with universities have been used in North Carolina, Hawaii, and Maryland. Michigan includes a state-employed wraparound trainer on staff.

### **Creating Training and Technical Assistance Capacity**

Providing training alone does not meet long-term workforce development needs. The capacity for ongoing training and technical assistance on systems of care is also needed and was seen as a highly effective strategy. Particularly given the turnover among administrators, managers, and providers, ongoing training is considered key to expansion and to continued development and improvement of the workforce. Potential structures include institutes, centers of excellence, technical assistance centers, intermediary organizations, and partnerships with higher education. Both Maryland and New Jersey have established centers at universities that provide ongoing training, while capacity has been created at local system of care sites and provider agencies in Michigan, Maine, and Oklahoma.

### **Underutilized Strategies**

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

Training on effective practices has generally not been used systematically as a strategy to support system of care expansion. This strategy has the potential to improve outcomes and thereby garner support for expansion efforts but was generally not used for expansion purposes. Exceptions are found in Maryland, where the Innovations Institute is the hub for statewide training on evidence-informed services, and in Michigan, where community agencies provide training on the specific evidence-informed practices that are being implemented statewide. Training is also provided in Maine on effective services such as Trauma-Focused Cognitive Behavior Therapy and Multisystemic Therapy.

## **V. Generating Support**

System of care expansion cannot occur without the support of high-level policy and decision makers. In addition, expansion efforts can be derailed if families, youth, providers, managed care organizations, and other state and community leaders do not buy into the approach and support its expansion. Thus, this core strategy area focuses on strategies to generate support for system of care expansion.

### **Most Effective Strategies**

#### **Establishing Strong Family and Youth Organizations**

A highly effective strategy identified by the states is supporting the development of strong family organizations that take a leadership role in supporting and becoming closely involved in statewide expansion efforts. Typically, this strategy is accomplished through state contracts with family organizations that support family involvement at the system level. The role of family organizations has been instrumental in most states. For example, in Maryland, the statewide family coalition is credited with having a significant impact on maintaining expansion efforts in the face of changes of administration and budget deficits.

The development and role of youth organizations is considerably behind that of family organizations in all the states. Youth organizations are sometimes embedded in family organizations, such as in Hawaii, Michigan, and New Jersey. The national youth organization Youth M.O.V.E. (Youth Motivating Others through Voices of Experience) is becoming increasingly involved in national policy and in the development of state and local youth organizations. Youth organizations are in early stages of assisting with system of care expansion efforts through public education and outreach to key constituencies.

### **Generating Support Among High-Level Policy and Decision Makers**

Support among high-level decision makers was identified as a requirement for statewide expansion of the system of care approach. Efforts to garner support have focused on state-level policy and decision makers. A variety of approaches are used, including providing data, educational briefings, concept papers, plans, reports, and meetings with families and youth. In Michigan, high-level decision makers have been included in delegations to federal meetings (e.g., system of care training institutes, policy academies) to engage them in expansion efforts. The Children's Cabinet in Maryland has been fully engaged in system of care expansion, and its members have become champions for the approach. Support from the legislature and governor was reported to be critical for system of care expansion in Rhode Island, and system of care leaders thought strategically about how to involve key policy makers in opportunities to support system change. A focus on gaining the support of local decision makers was identified in Rhode Island, where concept papers were used to engage local leaders. In North Carolina and Oklahoma, local collaboratives work to garner support among local decision makers.

### **Using Outcome Data**

Data on outcomes at both the system and service delivery levels are important components of securing the support of decision makers for statewide expansion. In Maine and Oklahoma, for example, data are presented to legislators and other policy makers. In Maryland, effectiveness data from various pilots helped promote statewide implementation. North Carolina has used outcome data from federally funded system of care communities to generate support for expansion.

## **Underutilized Strategies**

### **Using Cost Avoidance Data**

An approach used less frequently involves using data on cost avoidance across systems and/or comparisons with high-cost services to make the

case for statewide expansion. Given the difficult economic situation in most states and the lack of new monies, it is important to demonstrate that the system of care approach results in reduced utilization of inpatient and residential treatment placements while showing positive clinical and functional outcomes. Oklahoma and Michigan have been able to demonstrate cost avoidance based on reducing the utilization of residential treatment centers and other out-of-home services. Other states studied did not report using this approach.

### **Cultivating Partnerships With Providers and Other Key Leaders**

To some extent, states have intentionally pursued partnerships with providers, provider agencies, and managed care organizations to engage them in expansion efforts, but this generally has been an underutilized strategy. One exception is in Michigan, where the state works closely with the children's mental health leaders in each community mental health agency on system of care implementation issues. Also, Rhode Island seeks input from community providers on all plans and policy documents, creating buy-in and commitment to the system of care approach. Work to generate support from various types of civic leaders was generally not cited as an expansion strategy.

### **Generating Support Through Social Marketing and Strategic Communications**

Although social marketing activities were reported, most states did not characterize social marketing as an important strategy for expanding the system of care approach. Despite not being cited as a specific expansion strategy, social marketing and strategic communications have, in fact, permeated many of the expansion strategies reported as effective. An example of the effective use of social marketing is found in Maryland, where the first lady became a spokesperson for children's mental health, generating strong support for statewide system of care implementation.



### Cultivating Leaders

Cultivating leaders was generally not noted as an approach for system of care expansion. However, in Rhode Island, efforts to cultivate leaders for systems of care involve providing training and coaching to community lead agencies. In Maryland, leadership academies and other national meetings have been used as vehicles to develop leaders for the system of care approach. In addition, the Maryland Coalition of Families offers a Family Leadership Institute to support family members to become system of care leaders in their communities, in the state, and nationally.

## Additional Information to Guide Expansion

In addition to the findings on the effectiveness of the strategies discussed above, the study identified:

- The strategies judged to be most effective across all five core areas
- The most significant underutilized strategies that have the potential to have an impact on system of care expansion
- The roles of system of care communities as partners for system of care expansion
- Challenges and barriers to expansion efforts

### MOST SIGNIFICANT STRATEGIES

- Incorporating requirements in RFPs, contracts, and regulations
- Creating or assigning a state and local locus of management and accountability
- Providing training on the system of care approach
- Expanding the array of services and supports
- Expanding an individualized, wraparound approach to service delivery
- Expanding family and youth involvement in services
- Creating and supporting strong family organizations
- Increasing the use of Medicaid financing

### Most Significant Strategies

Of all the strategies explored through this study, eight were identified across states as the most significant and effective strategies overall for expanding the system of care approach. This list of strategies should not be interpreted to mean that these are the only strategies that were effective or the only strategies that should be used. Each state studied used many strategies as part of a comprehensive, multipronged approach to system change.

#### Incorporating Requirements in RFPs, Contracts, and Regulations

Incorporating various types of requirements was a frequently used strategy and was considered very important and effective. Actions that were taken include requiring that RFPs and contracts with providers mandate the use of the system of care approach, inserting system of care language in Medicaid regulations, and developing provider manuals and practice protocols based on the system of care approach.

#### Creating or Assigning a State and Local Locus of Management and Accountability

Within this sample of states, there was a clear locus of accountability for efforts to implement systems of care at the state level and at the regional or local level. This does not diminish the importance of governance groups, coalitions, and interagency policy bodies but rather speaks to the value of having a clear and strong focal point of management and accountability.

#### Providing Training on the System of Care Approach

Most states in this study have mounted robust programs of training and technical assistance, particularly for providers but also for other key leaders. Training was believed to be significant for improving practice and for creating meaningful, sustainable change. In some states, new organizational entities were created to enhance their capacity to provide ongoing training. Examples of topics covered in training and

technical assistance include system of care values and principles, partnerships with families and youth, cultural and linguistic competence, the wraparound process, and the use of specific evidence-informed practices. Training has also focused on what it takes to develop the infrastructure, organizational supports, and governance structures for effective systems of care.

### **Expanding the Array of Services and Supports**

To be consistent with the system of care approach, a service delivery system must offer a wide array of services and supports. During the past 25 years, the breadth of the service arrays in communities and states across the country has expanded to include home- and community-based services and many additional supports such as respite care, therapeutic behavioral aide services, and mentoring. Each state in this study made considerable progress in expanding the range of available services and supports. This clearly helped enhance outcomes for children, youth, and families and, as a consequence, build support for expansion among a wide range of stakeholders.

### **Expanding an Individualized, Wraparound Approach to Service Delivery**

The wraparound approach puts into practice the values and principles of a system of care at the service delivery (i.e., child and family) level. It is not surprising, therefore, that the states in this study invested heavily in providing training in wraparound approaches and funding for their implementation and that they found this to be a highly significant and effective strategy in their expansion efforts. Closely related to this approach, many states expanded their care management services and created CMEs to provide and manage individualized, coordinated services and supports.

### **Expanding Family and Youth Involvement in Services**

Participation by families in the service delivery process has increased over time in this sample of states and was considered to be essential. Families

were key drivers in the development of individualized service plans and were involved in providing peer support and education, often through family organizations. There were indications that youth involvement in services was increasing as well, although this is not as yet at the same level of development as family involvement.

### **Creating and Supporting Strong Family Organizations**

In addition to their service delivery roles, family organizations have played a critical role in supporting the expansion of the system of care approach. Each of these states has a strong family organization, and, in most cases, the state has supported their development and sustainability through contracts. These organizations have been vital to the states' ability to sustain their efforts during difficult economic times. Through their outreach efforts to leaders in the legislative and executive branches, family organizations have successfully kept the issue of children's mental health in the forefront, helped educate groups about the seriousness of mental health challenges in children and youth, and provided concrete examples of the value of systems of care in helping families address these problems.

### **Increasing the Use of Medicaid Financing**

Although the specific strategies used by states differed, a strong and consistent finding was that states increased their ability to support an extensive array of services and supports through the use of Medicaid. Medicaid funding was a significant element in bringing about and sustaining system change in difficult budgetary times. States used different waivers, different options, and different service definitions, but all were successful in capitalizing on the opportunities that Medicaid offered to fund important services and supports for children and youth with mental health challenges and their families.

## Most Significant Underutilized Strategies

Other strategies considered to be underutilized also have the potential to have an impact on statewide expansion of systems of care but were not utilized extensively by most states in this sample. As noted, states selected those strategies that were most appropriate in their particular environments, although respondents acknowledged that others could also be helpful. Those strategies deemed particularly promising are discussed below.

### Incorporating the System of Care Approach in Monitoring Protocols

It is noteworthy that respondents reported a high rate of incorporating the system of care approach in rules, regulations, standards, RFPs, and contracts, but less focus on monitoring compliance with these requirements. In addition to assessing general adherence to the system of care approach, such monitoring can determine fidelity to various aspects of the approach. Specific areas can then be targeted for improvement. States in this study recognize this and are beginning to enhance their monitoring efforts.

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

Less activity was reported for implementing evidence-informed practices than for expanding a broad array of services, care management, and an individualized approach—the essence of a system of care since its beginning. However, the importance of interventions that have empirical support has increasingly been emphasized. The evidence base for specific services and supports has increased dramatically over the past decade, and there are indications in the states studied of growing efforts to incorporate evidence-informed practices into their service array. States are likely to increasingly integrate evidence-informed care to improve the effectiveness of services and, ultimately, child, youth, and family outcomes.

### MOST SIGNIFICANT UNDERUTILIZED STRATEGIES

- Incorporating the system of care approach in monitoring protocols
- Creating or expanding the use of evidence-informed and promising practices and practice-based evidence approaches
- Creating or expanding the provider network
- Improving the cultural and linguistic competence of services
- Redeploying funds and using data on cost avoidance
- Increasing the use of state mental health funds, funds from other child-serving systems, and local funds
- Generating support through social marketing and strategic communications
- Cultivating ongoing leaders and champions for the system of care approach

### Creating or Expanding the Provider Network

Communities and states continue to struggle with workforce issues. One approach has been to reach out to a broader range of providers, leading to a larger number of service providers on a fee-for-service basis. This expansion allows families to have a choice of providers as well as a choice of services. The expansion of provider networks and the emphasis on choice are consistent with the system of care core value of family-driven, youth-guided services. Expanding provider networks can be an effective approach for addressing workforce needs, creating the capacity to provide the broad array of services and supports that is characteristic of systems of care, and offering meaningful choices to families and youth. The movement toward CMEs is another illustration of this approach because these entities typically have the flexibility to expand their provider networks in order to offer a wide range of services and supports.

### Improving the Cultural and Linguistic Competence of Services

True system of care development cannot be accomplished without attention to the diversity of the population of children, youth, and families in need of services and to the need for cultural and linguistic competence. The children's mental health field has been a pioneer in framing this issue and in developing approaches to address cultural and

linguistic competence. A next step in system of care implementation is to demonstrate that cultural and linguistic competence will improve outcomes and, ultimately, support system of care expansion.

### **Redeploying Funds and Using Data on Cost Avoidance**

The states in this study have had substantial success in reducing the use of residential care at a sizeable cost savings; however, they have had less success in redeploying these funds to home- and community-based services that will further reduce the need for expensive residential care. To some extent this is understandable because the data for the study were collected during difficult economic times. Nevertheless, this economic environment may provide opportunities to divert funds from expensive out-of-home care into home- and community-based services. If data are collected on the costs avoided through reducing the use of residential care, in combination with data on outcomes for children and families served within systems of care, such savings can be used to support statewide expansion. This type of data collection and analysis is complex; respondents indicated that they could benefit from resources and technical assistance in this area.

### **Increasing the Use of State Mental Health Funds, Funds From Other Child-Serving Systems, and Local Funds**

The public sector children's mental health system has increased dramatically its dependence on Medicaid funding over the past 20 years. The findings from this study indicate that the states in the sample have become very knowledgeable about Medicaid funding and very skilled in using the opportunities provided by Medicaid to support and expand systems of care. However, it is clear that other sources of funding are also needed to support systems of care. The study found only modest uses of state mental health funds, funds from other systems, and local funds. It is a challenge to effectively reach out to these potential sources of funding while also capitalizing on new opportunities created by such changes as health

reform and parity legislation and maintaining the use of Medicaid that has been demonstrated in this study. Several states have begun to develop interagency funding strategies and to do joint budgeting across systems. Those states that are able to leverage their existing funds by creating opportunities for new fiscal partnerships that cut across service systems at the state and local levels are poised to be successful.

### **Generating Support Through Social Marketing and Strategic Communications**

Respondents at the state level rarely identified social marketing as an expansion strategy. However, as noted, social marketing and strategic communications cut across most strategies identified as effective. For example, cultivating support among high-level policy and decision makers has been accomplished with targeted information highlighting outcomes along with personal stories to demonstrate the value of the system of care approach for youth and families. If system of care expansion is to be accomplished and sustained, social marketing and strategic communications are needed to support action on behalf of this population. States that have done this well have fared better in these difficult financial times than states that have not.

### **Cultivating Ongoing Leaders and Champions for the System of Care Approach**

Looking to the future, new leaders must be identified and prepared at state and local levels for systems of care. Leaders are needed who are skilled in the system change process, knowledgeable about the system of care approach, able to generate support at the highest levels, and able to create partnerships across systems to improve services for children, youth, and families. Further, states and communities must cultivate champions who are able to communicate convincingly about the system of care approach and have sufficient influence to make a difference. In the past, systems of care have relied heavily on family members and youth to fulfill this role, but champions can also be highly visible individuals from the political, civic,

faith, sports, entertainment, or media arenas. States may wish to consider how best to identify such champions and how to cultivate them as advocates for systems of care.

## State-Community Partnerships for Expanding the System of Care Approach

Previous work on sustainability underscored the importance of state-community partnerships to accomplish the goal of widespread adoption of the system of care approach (Stroul & Manteuffel, 2007, 2008). With state involvement, the policies and financing mechanisms necessary to sustain and expand systems of care can be put in place. However, there was also consensus as to the importance of community involvement because community members are an invaluable source of experience and expertise that can both inform and facilitate expansion efforts. Ideally, both a top-down approach with policies, goals, and system-level supports for system of care implementation and a bottom-up approach involving the innovation, commitment, and expertise at the community level create the synergy needed to achieve wide-scale adoption. Thus, both states and communities are central players and have important roles to play in expanding the system of care approach. The study found that communities can and do play a vital and strategic role in the areas described below.

### ROLES FOR COMMUNITIES AS PARTNERS IN SYSTEM OF CARE EXPANSION

- Testing, piloting, and demonstrating approaches for statewide implementation
- Providing data
- Providing training and technical assistance
- Contributing to the development of family and youth organizations

### Testing, Piloting, and Demonstrating Approaches for Statewide Implementation

A frequent and effective role that grantees played was serving as a test site for new approaches, including interventions both at the system level

and at the service delivery level, such as implementing CMEs or child and family teams for service planning and delivery. This, then, facilitated the broader implementation of these approaches in other communities throughout the state.

### Providing Data

A number of states indicated that data on the effectiveness of systems of care, collected through both the national and local evaluations, were helpful in building a case for the expansion of systems of care among high-level policy and decision makers at the state level. System of care grants provided more resources for evaluation than were typically available, and this was very helpful within states. The availability of national data through the evaluation was also cited as being helpful to states in demonstrating that systems of care not only are effective, but are a national model.

### Providing Training and Technical Assistance

A number of states have been able to harness the expertise of system of care communities to provide training and technical assistance to other communities statewide. In some instances, states initiated training activities and enlisted current or graduated communities to provide training to other communities. In other cases, local grantees reached out to other communities or were sought out for training elsewhere in their states. The states in which this occurred found it to be extremely helpful and were actively working to sustain this enhanced training and technical assistance capacity.

### Contributing to the Development of Family and Youth Organizations

Through system of care grants, increased support was provided to family organizations, which are critical to expansion efforts. This support has included funding and opportunities to participate on planning councils, attend state and national meetings, and become service providers. These family organizations are critical to expansion efforts. Also, CMHI grant resources have been used to support the development of youth leadership and youth organizations within the states.

## Challenges to Expanding Systems of Care

Although the states studied have made significant progress, they have also encountered challenges and barriers to expanding systems of care. Two barriers stood out as major concerns across states: the fiscal crises in many of the states with accompanying budget cuts and changes in administration that could potentially result in policy changes.

### CHALLENGES

- Fiscal crises and budget cuts
- Changes in administration with new directions and policy changes

Although it is not unusual for states to have periodic budget problems, the fiscal challenges experienced by states in recent years have been exceptional and have threatened both current and future financing for system of care implementation. It is noteworthy, however, that several states indicated that they were able either to avoid cuts or to minimize the cuts through the support they had from family organizations, support across child-serving systems, data on effectiveness, and ongoing education of key leaders. In addition, some states described budget problems as both a challenge and an opportunity, noting that policy makers and child-serving agency partners are more amenable to such approaches as blending or braiding funds, redeploying resources from higher-cost to lower-cost services, and using other strategies for better investing scarce resources in difficult economic times.

Similarly, states in the study sample have had considerable success in maintaining their gains through various administration changes. This is attributed to the institutionalization of the system of care approach in policy, financing, and practice. In addition, intentional outreach and educational efforts with high-level decision makers in new administrations by system of care leaders and family organizations have helped these states successfully work through such changes.

## Lessons for Expanding the System of Care Approach

Each state in the study took a different approach to system of care expansion, building on its unique context, opportunities, needs, and strengths. However, a number of consistent themes are summarized below to provide guidance to other states, tribes, territories, and communities in their expansion efforts.

### LESSONS LEARNED FOR SYSTEM OF CARE EXPANSION

- Establish a strong value base
- Create a plan with multiple strategies
- Cultivate effective leadership
- Be opportunistic and adaptive
- Adhere to high standards of quality
- Partner with families and youth

## Lessons Learned

### Establish a Strong Value Base

The states in this study had a strong foundation in system of care values and principles that they were able to build on in their expansion efforts. As the amount of funding changes, and as individual leaders come and go, it is clear that one of the key factors in keeping systems of care alive and expanding in these states has been a deep commitment by diverse stakeholders, including policy makers, family advocates, and providers, to system of care values and principles.

### Create a Plan With Multiple Strategies

All the states in the study followed some type of plan that included multiple strategies to achieve their expansion goals. Some states had formal strategic plans that were reviewed and updated periodically. Other states proceeded without formal strategic plans but always had a clear vision and some type of document to help guide the effort. The plans followed by these states all

included multiple strategies to achieve their expansion goals. Interviewees underscored the importance of ensuring that the multiple strategies in their plans are aligned with one another so that the service expansion, data collection, new funding development, and workforce development efforts all promote system of care expansion. The SAMHSA System of Care Expansion Grant program is designed to support state efforts to develop strategic plans specifically focused on statewide system of care expansion.

### **Cultivate Effective Leadership**

Each state in the study had strong leadership, both individual and collective, with a vision of what to accomplish and a plan to get the process going. Leadership consisted of formal leaders, such as state directors of children's mental health, directors of family organizations, and directors of other child-serving agencies at the state and local levels. Leadership also came from leaders without direct authority, such as community members and the spouses of key officials. Most important, the leadership, whether individual or collective, was strategic and tactical, flexible and adaptive, and inclusive and persistent.

### **Be Opportunistic and Adaptable**

States in this study had strong planning. However, there are always unexpected developments, and these states were also strong at leveraging positive opportunities that emerged unexpectedly and minimizing the negative impact of any unanticipated barriers. Some of the positive opportunities included new grant programs, new waiver opportunities through Medicaid, and even opportunities provided by settlement agreements related to class-action lawsuits. Contextually, it is also important to remember that data collection for this study took place during a time of great budgetary challenges in all these states. The successful states had sound data on the outcomes of their work and powerful partnerships, and their preparation and ability to adapt helped keep the damage to a minimum. In fact, in several states the tight budgets created opportunities to demonstrate

that cost-effective, individualized care approaches could reduce the need for more expensive and restrictive residential placements. This is a prime example of converting a potentially serious problem into a positive outcome.

### **Adhere to High Standards of Quality**

Consistent with the emphasis on systems as complex entities with many parts interacting in often unpredictable ways, the system of care grant program and the overall system of care approach have increased the focus on continuous quality improvement and performance measurement. This lesson was clearly reflected in the work of the states in this study. They recognized that expanding systems of care without maintaining adherence to strong quality standards could potentially harm the system of care movement and their states' expansion efforts. The establishment of high standards for quality and the implementation of efforts to monitor adherence to them was considered essential. Often aided by national and local evaluations related to the CMHI, these activities not only provide a basis for quality improvement, but also provide information to support system of care expansion.

### **Partner With Families and Youth**

A strong and consistent theme across these states has been the important role of family members and youth in supporting the expansion of the system of care approach. The role of family organizations has been particularly notable because they are at a more advanced stage of development in these states than are youth organizations. Family organizations have educated key stakeholders about the needs of children and youth with serious mental health challenges; about system of care values and principles; and about the benefits of an individualized, culturally and linguistically competent, strength-based approach to care. They have been enormously valuable advocates in promoting the system of care approach. Family organizations have targeted leaders in legislative and executive branches and have been credited by state leaders for securing new resources and for

minimizing the loss of resources during budgetary challenges. Several of the states also have strong youth leaders and organizations. Their impact has been extremely positive, and the overall impact of youth leaders and organizations is anticipated only to grow over the coming years.

## Conclusion

As the findings from this study indicate, there is no single formula or strategy for expanding the system of care approach statewide. The key is for states to incorporate lessons learned from the field and to develop and implement expansion plans that build on their strengths, create partnerships, and capitalize on opportunities. The states studied have made very encouraging progress and have maintained that progress in the face of extreme financial challenges. They also have recognized that many challenges remain.

SAMHSA's System of Care Expansion Planning Grant program to promote widespread adoption of the approach provides a new opportunity to enhance progress that has already been achieved and to support new expansion efforts across the nation. Other changes, such as health reform and modifications in the federal Mental Health Block Grant program and Medicaid, may also facilitate the process so that more states can truly achieve a tipping point for broad implementation of the system of care approach. These changes and new initiatives all provide additional opportunities for continuous learning about the critical but complex task of bringing about system change in individual communities and throughout a state, tribe, or territory.

It is hoped that the lessons learned through this study will assist states in their efforts to expand the system of care approach in the coming years and that these efforts will, in turn, further advance the knowledge base about how to achieve widespread adoption of innovative approaches.

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