

Introduction to Systems of Care

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What is a System of Care?

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 of 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.

(SAMHSA description, quoted in Pires, 2010)

Why Systems of Care?

- 20% of US children have a mental health condition, and 10% suffer from mental health disorders that significantly impair their functioning
- 50% of adults with mental health disorders experienced symptoms by age 14, and 75% experienced symptoms by age 24
- Children and youth with mental health issues often have complex, multisystem involvement and co-occurring disorders that can lead to fragmented care and negatively impact their ability to function at home, in school, and in the community. These children have not been well served by traditional systems.
- Untreated mental illness can lead to poor academic achievement, involvement with the correctional system, and suicide.
- 65-80% of children with behavioral health needs do not receive the specialized supports they need.

Wotrung & Stroul (2011) SAMHSA Issue Brief: The Intersect of Health Reform and Systems of Care for Children and Youth with Mental Health and Substance Use Disorders and Their Families

System of Care Core Values

- Child centered and family focused
- Community based,
- Culturally and linguistically competent

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Children's Mental Health System of Care Guiding Principles	
<i>Individualized</i>	
<ul style="list-style-type: none"> • Services should be provided according to the unique potentials and needs of each child and family. • Services should be guided by an individual service plan developed in true partnership with the child and family. 	
<i>Youth Guided</i>	
<ul style="list-style-type: none"> • Youth should be equal partners in decisions about their care. 	
<i>Family Driven</i>	
<ul style="list-style-type: none"> • Families have a primary decision-making role in the care of their children, including choosing supports, services, and providers, and setting goals. 	
<i>Community Based</i>	
<ul style="list-style-type: none"> • Services should be delivered in the least restrictive, most normative environments that are clinically appropriate. 	
<i>Service Array</i>	
<ul style="list-style-type: none"> • Systems should ensure availability and access to a broad, flexible array of effective community-based services and supports including traditional and nontraditional services as well as natural and informal supports. 	
<i>Cultural/Linguistic Competence</i>	
<ul style="list-style-type: none"> • Agencies, programs and services should be responsive to the cultural, racial, and ethnic differences in the population served. 	
<i>Evidence based</i>	
<ul style="list-style-type: none"> • Services and supports should include evidence-informed and promising practices, as well as interventions supported by practice-based evidence. 	
<i>Quality Improvement</i>	
<ul style="list-style-type: none"> • Programs should incorporate continuous accountability and quality improvement mechanisms to track, monitor and manage the quality, effectiveness and outcomes at the systems, practice, and child/family level. 	
<i>Integrated Services</i>	
<ul style="list-style-type: none"> • Care management should be provided at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner. 	
<i>Integrated Funding and Coordination of Services</i>	
<ul style="list-style-type: none"> • Services should be integrated at the system level, with links between systems across administrative and funding boundaries and mechanisms. 	
<i>Family Driven and Youth Guided</i>	
<ul style="list-style-type: none"> • Families and youth should have a primary decision making role in the policies and procedures governing care for all children in their community, including designing and implementing programs, monitoring outcomes, and determining effectiveness. 	
<i>Promotion/Prevention/Early Intervention</i>	
<ul style="list-style-type: none"> • Systems should use early identification and intervention strategies in order to improve long-term outcomes. 	

Child and Family Outcomes

- Children served through Systems of Care experience:
 - Greater access to services and supports
 - Improved clinical and functional outcomes
 - Increased behavioral and emotional strengths
 - Reduced suicide attempts
 - Improved school performance and attendance
 - Decreased substance use
 - Fewer contacts with law enforcement
 - Reduced inpatient care
 - More stable living situations

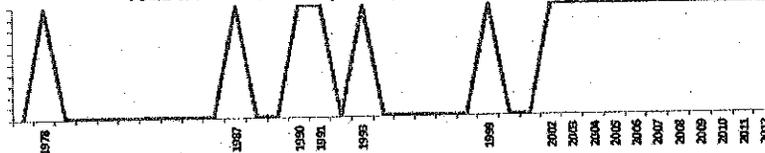
- Families served through Systems of Care experience:
 - Reduced strain associated with caring for a child with a serious mental health condition
 - Improved adequacy of resources
 - Fewer missed days of work
 - Improved overall family functioning

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History of Systems of Care – National View

- 1980's - The system of care movement begins with the goal of creating state and local structures to support children with serious emotional disturbance (SED) and multisystem involvement and their families.
- 1983 – Child and Adolescent Service System Program (CASSP) provided funding to all 50 states to develop systems of care for children with SED, with a focus on facilitating interagency collaboration.
- 1986 – State Comprehensive Mental Health Services Plan Act, requiring states to collaborate with families and consumers to develop community-based services and supports for individuals with serious mental illness.
- 1989 – National Federation of Families for Children's Mental Health formed out of a growing family movement.
- 1990s – YouthMOVE was established to further youth leadership and youth voice in systems of care development.
- 1992 – Comprehensive Community Mental Health Services for Children and Their Families Program passed by Congress to provide funding for development of community-based systems of care for children and families in states and tribal communities across the country.
- Over time, systems of care principles have been applied to other populations of children, families, and adults with, or at risk for, multisystem involvement.

Points of Punctuation in Maryland's System of Care Development: 1978-2012



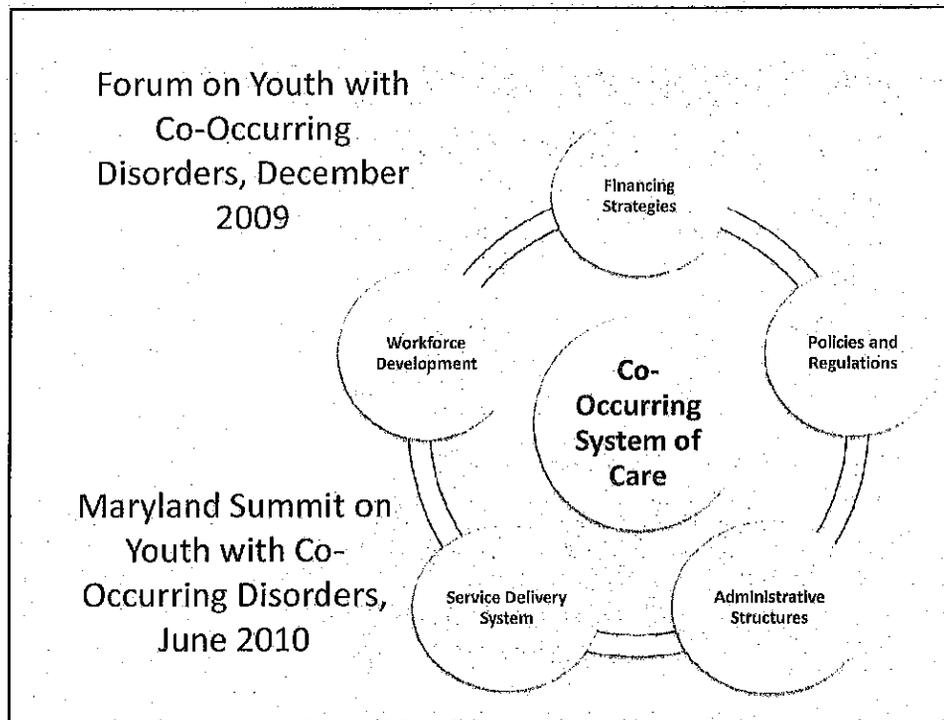
- 1978: Governor's Office for Children and Youth established.
- 1987: Subcabinet for Children and Youth is established by Executive Order.
- 1990: Subcabinet and Office for Children and Youth renamed to include "Families;" Local Management Boards established in MD Code.
- 1991: Core Service Agencies (local mental health authorities) are established in MD Code.
- 1993: Subcabinet established in MD Code; Baltimore City receives CMHI "System of Care" Grant from SAMHSA, establishing 1st CMEs in Maryland.
- 1995: Montgomery County receives CMHI "System of Care" Grant from SAMHSA, supporting Montgomery County CME.
- 2002: House Bill 1386 mandates review of interagency child & family services
- 2003: Executive Order establishes Governor's Council on Parental Relinquishment of Custody to Obtain Health Care Services; MD receives Community Treatment Alternatives for Children (CTAC) grant from CMS for feasibility study of using 1915(c) Medicaid waiver authority for PRTF population.
- 2004: Custody Relinquishment Council report recommends use of Wraparound model with CME structure and establishing Local Access Mechanisms
- 2005: Governor establishes Children's Cabinet and Governor's Office for Children through executive order after General Assembly allows statutory provisions codifying Subcabinet and Governor's Office for Children, Youth and Families to lapse; Children's Cabinet funds CME Wraparound pilot programs in Baltimore City and Montgomery County; Children's Cabinet establishes the Maryland Child and Adolescent Innovations Institute at the University of Maryland; Children's Cabinet issues a request for local access plans from each jurisdiction in Maryland. Maryland receives Mental Health Transformation-State Incentive Grant from SAMHSA.
- 2006: Children's Cabinet funds two additional CME Wraparound pilot sites and provides funding for local access mechanisms; Maryland is selected by CMS to be a 1915(c) Psychiatric Residential Treatment Center (PRTC) Medicaid Demonstration Project; Maryland Youth Council is established by Executive Order.
- 2007: 1915(c) PRTC Demonstration Grant Waiver Application submitted to CMS with new home- and community-based services, CMEs, and Wraparound.
- 2008: Maryland Child and Family Services Interagency Strategic Plan published by the Children's Cabinet, including recommendations for CMEs and Wraparound.
- 2009: Maryland receives CMHI System of Care Grant from SAMHSA for statewide infrastructure development and Wraparound service delivery using CMEs in Baltimore City.
- 2009: Children's Cabinet issues Request for Proposals for Regional Care Management Entities to provide Wraparound services; two contracts are awarded. Talbot County (on Maryland's Eastern Shore) receives CMHI System of Care Grant from SAMHSA for the 9 counties on the Shore; Maryland publishes Ready by 21 Action Plan; *Blueprints* updated; Maryland receives *Healthy Transitions Initiative* Grant from SAMHSA for Frederick and Washington Counties.
- 2010: ACA (*Health Care Reform*) is passed; Maryland established Health Care Reform Coordinating Council; Maryland receives Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant from CMS to support implementation and/or expansion of CME provider model with the States of Georgia and Wyoming and the Center for Health Care Strategies.
- 2011: Maryland receives System of Care Expansion Planning Grant from SAMHSA to focus on youth with co-occurring mental health and substance abuse problems
- 2012: Innovations Institute becomes The Institute for Innovation & Implementation; Children's Behavioral Health Policy Day is held with over 100 stakeholders; GOC issues awards contract for single, statewide CME.
- Updated from Harburger, D.S., Stephan, S.H., & Kaya, S. (in development). Children's Behavioral Health System Transformation: One State's Context and Strategies for Sustained Change for 2012 Georgetown Training Institutes Session: Care Management Entities: Customizing Care for Children with Serious Behavioral Health Challenges and their Families. The Institute for Innovation & Implementation, University of Maryland School of Social Work.

SOC Expansion Grant RFA: Goal and Objectives

- **GOAL:**
 - Expand the number of jurisdictions and locations within a state which have adopted a system of care approach.
- **OBJECTIVES**
 - Create a blueprint and model for services and supports that uses a SOC approach.
 - Identify strategies to better invest public sector resources to improve behavioral health outcomes and to integrate a SOC approach into child and youth service delivery systems.
 - Incorporate a SOC approach within Block Grants, Medicaid, strategies to implement parity legislation, and across other child service systems (i.e., child welfare, education, juvenile justice, substance abuse, primary care).
 - Develop concrete action steps and priority strategies that will create and sustain a jurisdiction-wide SOC to serve children and youth with serious mental health conditions and their families.

System of Care Expansion Planning Grant

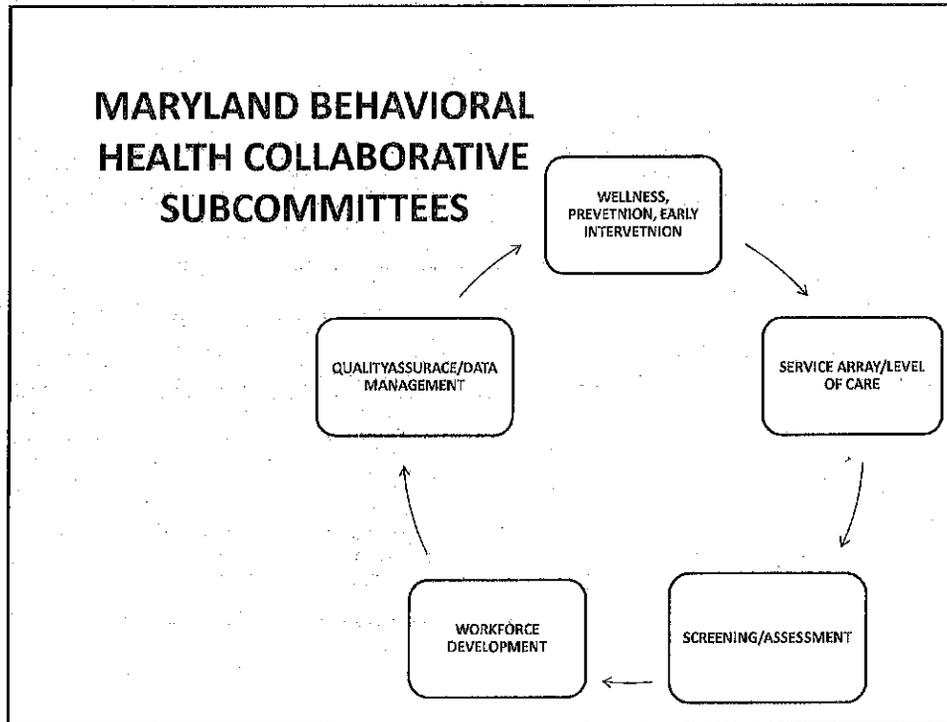
- Maryland was awarded in September 2011
- Funding: Approximately \$600,000
- Grant Period: 1 year planning grant (10/1/11 – 9/30/12)
- No cost extension awarded for an additional 12 months



Maryland Behavioral Health Collaborative

VISION: Maryland's children with co-occurring disorders and their families have access to coordinated, comprehensive system of care that is supported by consolidated funding.

GOAL: Develop a statewide SOC that meets the co-occurring substance abuse and mental health needs of Maryland's children and their families.



Major Goals of the Strategic Plan for Expansion

- **Goal 1:** Support DHMH's process for integrating behavioral health services in Maryland and provide guidance on the COD needs of Maryland's children/youth and their families that is based on SOC values
- **Goal 2:** Ensure that wellness, health education, prevention and early intervention services are included in an integrated behavioral health system of care and are adequately financed and supported.
- **Goal 3:** Implement a process across disciplines for screening and assessing children and youth with mental health and substance abuse issues to ensure access to appropriate services.
- **Goal 4:** Ensure an adequate service package that are based on system of care values and meets the mental health and substance abuse needs of Maryland's children/youth and their families.
- **Goal 5:** Implement a quality improvement process and identify outcome measures for an integrated behavioral health system of care that addresses the mental health and substance abuse needs of Maryland's children/youth and their families.
- **Goal 6:** Implement a workforce development structure that supports professionals and providers serving children, youth, and families with mental health and substance abuse needs.
- **Goal 7:** Ensure that youth and families impacted by mental health and substance abuse are included in all levels of planning, quality improvement, monitoring of programs and policy development within Maryland's behavioral health system of care.
- **Goal 8:** Develop and implement a variety of social marketing strategies targeted at various audiences that support behavioral health integration.

Maryland Behavioral Health Collaborative Accomplishments

- Conducted reviews of various integration structures being implemented in other states (i.e. workforce development, policy and regulations, administrative structures, etc.).
- Conducted an environmental scan of existing mental health and substance abuse services available in Maryland.
- Conducted an analysis of Maryland's existing regulations for mental health and substance abuse services.
- Supported child and youth stakeholders' involvement in the DHMH behavioral health process by convening two stakeholder meetings facilitated by national experts.
- Completed online surveys with child and family stakeholders designed to gather input on core components essential for contracting with MCO/BHO/ASO.
- Completed family focus groups to obtain the perspective of families regarding behavioral health integration.

Maryland Behavioral Health Collaborative Next Steps

- Finalize recommendations for a workforce development curriculum, core competencies, and a technical assistance/Coaching model.
- Complete family focus groups and listening forums to gather input from families impacted by mental health and substance abuse issues.
- Develop and implement specific actions steps for joining Phase 3 of the DHMH behavioral health integration process.
- Develop and implement a technical assistance plan for assisting providers in effectively integrating mental health and substance abuse services and managing change to a new financing system and administrative structure.