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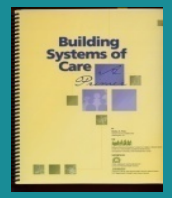
Integrating Systems • Improving Outcomes

The Bridge Between System of Care and Medicaid Managed Care: Looking at the Value Proposition

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Definition of a System of Care

A system of care incorporates a broad, flexible array of effective services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, has supportive policy and management infrastructure, and is data-driven.

Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

System of Care Values and Principles

YOUTH GUIDED & FAMILY DRIVEN
COMMUNITY BASED
CULTURALLY/LINGUISTICALLY COMPETENT

Strength Based

Unconditional Care

Promoting Independence

Family Involvement

Collaborative

Cost Effective

Comprehensive

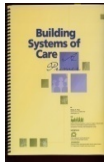
Individualized

Home, School & Community Based

Team Based

A Word About Language

Children, youth, young adults	Not clients, case, consumers
Parents, caregivers	Not Mom and Dad
Treatment Interventions	Not placement
Engagement	Not motivated
Transition	Close, terminate
Missing	Runaway



Milestones in Evolution of Systems of Care

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

2013 FREDLA – ***family-run organizations***

2011 SAMHSA SOC Expansion grants

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

2010 Health Reform - ***system of care principles in health care***

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

2003 YouthMove – ***youth movement***

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

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

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

1992 Annie E Casey Foundation Urban Mental Health Initiative

1992 SAMHSA CMHI - ***services and supports***

1989 Federation of Families –*family movement*

1984 CASSP – ***interagency coordination***

1982 Unclaimed Children

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Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

In Nearly all Reports Advocating Systems Changes:

Most children in need weren't getting mental health services

Those served were often in excessively restrictive settings

Services were limited to outpatient, inpatient, and residential treatment, few if any intermediate, community-based options were available.

The various child-serving systems sharing responsibility for children with mental health problems rarely work together

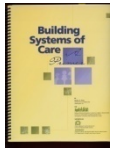
Families typically were blamed and weren't involved as partners in their child's care

Agencies and systems rarely considered or addressed cultural differences in populations they served.

Stroul, B. and Blau, G. **The System of Care Handbook**, Paul H. Brooks Publishing, Baltimore, MD 2008.

Historic/Current Systems Problems

- Lack of home and community-based services and supports
- Deficit-based/medical models, limited types of interventions
- Patterns of utilization; racial/ethnic disproportionality and disparities
- Poor outcomes
- Cost
- Rigid financing structures
- Administrative inefficiencies; fragmentation
- Knowledge, skills and attitudes of key stakeholders



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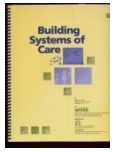
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Process

How system builders conduct themselves

Structure

What gets built (i.e., how functions are organized)



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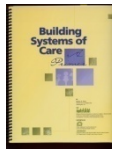
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Effective System-Building Process

Leadership & Constituency Building

A Strategic Focus

Orientation to Sustainability

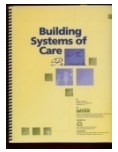


Human Service Collaborative

Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

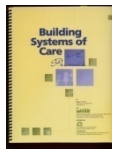
Characteristics of Systems of Care as Systems Reform Initiatives

FROM		TO
Fragmented service delivery	→	Coordinated service delivery
Categorical programs/funding	→	Blended resources
Limited services	→	Comprehensive service array
Reactive, crisis-oriented	→	Focus on prevention/early intervention
Focus on "deep end," restrictive	→	Least restrictive settings
Children/youth out-of-home	→	Children/youth within families
Centralized authority	→	Community-based ownership
Foster "dependency"	→	Build on strengths and resiliency



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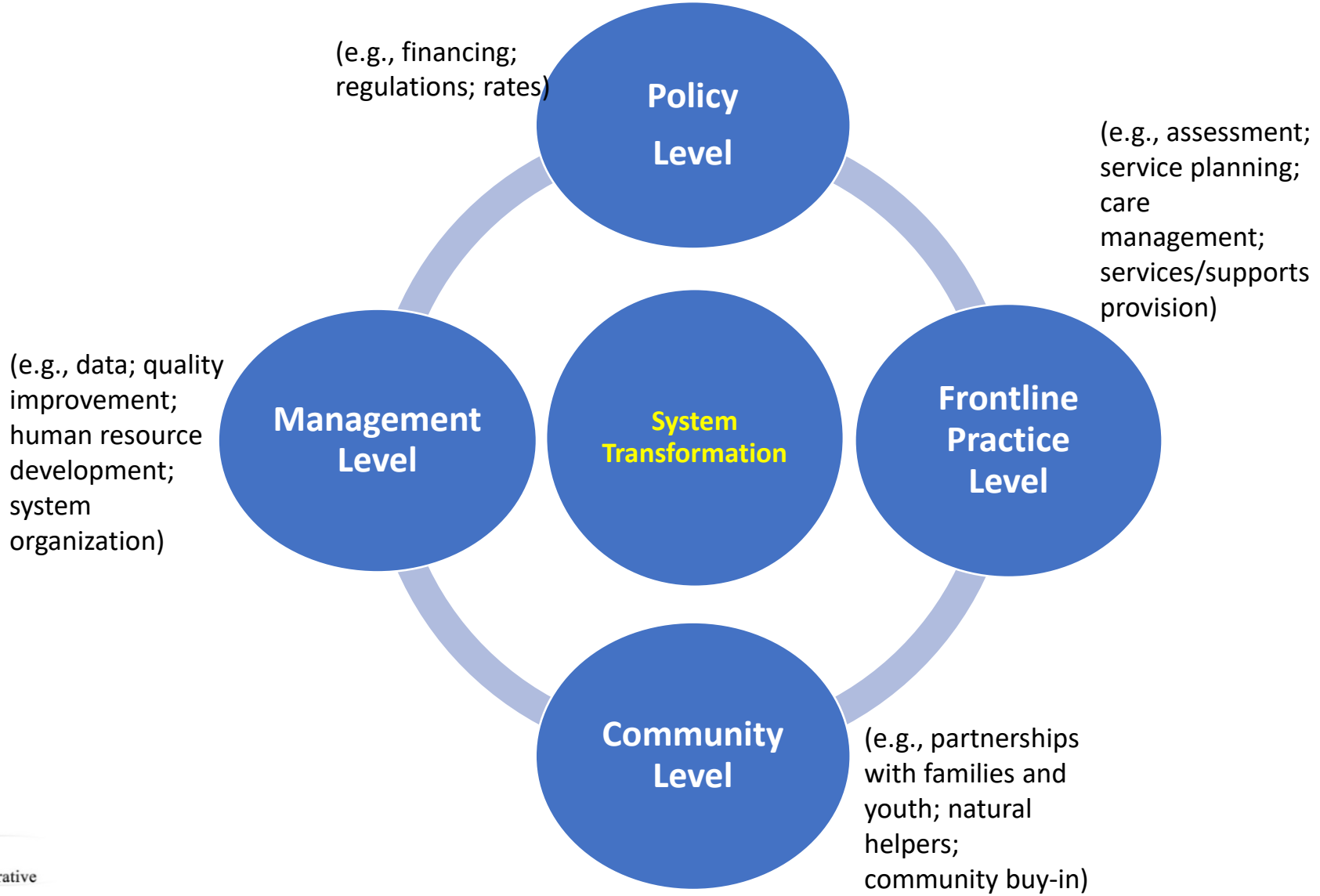
Frontline Practice Shifts

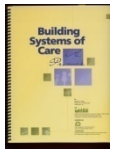
Control by professionals (*I am in charge*)	→	Partnerships with families/youth (*acknowledging a power imbalance*)
Only professional services	→	Partnership between natural and professional supports/services
Multiple case managers	→	One care coordinator
Multiple service plans (meeting needs of agencies)	→	Single, individualized child and family plan (meeting needs of family and youth)
Family/youth blaming	→	Family/youth partnerships
Deficits focused	→	Strengths focused
Mono Cultural	→	Cultural/linguistic competence

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Orrego, M. E. & Lazear, K. J. (1998) EQUIPO: Working as Partners to Strengthen Our Community and Conlan, L. Federation of Families for Children's Mental Health

System Change/Transformation Focus

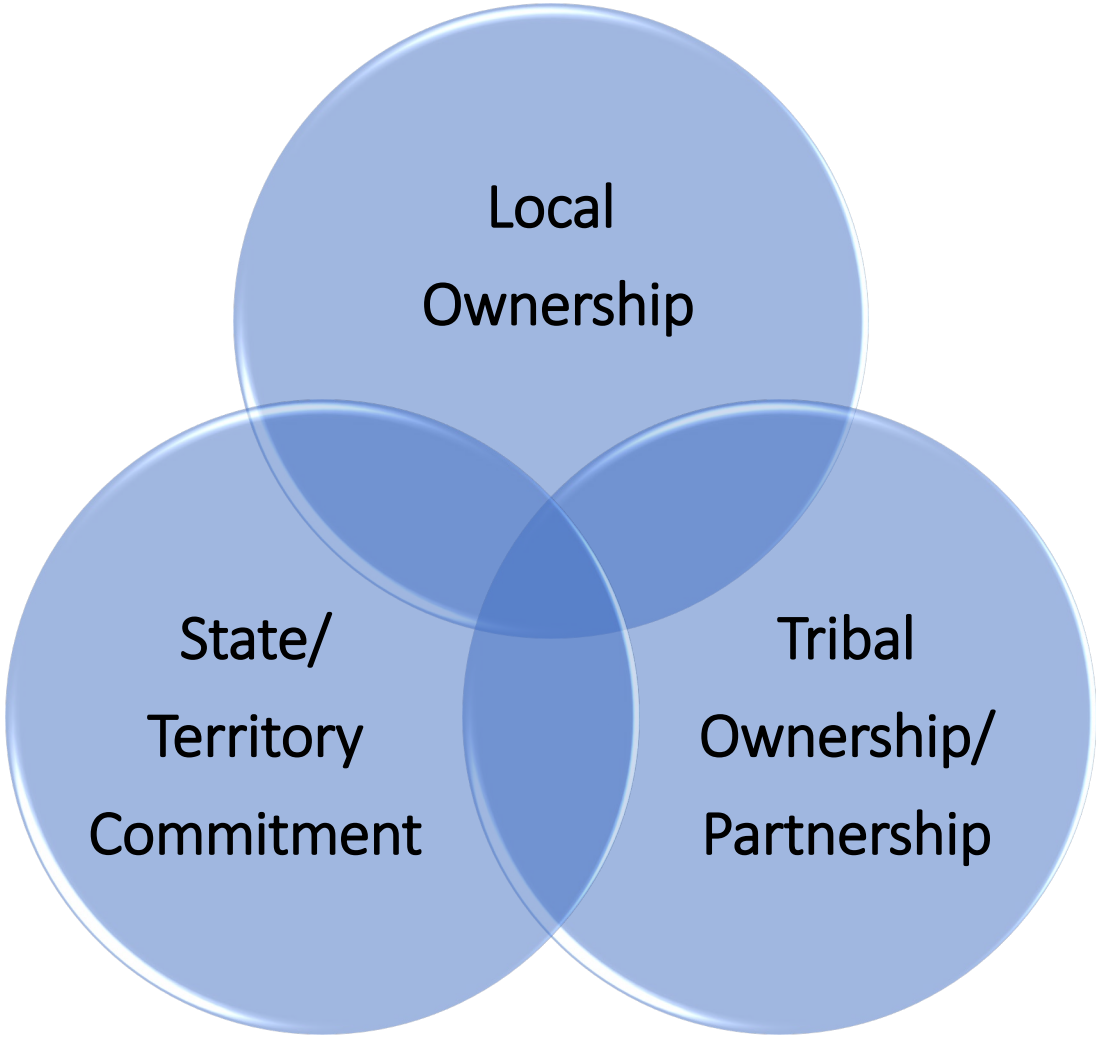


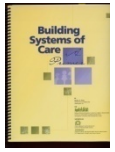


Human Service Collaborative

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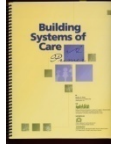
Ownership, Partnership, Commitment





Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University ational Technical Assistance Center for Children's Mental Health.

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System of care is, first and foremost,

a set of values and principles that provides an organizing framework for systems reform on behalf of children, youth and families.



- **Family-driven and youth-guided**
- **Home and community based**
- **Strengths-based and individualized**
- **Coordinated across providers and systems**
- **Trauma-informed**
- **Commitment to health equity through cultural and linguistic competency**
- **Connected to natural helping networks**
- **Resiliency-and recovery-oriented**
- **Data-driven, quality and outcomes oriented**

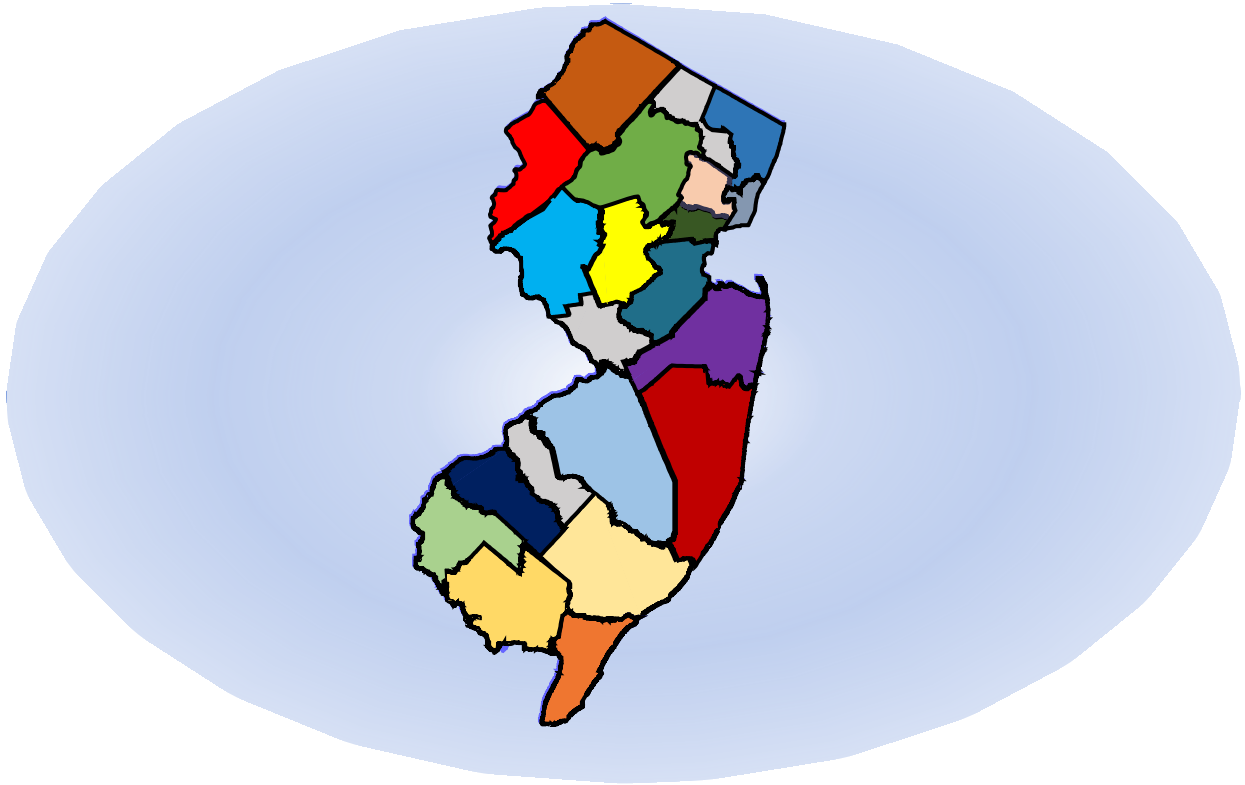
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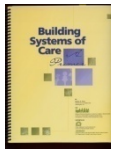
Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

Core Components of a SOC

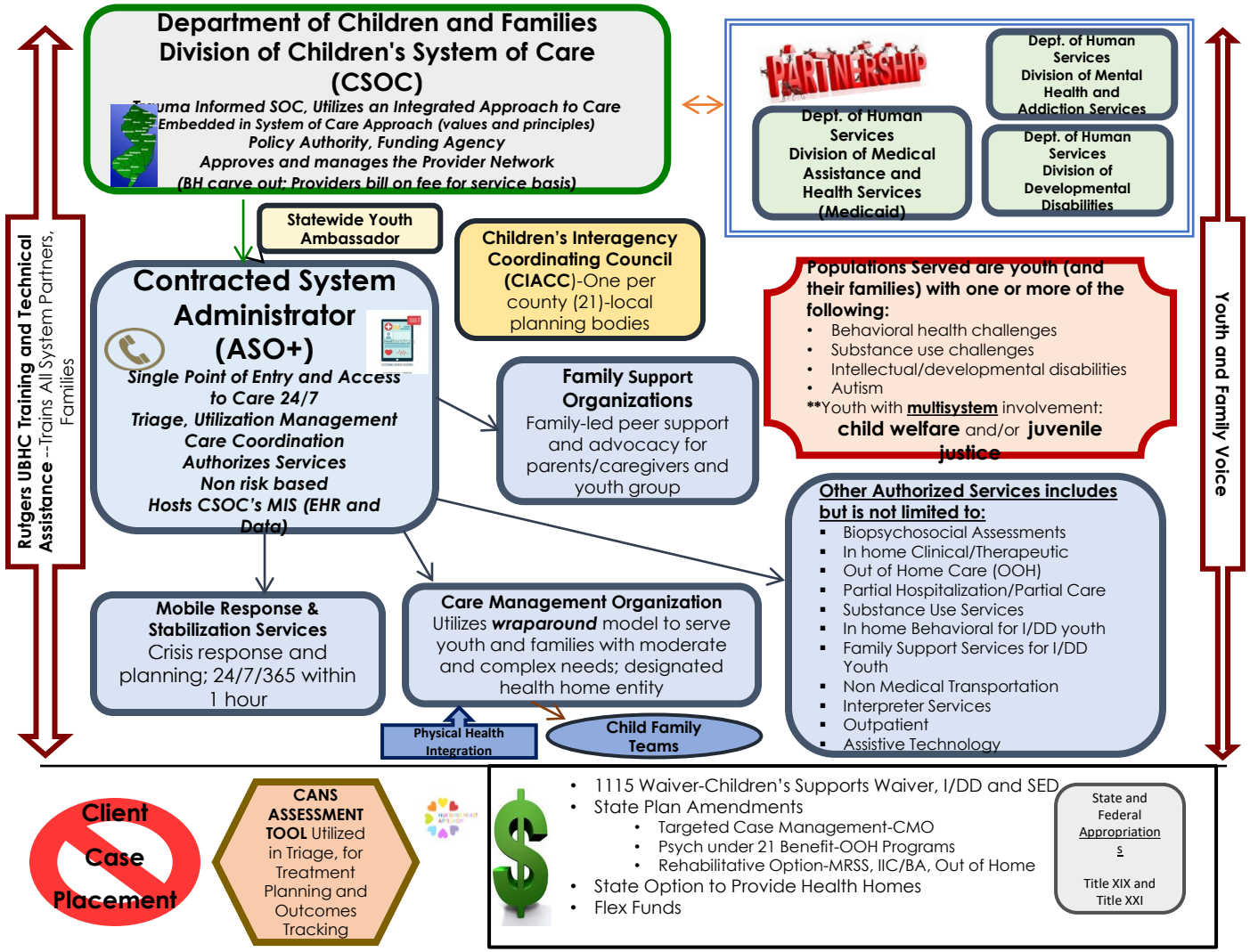
- Governance
- Youth and Family as Partners
- Single Assessment Tool
- Single Point of Access/No Wrong Door Approaches
- Intensive Care Coordination using Wraparound
- Mobile Response and Stabilization to meet the sense of urgency
- Service array
- Data Collection and CQI Strategies
- Utilization Management Strategies

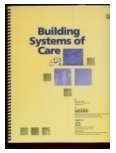
The New Jersey Children's System of Care - CSOC



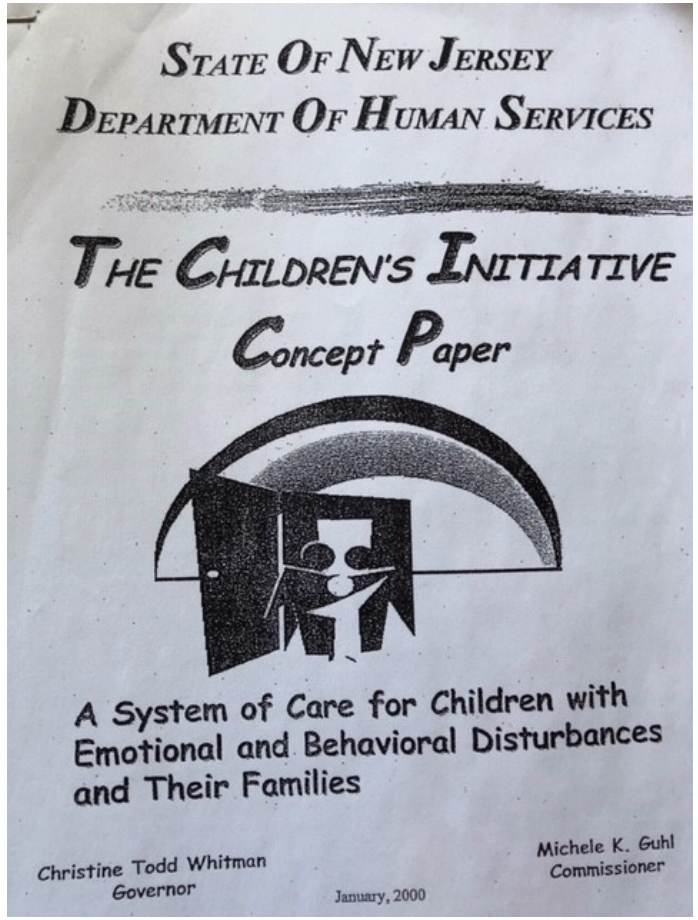


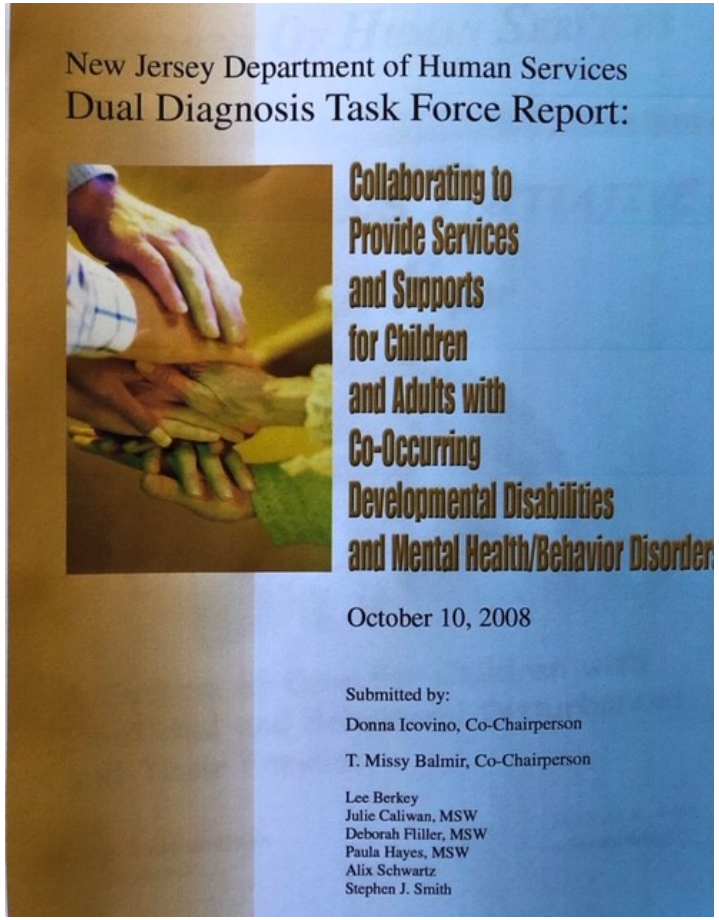
New Jersey System of Care





Setting the Vision





Summary of the NJ Children's Initiative Concept Paper

In summary, the Children's Initiative concept operates on the following guiding principles:

- The system for delivering care to children must be restructured and expanded.
- There should be a single point of entry and a common screening tool for all troubled children.
- Greater emphasis must be placed on providing services to children in the most natural setting, at home or in their communities if possible.
- Families must play a more active role in planning for their children.
- Non-risk-based care and utilization management methodologies must be used to coordinate financing and delivery of services.

Why Integrate?

Integrating Intellectual/Developmental Disability (IDD) and Mental Health Services:

- Streamline access for families
- Integrate child and family services and supports
- Eliminate duplicative services
- Synchronize service coordination
- Balance resource coordination
- Support sustainability

What is the Same?

Children, youth and young adults

Families

Communication challenges when experiencing disruption

Teams

Schools

Child Protection

Juvenile Justice

Medicaid and third-party payers

Pediatricians

What is Different?

- Communication challenges
- Medical challenges
- Interventions
- Eligibility requirements
- The individuals who sit around the table
- Community engagement strategies
- Supports
- Payment mechanisms



NJ CSOC Engaging Families in Culturally Competent Care

Public Health Approach

Single Point of Access – With Cultural and Linguistic Competence

Individualized Planning as a Driver to Care

Family Driven

Youth Guided

Focus on Community Engagement



Leadership Challenges

Setting the Vision

Documenting the Vision

Budget Challenges – How do you pay for these services

Communication Strategies

Identifying Early Adapters

Workforce Development – Skills, training and support for the workforce

Important Considerations

- Understanding the Impact on the Current System
- Parent and Youth Culture
- Provider Culture
- Advocates Culture
- Data Use and Challenges in Integration
- The Challenge of Quality within Transition
- Privacy

Transition Strategies

- Build a team of experts internally – research, read, ask questions
- Build a clinical team to provide guidance
- Partner with Medicaid
- Engage partners in the process
- Enhance workforce development efforts – Increase training, mentoring, supervision strategies
- Develop an Advisory Group – Put all experts together, included families and community partners – Use the DD Task Force as a guide for transition
- Enhance communications strategies – More meetings, presentations, and engagement of community partners through the Children's Interagency Coordinating Councils (CIACC)
- Share Data – What we know and we don't know
- Expand the capacity of the electronic record

Leadership Strategies, Continued

How to handle uncertainty, ambiguity and rapid change?

Understand and communicate the vision of where we are going. Recall the vision when things get mucky.

Find your champions and engage new partners.

Be transparent to families, providers, staff, and state giving current status and acknowledging challenges.

Share and report progress regularly.

Develop partnerships with family, advocacy, and provider groups and organizations.

Be flexible and acknowledge what we don’t know yet.

Meet the Director – Monthly in the community presentations open to all

Newsletters, Frequently Asked Questions updates, websites, and letters to caregivers, providers, and partners

Regulations review and changes

Engage licensing partners

Partner with Division of Developmental Disabilities, child welfare, juvenile justice, and advocates

Meet frequently with parents and advocates to create feedback loops

Address all identified concerns, but look for patterns in the concerns and develop systems to address the patterns, not the outliers

Review data on a regular basis

Transition Strategies, Continued

What We Learned

Youth with IDD are typically thought to not demonstrate improvement – That was not NJ's experience.

Youth with IDD experience trauma and respond to trauma-informed care.

Youth engaged with applied behavioral analysis were shown to have fewer admissions to residential interventions.

Youth in the Autism Spectrum Disorder pilot within the NJ 1115 waiver also benefit from the behavioral health service array.

https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes/presentation-notes/Institute-No-36-Notes-2.pdf

Lessons from the Field:

- Set the vision and don't move away from the vision
- Communicate, communicate, communicate
- Youth and family voices are the drivers to innovation
- The building blocks to systems of care work
- Community engagement and participation is essential
- It is not a program, but systems transformation
- Anything and all things are possible, just look at NJ

NJ Data Points of Interest

- One of the lowest youth suicide rates in the country
- Reduction in daily utilization rate of residential interventions by 65%
- No children with behavioral health needs are severed in an out of state residential
- Increased access to care and reduced over reliance on inpatient care
- Closed the children's state hospital
- Closed one adult correctional facility
- Closed 9 juvenile detention centers and reduced the daily population on probation by 70%
- Increased access to in home supports for children with IDD by 90% within 18 months

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The NJ Story of Transformation:

Nationally recognized model for Statewide Children's System of Care

Less children in institutional care

Less children accessing inpatient treatment

Closure of state child psychiatric hospital and RTC's

No children with behavioral health challenges in an out-of-state residential intervention

Children in a residential intervention have more intense needs than prior to the system of care development

Wraparound model works!!

Less youth in detention centers



Questions

References

https://www.nasmhpd.org/content/ta-coalition-assessment-working-paper-making-case-comprehensive-children's-crisis

NJ Family Guide: http://www.performcarenj.org/pdf/provider/youth-family-guide-eng.pdf

NJ Children's Interagency Coordinating Council Data Dashboard; https://www.nj.go/dcf/childdata/interagency/index.html

NJ MRSS Service Planning Guide; http://www.performcarenj.org/pdf/provider/service-planning-guides/mrss.pdf

NJ Foster and Adoption Services: https://www.nj.gov/njfosteradopt/services/mrss.html

https://www.casey.org/nj-mobile-response-stabilization-services/

https://www.state.nj.us/dcf/documents/home/childdata/behavioral/DCBHS10yrReview.pdf

https://www.nj.gov/dcf/about/divisions/dcsc/CSOC_15.Year.Conference.Presentation.pdf

Joint CMCS and SAMHSA Informational Bulletin: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

https://www.ssw.umaryland.edu/media/ssw/institute/training-institutes/presentation-notes/Institute-No-36-Notes-2.pdf

References:

Blau, Caldwell, Lieberman (2014). Residential Interventions for Children, Adolescents, and Families. Routledge, NY and London.

Making the Case for a Comprehensive Children's Crisis Continuum of Care; NASMHPD 2018; https://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf

Pires, Sheila; Building Systems of Care: A Primer; 2002; https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf

Pires, Sheila; Customizing Health Homes for Children with Serious Behavioral Health Challenges; 2013; https://nwi.pdx.edu/pdf/CustomizingHealthHomes.pdf

Intensive Care Coordination Using High Quality Wraparound: Rates and Billing Structure; TA Network; 2015; https://theinstitute.umaryland.edu/media/ssw/institute/national-center-documents/Intensive-Care-Coordination-Using-HQ-Wraparound-Rates-and-Billing-Structure.pdf

Stroul, B.A., & Blau, G.M. (Eds.). (2008). *The system of care handbook: Transforming mental health services for children, youth and families,* Baltimore, MD: Paul H. Brookes Publishing Co.

Glasser, H. (2018). The nurtured heart approach. Retrieved fromhttps://childrenssuccessfoundation.com

Huckshorn, K. (2008). Six Core Strategies to Reduce Seclusion and Restraint Use. Retrieved from https://www.nasmhpd.org/content/six-core-strategies-reduce-seclusion-and-restraint-use

Thank you!

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