

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Putting the Pieces Together in South Carolina

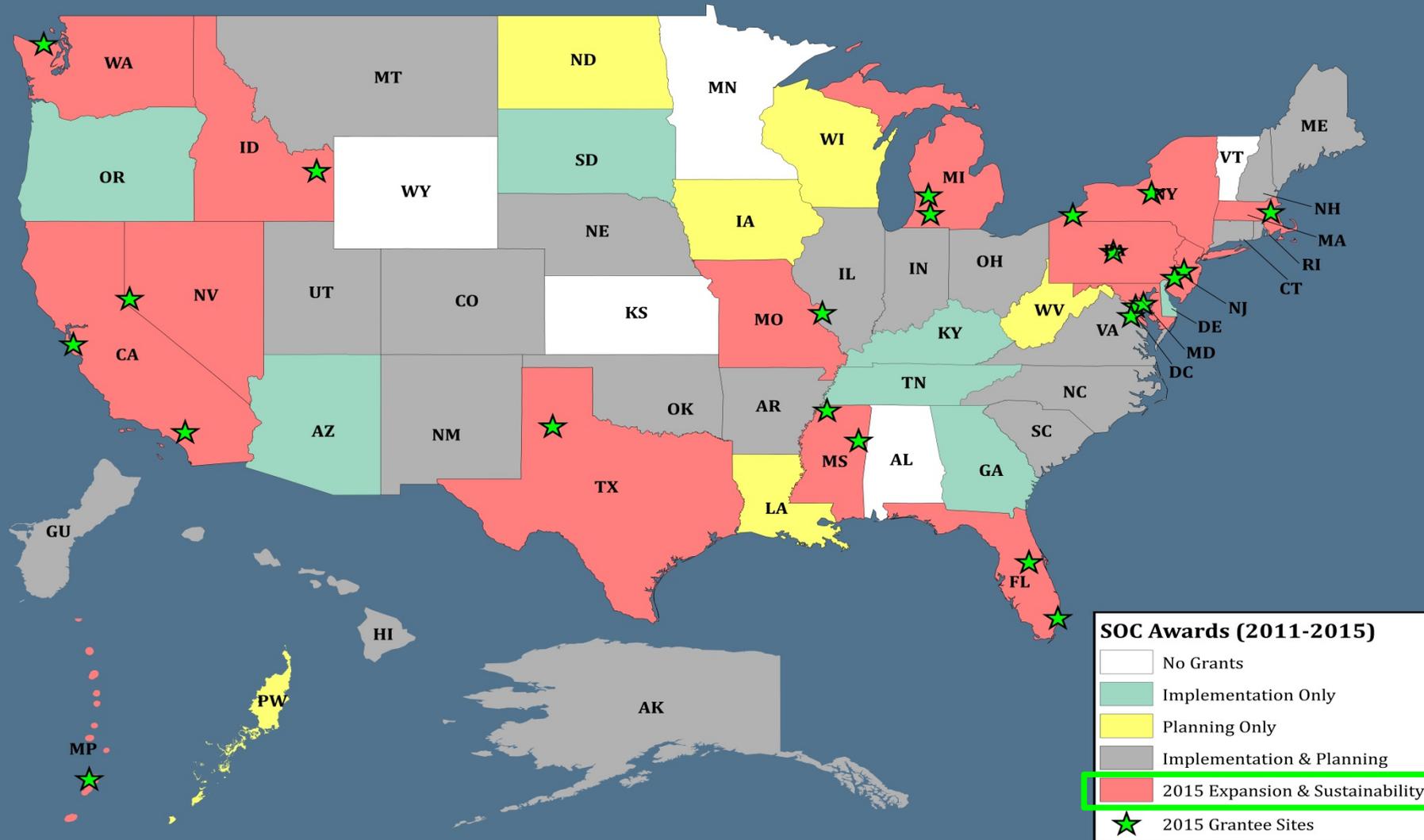
September 16, 2016

Michelle Zabel, MSS, Assistant Dean & Director

The Institute for Innovation & Implementation, UMB School of Social Work
The National Technical Assistance Network for Children's Behavioral Health
(*TA Network*)



Children's Mental Health Initiative (CMHI) Expansion and Sustainability Awards (2015) Awards (2011-2014)

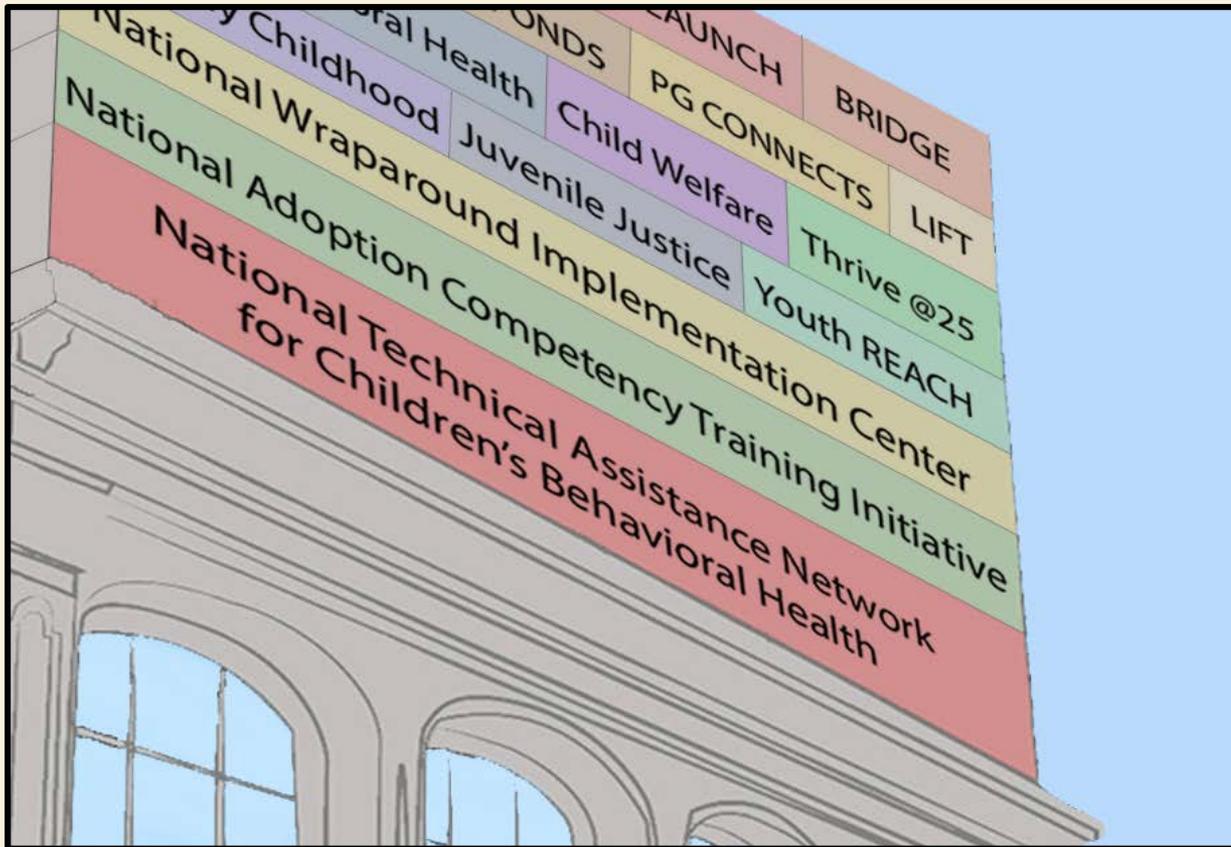






UNIVERSITY *of* MARYLAND SCHOOL OF SOCIAL WORK

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

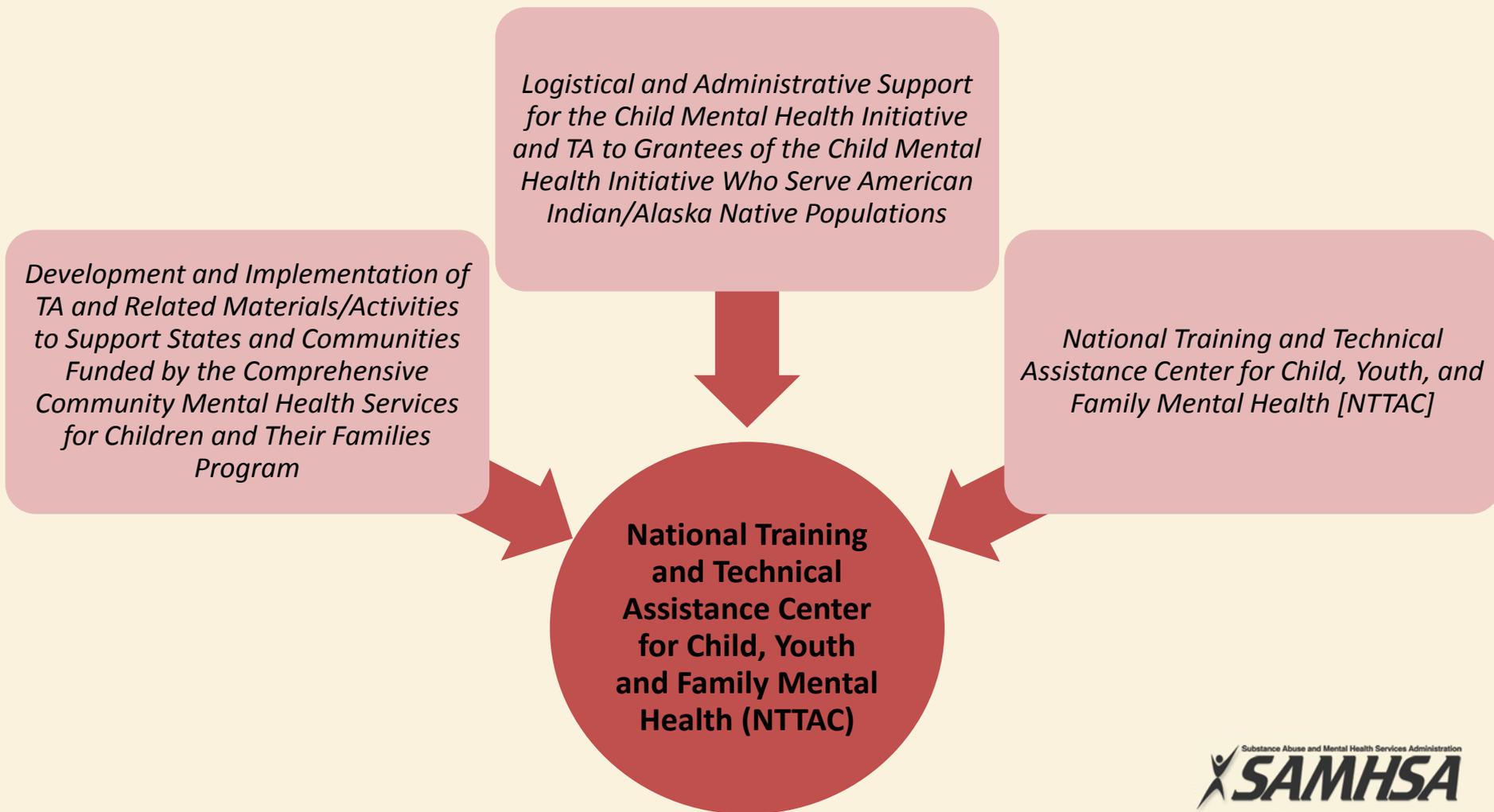


NTTAC Operated by

THE TA NETWORK the national technical assistance network for children's behavioral health



What Makes Up NTTAC?



TA Network Partner Organizations

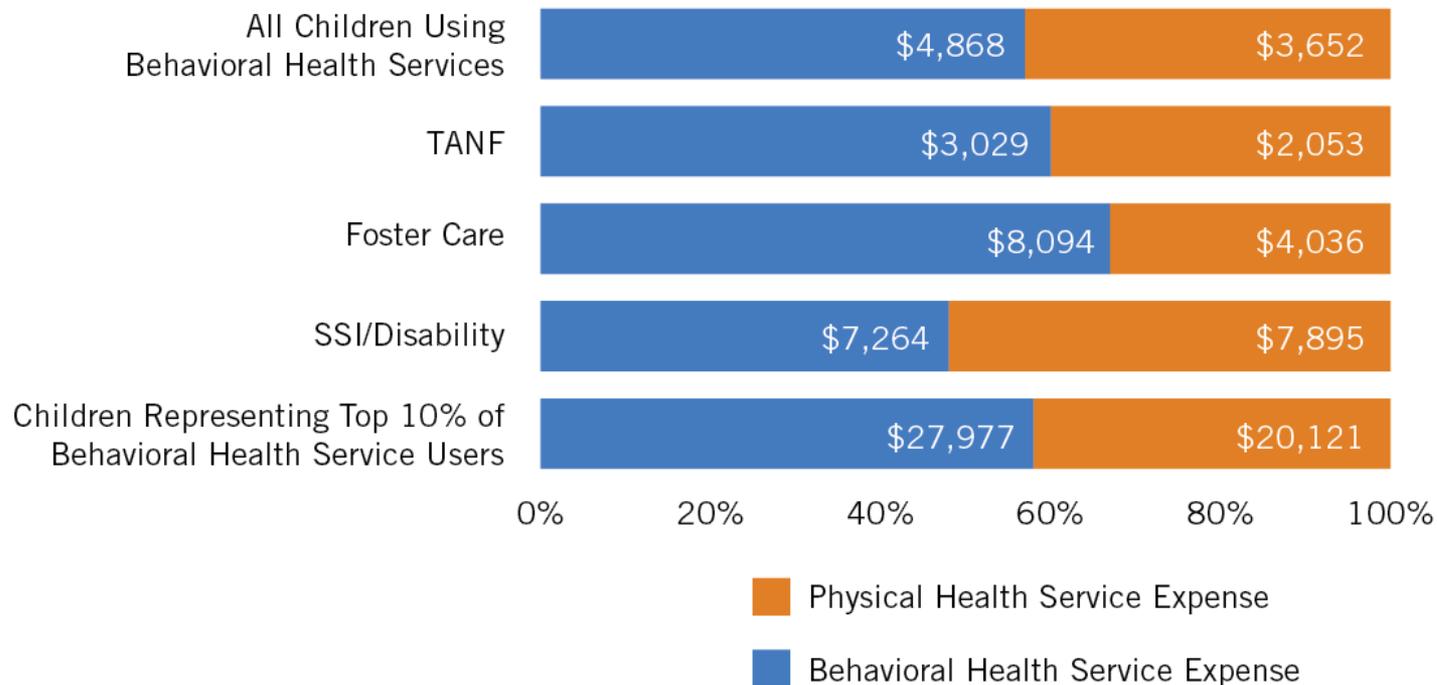
- Institute for Innovation & Implementation, University of Maryland School of Social Work
- Case Western Reserve University (CWRU)
- The Center for Health Care Strategies, Inc. (CHCS)
- The Family-Run Executive Director Leadership Association (FREDLA)
- Georgetown University Center for Child and Human Development Center (GUCCHD)
- Human Service Collaboration (HSC)
- Management & Training Innovations (MTI)
- The National Indian Child Welfare Association (NICWA)
- Tufts Medical Center (Tufts)
- Policy Research Associates (PRA), National Center for Mental Health and Juvenile Justice (NCMHJJ)
- Portland State University (PSU)
- The University of South Florida (USF), College of Community and Behavioral Health Science, Department of Child and Family Studies (CFS)
- The University of Washington (UW)
- Youth M.O.V.E. (Motivating Others through Voices of Experience) National (YMN)

“The world that we have made as a result of the level of thinking we have done thus far creates problems that we cannot solve at the same level at which we created them.”

Albert Einstein

An estimated 38% of children who use behavioral health services also have a chronic physical health condition; yet, behavioral health costs account for the majority of Medicaid expenditures.

MEAN ANNUAL EXPENSE FOR CHILDREN IN MEDICAID USING BEHAVIORAL HEALTH SERVICES*



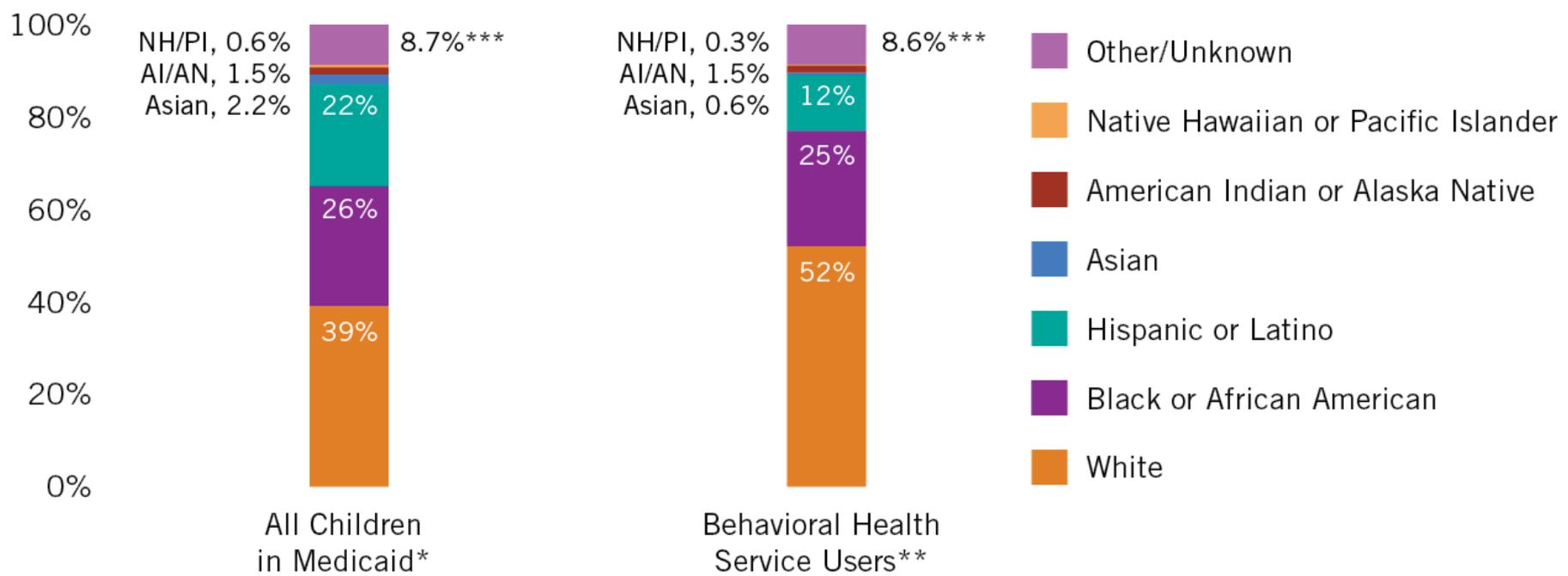
* Includes children with at least one claim for a behavioral health service in 2005 with or without concomitant psychotropic medication use, N = 1,213,201.

© Center for Health Care Strategies 2013

ahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.

Children in Medicaid from racially/ethnically diverse backgrounds are less likely than white children to use behavioral health services.

MEDICAID ENROLLMENT AND BEHAVIORAL HEALTH SERVICE USE BY RACE/ETHNICITY



* All children in Medicaid in 2005, N = 29,050,305.
 ** Behavioral health service users in 2005, N = 1,958,908.
 *** Other category includes: 2.9%, Hispanic or Latino, plus one or more races; 0.3%, more than one race; and 5.6%, unknown.

Source: S. Pires, K. Grimes, T. Gilmer, K. Allen, & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.





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.

Stroul, B. 2005. Georgetown University. Washington, D.C.

The promise of effective community care can only be attained when we understand how new practices fit with the needs and strengths of local communities and their existing care systems, and we adapt clinical and administrative practices to provide care that changes in response to community context.

Israel, N., Hodges, S., Ferreira, K, & Mazza, J. (2007). Systems implementation issue brief #4 – *Lessons from successful systems: Evidence Based Practices and Systems of Care: Implementation Matters*

Public Health Approach	<i>SOC Core Values</i> = Health Reform Values	Child Welfare Principles
<p>Systems of care have moved closer to a public health framework: Focusing not only on treatment for individual children with serious conditions but also encompassing promotion, prevention, early intervention and education to improve outcomes and health, developmental and behavioral health status for identified populations of children.</p>	<p>Care that is coordinated across multiple systems and providers and is:</p> <ul style="list-style-type: none"> • Family-driven and youth-guided • Home and community based • Strengths-based and individualized • Trauma-informed • Culturally and linguistically competent • Connected to natural helping networks • Data-driven, quality and outcomes oriented 	<ul style="list-style-type: none"> • Family-centered practice • Community-based services • Strengthening the capacity of families • Individualizing services



Effective System-Building Process



Leadership & Constituency Building

A Strategic Focus Over Time

Orientation to Sustainability

Structuring Family and Youth Involvement throughout the System

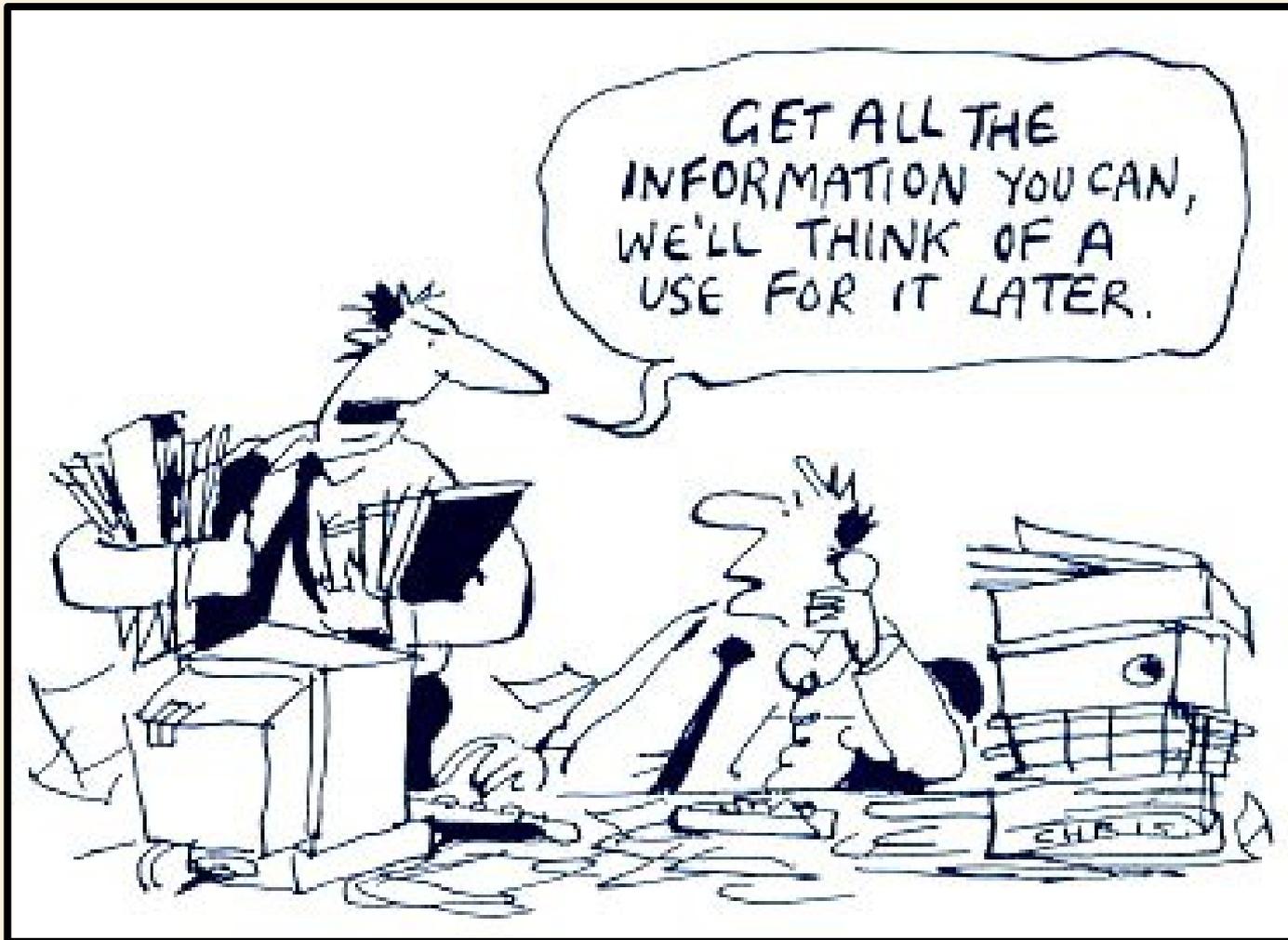


System of Care Functions Requiring Structure



- Planning
- Governance-Policy Level Oversight
- System Management
- Benefit Design/Service Array
- Evidence-Based Practice
- Outreach and Referral
- System Entry/Access
- Screening, Assessment, and Evaluation
- Decision Making and Oversight
 - Delivery Level
 - Care Planning
 - Care Authorization
 - Care Monitoring and Review
- Care Management or Care Coordination
- Crisis Management at the Service, Provider, and Systems Levels
- Utilization Management
- Family Involvement, Support, and Development at all Levels
- Youth Involvement, Support, and Development at all Levels
- Staffing Structure
- Staff Involvement, Support, Development
- Orientation, Training of Key Stakeholders
- External and Internal Communication
- Social Marketing
- Provider Network
- Protecting Privacy
- Ensuring Rights
- Transportation
- Financing
- Purchasing/Contracting
- Provider Payment Rates
- Revenue Generation and Reinvestment
- Billing and Claims Processing
- Information Management & Communications
- Technology
- Quality Improvement
- Evaluation
- System Exit
- Technical Assistance and Consultation
- Cultural and Linguistic Competence



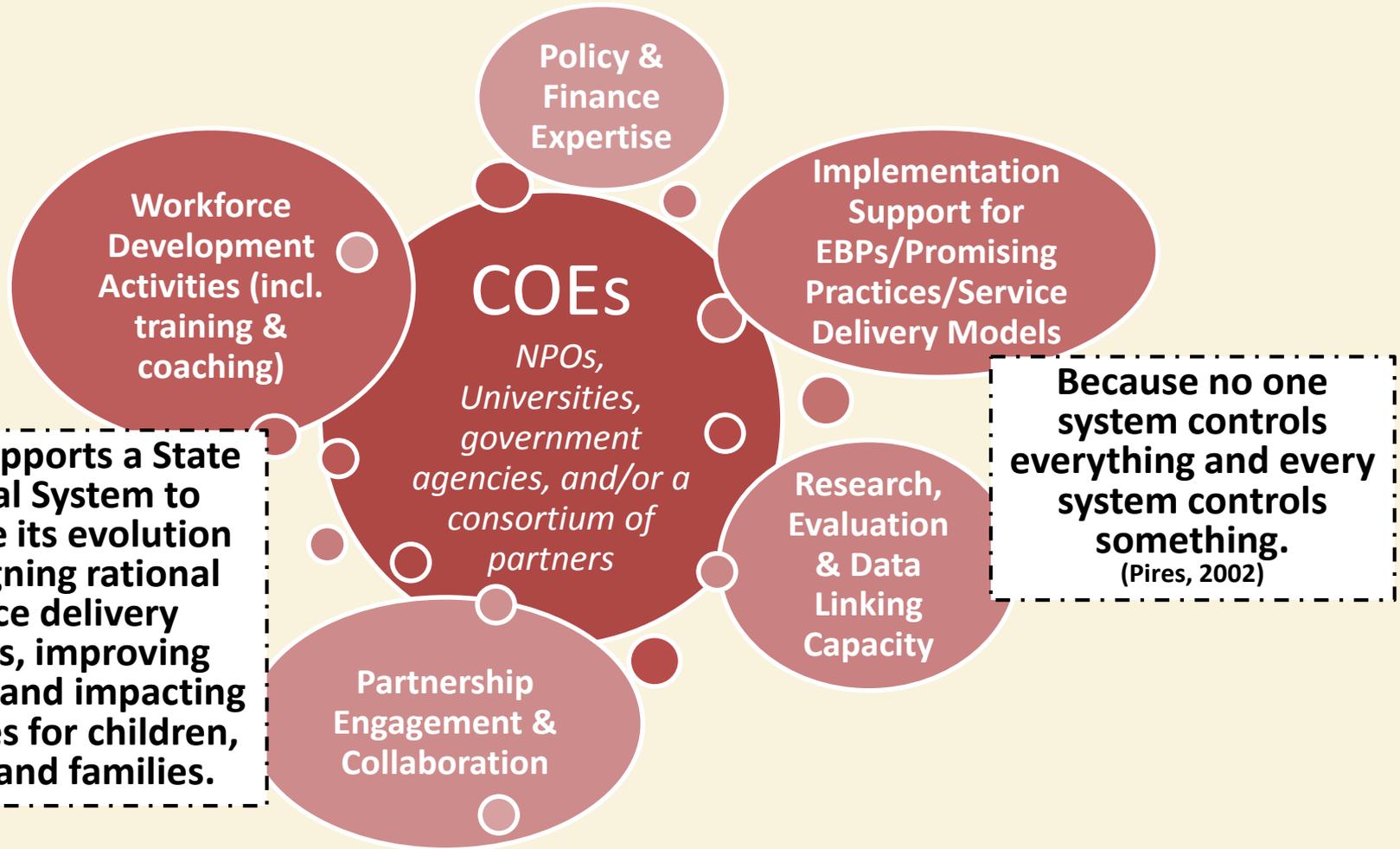


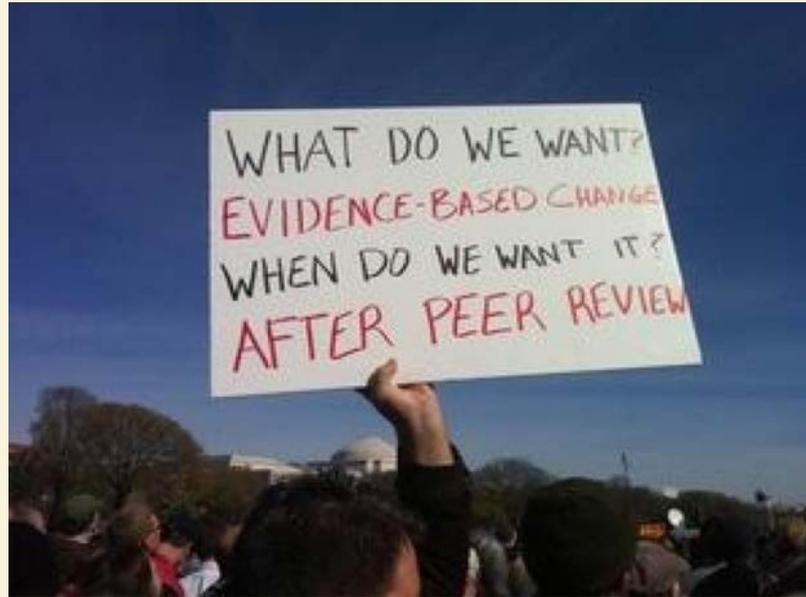
Federal Medicaid Guidance

- 7/11/13 State Medicaid Director's Tri-Agency Letter on Trauma-Informed Treatment <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>
- 5/7/13 Informational Bulletin on Coverage of Behavioral Health Services for Children, Youth and Young Adults with Significant Mental Health Conditions <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>
- 3/27/13 Informational Bulletin on Prevention and Early Identification of Mental Health and Substance use Conditions <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-27-2013.pdf>
- 8/24/12 Informational Bulletin on Resources Strengthening the Management of Psychotropic Medications for Vulnerable Populations <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-08-24-12.pdf>
- 11/21/11 State Medicaid Directors Tri-Agency Letter on Appropriate Use of Psychotropic Medications Among Children in Foster Care <http://www.medicaid.gov/federal-policy-guidance/downloads/SMD-11-23-11.pdf>

Centers of Excellence

Impacting Systems for Children, Youth & Families





“When people ask, “Why doesn’t government just scale these proven programs directly without using SIBs, intermediaries and all that other hoopla?” the honest answer is, ‘Beats me, but it doesn’t. See NFP and MST.’”

—*Steve Goldberg, 2013, Social Impact Tribune #4, p.6*

Building Systems of Care = Strategically Managing Complex Change



Design for the Future



Progress is the nice word we like to use. But change is its motivator....
The willingness to confront that change will determine how much we shall really do for our youth and how truly meaningful our efforts will be. The test will not be how elaborate we make our proposals for new programs and new funds, but how well these programs affect the inadequacies of old, how willing we are to change the old.

*Attorney General Robert Kennedy
speaking to the U.S. Conference of Mayors, May 25, 1964*



Weekly TA Telegram

Notable News

Mark your calendar to catch [Altering the Course: First Episode Psychosis Intervention](#), which is a new KSOC-TV webisode on September 26 from 2-3 p.m. ET. The upcoming webisode will explore strategies for supporting youth and young adults who may be in the early phase of psychosis, or are experiencing First Episode Psychosis. KSOC-TV, or [Knowledge Network for Systems of Care TV](#), is a web-based technical assistance program featuring behavioral health experts discussing cutting-edge issues in children's mental health.

Maine, Massachusetts, Wisconsin, New Hampshire, and Minnesota were the nation's top performing states when it comes to health care quality, according to AHRQ's updated [State Snapshots](#). This online tool is an interactive resource that provides state-level data showing how all 50 states and the District of Columbia performed on more than 250 measures related to health care quality and access.

Funding Announcements

[Applications for New Awards: Performance Partnership Pilots](#)

Applications Due: 09/29/2016

[ALKERMES Inspiration Grants](#)

Applications Due: 10/07/16

[Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse](#)

Anticipated Application Deadline: 06/06/2017

[Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse in American Indian/Alaska Native Communities](#)

Anticipated Application Deadline: 06/06/2017

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