

LESSONS LEARNED FOR EXPANDING SYSTEMS OF CARE

Analysis of the System of Care Expansion Planning Grant Program

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EXECUTIVE SUMMARY

Since 1992, the federal Comprehensive Community Mental Health Services for Children and Their Families Program has invested resources in implementing systems of care 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, territories, and communities (hereafter referred to collectively as “jurisdictions”). A new effort was launched in fiscal year 2011 to provide funds to jurisdictions to develop comprehensive strategic plans for widespread expansion of the system of care approach so that more children and families can benefit. Twenty-four planning grants were awarded initially, and a second cohort of six additional grantees subsequently received funding for expansion planning.

An analysis of the expansion planning program was undertaken to explore the experience of the first cohort of 24 grantees. The analysis is intended to inform the ongoing work of jurisdictions as they develop and implement plans to expand the system of care approach and of SAMHSA in supporting these endeavors. The analysis included two components, one focusing on lessons learned from planning and the second focusing on the likelihood of implementing the plans successfully.

Lessons Learned

This component of the analysis was intended to determine aspects of the strategic planning process that went well and challenges that were experienced in the strategic planning process. Qualitative information was gathered through a worksheet and a facilitated discussion among grantees during a general session at the System of Care Expansion Planning Grantee Meeting held in July 2012.

Stakeholder involvement and commitment were mentioned most frequently as a successful aspect of expansion planning. Grantees indicated that the expansion planning process provided an opportunity to build relationships and partnerships toward the common goal of improving children’s mental health services. The technical assistance provided with SAMHSA support was also cited by many grantees as highly successful and was described as responsive, useful, and timely. Grantees singled out the individualized coaching as an exceptionally helpful strategy to support their work.

Three areas were identified most frequently as posing challenges to expansion planning: stakeholder involvement and collaboration, difficulty in starting the process, and the 1-year time frame of the grant. Although stakeholder involvement was the top area reported as having gone well for grantees, grantees stated that it is never easy to get all agencies and stakeholders to commit to the planning effort. Planners in some jurisdictions found it particularly challenging to identify, engage, and prepare youth and young adults to participate.

A significant challenge for many grantees was the difficulty in getting their projects started on a timely basis, primarily attributed to bureaucratic hurdles such as recruiting and hiring staff and awarding contracts. These and other start-up activities reduced the time available for actual planning activities. A related challenge was the short, 1-year time frame of the expansion planning grant, which many grantees felt was too compressed a period to complete a plan of this scope.

The grantees offered recommendations for jurisdictions engaged in system of care expansion planning and implementation grants, for technical assistance, and for future SAMHSA grants.

Prospects for Plan Implementation

This second component of the analysis was intended to explore the feasibility of implementing plans after the strategic planning process is complete and anticipated challenges for implementation. Information for this component was gathered through worksheets and discussion during a team work session that occurred at the July 2012 grantee meeting, followed by informal telephone conversations with project directors and other key expansion planning team members in all jurisdictions. The areas explored included the following:

FEASIBILITY OF IMPLEMENTATION	ANTICIPATED CHALLENGES
<ul style="list-style-type: none"> • Realistic goals • Specific, concrete strategies • Initial focus on selected high-priority goals and strategies • Initial focus on strategies with high probability of success • Strong leaders to manage implementation • Commitment to implementation among high-level policy makers • Common vision across key stakeholders • Partnerships across child-serving systems • Priority on implementation • Allocation of staff and resources to implementation 	<ul style="list-style-type: none"> • Fiscal crises and budget cuts • Difficulty in obtaining financing for infrastructure and services • Changes in administration • Lack of strong and consistent leadership to manage implementation • Insufficient commitment among high-level administrators and policy makers • Insufficient commitment across child-serving systems • Insufficient support among families, family organizations, youth and young adults, youth organizations, and advocacy groups • Insufficient commitment among provider agencies, program managers, clinicians, and managed care organizations • Lack of a children’s mental health workforce trained in the system of care approach • Lack of data to make the case for expansion • History of creating plans that are not implemented

Nearly all grantees reported that their goals are realistic, practical, and achievable, although some are achievable in the short term, whereas others are considered to be more long term. Grantee responses reflected some fundamental differences in their approaches to system of care expansion. Some took a very broad approach that seeks to implement all elements of system of care infrastructure and services for all children and youth with mental health challenges throughout their jurisdictions. Predictably, that approach led to broad goals. Other grantees focused on a particular subpopulation or geographic area or on a gap in their existing systems of care. This approach led to goals that were narrower and were described as more immediately achievable. Similar to realistic goals, nearly all grantees reported that their plans include concrete strategies that position them well to move into the implementation phase.

A large number of jurisdictions indicated that they had strong leaders who were instrumental in leading the planning process and who will continue to manage implementation. Many assigned leadership responsibilities to individuals who were employees of the system rather than hiring a director for expansion planning using federal grant funds. They stressed that this approach not only allows continuity of leadership as the focus shifts from planning to implementation, but also ensures that the efforts are integral to the functioning of the system and are not perceived simply as a grant-funded project.

In many jurisdictions, grantees reported a high priority on implementing the strategic expansion plans. Similarly, grantees emphasized the importance of support from high-level policy makers and decision makers, characterizing this support as perhaps the most important key to successful implementation. They indicated that without such support and direction, implementation will be near impossible to achieve.

Although there are clearly many factors that lay a solid foundation for successful implementation of plans, grantees also identified challenges that they anticipate in the process. Financing was a particular challenge in that implementation cannot be accomplished without resources to support the infrastructure and services. Some grantees conveyed a concern that in the context of fiscal pressures and budget cuts, it will be difficult to obtain needed financing. However, many also stated that implementation will continue even in tight fiscal times. Several noted that there are opportunities to leverage funds in this environment and that agencies may be more amenable to sharing resources and shifting funds to more cost-effective home- and community-based approaches. Several grantees pointed to Medicaid as the most significant source of financing. Several additional challenges rose to the top of the list across grantees: lack of a trained workforce, lack of buy-in from providers, and lack of data to demonstrate the need for expansion.

The three tribal expansion planning grantees identified several unique challenges that they experience, including blending innate and traditional systems with the system of care approach, developing sustainable financing for services and supports that is not dependent on time-limited grants, and obtaining accreditation from various accreditation bodies or certification as Medicaid providers.

Conclusion

There is much to learn from the experience of the first cohort of expansion planning grantees. Overall, it is clear that they took expansion planning seriously and experienced many areas of success in their planning processes. However, most important is the question of what will become of the strategic plans completed by grantees. The exploration of factors that enhance the likelihood of successful implementation shows a high incidence of these factors among many grantees, indicating that their prospects for implementation are good. Grantees reported that although their plans may not be implemented in their entirety, they were confident that most of the strategies in their plans would ultimately be implemented. They felt that their goals are realistic, their strategies are specific, and their partnerships are strong; that a common vision exists across stakeholders; and that there is a high priority on plan implementation coupled with the allocation of staff and some resources to the effort.

It is not surprising that fiscal challenges to implementation top the list of challenges among these grantees. Significant workforce challenges were identified, such as overcoming resistance among provider agencies and clinicians to change the way they practice, as systems of care typically require. Lack of data to make the case for expansion also presents a barrier to expansion.

It is well-known that enormous levels of effort are often devoted to creating strategic plans that ultimately have little or no impact on the services and systems they seek to improve. In this case, however, many system of care expansion planning grantees asserted that this opportunity seems different. Based on the engagement and commitment of key stakeholders, the general contention was that these plans will not be relegated to the shelf alongside unused plans from the past, but rather will proceed to the next phase, albeit with barriers to be overcome.

The experience and perspectives of these grantees provides valuable information for enhancing the work of new expansion planning grantees and for grantees that have moved forward to the next phase of plan implementation, as well as for any jurisdiction undertaking efforts to expand the system of care approach.

BACKGROUND

Strategic Planning for Expanding the System of Care Approach

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 systems of care 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, territories, and communities (hereafter referred to collectively as “jurisdictions”). A new effort was launched in fiscal year 2011 to provide funds to jurisdictions to develop comprehensive strategic plans for widespread expansion of the system of care approach so that more children and families can benefit. Twenty-four planning grants were awarded initially, and a second cohort of six additional grantees subsequently received funding for expansion planning.

The system of care expansion planning 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 widespread adoption. With nearly 20 years of 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. In fiscal year 2012, SAMHSA accelerated its efforts to support wide-scale expansion of the system of care approach by providing 4-year implementation grants to jurisdictions that are ready to implement the strategies set forth in their expansion plans.

An analysis of the expansion planning program was undertaken to explore the experience of the first cohort of 24 grantees in creating a strategic plan for expanding the system of care approach. The analysis is intended to:

- Inform the work of jurisdictions that are continuing or initiating work to develop and implement system of care expansion plans
- Inform SAMHSA's continuing efforts to support the expansion of systems of care through planning grants, implementation grants, and technical assistance

This analysis is organized into two major components: (1) lessons learned from the strategic planning process and (2) prospects for implementing the strategic plans for system of care expansion developed by the grantees.

Assessment of Lessons Learned for Expansion Planning

This component of the analysis was intended to determine:

- Aspects of the strategic planning process that went well
- Challenges that were experienced in the strategic planning process
- Recommendations for future expansion planning efforts
- Technical assistance and supports that facilitate the work of jurisdictions to develop and implement plans for expanding the system of care approach

The process for gathering information for this component involved developing questions to gather qualitative information through a worksheet and a facilitated discussion among grantees during a general session at the System of Care Expansion Planning Grantee Meeting held in July 2012. Grantees responded to four questions:

1. What went well in the planning process?
2. What challenges were encountered?
3. What recommendations would you make for future planning for system of care expansion?
4. What supports (technical assistance and resources) are needed to facilitate planning and implementation?

Following the meeting, a content analysis was completed to synthesize the perspectives provided by individual attendees on the worksheets with notes from the discussion that took place with all attendees at the general session. This analysis discusses the lessons learned from grantees in each of these four areas.

Assessment of Prospects for Plan Implementation

This component of the analysis was intended to explore:

- The feasibility of implementing the plans after the strategic planning process is completed
- Anticipated challenges for implementing the strategies in the plans

Information for this component was gathered in two phases. The first phase involved developing a process and worksheets for grantees to use during a team work session that occurred at the System of Care Expansion Planning Grantee Meeting in July 2012. Team members completed the worksheet individually, and each jurisdiction's assigned technical assistance coach then led its team through a discussion of the feasibility and challenges. The worksheets along with notes from the team discussions were synthesized to explore implementation prospects.

The worksheets and team work discussions explored the characteristics of strategic plans that enhance their likelihood of successful implementation:

- Realistic goals
- Specific, concrete strategies
- Initial focus on selected high-priority goals and strategies
- Initial focus on strategies with high probability of success
- Strong leaders to manage implementation
- Commitment to implementation among high-level policy makers
- Common vision across key stakeholders
- Partnerships across child-serving systems
- Priority on implementation
- Allocation of staff and resources to implementation

The worksheets and discussions also explored factors that potentially can impede implementation and that may require specific strategies to address:

- Fiscal crises and budget cuts
- Difficulty in obtaining financing for infrastructure and services
- Changes in administration
- Lack of strong and consistent leadership to manage implementation
- Insufficient commitment among high-level administrators and policy makers
- Insufficient commitment across child-serving systems

- Insufficient support among families, family organizations, youth and young adults, youth organizations, and advocacy groups
- Insufficient commitment among provider agencies, program managers, clinicians, and managed care organizations
- Lack of a children's mental health workforce trained in the system of care approach
- Lack of data to make the case for expansion
- History of creating plans that are not implemented

The second phase of information gathering occurred following the grantee meeting through informal, follow-up telephone conversations with project directors and other key expansion planning team members in all jurisdictions. The follow-up conversations were part of the ongoing technical assistance process with grantees and provided an opportunity to continue the team work discussions initiated at the July meeting. The calls were limited to approximately 1 hour to minimize burden on the grantees. The topics discussed were derived from the team work sessions at the grantee meeting and therefore differed for each grantee; no uniform or structured protocol was used.

The telephone conversations provided an opportunity for project directors and other key team members to offer additional information and explanation related to implementation feasibility and challenges. They explored more fully the prospects for implementing their completed expansion plans, along with factors that might impede implementation.

Following the completion of both phases of information gathering, a content analysis was completed across all grantees. This information is intended to guide future system of care expansion and implementation efforts by highlighting factors that improve the likelihood of implementation and by anticipating challenges in order to proactively develop strategies to overcome them.

LESSONS LEARNED FOR EXPANSION PLANNING

Each of the four areas explored with grantees is discussed in this section. Table 1 displays the results of the content analysis of the comments submitted by grantees on their individual worksheets, organized by the most frequently mentioned comments related to each area followed by other comments mentioned less frequently. A discussion of each area follows, including examples of the comments made by grantees.

What Went Well in Expansion Planning

Table 1 shows considerable consensus among grantees about two areas that went well in their strategic planning processes: (1) stakeholder involvement and commitment and (2) technical assistance. Grantees also described specific aspects of the planning process that went particularly well in their jurisdictions.

TABLE 1 WHAT WENT WELL	
MOST FREQUENT	
Stakeholder Involvement and Commitment (108 Total Comments)	Stakeholder Involvement and Commitment (78 General Comments) Comments on Specific Stakeholder Groups: Families and Youth (20) High-Level Policy Makers (7) Diverse, Multicultural Populations (3)
Technical Assistance (108 Total Comments)	Availability (26 General Comments) Comments on Specific Types of Technical Assistance: Coaches (44) Meetings (11) Resources (9) Peer to Peer (8) Webinars (5) Site Visits (5)
OTHER	
Planning Process (36 Total Comments)	Aspects of Planning Process: Leadership (13) Planning Structures (9) Support for Previous Directions (8) Concrete Strategies (4) Implementation Grant Opportunity (2)

Stakeholder Involvement and Commitment

Stakeholder involvement and commitment were mentioned most frequently as a successful aspect of expansion planning. Grantees indicated that the expansion planning process provided an opportunity to build relationships and partnerships toward the common goal of improving children’s mental health services and that many jurisdictions were successful in this endeavor. Grantees noted that they worked systematically to engage partners in the effort and were, in fact, able to engage stakeholders in a collaborative, team approach from the outset. Responses suggested that the planning process led to open discussions that had not occurred previously, resulting in more buy-in to move forward than had ever existed in the past. The high level of stakeholder involvement generated a “strong spirit of collaboration,” “great cross-agency support,” “lots of energy and enthusiasm about goals,” and “commitment to implementation.” Some comments highlighted the importance of engaging the “right people” who can bring their skills and influence to both planning and subsequent implementation.

Grantees identified their system of care expansion planning teams as the primary mechanism for stakeholder involvement. Those teams were reported as instrumental not only in solidifying commitment among key stakeholders but also in bringing new partners to the table, such as the Medicaid agency. Beyond those teams, grant resources also made it possible to reach out broadly within jurisdictions to obtain input and generate support for system of care expansion. Focus groups, listening sessions, regional meetings, conference calls, and summits were among the strategies used by grantees to “hear from more voices” and include diverse perspectives in the planning process. Comments noted that the planning provided “a great chance to exchange ideas and network” as well as to “unify to achieve progress toward our goals.”

In addition to their general observations about stakeholder involvement, grantees singled out several types of stakeholders whose participation was important to their work:

- **Families and Youth**—Family and youth involvement was highlighted as a particular success, as many grantees commented that families, youth, and young adults were engaged from the beginning. Comments highlighted “a robust process for family and youth participation,” the formation of a “state leadership team of family members that participated in planning,” and the “beginning development of parent and youth core leadership” through the expansion planning process. One comment reported “solid youth involvement from the beginning, even in writing the application.”
- **High-Level Policy Makers**—Some grantees stated that they were successful in obtaining the commitment of high-level policy makers and decision makers, increasing the likelihood that their plans will be adopted and that they will have the support and resources needed for implementation.

“There was inclusion and open dialogue among local, state, families, youth, and system partners throughout the planning process.”

“We had the right people at the table to create and implement an awesome plan.”

“The grant provided resources to engage many stakeholders throughout the state and to obtain a diversity of participation in the planning effort.”

“Our planning team worked well together, and this set the stage for much better collaboration.”

“The planning team provided a mechanism for various stakeholders to become involved and to work together.”

“Family voice was respected, and family knowledge and experience were valued in the planning process.”

“Youth voice was sought out quickly, and youth and young adults were invited to all meetings and included in all processes, and their voice was heard.”

“Having the secretary and governor engaged creates the possibility of long-term change.”

- **Diverse Populations**—Several individuals specified that the inclusion of representatives of diverse, multicultural populations was important to their success in integrating cultural and linguistic competence into their planning.

Technical Assistance

Technical assistance was cited by many grantees as a highly successful aspect of the expansion planning process. General comments described the technical assistance provided to grantees as “excellent,” “very responsive and helpful,” “immediately useful,” and “timely.” Several individuals stated that the technical assistance was key to the success of their planning.

Grantees commented on the value of many of the specific modalities used to provide technical assistance:

- **Coaches**—Grantees singled out coaching as an exceptionally helpful strategy to support their work. One comment likened the coach to a wraparound facilitator who supported and helped the team through the planning process, provided and brokered assistance in substantive areas when needed, and provided constructive criticism and suggestions for moving forward. Another comment noted that the coach’s style was the “perfect blend of attention and support, yet giving us the space to work things out on site.”
- **Meetings**—Grantee meetings were mentioned as helpful in providing substantive information along with guidance to help structure the planning process. The initial grantee meeting was characterized as “vital.” A number of comments noted the value of the structured team planning times incorporated into the grantee meeting agendas. Peer-to-peer sharing opportunities provided at the grantee meetings were also cited as helpful in getting “information, feedback, and recommendations from other states.”
- **Resources**—The resources and materials provided to grantees were described as helpful in both getting the planning started and providing guides and examples throughout the planning process.

Webinars were mentioned as an effective way to provide information, and site visits by the technical assistance coaches were also considered extremely helpful.

Planning Process

Grantees reflected on aspects of their planning processes that went well:

- **Leadership**—Leadership to manage planning was an element of the process identified by some grantees as having gone well. Both individual leadership and the quality and skill of the core leadership team were noted as important elements.

“The availability and accessibility of technical assistance was incredible.”

“Technical assistance was provided through a well-thought-out process that offered strong, timely supports.”

“The structure and input provided by the coach was phenomenal. Our coach assisted in making the process do-able.”

“Coaching calls were very helpful in focusing our planning ideas and identifying considerations, options, resources, and next steps.”

“The structure of the meetings was excellent, with focused informational sessions followed by intensive team meetings and the expectation of products.”

“We received a ton of materials to help in our planning process.”

“The documents and resources provided at the first meeting were helpful in starting and guiding the process.”

“Resources sharing effective strategies, national exemplars, and lessons learned were particularly helpful.”

“We had a knowledgeable leader who could articulate grant aspects and organize the process in terms of the actions, activities, and outcomes of the planning process.”

“We were already focusing on expansion statewide. The grant was an opportunity to reflect on where we’d been, where we are, and where we want to go.”

“The planning gave our state an opportunity to put on paper things we had discussed for many years but had not yet undertaken.”

“The planning moved the discussion to concrete strategies and action steps.”

- **Planning Structures**—Some commented about the usefulness of various types of planning structures, such as a well-organized management team and subcommittees. Subcommittees were described as an effective way for individuals with interest and expertise to focus on a specific topic area or to develop strategies for a particular goal. An effective strategy described by one individual involved the use of targeted practice groups to “deep dive” into a specific area to develop and refine the plan.
- **Support for Previous Directions**—Some grantees observed that the expansion planning grant provided an opportunity to support goals and directions that had already been established in their jurisdictions. Planning could then build on previous work on system of care development, in some cases moving the jurisdiction from a broad vision to concrete strategies and action steps.

Challenges in Expansion Planning

As Table 2 shows, three areas were identified most frequently as posing challenges to expansion planning: (1) stakeholder involvement and collaboration, (2) difficulty in starting the process, and (3) the 1-year time frame of the grant. Grantees also mentioned certain aspects of the planning process itself that were challenging, as well as challenges inherent in their environment and some of the requirements included in the program’s request for applications (RFA).

TABLE 2 CHALLENGES	
MOST FREQUENT	
Stakeholder Involvement and Collaboration (47 Total Comments)	Involvement and Collaboration Among Stakeholders (19 General Comments) Specific Stakeholder Groups: Youth Involvement (14) Family Involvement (8) Involvement of Diverse Populations (6)
Start-Up (36 Total Comments)	Difficult Start-Up (36)
Time Frame (33 Total Comments)	Short Time Frame (33)
OTHER	
Planning Process (27 Total Comments)	Complexity of Planning (8) Understanding of the System of Care Approach (8) Workload (6) Focusing on Concrete Strategies (5)
Administrative and Fiscal Environment (15 Total Comments)	Administrative and Leadership Changes (8) Financing (7)
Social Marketing (9 Total Comments)	Confusion About Expectations (4) Lack of Expertise (5)
SAMHSA Requirements and Guidance (17 Total Comments)	Reporting Guidance (3) Too Many and Unclear Requirements (3) Timing of Implementation Grant Application (11)

Stakeholder Involvement and Collaboration

Although stakeholder involvement was the top area reported as having gone well for grantees, stakeholder involvement and collaboration also posed challenges. Grantees stated that it is never easy to get all agencies and stakeholders to commit to the planning effort, and some encountered one or more “uncooperative” members of the planning team. Two comments also suggested that lack of clarity about expectations and roles in the planning process created barriers to stakeholder collaboration.

“Bringing multiple stakeholders to the table and having all voices heard is always challenging.”

“It was challenging to get some decision makers to move beyond ‘territory’ and ‘protecting turf’ to collaborative and systematic planning.”

Some comments highlighted challenges in involving specific stakeholders groups:

- **Youth and Young Adults**—Planners in some jurisdictions found it challenging to identify, engage, and prepare youth and young adults to participate. It was difficult to schedule meetings at times that youth and young adults could participate and to provide supports they needed, such as training, transportation, and payment. Grantees cited the need to identify “youth champions” and to provide training and support for their involvement.
- **Families**—Although mentioned less frequently than youth involvement, several comments identified challenges in engaging families and other caregivers in the planning process and in better developing family voice throughout the jurisdiction.
- **Diverse Populations**—Grantees also identified challenges in involving representatives of diverse, multicultural communities in the planning process, acknowledging the need to ensure that their plans address cultural and linguistic competence.

Start-Up

A significant challenge for many grantees was the difficulty in getting their projects started on a timely basis; 15 of 23 grantees reported delays. Comments described bureaucratic hurdles for recruiting and hiring staff, gaining approval to accept funds and expend grant dollars, issuing requests for proposals (RFPs), and awarding contracts. These and other start-up activities reduced the time available for actual planning activities. Delays of as much as 5 to 7 months were cited by several grantees. Cumbersome governmental processes and bureaucratic roadblocks were common among grantees and impeded their progress.

“It was hard to navigate the labyrinth of approval processes to even get to use the grant resources, especially with a 1-year time frame.”

Time Frame

A related challenge was the short, 1-year time frame of the expansion planning grant. Many grantees felt that 1 year is too compressed a period to complete a plan of this scope, particularly given the need to identify and engage a wide group of key stakeholders in the process. Grantees stated that “creating a common vision and language takes time,” “it took time for the entire team to gel,” and “there is insufficient time to engage the entire system effectively.”

“Time line for tasks, products, and processes was unrealistic and almost impossible.”

“The time frame is too compact, especially given our aggressive plan to engage multiple stakeholders.”

“The scope and complexity involved in statewide planning are difficult, particularly in a large state.”

“Understanding the system of care concept in the beginning was a tremendous amount of information to digest in a short period of time for some stakeholders.”

“It was challenging to define the steps needed to go from theory to outcomes, from broad discussion and goals to specific, concrete strategies.”

“It’s tough to do strategic planning without a sense of the fiscal piece for implementation.”

Planning Process

Aspects of the planning process were challenging to some grantees:

- **Complexity**—Several individuals mentioned that strategic planning is a complex process and can be especially challenging when attempting to involve multiple, diverse stakeholders and perspectives throughout a jurisdiction.
- **Understanding of the System of Care Approach**—Grantees noted that the level of understanding of the system of care approach varied widely among stakeholders in the beginning of the planning process. For example, one individual stated that there was a great deal of information to learn for some stakeholders, and another commented that the team “should have spent more time up front defining what constitutes a system of care.”
- **Workload**—The workload involved in the planning process was challenging for some grantees. Core team members and stakeholders took on expansion planning in addition to their primary jobs, and it was often difficult to carve out the time needed to complete the planning activities.
- **Concrete Strategies**—Another challenge for some grantees involved translating broad concepts and goals to concrete, actionable strategies. One grantee mentioned that at times, “we didn’t know how to get from the philosophical and conceptual discussion to concrete strategies to lay the groundwork for implementation.”

Administrative and Fiscal Environment

Changes and uncertainties in the environment reportedly created challenges for expansion planning. Grantees commented that planning was being undertaken in a “constantly changing external environment.” They mentioned two types of changes and uncertainty that present particular challenges:

- **Leadership Changes**—Changes in leadership, particularly among policy makers and decision makers, create an unpredictable environment in which changes in direction and priorities are inevitable. It was difficult for grantees to know whether they would continue to have support for system of care expansion and how to prepare to inform new leaders of the benefits of the system of care approach.
- **Financing Changes**—Uncertain financing posed a particular barrier for grantees in creating a realistic plan. Federal and state funding reductions, implementation of Medicaid managed care, planning for health reform, and other changes made it difficult for grantees to count on particular sources of funding for services and for the infrastructure needed to support systems of care.

Social Marketing

The social marketing component of the plan was considered a challenge by grantees; 14 of 23 grantees reported some difficulty in this area. Comments revealed confusion about what social marketing plan is required, whether it is intended to be a component of the overall plan or something separate, its goals, what it should include, and its format. Comments indicated that some of the guidance to grantees on social marketing seemed geared more to communities than to states, and the differences in social marketing goals and strategies for states were not clear. Lack of experience and expertise in social marketing was also noted as a challenge, making it difficult to identify social marketing goals and effective strategies.

“It is unclear what social marketing plan is required, what should be in it, and how it relates to rest of the expansion plan.”

“Social marketing is a specific skill that requires a significant learning curve. It was challenging even with significant technical assistance support.”

SAMHSA Requirements and Guidance

Challenges were cited related to aspects of the requirements and guidance for the expansion planning grants set forth by SAMSHA, such as the format for progress reports and plans and expectations for meeting the many requirements enumerated in the RFA.

“The progress report format was not well organized and did not facilitate the planning process.”

“There wasn’t clear guidance about the desired format for the plan or whether the guidelines, templates, and tools provided through technical assistance would meet SAMHSA’s requirements.”

In addition, grantees noted the unfortunate timing of the RFA for the new System of Care Expansion Implementation Program. Applications for that program had a very short turnaround time and were due at the same time the grantees were in the throes of completing their strategic plans.

“The RFA is too prescriptive, with too many sub-sections to complete and too many small requirements. It is hard to stay focused on the big picture.”

Recommendations for Future Expansion Planning

Table 3 displays the recommendations offered by grantees in two areas: (1) recommendations for jurisdictions that are undertaking expansion planning efforts and (2) recommendations for SAMHSA for future grant support for system of care expansion planning and implementation.

Recommendations to Jurisdictions

Recommendations to jurisdictions undertaking expansion planning focused on stakeholder engagement, staffing, and management of the work of planning:

- **Family and Youth Engagement in Planning**—Grantees recommended that jurisdictions engage family members, youth, and young adults in the expansion planning process from the earliest stages. Comments emphasized that efforts should be made to clearly explain their roles in the planning process, as well as the system of care concept. Orientations for families and youth, as well as for other stakeholders, were recommended to establish a baseline of knowledge among all team members and a common understanding of the goals of the work.

“Include family and youth partners who are committed to the work from the beginning.”

TABLE 3 RECOMMENDATIONS

RECOMMENDATIONS TO JURISDICTIONS FOR THEIR PLANNING PROCESSES

MOST FREQUENT

Expansion Planning Process (13 Total Comments)	Engage and Orient Families, Youth, and Young Adults (13)
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OTHER

Staffing (5 Total Comments)	Consider Internal Staff and Consultants (5)
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Work Plan and Feedback Mechanisms (2 Total Comments)	Follow a Work Plan With Feedback Mechanisms (2)
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RECOMMENDATIONS TO SAMHSA

MOST FREQUENT

Time Frame (33 Total Comments)	Provide a Longer Time Period for Grant (33)
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OTHER

Social Marketing Plan (8 Total Comments)	Clarify Social Marketing Expectations (8)
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Deliverables (5 Total Comments)	Provide Guidance and Format for Reports and Plans (5)
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Grant Resources (5 Total Comments)	Provide a Higher Level of Funding (5)
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Feedback from SAMHSA (5 Total Comments)	Provide Timely Feedback (5)
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Grant Requirements (3 Total Comments)	Focus on Minimum Set of Core Requirements (3)
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Jurisdictions (3 Total Comments)	Clarify “Expansion” Expectations in Jurisdictions Other Than States, Tribes, or Territories (3)
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Implementation Grants (2 Total Comments)	Offer an Opportunity for Implementation Grants (2)
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“SAMHSA should encourage (or mandate) grantees not to hire staff. This should be an internal planning process that is integral to the system and not a “project” with project staff. Consultants can be used to coordinate the process and complete specific tasks as the expansion planning team progresses.”

“States should be required to have a dedicated “work horse” staff person to coordinate the process, write drafts of products based on team work, etc. This made a huge difference in keeping the planning process moving and preparing deliverables.”

- **Staffing**—Recommendations also addressed the issue of staffing for an expansion planning grant. Given the delays and bureaucratic challenges involved in hiring, some grantees suggested that hiring staff may not be ideal for this type of a short-term planning project. Rather, they suggested that jurisdictions make the planning integral to their systems by using internal staff to provide leadership and management and to consider using consultants to coordinate planning team activities and to complete writing and other tasks. One comment also recommended that grantees include an individual on their team with social marketing expertise.
- **Work Plan and Feedback Mechanisms**—Other recommendations for expansion planning called for jurisdictions to follow a work plan with specific time lines, as well as to incorporate feedback mechanisms to monitor progress and adjust their process as indicated.

“Establish a work plan with timelines to monitor progress and adapt to barriers and new information.”
“Incorporate CQI and feedback mechanisms to encourage honest conversations and processes.”

Recommendations to SAMHSA

Grantees offered recommendations to SAMHSA to consider for future expansion planning grants:

- **Time Frame**—Based on challenges already noted, the most frequent recommendation to SAMHSA was to allow more time for the expansion planning process—ideally 18 months, although a few comments called for 24 months. This would provide more time to “engage with families, youth, and system partners in a meaningful, ongoing way,” “a more reasonable time frame for recruiting, hiring, and start-up,” and more “flexibility and time to complete planning activities and prepare deliverables.”
- **Social Marketing**—Grantees recommended clarification of the expectations related to social marketing and additional guidance on the social marketing component of the plan. They cited the need for a format and tools for an effective communication plan and increased training and support on social marketing for at least one expansion planning team member from each jurisdiction who takes the lead for social marketing and communications.
- **Deliverables**—Several grantees made recommendations for the deliverables required by SAMHSA, primarily suggesting that it would be helpful to have greater clarity up front about the content and format of the progress reports and the preferred format of plans. One recommendation was to ensure greater alignment among the RFA requirements, the progress report, and the guidance provided by technical assistance providers. More detail about the final product is needed, rather than just stating that “the plan has to be ready for implementation.”
- **Grant Resources**—Several comments stated that a higher level of financial resources is needed to complete the planning process and recommended increased grant funding.
- **Feedback from SAMHSA**—More timely and consistent information and feedback from SAMHSA were recommended, particularly from government project officers. It was also suggested that SAMHSA provide additional guidance on the relevance of the Transformation Accountability System (TRAC) data to the work of expansion planning.
- **Grant Requirements**—One grantee reflected on the many small requirements attached to the grant and suggested that SAMHSA consider an approach that includes a minimum set of core requirements, with flexibility for grantees to determine which other elements to include in their plans based on their specific needs and contexts. Another grantee suggested that an evaluation component be included in the RFA to require grantees to evaluate their planning processes.

“Consider an 18-month timeline for a comprehensive planning process.”

“Allow more time—Building relationships to expand systems of care takes time.”

“Provide more guidance on the social marketing component early in the process.”

“Clarify expectations for the social marketing ‘plan’ referenced in the RFA and how this relates to the rest of the plan.”

“Need clearer and more timely expectations communicated by SAMHSA, such as the format for reports and plans.”

“There needs to be a correlation between the RFA, progress report to SAMHSA, and technical assistance—the processes should be more aligned.”

“Have the RFA focus on the stages of planning necessary to create a plan within a year, consistent with the time line and tools provided through technical assistance.”

“Consider RFA requirements that establish minimum requirements, and then allow sites to choose which additional items to address in their plans based on need.”

“Include an evaluation component in the RFA to evaluate the planning process.”

“Need greater clarity about ‘jurisdiction’ (e.g., city vs. statewide).”

“Expansion should be statewide, not limited to a city.”

“Make the plan the application for the implementation grant.”

“Every funded state should have the opportunity for an implementation grant statewide that is geared toward implementing their final expansion plan.”

- **Jurisdictions**—Several comments addressed the jurisdictions that are eligible to apply for expansion grants. They felt that expansion planning is more applicable and appropriate for statewide implementation (and throughout tribes and territories), rather than in smaller jurisdictions such as cities where it is unlikely that they will be able to achieve wide-scale system of care expansion.
- **Implementation Grants**—Recommendations for system of care expansion implementation grants focused on the suggestion that every jurisdiction with a planning grant should be offered a subsequent implementation grant if its plan meets specified quality standards. Additionally, one grantee suggested that the strategic plan produced through the expansion planning grant be the actual application for the implementation grant.

Needed Technical Assistance and Resources

Grantees were asked to identify the supports and resources that are needed to assist system of care expansion planning grantees. The recommendations are also relevant to jurisdictions that are awarded system of care expansion implementation grants and can inform the approach to technical assistance for those grantees. The most frequently mentioned supports were the high level of technical assistance provided through multiple modalities and the resources that were developed to facilitate the work of grantees (see Table 4).

Access to Technical Assistance

Grantees overwhelmingly recommended that the high level of technical assistance be continued for future planning grantees and for implementation grantees. Comments indicated that “access to technical assistance is very helpful” and “grantees can always use even more technical assistance.” They also noted that “the varied expertise of technical assistance is excellent,” and they appreciated the access they had to experts in specific content areas.

Grantees offered general recommendations about future technical assistance:

- Provide information on technical assistance opportunities well in advance.
- Provide information and communication about technical assistance activities (e.g., e-mail blasts) to all expansion planning team members for each grantee so that technical assistance opportunities will be available to all team members.
- Offer more webinars in the beginning of the process.
- Provide more intensive technical assistance in specialty areas to a designated member(s) of the expansion planning team responsible for that area (e.g., social marketing, family and youth involvement, cultural and linguistic competence).

TABLE 4 TECHNICAL ASSISTANCE AND RESOURCES

MOST FREQUENT

<p>Access to Technical Assistance (119 Total Comments)</p>	<p>Continue High Level of Technical Assistance and Supports (18 General Comments)</p> <p>Types of Technical Assistance: Coaching (30) Peer-to-Peer Consultation (27) Webinars (21) On-Site Technical Assistance (12) Technical Assistance at Grantee Meetings (11)</p>
<p>Resources (30 Total Comments)</p>	<p>Resources (13 General Comments)</p> <p>Types of Resources: Planning Tools and Plan Template (9) Examples from Other Jurisdictions (5) Tip Sheets (3)</p>

OTHER

<p>Topical Areas for Technical Assistance (54 Total Comments)</p>	<p>Social Marketing (14) Involving Families and Youth (12) Financing (6) Data and Evaluation (6) Successful Strategies Used by Other Jurisdictions (6) Engaging Key Stakeholders (4) Cultural and Linguistic Competence (3) Workforce Development (1) Health Reform (1) Addressing Challenges (1)</p>
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In addition to general comments on access to technical assistance, grantees specified the technical assistance modalities that they feel are particularly important. The three technical assistance strategies that stood out were coaching, peer-to-peer consultation, and webinars:

- **Coaching**—Many grantees stated that technical assistance consultants serving as coaches are “absolutely necessary” and “essential.” They noted the value of regularly scheduled calls to review progress and discuss next steps and the constant communication with coaches as an effective approach for identifying resources that support their work. Recommendations called for continuing the coaching model. Suggestions included providing coaches with video-conferencing technology or using webinar technology such as “Go To Meetings” and continuing coaching during no-cost extension periods to assist grantees in completing their planning processes.

“Coaches are the best part of technical assistance. They bring resources, national expertise, and knowledge to the table. Their feedback is extremely useful.”

“Participation in planning by a knowledgeable outside facilitator is very helpful and keeps things on track.”

“Peer-to-peer sharing along the way and at meetings was helpful.”

“Provide peer mentors from other states that are implementing the system of care approach statewide.”

“Provide more information on an ongoing basis on successful strategies used by other states to expand systems of care.”

“Webinars are great, and it is wonderful to have the recordings to go back to.”

“The variety of webinars is very good.”

“Technical assistance coaches should conduct at least one site visit to provide technical assistance on site, including attending team meetings.”

“There is tremendous value in sharing information through the national working meetings.”

- **Peer Support**—Peer-to-peer consultation was also characterized as very helpful. Comments suggested a variety of approaches to incorporate peer-to-peer sharing:
 - Peer mentors from other states to support future planning and implementation grantees
 - Forums throughout the process for providing examples from states that have made progress in expanding systems of care
 - Teleconferences and webinars to share effective strategies from other states
 - Brokering connections with other states that have a similar focus in planning and implementation
 - Peer review of plans during grantee meetings
- **Webinars**—Webinars were described as an excellent resource, in particular those that are practical and focus on actual strategies rather than theory. Grantees stated that many of the webinars highlighting “national best practices” were excellent. The financing webinars were singled out as extremely helpful by several grantees, and one recommended that the financing webinar be required for all jurisdictions. A schedule of webinars in advance was suggested to enable grantees to plan. They also recommended conducting some of the webinars earlier in the process to help grantees get started.
- **Site Visits**—Grantees also felt that on-site technical assistance provided through site visits is very helpful and that at least one coaching session should be done in person. Site visits enable coaches to attend a team meeting and work with core leaders in a more concentrated manner. Comments suggested one or two site visits to help grantees be more focused, “drill down on goals,” and move from the “100-foot level to the 20-foot level to be implementable.”
- **Meetings**—Technical assistance at grantee meetings was cited as an important and needed support. Grantees stated that the combination of information and opportunities to apply that information during team work sessions is an effective way to support their work. Comments reflected a number of recommendations about grantee meetings for the future, including holding the initial grantee meeting earlier, holding the second grantee meeting earlier so that lessons learned can be applied to their plans sooner than 2 months before the plan is due, and not having grantee meetings after a 4-day conference to avoid “overload.”

Resources

Many grantees indicated that the resource materials provided are very helpful to grantees. They specifically mentioned several types of resources that are needed to support grantees. Tools and planning guides, such as the resources provided at the first grantee meeting, are considered helpful in starting and guiding the process, as are toolkits, examples, and templates that can help grantees develop their goals, specific strategies, and action steps. Another type of resource that was specified are “models,” “best practice examples,” and “effective strategies” that are being implemented successfully in other jurisdictions. The “ton” of materials, tip sheets, books, and other resources received by grantees was described as useful and recommended for future grantees. A few grantees indicated that at times they felt as if there were too many resources and that it was difficult to find specific tools.

“Documents and resources provided in the first meeting were helpful in starting and guiding the process.”

“Specific examples, toolkits, and guidance to help states come up with very specific action items are needed.”

“Effective strategies and best practice examples from other states are needed as resources.”

Grantees offered suggestions for potential future resources that would be helpful:

- Template for a plan that is acceptable to SAMHSA
- Monthly or quarterly electronic “newsletter” with tips for grantees on what’s working, challenges, and solutions
- Additional information on planning technologies and processes
- Resources focusing on implementation
- Youth-friendly materials

Topic Areas for Future Technical Assistance

Grantees identified a number of topic areas for future technical assistance:

- Social Marketing—How to create a social marketing and strategic communications plan
- Involving Families and Youth—Strategies for engaging families and youth, explaining system of care language, specific action steps for family and youth recruitment
- Financing—Resource mapping, payment structures, financing strategies, and how to access Medicaid
- Data and Evaluation—How to evaluate a planning process with a minimum data set, how to track system of care implementation, report templates for outcomes
- Successful Strategies Used by Other Jurisdictions—Updated information on successful strategies and models for expanding systems of care in other jurisdictions
- Engaging Key Stakeholders—How to engage high-level leaders, get local buy-in, engage the education system, and prepare reports for state legislatures

- Cultural and Linguistic Competence—Cultural competence standards of care, multicultural leadership development, strategies for engaging people from culturally diverse communities
- Workforce Development—Strategies for developing the workforce for systems of care
- Health Reform—How to link systems of care with health reform opportunities
- Addressing Challenges—How to move forward in a state with administrative changes and policy or fiscal constraints

PROSPECTS FOR PLAN IMPLEMENTATION

This section reports on the component of the analysis that explored the feasibility of implementing plans after the strategic planning process is completed and anticipated challenges that may impede implementation. In each area, a table displays the results of the content analysis of the comments submitted by grantees on the worksheets completed at the grantee meeting and the additional information provided during the follow-up telephone conversations. A discussion of each area follows.

Factors Enhancing the Feasibility of Plan Implementation

A number of factors were identified that increase the likelihood that strategic plans will be implemented successfully. At the System of Care Expansion Planning Grantee Meeting in July 2012, grantee delegates completed worksheets indicating the extent to which these factors applied to their plan and then discussed the factors as a team. Follow-up telephone calls provided an opportunity to further explore the extent to which these factors characterize the strategic plan completed by each jurisdiction. Worksheets and telephone calls provided information relative to these factors in 23 of the 24 jurisdictions. As shown in Table 5, grantees reported that most of the factors do apply to their plans, which bodes well for subsequent plan implementation.

TABLE 5 FACTORS ENHANCING IMPLEMENTATION FEASIBILITY

FACTORS	NUMBER OF JURISDICTIONS (TOTAL 23)
Realistic Goals	21
Specific, Concrete Strategies	21
Partnerships Across Child-Serving Systems	20
Strong Leaders to Manage Implementation	17
Common Vision Across Key Stakeholders	17
High Priority on Implementation	16
Allocation of Staff and Resources to Implementation	16
Initial Focus on High-Priority Goals and Strategies	15
Initial Focus on Strategies With High Probability of Success	14
Commitment to Implementation Among High-Level Decision Makers	13

“We developed five goals that we feel have a good chance of success for implementation.”

“The goals were well vetted by multiple stakeholders who know the reality of the situation.”

“Our goals are lofty, but realistic. We need to stay focused on our goals and make sure that our strategies speak to the goals.”

Realistic Goals

Nearly all grantees reported that most of the goals in their plans are, in fact, realistic, practical, and achievable. They explained that some of the goals are achievable in the short term, whereas others are considered to be more long term. In some cases, vetting their goals with multiple stakeholders yielded feedback about the extent to which they were actionable or too “pie in the sky,” thus providing an opportunity to revise goals accordingly.

Some grantees did report that some “big, broad goals” are included in their plans but that they would “chip away at them” over time to make the systemic changes needed for system of care expansion. One stated that “some goals are realistic, and others are idealistic” or “lofty.” A caveat offered by one individual is that goals may be realistic, but that “there are a lot of variables in the current environment that could affect implementation.”

Grantee responses reflected some fundamental differences in their approaches to system of care expansion. Some took a very broad approach that seeks to implement all elements of system of care infrastructure and services for all children and youth with mental health challenges throughout their jurisdictions. Predictably, that approach led to broad goals. One grantee wondered what the implications of the approach were for the achievability of its goals. “We took the task literally as broad, statewide expansion, while others took on a piece such as a particular population. We wonder if this was too much and made our goals less realistic to implement.”

Other grantees focused on a particular subpopulation or geographic area or on a gap in their existing systems of care. This approach led to goals that were narrower and were described as more immediately achievable. Even those grantees that selected narrow goals noted that larger issues arose in the deliberations of the expansion team, leading them to discuss how their particular focus would eventually lead to widespread expansion. One individual stated, “We were pretty focused in what we chose to do, but larger issues came into play. We were constantly asking ourselves how broad or how focused should we be with our goals.” There are likely implications of these different approaches to implementation, but both can succeed with carefully established priorities and specific strategies.

Concrete Strategies

An important factor affecting implementation prospects is the extent to which plans break down goals into specific, concrete strategies. Similar to realistic goals, nearly all grantees reported that their plans have concrete strategies that position them well to move into the implementation phase. Some grantees

indicated that they used work groups focusing on a particular goal to “deep dive” into the level of strategies and identify a set of specific strategies designed to achieve the respective goal.

A number of grantees indicated that they used the strategic framework for system of care expansion that was provided through the technical assistance process that specifies five core strategy areas for system change:

1. Implementing Policy, Administrative, Regulatory Changes
2. Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach
3. Creating or Improving Financing Strategies
4. Providing Training, Technical Assistance, and Coaching
5. Generating Support Through Strategic Communications

Using this framework, they were able to identify specific strategies in each core strategy area to determine the mix of strategies that would be optimal for goal achievement.

Partnerships Across Child-Serving Systems

Many grantees pointed out that cross-system partnerships are crucial for successful system of care expansion and that the prospects for implementing their plans were significantly enhanced by the collaborative relationships they established or strengthened during the planning process. In a number of jurisdictions, partnerships were cemented in ways that had never previously occurred, and they were able to involve agencies that had not previously participated, such as the state Medicaid agency.

One individual related that the “expansion planning team was a way of nourishing cross-system relationships,” resulting in buy-in among partner agencies that will make implementation possible. Another reported that the partnerships were evidenced not only by agreements but by offers to contribute resources to implementation. In yet another jurisdiction, co-project directors from the mental health and child welfare agencies jointly led the planning process and will likely lead implementation efforts together as well. Memoranda of understanding (MOUs) were cited as a way of formalizing such relationships, but partnerships were reportedly strong even without formal, written agreements.

“We took each goal and ‘drilled down’ to create very specific and measurable strategies needed to achieve them.”

“We used the strategic framework with the five core strategy areas to develop specific strategies and action steps for each of our goals. This framework enabled us to move from broad goals to actionable strategies.”

“We organized a number of different work groups to develop specific strategies for each goal. The emphasis at every meeting was on concrete strategies, action steps, timelines, and responsibilities.”

“We have made key connections with representatives of child-serving agencies and will continue to deepen these partnerships.”

“Partners are not only engaged on the expansion planning team, but they are backing this up with cash and are offering up resources to support implementation.”

“We have strong leaders who are not afraid to roll up their sleeves and do the work, say what needs to be said, and provide an example of what partnerships look like and what they can accomplish.”

“It takes great time and energy to move people around and manage the pieces—it takes leadership to do that.”

“Our state intentionally funded leadership positions with hard money so that they can follow through and are not tied to soft money through time-limited grants.”

“Our core committee has a good mix of leadership strengths and points of view, and its members are great champions for systems of care.”

Strong Leaders to Manage Implementation

A large number of jurisdictions indicated that they had strong leaders who were instrumental in managing the planning process and who will continue to manage implementation. Grantees described two types of leadership that, in combination, provide ingredients for success: the leadership of strong and skilled individuals who will manage and direct the tasks involved in implementation and the collective leadership of a core team of stakeholders that will guide and champion those efforts.

Implementation prospects are significantly diminished without individuals assigned to lead, manage, and coordinate all the work. One grantee emphasized the amount of time and energy it takes to manage a complex process such as planning and the importance of strong leadership to accomplish this. Effective leaders were described as “competent” and “motivated” and as having “great skill sets” to spearhead both planning and implementation.

Grantees asserted that the best possible situation for implementation occurs when a leader who led the planning process effectively can continue on to lead the implementation process. To ensure that this could occur, a number of jurisdictions assigned leadership responsibilities to individuals who were employees of the system rather than hiring a director for expansion planning using federal grant funds. They stressed that this approach not only allows continuity of leadership as the focus shifts from planning to implementation, but also ensures that the efforts are integral to the functioning of the system and are not perceived simply as a grant-funded project. One grantee noted that “the difference is between being a grant versus being the work of the state.” In some cases, grant funds were used to procure consultants or additional staff to assist the leads with day-to-day tasks, writing, or other designated responsibilities.

The expansion planning teams in many jurisdictions will continue to provide leadership by functioning as the system of care implementation team. In many cases, core team members are positioned just below the executive level of the various child-serving systems and have direct access to the high-level policy makers within their agencies. One grantee referred to the team members as “barrier busters.” Those planning teams were described as “solid,” “committed,” and “dedicated.”

Common Vision Across Key Stakeholders

A common vision among key stakeholders helps generate support for expanding the system of care approach and commitment to implementing expansion plans. Many grantees reported using a variety of types of stakeholder meetings to reach agreement on a vision, engage people in the planning process, elicit ideas, and generate momentum in preparation for implementation. One state reported involving more than 175 individuals in regional planning groups that led to very broad adoption of the system of care philosophy.

Several grantees spread this common vision by involving selected communities in expansion planning. One grantee reported establishing pilot sites that developed system of care plans in their own areas that, in turn, informed the statewide expansion plan. That jurisdiction intends to continue this process with additional communities during the implementation phase to help build a common vision statewide. A tribal community noted that the phrase “Healing Our People, Advocating Hope” was adopted to signify that everyone will work together with a shared vision for system of care implementation. Many of the jurisdictions reported that they have “very engaged and committed stakeholders” who embrace the vision of systems of care, even if they don’t use system of care language.

Although many grantees noted a common vision across stakeholders, they also discussed the challenges involved in establishing this vision, particularly given the 1-year time frame of the expansion planning grant. Comments suggested that establishing a compelling and widely shared vision is an ongoing task that requires multiple social marketing and communication strategies. Several grantees made the point that developing a common vision takes time, strong relationships, and trust among stakeholders and that “there is still a lot of work to do to get everyone on board.”

High Priority on Implementation

In many jurisdictions, grantees reported a high priority on implementing the strategic expansion plans. Priority on implementation is related to several forces, often converging to create a favorable environment for system of care expansion:

- Priority set by high-level decision makers
- Alignment with current directions and plans
- External pressures such as a lawsuit or a redesign effort

In some sites, it was noted that top policy makers and decision makers have prioritized system of care expansion, even though other priorities invariably demand attention in the state. They related that their decision makers are enthusiastic and have placed an emphasis on implementation. Implementation also becomes more of a priority when the strategic expansion plan is closely aligned with current directions in the jurisdiction. For example, one grantee stated that the goals of systems of care align with the goals of the behavioral health system in the state’s overall strategic plan and, therefore, system of care expansion has become a high priority.

External pressures have also contributed to a high priority on implementation. In one state, a lawsuit requires deliverables that are “exactly in line with the system of care plan and approach.” A grantee also noted that an initiative to redesign the behavioral health system is under way and is based on the system of care philosophy, contributing to a high priority on plan implementation. In this state, system of care values and principles reportedly are also being applied to the adult system through the same redesign process.

“There was lots of enthusiasm and energy during the planning process as stakeholders became more and more familiar with the system of care concept and gravitated toward the vision of expanding this approach.”

“We have developed a lot of social marketing and communication tools to educate people about systems of care with the goal of strengthening a shared vision.”

“We need to ‘shop’ the strategic plan to build awareness with more stakeholder groups to continue to create a common vision.”

“There is great enthusiasm among decision makers for implementation.”

“Our department secretary is committed, and implementation would have been a priority even without the implementation grant. The grant will give it more momentum.”

Allocation of Staff and Resources to Implementation

Although a high priority on implementation is essential, implementation tasks cannot be accomplished without the staff and financial resources to support the work. Some grantees conveyed a concern that in the context of fiscal pressures and budget cuts, it will be difficult to obtain needed resources. However, many also stated that implementation will continue even in tight fiscal times. Several individuals noted that there are opportunities for leverage in this environment in that agencies may be more amenable to sharing resources and shifting funds to more cost-effective home- and community-based approaches.

“There is even a greater priority on implementation given budget cuts because there are incentives to pool resources and use them in more cost-effective approaches.”

“Implementation will continue with or without new funding—we are committed regardless of funding.”

“Our plan was created with the sense that there wouldn’t necessarily be another grant and that everything could be accomplished without any additional outside funding.”

Others asserted that implementation will continue even without new resources. These jurisdictions have current, internal staff dedicated to implementation, and they acknowledged that they will have to be creative to find and reallocate resources needed to finance system of care infrastructure and services. The implementation grants awarded by SAMHSA to some of the jurisdictions were seen as offering much needed help in supporting the staff needed to lead implementation efforts, provide those extra resources that will allow implementation teams to function, and provide incentives for widespread expansion. Although grantees reported that implementation grants will most certainly facilitate and accelerate the process, several felt that they would be able to move forward without the federal grant, albeit with greater difficulty and at a much slower pace. Several grantees reported that their expansion plans were created with the expectation that there would not be additional federal grants to continue the work. One stated that the plan was written to use existing resources and to be a “permanent fixture, not grant based.”

Initial Focus on High-Priority Goals

Although nearly all grantees included realistic goals and concrete strategies in their plans, fewer felt that they had established priorities for initial action. A number of grantees said that establishing priorities is a work in progress and that they will tackle this as they finalize their plans during no-cost extensions or will continue to work on it in any case.

“We developed a three-tiered system for prioritizing goals and strategies. Each strategy was put in the first, second, or third tier to determine what we’ll do first.”

“We prioritized our strategies into those that are short term (1-2 years) and those that are long term (3-4 years).”

Grantees applied several approaches to priority setting. In some cases, strategies were prioritized based on need, with those perceived as addressing urgent gaps and needs in the system rising to the top. Others broke down their goals and strategies into those that they could achieve in the short term and those that they anticipate will take longer to accomplish. Priority setting was also influenced by environmental or external drivers such as lawsuits or legislative mandates that require action in particular areas. The plan created by one jurisdiction reflected its priorities through a tiered approach whereby strategies were placed into three tiers to structure the implementation work and guide the jurisdiction in determining where to start. Regardless of the approach, several grantees noted that their work plans are “huge” and that priority setting is essential to make their plans do-able.

Initial Focus on Strategies With High Probability of Success

In addition, many grantees believe that it is important to demonstrate some early successes in implementation. As a result, they prioritized strategies judged to be most feasible for the first year. In some cases, grantees stated that they have already begun activities that show particular promise and already have a high degree of buy-in across stakeholders.

Commitment to Implementation Among High-Level Decision Makers

Grantees noted that the importance of support from high-level policy makers and decision makers cannot be underestimated and that this support is arguably the key to successful implementation. Fewer grantees reported strong commitment at the highest levels than they did for other factors affecting implementation. Still, jurisdictions described several scenarios for high-level commitment that can enhance implementation prospects, ranging from fairly passive support to significant engagement in the efforts to highly visible and vocal support for expansion goals.

In some cases, departmental executives signed off on the planning grant and, where applicable, implementation grant applications, essentially making a commitment to pursue system of care expansion. In other cases, high-level leaders are more “firmly entrenched” in the work, often directing child-serving agencies to participate and contribute. Comments from two jurisdictions were particularly noteworthy and reflect active involvement and commitment at the highest levels. In one, the governor and the state mental health commissioner have become spokespersons for system of care implementation; in another, the departmental secretary has issued directives to agency heads and has visited communities that are implementing systems of care to assess their progress.

Some grantees rely on structures that include the top-level agency executives that are focusing on expanding systems of care. Examples include a Children’s Cabinet, a Joint Council for Children and Adolescents, and a Tribal Council.

One state that has been particularly successful has used multiple strategies to reach out to legislators and top agency policy makers with targeted information to garner their support and engage them in system of care implementation efforts. Evaluation data from systems of care have been instrumental in showing specific outcomes in “language they understand.” System of care leaders stated that they frequently put a human face on data they present to policy makers through families who share how systems of care have demonstrably helped improve their lives.

“We have some ‘low-hanging fruit’ that can be accomplished in the first few months.”

“It’s important to have some successes that you can demonstrate early and build on these to continue implementation efforts.”

“The secretary of the department has been highly involved. He has called agency heads into his office and directed them to work together on system of care implementation, and has even made site visits to pilot sites personally.”

“The governor and commissioner were the lead spokespersons at a very large social marketing event. They emphasized the importance of system of care work and energized the state to move forward.”

Most Significant Factors for Implementation Feasibility

During the follow-up telephone conversations, grantees identified factors they deemed most significant in improving the likelihood that their plans will be implemented successfully (Table 6).

By far the most important factor cited is the commitment of high-level policy makers and decision makers. They indicated that without such support and direction, implementation will be near impossible to achieve.

TABLE 6 MOST SIGNIFICANT FACTORS ENHANCING IMPLEMENTATION FEASIBILITY	
MOST FREQUENT	NUMBER OF JURISDICTIONS (TOTAL 23)
High-Level Commitment	15
Financing	8
Cross-System Partnerships	6
Family and Youth Involvement and Support	5
OTHER	
Building on Foundation of Previous System of Care Development	2
Alignment With Current Directions	2
Leaders to Manage Implementation	1
High Priority	1
Lawsuit	1

Financing was the next most frequent factor mentioned by grantees. They contended that funding for the infrastructure of systems of care and for the array of services and supports that they provide is essential for moving forward. Several grantees pointed to Medicaid as the most significant source of financing. Jurisdictions able to increase Medicaid financing of services and supports felt that this would greatly enhance their implementation prospects. Some grantees are exploring new vehicles for financing systems of care, such as potential opportunities related to the Affordable Care Act. Two grantees are seriously exploring the potential for systems of care to become health homes focusing on care for children and youth with mental health challenges, either in combination with adults with mental illness or specifically for children. One state is exploring the possibility of community mental health centers serving as health homes and providing an array of services and supports based on the system of care philosophy and approach.

Cross-system partnerships were also noted as significant factors for implementation. These partnerships were regarded as important for collaborating to better serve children and youth who are involved with multiple systems. Moreover, the partnerships were considered essential for redirecting funds from deep-end placements across systems to home- and community-based services and for braiding or blending funding to expand systems of care.

Grantees emphasized the importance of family and youth involvement and support for system of care expansion. Their perspectives were described as critical in driving the goals of expanding systems of care, and their voices were regarded as perhaps the most important vehicle for generating support for expansion among multiple constituencies, particularly from high-level policy makers.

Challenges for Plan Implementation

Although there are clearly many factors that lay a solid foundation for successful implementation of plans, grantees also identified challenges that they anticipate in the process. Several challenges rose to the top of the list across grantees: lack of a trained workforce, fiscal crises, lack of buy-in from providers, lack of data to demonstrate the need for expansion, and difficulty in obtaining financing. The challenges enumerated by grantees are shown in Table 7 and are discussed below.

TABLE 7 CHALLENGES FOR IMPLEMENTATION

CHALLENGE	NUMBER OF JURISDICTIONS (TOTAL 23)
Lack of a Children's Mental Health Workforce Trained in the System of Care Approach	20
Fiscal Crises and Budget Cuts	17
Insufficient Commitment Among Provider Agencies, Program Managers, Clinicians, and Managed Care Organizations	14
Lack of Data to Make the Case for Expansion	13
Difficulty in Obtaining Financing for System of Care Infrastructure and Services	12
History of Creating Plans That Are Not Implemented	12
Changes in Administration	10
Lack of Strong and Consistent Leadership to Manage Expansion Implementation	7
Insufficient Commitment Among High-Level Administrators and Policy Makers	7
Insufficient Support Among Families, Family Organizations, Youth and Young Adults, Youth Organizations, and Advocacy Groups	5
Insufficient Commitment Across Child-Serving Systems	3

Lack of a Children's Mental Health Workforce Trained in the System of Care Approach

The lack of a children's mental health workforce that is prepared to function in a system of care environment is a challenge mentioned by nearly all grantees. Some noted the lack of children's mental health professionals in general, particularly in rural areas. Others emphasized that children's mental health clinicians typically are not trained in the system of care approach and evidence-informed practices during their pre-service training programs. Further, they do not have sufficient training, coaching, and supervision in their agencies and service systems to provide them with the skills they need to practice

effectively and in a manner that is consistent with the system of care philosophy. Grantees stressed that training capacity is needed to provide extensive training focused on both the system of care approach and on state-of-the-art, evidence-informed practices.

To address this challenge, grantees reported undertaking a variety of strategies:

- Providing incentives for trained clinicians to work in rural and remote areas
- “Growing their own” skilled workforce through internship programs developed collaboratively with colleges and universities
- Linking with community colleges, colleges, and universities to offer courses related to systems of care
- Developing training centers or institutes to provide ongoing training and coaching in approaches such as wraparound and specific evidence-informed practices
- Developing core competencies for a children’s mental health workforce
- Organizing regional or statewide learning collaboratives
- Developing Web-based courses on systems of care and evidence-informed practices
- Incorporating requirements related to the system of care approach in licensing and credentialing processes
- Conducting annual assessments of providers to determine the extent to which practice is consistent with the system of care approach, and requiring improvement plans based on results

“There is still a shortage of children’s mental health clinicians, particularly in certain regions of the state.”

“There are pockets of excellence in our state, but many clinicians use antiquated approaches and are not trained in system of care values and principles.”

“Through our workforce development work group, we are on our way to increasing the number of providers informed and trained to infuse the system of care approach.”

Regardless of the specific strategies used, many grantees noted that the system of care approach needs to be put into a “universal language” that can be applied across the workforce.

Fiscal Crises and Budget Cuts

Most grantees reported that fiscal crises and budget cuts present significant challenges and are likely to affect implementation. They have experienced significant budget shortfalls, billions in Medicaid alone in one state. In many cases, states have implemented draconian budget cuts ranging from 10% to 50% in mental health staff and services. Some states have asked their various departments to develop multiple budgets that are based on different scenarios regarding the availability of funds. Most grantees are being asked to “do more with less.”

On a positive note, a number of grantees suggested that budget cuts sometimes pave the way for collaboration and pooling of resources across child-serving systems. One noted that budget cuts presented an opportunity to leverage blended funding for wraparound services in a system that had an overreliance

on residential services, noting that “the crisis helped to sell system of care values and home- and community-based services.” Another grantee reported that the state cut nearly half of its staff last year and that cuts in services are expected this year. However, funds will be redirected from higher-end services and, at the same time, Medicaid is expanding coverage to include a broader array of services and supports and greater flexibility. Other grantees also intend to rely on strategies to use existing resources differently in the context of frozen or reduced budget levels.

Insufficient Commitment Among Provider Agencies, Program Managers, Clinicians, and Managed Care Organizations

More than half of the jurisdictions cited the challenge of insufficient commitment among provider agencies and service providers, including clinicians. Grantees offered several explanations. First is a lack of understanding of the system of care approach and how to put it into practice. One individual noted, “The system of care approach hasn’t moved down to the clinician level. They may understand the concept, but are not really living it.” Grantees emphasized that training is needed to ensure that providers understand the system of care approach and have the knowledge and skills to build system of care values, principles, and practices into their agencies and into service delivery. As one individual stated, “It’s more about education and helping provider entities to learn about systems of care and to practice in more effective ways.”

The second cause is general skepticism among providers about the benefits of a new paradigm and way of practicing. Some may “hold onto the way they do business” and to the “old, comfortable ways of doing things.” Other providers reportedly feel that the system of care approach somehow “waters down the clinical process,” and they are confounded by system of care values such as family driven and youth guided. Some grantees have experienced push-back from residential providers who may feel threatened by changes that will likely keep many youth out of their facilities.

In addition, some providers are afraid that the system of care approach may threaten their bottom line. Many have sustained cuts and feel a great deal of pressure to increase billable hours. There is little incentive to try new approaches when they may not be billable at all or when they may not receive higher reimbursement rates. For example, home-based services require travel time that may not be reimbursable, and the wraparound process calls for child and family team meetings, but practitioners’ time in and around those meetings might not be billable through Medicaid or other sources.

Although provider commitment can pose a significant challenge, some grantees described many providers who view the system of care philosophy and practice model as giving them the freedom to create innovative treatment approaches. They understand that this shift “opens up an array of new services and

“This will likely be a barrier as we phase in the plan. The state seems committed to the work, but funds will be needed for implementation.”

“Major funding cuts in Medicaid and a continuing decline in state mental health funding will be difficult for implementation.”

“Given our huge budget shortfalls, it is my hope that we will look at how to reallocate our funding, reprioritize, and budget to reflect our support of what we know works.”

“In general, providers buy in to the system of care approach but not everyone who says they buy in truly understands what a system of care means.”

“Even if clinicians agree that this is the best way to provide services, they don’t know what they’re going to do differently.”

“Some have totally embraced system of care values, but some think it’s the next ‘soup de jour.’ They don’t want to embrace this until they see how it will be sustained.”

supports” for them to offer. Several grantees noted particular support among providers in communities that have had federal children’s system of care grants that have already provided extensive exposure to the core practices that are hallmarks of systems of care. Indeed, one state has had eight funded community-level system of care initiatives.

Provider buy-in was reported to be enhanced in jurisdictions that made a point of involving providers and provider associations in the expansion planning process. As a result of their inclusion, many providers generally were receptive and enthusiastic about expansion plans. In an effort to increase provider commitment, some states are building system of care approaches into core competencies for providers and into contract language with providers and managed care organizations. One grantee noted, “Provider commitment will increase now that system of care services are part of the reimbursable service array.”

Lack of Data to Make the Case for Expansion

Lack of data was reported as a barrier by many of the grantees. They uniformly considered data to be essential for demonstrating who is being served with a system of care approach, what services and supports are being provided, what outcomes are being achieved for children and families, and what are the cost implications across systems. Despite understanding how helpful data would be in both making decisions and demonstrating the benefits of the system of care approach to policy makers, grantees reported insufficient internal capacity to collect, analyze, and use data. Where data are available, a number of grantees noted that the data provide information on needs and utilization, but not on outcomes. Some grantees that did not have data specific to their own jurisdictions used national data to make the case for expansion. Some grantees reported adopting or planning to adopt standardized instruments such as the Child and Adolescent Needs and Strengths (CANS) that can serve multiple purposes, including as a mechanism to demonstrate outcomes in the future.

“Given the fiscal environment, data must be obtained to drive policy and demonstrate lower costs.”

“There are huge barriers to accessing the data we need to assess the impact of new home- and community-based services, especially for exploring the impact across systems.”

“We realize the importance of this and are determined to work on data collection as one of our top goals.”

Those grantees with strong data highlighted the data’s usefulness in making the case for systems of care. For example, a grantee that had reduced out-of-home placements dramatically (by 85% in one jurisdiction) was able to translate this to clearly demonstrate its impact on expenditures across mental health, child welfare, and juvenile justice systems, thereby creating tremendous support for the approach at the executive level. Another grantee provides data to legislators annually showing reduced out-of-home and out-of-school placements, fewer contacts with law enforcement, decreased admissions to hospitals and residential treatment centers, less substance abuse, and lower suicide rates among others. In yet another jurisdiction, data are disseminated to multiple constituencies, including the governor and commissioners, through a ListServ, newsletters, and reports.

Difficulty in Obtaining Financing for System of Care Infrastructure and Services

As noted, fiscal crises and budget cuts reportedly affect many grantees. Even without difficult fiscal environments, grantees noted the difficulty in obtaining sustainable funding for the various components of systems of care, both infrastructure and the array of home- and community-based services and supports. Faced with “no new money” and dwindling funds across child-serving systems, grantees again emphasized that they will be forced to “do better with what they have” and redirect resources.

Several grantees intend to address this challenge by reworking their state Medicaid plans to include coverage for an expanded array of services and supports. In some states, Medicaid financing is limited, but others rely on Medicaid as sustainable financing for services and supports even in the face of budget cuts.

“Lack of sustainable financing for services will severely undermine the state’s ability to move forward. We have built a solid infrastructure, but expect challenges in funding services.”

“We are working to increase Medicaid financing for services and supports since other funding sources will be severely limited.”

History of Creating Plans That Are Not Implemented

Predictably, many jurisdictions have undertaken previous strategic planning processes related to children, youth, and young adults with mental health challenges and their families. A number of grantees recounted their history of planning followed by “nothing changing according to plan.” In some cases, implementation did not proceed due to changes in leadership, changes in priorities, or simply a lack of follow through. Regardless of the cause, they believed that this history created skepticism among stakeholders that this planning process would be any different and that this plan would not “collect dust” or remain “on the shelf” like previous plans.

Grantees mentioned stakeholder comments such as “More planning? Really? When do we get to the doing part?” and “We have killed 20,000 acres of trees with our previous plans.” In those jurisdictions, it is challenging to convince stakeholders that this is a new day and that they should feel optimistic about the planning process and about the prospects for plan implementation.

Several grantees intentionally addressed this challenge by reviewing previous plans at the outset, identifying goals and strategies that might inform the current system of care expansion plan, and building on previous work to move forward. One individual stated, “We are not dishonoring all the previous planning of the past. We are celebrating what has been done before and moving it forward.” To accomplish this, one jurisdiction constructed a matrix of goals and strategies from previous plans and used it as a foundation and jumping off point for expansion planning. As a result, the planning team did not need to spend a lot of time on mission and vision, but instead proceeded rapidly to develop specific goals and strategies to prepare for implementation. Another completed a meta-analysis of 30 previous plans and reports from the previous 5 years that all came to the same conclusions and supported the goal of expanding systems of care statewide.

“We are a state that has been through this process at least seven times. I believe we are in a place to move forward this time.”

“There have been a multitude of plans previous to this one that focused on this population but that hit dead ends.”

“Same old thing, different day.”

One grantee noted that this process simply had to be different. “Everyone realized that we have done it wrong so many times and that no one would show up in the room if they thought we were going to do the same old thing.”

Changes in Administration

Turnover in elected and appointed officials invariably leads to new priorities, reorganizations, and a learning curve about current directions and operating philosophies in government. A number of grantees face new governors in 2013, including the possibility of a change in the governor’s political party and the legislature’s majority party. Multiple retirements in key positions were also mentioned by grantees as creating change in policy makers and decision makers.

Changes in administration lead to uncertainty and unpredictability in the environment, creating doubt about continuity of efforts, concern that momentum may be diminished, and fear that the established priority on system of care expansion might be threatened. Grantees noted that changes require “establishing new relationships,” “helping new leaders through the learning curve on the benefits of the system of care approach,” “re-engaging high-level leaders,” and determining “how to move forward in the face of interruptions to progress.”

Grantees emphasized the importance of executive-level support and noted that new policy makers arrive with their own perspectives and goals. As a result, there is a “constant push for buy-in” among new leaders, creating a need for targeted and intentional communication and education efforts on system of care values and principles, accompanied by data demonstrating cost-effectiveness and positive outcomes for children and families. One grantee commented that families worked proactively with gubernatorial candidates to garner their support for systems of care rather than wait until they got into office.

Some grantees noted, however, that it is possible that changes in administration can result in new leaders who are even stronger supporters of the system of care approach. Others stated that system of care expansion goals are “embedded in policy” and in the work of the managers at the level just below the executives. This might mitigate challenges posed by changes in administration.

Lack of Strong and Consistent Leadership to Manage Expansion Implementation

Grantees observed that strong, consistent leaders are needed to direct, manage, and coordinate implementation efforts. For some grantees, it will be challenging to maintain their leaders in this role. In some cases, this was attributed to the conclusion of the planning grant and the accompanying loss of resources to support a director. In others, budget cuts were blamed for the loss of staff to manage implementation. Implementation grants were mentioned by some individuals as providing essential resources for sustaining a person or

“Constant changes in our state administration, departments, and legislature make it challenging due to lack of understanding of systems of care among new people.”

“A new governor next year will likely result in significant leadership changes. It will be a challenge to ‘resell’ systems of care.”

“Strong, consistent leadership is critical for implementing the strategic expansion plan.”

“In order for expansion to succeed, dynamic leadership must be evident and communicated at all levels.”

“There are some strong leaders, but there needs to be a team of leaders who can focus on this.”

persons in leadership roles to focus on plan implementation. Without that assistance, some grantees anticipate that their leaders will have other responsibilities and competing priorities and will, therefore, be unable to devote sufficient time to implementation efforts.

Insufficient Commitment Among High-Level Administrators and Policy Makers

As noted, the commitment of high-level policy makers and decision makers was judged by these grantees to be the most significant factor affecting the likelihood of successful implementation of expansion plans. It stands to reason, then, that lack of such commitment presents a formidable barrier to progress. In some cases, grantees noted that policy makers are not well educated about the system of care concept and do not understand its benefits. In those situations, targeted and strategic communication strategies can be used to begin to address this challenge. In other situations, the lack of commitment is a reflection of competing priorities, fiscal pressures, and shrinking budgets. These consume their time, attention, and energy and make it difficult for them to commit resources to implementation. Even when policy makers expressed a verbal commitment to expand systems of care, grantees felt that there is often “too much rhetoric and not enough action or resource commitment.”

“Most policy makers are not well informed about systems of care and are unable to embrace the approach. Education of the executive level is needed regarding the benefits associated with systems of care.”

“Given other monumental political changes and financial pressures, it will be challenging to make this a priority for policy makers.”

Insufficient Support Among Families, Family Organizations, Youth and Young Adults, Youth Organizations, and Advocacy Groups

Most grantees reported strong support for system of care expansion from families, youth, and young adults. Many have had long-standing relationships with family organizations and have emerging relationships with youth organizations and youth leaders. Contracts with family and youth organizations were cited as a strategy for involving them in planning and in other policy- and system-level functions. However, several indicated that lack of support from families and youth will be a challenge for implementation. In some cases, grantees indicated that they have not as yet effectively and meaningfully engaged families, youth, or both in their planning processes and, as a result, have yet to generate their enthusiasm and vocal support for implementation.

In some jurisdictions, multiple and disparate family and youth groups and leaders are not organized to provide a united and strong family and youth voice to support system of care expansion. Those grantees stated that they are trying to foster coordination and build coalitions among the multiple organizations to address this challenge.

“We have interest among partner systems but need to strengthen and deepen our relationships to achieve our goals and continue to build ‘win-win’ scenarios.”

“The challenge is breaking down silos, truly partnering, and changing policy and practice so that we can truly work together in a wraparound-like approach to more effectively meet the needs of the folks we serve.”

Insufficient Commitment Across Child-Serving Systems

A few grantees stated that insufficient commitment across child-serving systems poses a significant challenge to implementation. Those citing this challenge indicated that despite commitments from some partners, “single hold-outs” can really impede progress. The education system was mentioned as the “weakest link” in system of care expansion and the most difficult system to engage. Moreover, one individual stated that agencies frequently do not understand the nuances of one another’s roles, mandates, scopes of services, and limitations, which harms relationships and decreases commitment to common goals. Another thought that verbal commitment may be obtained, but that sharing resources is much more challenging. “It’s like saying I want to go pot luck, but I’m not sharing my pot of beans.”

Most Significant Challenges for Implementation

During the follow-up telephone conversations, grantees identified the challenges that they consider most likely to affect their implementation prospects (Table 8). The challenge mentioned most frequently is the difficulty in obtaining sufficient financing for services and supports and for the infrastructure that systems of care must have. Tight and shrinking budgets were mentioned as problems that will be difficult to overcome.

TABLE 8 MOST SIGNIFICANT CHALLENGES FOR IMPLEMENTATION

MOST FREQUENT	NUMBER OF JURISDICTIONS (TOTAL 23)
Difficulty in Obtaining Financing	9
Lack of Leaders to Manage Implementation	5
Difficulty in Cross-System Collaboration	4
OTHER	
Difficulty in Family and Youth Involvement	3
Lack of Provider Commitment	3
Difficult and Slow Bureaucracy	3
Lack of Political Will	3
Lack of High-Level Commitment	3
Lack of Trained Children’s Mental Health Workforce	2
Large Scope of Effort/Difficulty Prioritizing Goals and Strategies	2
Administrative Changes/Unknown Environment	1
Lack of Data to Make the Case for Expansion	1

Lack of leaders to manage implementation was also cited by some grantees as one of the most significant challenges, primarily based on changes in staff, staff cuts, and the inability to maintain staff positions that had been devoted to creating the strategic expansion plan unless they received an implementation grant. Grantees also mentioned difficulties inherent in developing cross-system collaboration, breaking down silos, achieving a common vision and commitment across agencies, and sharing resources.

Another challenge deemed most significant by a few of the jurisdictions was achieving meaningful family and youth involvement, particularly recruiting and supporting youth and young adults to participate in planning. Bringing providers on board was specified as one of the most significant challenges in some sites. Moving from general buy-in to the system of care approach to actual changes in practice can be difficult.

Three related challenges noted by grantees as most significant highlight how bureaucratic impediments can impede implementation efforts, as well as lack of political will and lack of commitment to system of care expansion among top-level executives and policy makers. In addition, the large scope of implementation, the need to move forward in a rapidly changing environment, and the lack of simple outcome data were also among the challenges mentioned as most significant by several grantees.

Expanding Systems of Care in Tribal Communities

The three tribal expansion planning grantees were asked to identify the unique challenges that they experience. Challenges noted include the following:

- **Understanding Cultural and Linguistic Competence**—Grantees noted that in a tribal community, cultural and linguistic competence means embracing all that a community has to offer, including language, resources, and elders. These form the collective basis for the system of care that is developed.
- **Blending Innate Systems With Systems of Care**—In tribal communities, a particular challenge is determining how to blend innate and traditional systems with the system of care approach. Grantees pointed out that this adds a layer of complexity for assessing fidelity to the system of care approach, because variations based on tribal needs are essential.
- **Becoming Financially Sound**—Grantees reported that many tribes have depended on federal grants to fund services, with little chance of sustaining these services without the grants. A challenge for tribes is to identify and develop sustainable financing for services and supports that is not dependent on time-limited grants. Two of the tribal grantees are undertaking efforts to become Medicaid providers so that their services can have long-term financial viability.

“Tribes must look at their own communities, embrace whatever is there, and develop programs and services based on that.”

“Tribes have a beautiful opportunity to embrace innate and traditional systems and blend them with systems of care.”

- **Obtaining Accreditation**—It was noted that tribal agencies often are not accredited by various accreditation bodies or certified as Medicaid providers. Tribes must address these challenges to ensure long-term financial viability for systems of care.
- **Adapting to Annual Leadership Changes**—Grantees considered administrative changes to be a particular challenge in their tribal context. In some tribes, leadership changes occur annually. Given these rapid changes, it is essential to constantly ensure that there are efforts to educate new leaders about the system of care approach and to “get them on board.”
- **Adapting Planning Process to the Needs of Tribal Organizations**—Grantees emphasized the importance of adapting the expansion planning process to the context of tribal organizations. In doing so, it must be recognized that there are enormous differences among tribes living on a reservation, tribes that are integrated with the rest of society, and tribal organizations that serve individuals from many different tribes that are spread out over a large geographic area. Each of those situations has important implications both for planning and for system of care implementation.
- **Developing Relationships With States**—Grantees reported that a challenge faced by tribes and tribal organizations is to cultivate relationships with state child-serving agencies. This is important to ensure that tribes receive all state funds and services for which they are eligible and enjoy collaborative partnerships to achieve mutual goals. One grantee stated that the planning process opened doors to a relationship with the state that will play a key role in system of care expansion.

“We need to have tribal leaders on board, especially when seed dollars go away.”

“It’s important to take the planning process and adapt it to the needs of tribes and tribal organizations—That’s the key to success in expansion.”

“The planning process opened many doors that we won’t let close. We wouldn’t have become involved in the local system of care or with the state level which will be essential partnerships for our future.”

CONCLUSION

There is much to learn from the experience of the first cohort of expansion planning grantees. Overall, it is clear that they took expansion planning seriously and experienced many areas of success in their planning processes. Of primary importance is the near universal observation that grantees were able to engage a broad range of stakeholders in the process and, by doing so, created a strong commitment to the widespread implementation of the system of care approach within their jurisdictions. Stakeholders included child-serving agencies, families and youth, and, in many cases, high-level decision makers. This broad-based support for expansion is a critical factor in their ability to make their plans actionable.

It is inevitable, however, that grantees will experience some challenges during their planning processes. Two related challenges experienced by many grantees were delays in start-up and a compressed time frame to complete their planning. Among other advice grantees offered for future expansion planning grants was the suggestion that the time frame for expansion planning be extended, perhaps to 18 months.

The positive response of grantees to the multifaceted and extensive technical assistance provided throughout their planning suggests that investment in technical assistance supports for system of care expansion is an essential factor in the success of their efforts. Coaching appears to be a particularly helpful modality in focusing and facilitating the planning work.

Perhaps most important is the question of what will become of the strategic plans completed by grantees. The exploration of factors that enhance the likelihood of successful implementation shows a high incidence of these factors among many grantees, indicating that their prospects for implementation are good. Grantees reported that although their plans may not be implemented in their entirety, they were confident that most of the strategies in their plans would be implemented. They felt that their goals are realistic, their strategies are specific, and their partnerships are strong; that there is a common vision across stakeholders; and that there is a high priority on plan implementation coupled with the allocation of staff and some resources to the effort.

It is not surprising that fiscal challenges to implementation top the list of challenges among these grantees. Significant workforce challenges were identified, such as overcoming resistance among provider agencies and clinicians to change the way they practice, as systems of care typically require. Lack of data to make the case for expansion also presents a barrier to expansion.

Overall, grantees perceive that their planning went well and believe that their implementation prospects are good. When asked to rate on a 5-point scale how well their planning processes went, the average across all grantees was 4.07, indicating that they considered their planning process to have gone very well. Similarly, grantees rated the likelihood of plan implementation, with an average rating across grantees of 4.16, indicating their belief that their plans are very likely to be implemented.

Future planning grantees, as well as expansion implementation grantees, can take advantage of these observations by working intentionally to enhance the factors that will make implementation more successful and to proactively address challenges that are likely to emerge. In addition, both SAMHSA and technical assistance providers can develop targeted approaches to help grantees think strategically about strategies for enhancing implementation prospects.

It is well-known that enormous levels of effort are often devoted to creating strategic plans that ultimately have little or no impact on the services and systems they seek to improve. In this case, however, many system of care expansion planning grantees asserted that this opportunity seems different. Based on the engagement and commitment of key stakeholders, the general contention was that these plans will not be relegated to the shelf alongside unused plans from the past, but rather will proceed to the next phase, albeit with barriers to be overcome.

Providing funding and technical support for the widespread adoption of an innovation is new to SAMHSA. This analysis of the first cohort of system of care expansion planning grantees documents that the investment is sound and the prospects for positive results are good. As a result, SAMHSA may want to consider applying a similar approach to other innovations that the agency has supported.

Beyond providing feedback to SAMHSA, the experience and perspectives of these grantees offer valuable information to enhance the work of new expansion planning grantees, help grantees that have moved forward to the next phase of plan implementation, and guide technical assistance to support their work effectively.