THE TA NETWORK

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REPORT

State-Community Partnerships for Expanding the System of Care Approach

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Acknowledgments

The strategies outlined in this document are based on the experience of states and communities that have been working collaboratively to expand the system of care approach. Much gratitude is due to the leaders from these jurisdictions who contributed their time, expertise, and insights to inform the work of others. Thanks are also due to Dr. Gary Blau, Chief of the Child, Adolescent, and Family Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. His commitment to learning from experience in the field and applying this to continuing federal system of care efforts led to this and other important analyses to improve service systems and services for children and youth with mental health challenges and their families.

Suggested Citation

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Executive Summary

The concept of a system of care was introduced in the mid-1980s to improve the quality and outcomes of services for children, youth, and young adults with mental health challenges and their families (Stroul & Friedman, 1996). Based on evidence documenting positive outcomes for children and families, as well as a positive return on investment, the Substance Abuse and Mental Health Services Administration (SAMHSA) determined that the approach was ready for widespread expansion and is now providing resources to states, tribes, territories, and communities to take systems of care to scale (Stroul, Goldman, Pires, & Manteuffel, 2012; Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014). This system of care expansion initiative was originally comprised of one-year planning grants and four-year implementation grants (SAMHSA, 2014a; 2014b). In 2015, these were combined into a single, four-year grant entitled, *Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children and Their Families Program*, referred to as "System of Care Expansion and Sustainability Cooperative Agreements" (SAMHSA, 2015).

Lessons learned from grantees to date substantiate previous findings that changes are needed both at the state and local levels to implement, sustain, and expand systems of care and that expansion efforts at one level alone are not sufficient (Stroul & Friedman, 2011). Based on the need for a two-level, "bi-directional" approach, state-community partnerships are essential to ensure that expansion strategies are aligned and implemented at both levels in tandem and that there is no "disconnect" between the system development work at the state and local levels. This document describes how states and communities can work together for the widespread adoption of the system of care approach, with the goal of providing guidance for other states and communities on strategies for achieving shared goals to improve children's mental health services and outcomes.

Examples of state-community partnerships were explored with 11 state expansion grantees and 4 community expansion grantees that self-identified as having partnerships in place. In addition, one state was included that did not have an expansion grant, but has used a partnership approach to systematically achieve statewide expansion. The partnership strategies identified in these sites can be grouped in three categories: 1) selecting communities to participate in expansion efforts, 2) providing funds to communities for planning or implementation costs, and 3) communities reaching out to states to align their work and achieve shared expansion goals.

1. **Selecting Communities** – Some states have selected specific communities for participation in expansion planning and/or implementation efforts. Most of these states have used a competitive process to identify communities that are poised for system change. They have issued Requests for Proposals (RFPs), both formal and informal, inviting communities to submit proposals to participate. State leaders indicated that a competitive process allows them to identify communities that are both ready for and committed to expansion work. In addition, the process often generates interest throughout the state in expansion activities and sets the stage for additional communities to become involved in the future.

2. **Funding Communities** – With or without a competitive application process, most of these states have provided funds to communities to support expansion planning and/or implementation of the system of care approach. Many have used some expansion grant funds to finance local planning activities or start-up costs for implementing system of care

infrastructure and services. The amount of funding typically is small, serving primarily as an incentive or seed money during the initial phases while the state and communities transition to long-term, sustainable financing streams.

3. **Aligning Communities with States** – In addition to state strategies for partnering with communities, strategies were identified whereby community grantees reach out to states to collaborate and align their expansion work with efforts occurring at the state level. These communities share their successes, challenges, and lessons learned with the state to inform state-level systemic changes, to shape expansion efforts in other areas, and to provide resources for training and consultation to support statewide system of care implementation.

Based on their experience, the states and communities provided guidance for creating and maintain effective partnerships. Fundamental requirements are a shared vision, shared goals, and buy-in to the system of care approach at both levels. Recognition of the need for system changes at both levels is also key – services and outcomes cannot be improved without local strategies, and local infrastructure and services cannot be sustained without state support. They also noted that creating a "win-win" strategy ensures that both states and communities are benefitting from the partnership. Specific advice was offered for communication, structures and processes for partnerships, funding, leadership, and generating state and local support for expansion.

The grantees also made suggestions to SAMHSA for the federal system of care expansion initiative that would provide increased support for state-community partnerships:

- Require that the state agency responsible for children's mental health be notified and involved when a community applies for an expansion grant.
- Require that state expansion grantees work with any communities in their states receiving federal funds for system of care implementation or expansion, and also require them to include new, non-funded communities in expansion efforts.
- Require that local expansion efforts are linked to and part of larger systemic change efforts at the state level. All community work should be part of a larger statewide expansion strategy.
- Require both state and community applicants to demonstrate how expansion plans and implementation activities will build on previous system of care efforts in the state.

These recommendations are reflected in the 2015 Request for Applications (RFA) for the SAMHSA system of care expansion initiative (SAMHSA, 2015).

The strategies used by each site are detailed in Appendix A. Appendix B includes examples of partnership documents such as RFPs and memoranda of understanding.

Introduction

Since 1992, the Substance Abuse and Mental Health Services Administration (SAMHSA) has invested federal resources across the nation to implement the system of care approach through the Comprehensive Community Mental Health Services for Children and Their Families Program, commonly referred to as the Children's Mental Health Initiative (CMHI). Evaluation of the CMHI has documented improvements in the quality and outcomes of services for children, youth, and young adults with serious mental health challenges and their families, as well as a positive return on investment (Stroul, Goldman, Pires, & Manteuffel, 2012; Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014). As a result, SAMHSA determined that the approach was ready for widespread expansion and is now providing resources to states, tribes, territories, and communities to take systems of care to scale. This system of care expansion initiative was originally comprised of one-year planning grants and four-year implementation grants (SAMHSA, 2014a; 2014b). In 2015, these were consolidated into a single, four-year grant entitled, *Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children and Their Families Program*, referred to as "System of Care Expansion and Sustainability Cooperative Agreements" (SAMHSA, 2015).

Lessons learned from grantees to date substantiate previous findings that changes are needed both at the state and local levels to implement, sustain, and expand systems of care and that expansion efforts at one level alone are not sufficient. Based on the need for a two-level approach, state-community partnerships are essential to ensure that expansion strategies are aligned and implemented at both levels in tandem. This document describes how states and communities can work together for the widespread adoption of the system of care approach, with the goal of providing guidance for other states and communities on strategies for achieving shared goals to improve children's mental health services and outcomes. Although the document refers to "state" partnerships with communities, many of the strategies are also applicable to tribes and territories where system-level changes are needed in conjunction with system of care implementation in local communities within their jurisdictions.

Expanding the System of Care Approach

The concept of a system of care was introduced in the mid-1980s to improve services and outcomes for children, youth, and young adults with mental health challenges and their families (Stroul & Friedman, 1996). Since then, the concept has gained broad acceptance and has served as an organizational framework and philosophy for system reform. A system of care is defined as:

> "A spectrum of **effective community-based services and supports** for children, youth, and young adults with or at risk for mental health and related challenges and their families that is organized into a **coordinated network**, builds meaningful **partnerships with families and youth**, and addresses their **cultural and linguistic needs** in order to help them **function better** at home, in school, in the community, and throughout life" (Stroul, Blau, & Friedman, 2010).

Although the approach continues to evolve to reflect advances in research and service delivery, the core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services remain the hallmarks of systems of care. The guiding principles for systems of care, extensively used as standards of care throughout the nation, call for a broad array of effective services, individualized care, and coordination across child-serving systems.

In 1992, the CMHI began investing resources in implementing the system of care approach in communities across the nation through the CMHI. An extensive national evaluation has provided substantial evidence that systems of care work for children and youth and for families (Manteuffel, Stephens, Brashears, Krikelyova, & Fisher, 2008; Stroul, Goldman, Pires, & Manteuffel, 2012). Outcomes for children and youth include decreased behavioral and emotional problems, suicide rates, substance use, and juvenile justice involvement, as well as increased strengths, school attendance and grades, and stability of living situation. For families, findings include reduced caregiver strain and improved family functioning. System of care implementation also is associated with improvements in service delivery systems, such as an expanded array of home- and community-based services and supports, individualization of services, increased family and youth involvement in services, better coordination of care across systems, and increased use of evidence-based practices (EBPs).

> **System of Care Philosophy**
> **Values:**
> - *Community Based*
> - *Family Driven, Youth Guided*
> - *Culturally and Linguistically Competent*
>
> **Principles:**
> - *Broad Array of Effective Services and Supports*
> - *Individualized, Wraparound Practice Approach*
> - *Least Restrictive Setting*
> - *Family and Youth Partnerships*
> - *Service Coordination*
> - *Cross-Agency Collaboration*
> - *Services for Young Children*
> - *Services for Youth and Young Adults in Transition to Adulthood*
> - *Linkage with Promotion, Prevention, and Early Identification*
> - *Accountability*

In addition, there is a growing body of evidence indicating that the system of care approach provides an excellent return on investment (ROI), with documented cost savings both in the short term and in the future (Stroul, Pires, Boyce, Krivelyova, & Walrath, 2014). Cost savings result from reduced use of inpatient psychiatric hospitalization, emergency rooms, and residential treatment, even when expenditures increase for home- and community-based care and care coordination. Cost savings are also derived from decreased involvement in the juvenile justice system, fewer school failures, and improved family stability.

Based on this evidence, SAMHSA is supporting widespread expansion of the approach through grants to states, tribes, territories, and communities. This system of care expansion initiative is based on SAMHSA's Theory of Change, which takes an innovation—in this instance, the system of care approach—through the stages of conceptual development, implementation as demonstrations, dissemination, capacity building for broader implementation, and finally to widespread adoption (Blau, 2011). With the demonstration of the system of care approach in 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.

The SAMSHA Theory of Change is based on the recognition that while demonstrations can impact the specific areas in which they are implemented, systemic changes in policy, financing, and workforce development are needed to sustain the intervention after the period of federal funding ends and to spread the approach more broadly beyond the limited demonstration sites. The system of care expansion initiative is based on this premise – that

local demonstrations of systems of care are not enough and that they must be accompanied by high-level systemic changes to sustain the approach over time and to take systems of care to scale.

Bi-Directional Approach to System of Care Expansion

Lessons learned from state and community expansion grantees support the theory that efforts at one level alone are not sufficient to implement, sustain, and expand systems of care. The implementation of systems of care is inherently a multi-level process that involves: 1) *making changes at the state, tribal, or territorial system level* in policies, services, financing mechanisms, workforce development, and other structures and processes to support systems of care and 2) *making changes at the local level* to implement system of care infrastructure elements and to develop and provide a broad array of effective treatment services and supports (Stroul, 2002). Accordingly, state-level systemic changes must be accompanied by local-level changes to implement systems of care and to support broader expansion. Conversely, local system of care implementation efforts must be accompanied by high-level system changes for sustaining the approach and expanding it to other areas. This can be characterized as a *two-level, bi-directional approach*.

To guide the new federal expansion initiative, a study was undertaken to identify lessons learned from a diverse group of states that had made significant progress in promoting the widespread adoption of systems of care (Stroul & Friedman, 2011). The findings, coupled with findings from previous work on the sustainability of systems of care, substantiated the importance of expansion efforts at both the state and local levels (Stroul & Manteuffel, 2007; 2008). Ideally, both a *top-down* approach with policies, financing, and other system-level supports for system of care implementation, and a *bottom-up* approach involving innovation and expertise at the community level create the synergy needed to achieve wide-scale adoption. Thus, both states and communities are central players and have important roles to play in expanding the system of care approach in mutually beneficial partnerships.

> **Core Strategies for Expanding the System of Care Approach**
>
>   I.   Policy and Partnerships
>   II. Services and Supports
>   III. Financing
>   IV. Training and Technical Assistance
>   V.   Generating Support

State-Level and Local-Level System Change

The expansion study explored effective strategies for achieving the large-scale systemic changes that are required to expand the approach and resulted in a strategic framework comprising five "core strategy areas." These core strategies must be addressed at all levels, but are critical at the state level for expanding systems of care:

I.   **Implementing Policy, Regulatory, and Partnership Changes** – System changes directed at infusing and "institutionalizing" the system of care approach into the larger service system.

II. **Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach** – System changes to implement and sustain a broad array of home- and community-based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent.

III. **Creating or Improving Financing Strategies** – System changes to create or improve financing mechanisms and use funding sources more strategically to support system of care infrastructure and services.

IV. **Providing Training and Technical Assistance** – System changes to develop a skilled workforce to provide services and supports within a system of care framework.

V. **Generating Support through Strategic Communications** – Strategies to generate the support of high-level policy makers, key constituencies, and multiple stakeholders for system of care expansion.

Each of these core strategy areas includes specific sub-strategies. For example, sub-strategies in the policy area include incorporating the system of care approach in contracts with provider agencies and managed care organizations, creating standards or practice guidelines, developing interagency relationships and agreements to support systems of care, and monitoring compliance with the system of care approach in communities. Sub-strategies for financing include increasing the use of Medicaid for home- and community-based services, increasing the use of funds from partner child-serving systems, and redeploying funds from higher-cost services to lower-cost services. In the area of services and supports, sub-strategies include the statewide implementation of new services (such as mobile crisis and stabilization services); adopting an individualized, wraparound approach to service delivery; and implementing a family-driven and youth-guided approach to services. Training sub-strategies include developing the capacity for ongoing training related to systems of care and evidence-informed services through various types of centers or institutes. Generating support includes sub-strategies such as collecting aynd using data to establish the positive outcomes and cost savings associated with system of care implementation. In addition, the state role involves identifying and resolving challenges and barriers encountered by communities in implementing and sustaining their systems of care.

Roles for Communities

- Testing and Demonstrating Approaches
- Providing Training and Technical Assistance
- Providing Data to Build Support
- Participating in State Planning
- Developing Family and Youth Organizations
- Developing System of Care Leaders

Communities also play a central role in expansion. They are the locus of service delivery and where demonstrable improvements in systems and services must occur. Communities play vital and strategic roles in the following areas:

- **Piloting and Demonstrating Approaches for Statewide Implementation** – Serving as a test site for new approaches that can then inform and facilitate implementation of these approaches in other communities.

- **Providing Training and Technical Assistance** – Sharing expertise by providing provide training, technical assistance, and coaching to other communities statewide. States may enlist communities for this role, or experienced communities may reach out to or be sought out by other communities to provide training elsewhere in their states.

- **Providing Data to Build Support for Expansion** – Providing data on the effectiveness of the system of care approach and ROI that help to build a case for expansion among policy makers at the state level.

- **Participating in State Planning and Implementation** – Participating in state expansion planning and implementation by contributing their perspectives, experience, strategies, and challenges to inform statewide efforts.

- **Contributing to the Development of Family and Youth Organizations** – Providing support for the development of local and statewide family and youth organizations, which are critical to expansion efforts.

- **Developing System of Care Leaders** – Providing seasoned leaders who can contribute to future expansion efforts.

Types of State-Community Partnerships for Expansion

Given the importance of a bi-directional approach to expansion, partnerships between states and localities are needed to ensure that expansion strategies are implemented at both levels in tandem and that there is no "disconnect" between the system development work at the state and local levels. Examples were explored in 11 state expansion grantees and 4 community expansion grantees that self-identified as having partnerships in place. In addition, one state that did not have an expansion grant was included based on its use of a partnership approach to systematically achieve statewide expansion (New Jersey.)[1]

The partnership strategies identified in these sites can be grouped in three categories: 1) selecting communities to participate in expansion efforts, 2) providing funds to communities for planning or implementation costs, and 3) communities reaching out to states to align their work and achieve shared expansion goals. The strategies used by each state and community grantee are summarized in the following table and are described briefly below. A more detailed description of each grantee's approach to expansion and to state-community partnerships is included as Appendix A.

States	Communities
• Colorado • Georgia • Kentucky • Massachusetts • Mississippi • New Jersey • Oklahoma • Pennsylvania • Tennessee • Texas • Virginia • Washington	• Michigan – Saginaw County • New York – Upstate • Ohio – Stark County • Ohio – Montgomery County

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[1] Hereafter, the group of states and communities is referred to collectively as "grantees."

Summary of State-Community Partnership Approaches to System of Care (SOC) Expansion	
State Selects Communities to Participate in SOC Expansion Planning and/or Implementation	
Colorado	■ Issued Request for Proposals (RFP) to invite communities to participate in planning with goal of developing a local plan and providing input into state plan. Selected 8 ■ Repeated planning process in additional communities in second year ■ Invited the planning communities to apply for implementation phase based on their plans. Selected 12 communities for implementation
Georgia	■ Requested proposals to develop and test model for transition-age youth. Selected 2
Oklahoma	■ Issued RFP for communities to develop an SOC. Sequentially added additional communities until achieved statewide implementation ■ Issued RFP for expansion in communities focusing on populations of disparity with emphasis on youth in state custody
Pennsylvania	■ Issued RFP for counties to address areas needing improvement in their SOCs. Selected 10 initial counties, adding 13 per year
Tennessee	■ Issued RFP for SOC expansion implementation. Selected 5 regions
Texas	■ Issued Request for Interest (RFI) to identify counties interested in expansion planning. Selected 3 at different stages of readiness ■ Issued RFP for communities to participate in SOC implementation. Selected 2
Virginia	■ Issued RFP for sub-grantees for expansion planning and implementation. Selected 5
Washington	■ Identified regions to develop Family Youth System Partner Roundtables (FYSPRTs) for SOC planning and leadership. Selected 4, expanding to 10
State Provides Funds to Communities for SOC Expansion Planning and/or Implementation	
Colorado	■ Funding for planning and implementation activities such as hiring consultants, conducting surveys and focus groups
Georgia	■ Funding start-up costs for services to transition-age youth. Selected 2 areas to develop and test the service delivery model
Kentucky	■ Funding to implement or enhance a specific aspect of SOC
Massachusetts	■ Funding for start-up costs and enhancing services, training, and building infrastructure
Mississippi	■ Funding to implement model for transition-age youth throughout a region to expand services for this population from 1 county to the other 10 counties in the catchment area
New Jersey	■ Funding for start-up funds for SOC infrastructure (care management organization, family support organizations, etc.)
Oklahoma	■ Funding for communities to implement SOC approach ■ Funding for communities to enhance their SOCs for youth in custody and other populations of disparity
Pennsylvania	■ Funding for communities to address areas needing improvement in their SOCs
Tennessee	■ Determined half of the expansion grant would be allocated to implementation efforts in the regions
Texas	■ Funding for community infrastructure, strategic planning, and training
Virginia	■ Funding for implementing SOCs through the wraparound process
Washington	■ Funding for start-up and support of regional Family Youth System Partner Roundtables

Community Collaboration and Alignment with State for SOC Expansion Planning and/or Implementation	
Michigan – Saginaw County	▪ Reached out to state during application process ▪ Linked with state to pilot approaches for statewide expansion ▪ Shares lessons learned, challenges, strategies, and expertise with the state and other communities to support statewide expansion
New York – Upstate	▪ Collaborated with state to apply for expansion grant ▪ Works with state agencies through cross-system structure, provides information about expansion activities, effective strategies, data, and needs for statewide expansion ▪ State provides information about state-level expansion strategies
Ohio – Montgomery County	▪ Reached out to and collaborated with state to apply for expansion grants ▪ Developed approach to align with state vision and expansion activities ▪ Building on current state expansion activities to be consistent with state approach and take advantage of what state has put in place (e.g. extensive training will be provided by state)
Ohio – Stark County	▪ Collaborating with state on development of a statewide Youth MOVE Chapter ▪ Collaborating with state-funded center for training and technical assistance ▪ Planning to work with state to align county system of care financing strategies with the developing state Medicaid strategies and Medicaid managed care plans ▪ Participating in state's expansion planning process and provides information on lessons learned

State Selection of Communities for Participation

Some states have selected communities for participation in expansion planning and/or implementation efforts. Most of these states have used a competitive process to identify communities that are poised for system change. They have issued RFPs, both formal and informal, inviting communities to submit proposals to participate. State leaders indicated that a competitive process allows them to identify communities that are both ready for and committed to expansion work. In addition, the process often generates interest throughout the state in expansion activities and sets the stage for additional communities to become involved in the future.

Colorado, for example, issued an RFP to invite communities to undertake a local system of care planning process that would provide input for the state expansion plan and also lay the groundwork for local implementation. Through this competitive process, the state selected eight communities, referred to as "communities of excellence," to conduct a planning process. Themes from the local plans were extracted and incorporated in the overall state plan. Examples of the specifications in the RFP include:

- Communities receive $15,000 for six months to support in-depth community planning.
- Upon approval of the plan, communities receive an additional $15,000 to begin implementation.
- A family member must be hired to assist with planning efforts.
- Collaborative work with community partners is required for planning.
- During planning, the communities must identify how they will use a wraparound facilitator in their system of care.
- Communities must participate in all technical assistance activities and work with other communities to share lessons learned, problem solve, and provide technical assistance.
- System of care plans must address infrastructure (e.g., governance, interagency coordination, financing, data), array of services and supports (e.g., comprehensive array,

individualized child and family teams), and system of care approach (e.g., care coordination, youth and family involvement, cultural and linguistic competence).

Subsequently, Colorado issued another RFP to the communities that completed the planning process to support implementation activities by providing up to $40,000. This included specifications such as maintaining at least a .5 full-time equivalent (FTE) family advocate and a .5 FTE wraparound facilitator, providing services to children and families, collecting and reporting data, working collaboratively with community partners, involving family members in governance, engaging youth in the system of care, developing new services and supports, increasing community awareness, and participating in technical assistance activities. Among other uses, these state expansion grant funds can be used to support half of the family advocate and wraparound positions in each community, with the requirement that the communities fund the other half with local resources. Excerpts of both RFPs are included in Appendix B.

In Texas, a Request for Interest (RFI) was issued during the expansion planning phase seeking communities interested in serving as demonstration sites to inform the statewide expansion initiative. Three communities at different stages of readiness (early to advanced) were selected to receive in-state and national technical assistance to demonstrate system of care practices. The RFI required communities to focus on:

- System development, e.g., setting up a collaborative governance body and assessing the assets and needs of children's mental health services in the community.
- A particular population of focus, e.g., young children with social-emotional development needs, children and youth with mental health needs involved in the child welfare or juvenile justice system, youth with mental health needs transitioning to adulthood.
- An enhancement to a particular issue related to system of care implementation, e.g., collaborative financing strategies, data sharing strategies, launching new evidence-based practices.
- Commitment to participate in training and technical assistance.

Excerpts from the RFI and two sample agreements with communities from the expansion planning phase are included in Appendix B.

State Funding to Communities

With or without a competitive application process, most of these states have provided funds to communities to support expansion planning and/or implementation of the system of care approach. Many have used expansion grant funds to finance local planning activities or start-up costs for implementing system of care infrastructure and services. The amount of funding typically is small, serving primarily as an incentive or seed money during the initial phases while the state and communities transition to long-term, sustainable financing streams.

An example is in Virginia, where most of the expansion grant resources are provided to five community sub-grantees. These communities are working on strengthening specific aspects of their systems of care or addressing gaps. The communities will be used as models of system of care approaches and will ultimately provide leadership and training throughout the state. Similarly, Georgia is piloting a particular approach to serving youth and young adults in transition to adulthood and is providing funds to two communities to develop and test the model. Expansion grant funds and block grant funds are being used to cover start-up costs.

In Tennessee, an Announcement of Funding was issued to solicit proposals from the state's regions to expand systems of care. Five regions were selected, and about half of the expansion grant is allocated to support the regional work. In addition to implementing the system of care approach locally, the regions participate in the statewide council for children's mental health to inform state-level system change efforts and to coordinate expansion activities statewide. Communities were selected based on specific criteria requiring that they:

- Demonstrate commitment to invest local resources and expertise to develop, enhance, or expand the system of care approach in the community including infrastructure, services and supports, etc.
- Identify partnerships with state agencies and community-based organizations for expansion.
- Focus on a special population with serious mental health challenges, e.g., children involved or at risk for involvement with the child welfare or juvenile justice systems or with significant challenges in school, youth who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ), youth in transition to adulthood, young children, or children with disproportional contact with child-serving systems.
- Demonstrate family-driven, culturally competent, trauma-informed approaches.
- Demonstrate plans for ongoing interagency collaboration in the region with all relevant public and private entities.
- Demonstrate sustainability strategies.
- Identify local matching funds.
- Demonstrate plans to improve clinical and functional outcomes.
- Identify agencies, leaders, families, and youth to participate on a local system of care community team.
- Demonstrate readiness to implement the system of care approach by completing a readiness assessment.

Excerpts of the announcement are included in Appendix B.

Community Engagement of State

In addition to state strategies for partnering with communities, strategies were identified whereby community-level grantees reach out to states to collaborate and align their expansion work with efforts occurring at the state level. These communities share their successes, challenges, and lessons learned with the state to inform state-level systemic changes, shape expansion efforts in other areas, and provide resources for training and consultation to support statewide system of care implementation.

In New York, a community applied for an expansion grant in collaboration with the state and the association of county mental health directors, and all of these partners contributed to the development of the proposal. The proposal was based on a state-funded system of care expansion pilot involving 12 counties that participated in a learning collaborative. This model has served as a vehicle for more experienced communities to mentor and provide consultation and coaching to communities that are at earlier stages of system of care implementation. Through the expansion grant, an additional 10-12 counties have been phased in each year, with the goal of including all 55 upstate New York counties. The involved communities work

closely with the state's child-serving agencies to provide information about expansion activities, effective strategies, outcomes, and needs for statewide expansion.

The Memorandum of Understanding (MOU) used to formalize the participation of each community in the learning collaborative is included in Appendix B.

In addition, funds are available to communities to support the work of members of the learning collaborative ranging from $5,000 to $25,000. Referred to as innovation funds, applicant communities must address:

- Building infrastructure, e.g., policy change, financing, governance
- A specific population of focus
- Youth and family involvement in oversight, data collection and analysis, and decision making
- Integrated, cross-agency networks
- Alignment with New York State's system of care values (family-driven, youth-guided, culturally and linguistically competent, individualized and flexible, strength-based)

An excerpt from the Innovation Fund Application is included in Appendix B.

Creating Effective Partnerships

Based on their experience, the states and communities provided guidance for creating and maintaining effective partnerships. Fundamental requirements are a shared vision, shared goals, and buy-in to the system of care approach at both levels. Recognition of the need for system changes at both levels is also key – services and outcomes cannot be improved without local strategies, and local infrastructure and services cannot be sustained without state support. They also noted that creating a "win-win" strategy ensures that both states and communities are benefitting from the partnership. Specific advice was offered for communication, structures and processes for partnerships, funding, leadership, and generating state and local support for expansion. Finally, recommendations were made for the federal expansion initiative to support improved state-community partnerships in the future.

Communication

Above all, grantees emphasized that open communication is key to state-community partnerships and productive relationships and offered the following suggestions:

- Incorporate regular opportunities for continuous communications, interchange, and feedback, e.g., scheduled times such as weekly calls or monthly face-to-face meetings.
- Use a facilitator to ensure frequent and productive communication, e.g., a state staff person dedicated to continuous outreach, communication, and support to communities.

> *"There must be community-level buy-in to delivering services through the system of care approach, and there must be state-level buy-in to capitalize on work in communities by implementing broader system change."*
>
> *"Ensure that the relationship is not one-sided, but reflects what that state and community can do for each other."*

- Be clear about system of care expansion goals, why a partnership is needed, and what it will take from each to achieve expansion goals.

Structure for State-Community Partnerships

The states and communities agreed that it is essential to understand the importance of state-community partnerships and the need for a bi-directional approach to achieve expansion goals. With the understanding that efforts at both levels are necessary, the grantees offered advice to both states and communities to create and maintain effective partnerships.

States should:

- Involve communities early so that they are a part of the planning as well as the implementation process.
- Formalize the state-community partnership through mechanisms including MOUs, contracts, or other types of agreements that specify goals, expectations, outcomes, and the process of partnership.

> *"State-community partnerships should be formalized through agreements or contracts to ensure that goals, expectations, and outcomes are aligned."*
>
> *"All local expansion activities must be linked to system change at the state level and to activities to expand systems of care statewide."*

- Implement structures and processes for states to learn from the experience of communities and for communities to bring issues to the state for resolution.
- Provide concrete guidance to communities about expansion goals and activities. Address perceived "mission disparity" by identifying common goals and ensure that goals, expectations, and roles are aligned.
- Meet communities where they are. Some communities may not be ready to implement the entire system of care approach, but can be engaged initially to address gaps and priorities in their areas. Leverage this work to create broader implementation of the approach in the future.
- Establish an expansion team or steering committee that includes community representatives along with state agencies, families, and youth.
- Use a competitive process for community participation in expansion planning and implementation, which sparks interest and entices communities to participate.
- Identify what strategies and approaches can be replicated in other communities and create strategies for communities to provide training and consultation statewide.
- Require that communities receiving expansion funds work with other areas for wider expansion and "pay it forward."
- Provide a coach for communities (ideally one coach for 8-10 communities) with the role of support and assistance in addressing challenges rather than oversight and monitoring.
- Understand that state policies must be realistic, practical, and workable at the local level.

Communities should:

- Ensure that local expansion activities are linked to and part of larger systemic change efforts at the state level.
- Understand the policies, financing, budget process, legislative process, and related initiatives and reforms at the state level in order to establish effective partnerships and to provide a context for local work.

- Reach out to the state with ideas and suggestions as to how to partner on system of care expansion.
- Demonstrate to state agencies how the system of care approach ties into work at the state level and will further state goals.
- Recruit state agencies to participate on their advisory boards, teams, or governance boards.
- Provide information to state agencies to demonstrate how local system of care implementation has statewide significance and should not be viewed as separate projects.

> *"It's all about communication and relationship building."*
> *"Be willing to listen, be open to feedback, and be open to change."*

Funding

Recognizing that expansion grants are relatively small,[2] the grantees still advised that states provide some funding to communities to incentivize their work in adopting the system of care approach and to defray some start-up costs. Advice to states included:

- Provide funding to communities as an incentive to become involved in expansion efforts.
- Use grant funds as seed money to help communities get started by addressing a particular area of system of care development.

> *"Even small amounts of funds "bind" communities to the work and engage them more in expansion efforts than technical assistance alone."*

- Use grant funds as start-up, transitional funding with the goal of obtaining long-term financing.

State and Community Leadership

The need for strong leadership at both state and community levels was emphasized by grantees. Leaders should be committed to system of care expansion, have decision making authority, and be champions who are able to engage others in expansion efforts. States and communities should:

- Ensure that the right players from states and communities are at the table from the beginning.
- Ensure that high-level decision makers from both the state and local levels are involved in the process and that they have the authority to make decisions.
- Incorporate strong family and youth voice in the expansion process, which can be critical in changing thinking among key constituencies and stakeholders at both state and local levels.

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[2] The 2015 System of Care Expansion and Sustainability Cooperative Agreements are limited to up to $3 million per year for state applicants and up to $1 million per year for political subdivisions of states, tribes, tribal organizations and territories.

State and Community Support for Expansion

Generating support for system of care expansion was cited as an important aspect of state-

> *"You need people at the state and local levels who can be champions for system of care expansion and can work together to inspire other agencies, organizations, and individuals to participate."*

community partnerships. Buy-in at both levels is a prerequisite to creating and maintaining effective relationships and a collaborative process for system of care development. States and communities should:

- Use strategic communications to generate support for system of care expansion at state and community levels.
- Use data on outcomes and cost savings to make the case for systems of care.

Recommendations for the Federal System of Care Expansion Initiative

The grantees made suggestions for the SAMHSA system of care expansion initiative that would provide support for state-community partnerships:

- Require that the state agency responsible for children's mental health be notified and involved when a community applies for an expansion grant.
- Require that state expansion grantees work with any communities in their states receiving funds from the federal CMHI, and also require them to include new, non-funded communities in expansion efforts.
- Require that local expansion efforts are linked to and part of larger systemic change efforts at the state level. All community work should be part of a larger statewide expansion strategy.
- Require both state and community applicants to demonstrate how expansion plans and implementation activities will build on previous system of care development efforts in the state.

These recommendations are reflected in the 2015 Request for Applications (RFA) for the System of Care Expansion and Sustainability Cooperative Agreements" (SAMHSA, 2015).

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Appendix A: Description of State-Community Partnership Approaches

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population** **Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
Colorado			
Planning – State Implementation - State	Population • All youth with serious mental health conditions who are at risk for out-of-home placement Overall Expansion Approach • Sequential geographic expansion to include additional communities	*Planning Grant* • State issued RFP to invite communities to participate in planning with goal of developing a local plan and providing input into state plan • Review committee selected 8 communities ("communities of excellence") to serve as demonstration sites • State provided template for plans which had to address SOC elements and values and how they would be implemented in the community • State reviewed plans and extracted themes to use in overall state expansion plan and provided feedback to communities *Implementation Grant* • State invited the initial 8 communities of excellence to apply for implementation phase • Repeated the planning process in additional communities in second year. Communities could move to implementation after their plan was approved • Communities must meet specific requirements (e.g., having a wraparound facilitator and a family advocate at least half funded by the community, individualized service process, etc.)	State Level • Provides funds to communities to support planning processes • Finances half of the wraparound facilitator and family advocate in the communities • Funds training and technical assistance (TA) strategies including establishing a training institute for ongoing training and TA capacity, developing SOC training modules for statewide use, developing a youth curriculum, providing training on wraparound, family advocate training • Supports 2 state-level positions and contracts for evaluation, youth development, cultural and linguistic competence (CLC) and CLAS standards, etc. • Supports visits to implementation communities • Supports state-level steering committee that addresses systemic changes at the state level that are needed to support community implementation • Director is shared between the behavioral health care financing (Medicaid) and children's departments, facilitating financing strategies with Medicaid, Title IV-E waiver, etc. • Supported development of an SOC assessment Community Level • Supports activities including hiring consultants, holding focus groups, conducting surveys, holding meetings and retreats, etc.
Georgia			
Implementation - State	Population • All youth with serious mental health conditions • Special focus on transition-age youth over age 15 and youth with co-occurring mental health and substance use challenges	• State identified two areas to develop and test a model for serving transition-age youth with co-occurring mental health and substance use disorders (one urban, one rural) • Requested informal proposal and selected the two areas based on proposal and site visit • Added some SOC expansion grant funds to block	State Level • Funds training strategies including toolkit on best practices for youth in transition; training and coaching on transition model; toolkit, training, and coaching on trauma-informed systems, CLC, etc.; e-learning courses; annual SOC academy, leadership training • Supports development of state capacity for ongoing

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
	Overall Expansion Approach • Developing and testing a service delivery approach in two areas with potential to expand to other sites based on learnings and financial viability • Population-based approach • Training and workforce development statewide	grant funds to develop and test the new model • Grant funds used as start-up, transitional funding for services that will generate sustainable revenue subsequently • State provides training statewide in key areas • State provides training and TA support to local interagency planning teams • Implementation in partnership with substance abuse authority	training, coaching and consultation through previously established center of excellence • Supports service strategies including establishing parent and youth peer support services and certification • Supports development of family and youth organization chapters, supporting participation of families and youth in training, etc. • Supports policy strategies including practice guidelines Community Level • Funds start-up costs for clubhouse model for transition age youth with co-occurring conditions • Supports service delivery with 6 months of "shadow billing" followed by Medicaid billing for services
Other SOC-Related State-Community Partnerships		• Building on other SOC-related initiatives (e.g., approaches from HTI grant which tested approaches in local communities and led to state-level systemic changes) • Building on demonstration sites that were part of the Medicaid PRTF Waiver Demonstration Program through which state selected two providers initially and expanded statewide using Money Follows the Person and Mental Health Block Grant funds	
Kentucky			
Implementation – State	Population • All youth with serious mental health conditions Overall Expansion Approach • Broadening application of SOC values and principles statewide across child-serving systems • Connecting SOC expansion to other system change initiatives in the state to infuse SOC approach	• Statewide interagency structure works with regional and local interagency structures throughout the state for SOC development • State body offers funds to communities based on applications for funding to support the goals of SOC redesign • Administrative team reviews funding requests for how the effort will impact expansion and for sustainability strategies • Can be a large or small effort and may involve supporting training, awareness activities, evidence-based practice implementation, learning collaboratives, etc. • Funds are not limited to behavioral health agencies • State provides TA to regions and communities	State Level • Supports project director and evaluator • Supports a regional policy advisor to provide TA and serve as a facilitator for all regional structures (18) and to provide a vehicle for regional input into decisions made at state level • Supports training strategies including a statewide SOC academy across systems • Supports services strategies including the implementation of evidence-based practices, (e.g., purchase of Practice Wise MAP system with evidence-based practice elements) • Supports policy strategies including support for state-level interagency structure and work • Supports financing strategies including working with Medicaid to cover peer support, mobile crisis, etc. and to open provider network

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	Population Overall Expansion Approach	State-Community Partnership Approach	Uses of Expansion Grant Resources
Other SOC-Related State-Community Partnerships		• Building on similar approach used in previous SOC development efforts (e.g., regional interagency councils could request funds for early childhood SOC implementation)	Community Level • Supports implementation of activities to implement or enhance a specific aspect of SOC
Massachusetts			
Planning – State Implementation – State	Population • Transition-age youth and young adults Overall Expansion Approach • Sequential geographic expansion to include additional communities • Population-based approach	• State provides grants/funds to communities for SOC expansion planning and/or implementation • Competitive RFPs for communities to participate • Selected 6 pilot sites with partner child-serving systems • Selected the communities deemed strong and ready for planning and implementation • Adding 4 more sites	State Level • Supports financing strategy to add peer mentors as a Medicaid covered service • Funds training, TA, and coaching to support community-level efforts (e.g., on Achieve My Plan [AMP], CLC) • Supports stakeholder meetings in provider agencies • Supports state project director and coordinator Community Level • Funds start-up and strengthening of services (e.g., AMP which is enhancement of wraparound for young adults, peer mentors, young adult groups) • Training • Building infrastructure and other activities to support implementation
Other SOC-Related State-Community Partnerships		*Early Childhood – Launch and My Child Grants (Managed Together)* • State grant with local partner in Boston which manages effort • Contract with 5 areas for Launch implementation (7 primary care sites) • Funds clinicians, family partners, flex funds, parent councils, training and TA • Statewide council for both grants • My Child state grant distributes funds to 3 communities to convene planning teams with TA and support, managed by Boston. State is written into grant to play an advisory role to 3-city consortium and operate a state interagency workgroup to address issues and challenges raised by communities • Plan to share lessons with 2 other communities through learning collaborative	

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population** **Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
		• Plan for subsequent statewide implementation *Children's Behavioral Health Initiative* • State interagency initiative to create a comprehensive, community-based SOC • Implementation in 32 community service agencies (CSAs) statewide that provide services (e.g., wraparound/intensive care coordination), most covered by Medicaid. RFP process is used to select CSAs. • State provides training and TA through a contract and monthly SOC meetings	
Michigan – Saginaw County			
Implementation – Saginaw County	Population • Youth ages 0-26 Overall Expansion Approach • Addressing gaps in the SOC in populations served and in array of services and supports • Using experience in a community to inform and support SOC development in other sites statewide	• Community reached out to state during application process to establish partnership and buy-in to broaden approaches tested in local expansion initiative • Community shares lessons learned and challenges with state level so that state can address barriers (e.g., county created mobile crisis team and is working with state to replicate more broadly). State can use the county as a resource for other communities • Community shares expertise, strategies, lessons learned, and challenges with other counties statewide to support expansion • Community is assisting in developing a statewide youth movement • Community is working with the state on key issues including youth peer support, CLC model for state agencies	Community Level • Supports bringing youth leaders together to continue development of statewide youth organization • Supports training (e.g., on CLC) • Funds expansion of services and supports throughout county (e.g., for transition-age youth, mental health consultation in schools, co-occurring mental health-substance use disorders, youth without insurance, veterans, etc.)
Mississippi			
Planning – State Implementation – State	Population • Planning Grant – early childhood • Implementation Grant – transition-age youth Overall Expansion Approach • Sequential geographic expansion approach to include additional counties • Population-based approach • Training and TA statewide	*Planning Grant* • State awarded planning grant funds to Mississippi Families as Allies (which applied for the grant in partnership with the state) • State developed an early childhood SOC council with community representation • Conducted 35+ focus groups in communities across the state with providers, families, agencies; held a summit, etc. to obtain broad input for the plan	State Level • Developed early childhood system of care council for planning • Supported planning, all funds awarded to Mississippi Families as Allies for planning process. • Funded a contract with a consultant for plan development • Supports training and TA to region and statewide (e.g., on EBPs, wraparound facilitation, wraparound recovery

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
		• Developed plan with statewide focus addressing state-level changes (e.g., financing, training), and local implementation (e.g., screening and assessment, linking with Head Start and child care) • Mississippi Families as Allies partnered with City of Jackson on successful application for an implementation grant for early childhood population based on state plan, with state support. *Implementation Grant* • Selected 1 region for implementation grant to expand services for transition-age youth from 1 county to all counties in the region • Funds given to this region to implement the approach in the other 10 counties in the catchment area • State is developing policies and procedures and community readiness assessment to help other communities get started and to be eligible to apply for expansion grants. State is encouraging CMHCs to work with county and city governments to apply.	planning, certification program for family and youth peer support) • Supports financing strategies including partnering with substance abuse agency, adding services to Medicaid state plan including peer support specialists, wraparound, crisis services • State funds are provided to other communities implementing the approach without federal grant. Used for start-up funds. Community Level • Supports implementation of services in counties throughout a region
New Jersey			
No Expansion Grant		• No expansion grant but used state-community partnership approach to achieve statewide SOC expansion	
Other SOC-Related State-Community Partnerships	Population • Original statewide SOC expansion focused on all youth with serious mental health conditions • Added youth with substance use disorders and developmental disabilities, with co-occurring mental health and substance use disorders or developmental disabilities, and youth with moderate needs Overall Expansion Approach • Sequential geographic expansion approach to include additional communities • Population-based approach to include additional populations of focus	• Over a 5-year period, sequential roll-out of SOCs in counties including a Care Management Organization (CMO), Family Support Organization (FSO), and array of services and supports in each area (e.g., mobile response and stabilization, care management, intensive in-community, residential, inpatient services, etc.) • Counties selected based on factors including willingness and readiness to participate and diversity. Implemented in most complex areas first to demonstrate viability of approach • Experienced sites provided support to newer sites • State issued an executive order that all behavioral health services for youth 21 and under will be part of the statewide children's SOC	State Level • Provided start-up funds to counties to establish CMOs, FSOs, and mobile crisis services • Provided training, TA, and coaching and a team leader from the state for support and oversight • Contracted with university for training and TA capacity • Financing strategies including pooling dollars across agencies for Medicaid match to draw down additional federal funds for SOC • Policy strategies and generating support including working with governor and legislature to expand and sustain SOC based on evidence of cost-effectiveness in communities

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
		• Built on SOC community grant in one county as a model to expand statewide	Community Level • Developed SOC infrastructure and services (CMOs, FSOs, etc.) • Hired consultants to assist with initial implementation
New York – Upstate			
Implementation – One County on Behalf of 65 Counties in Upstate New York	Population • Youth ages 5-21 with serious mental health conditions Overall Expansion Approach • Learning collaborative approach to use consultation from communities with more advanced SOCs to other communities • Sequential geographic expansion to include additional communities	• Prior to grant, state provided seed money for a pilot to support activities in communities to expand SOCs. Counties were invited to participate for a year with mini-grant ($5K) and TA through teleconferences, regional meetings, webinars, annual conference, etc. • Graduated SOC community applied for expansion grant on behalf of state and association of county mental health directors, all developed the application in partnership. Approach based on pilot. • Counties signed MOU to develop and implement a work plan on an aspect of SOC implementation using a local team (e.g., youth leadership, family support, network for youth returning from residential to community) • Learning collaborative established as vehicle for more experienced communities to mentor and provide TA, consultation, and coaching to communities newer to SOC approach • Recruitment plan to invite and engage communities in expansion effort to enhance an aspect of their SOC. Applications scored against specific criteria • 12 counties were involved in the initial pilot. Adding 10-12 counties per year for 4 years with 6 counties as mentors. Ultimate objective is to include all 55 upstate counties • Work closely with state agencies through cross-system policy structure and staff overseeing children's services. Counties provide information about expansion activities, effective strategies, data, and needs to support statewide expansion. • State provides information about state-level strategies, joint discussion of larger statewide expansion efforts. Significant commitment at high state level to SOC expansion.	State Level • Supports financing strategies (e.g., new services in state Medicaid plan, Medicaid state plan amendment, wraparound, health home for children, etc.) • Supports policy and training strategies • State strategies informed by experience of communities (e.g., wraparound models) and data from communities (e.g., return on investment [ROI] data) Community Level • Funds seen as "innovation" funds used for innovations grants ($5K- $25K) to support a specialized project to enhance or develop a specific aspect of the SOC in a community (e.g., develop trauma-informed practices, training for family navigators, hiring consultants, etc.) • Provides resources for TA

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
Ohio – Stark County			
Planning – Stark County Planning – State Implementation – State	Population • Youth ages 0-21 with or at risk for serious mental health conditions Overall Expansion Approach • Strengthening and addressing gaps in county SOC • Developing and testing approaches and providing TA and consultation to other counties in region on SOC expansion	• County is working with state to develop statewide and county Youth MOVE chapters • Involving a state-level representative in community-level planning team • Collaborating with a state-funded center for innovative practices that supports state SOC and EBP implementation efforts • Providing consultation for the state to other counties and regions on wraparound, transition to independence (TIP), using Medicaid to finance wraparound, etc. State has reached out to the county for consultation on lessons learned • Working with state on implications of Medicaid managed care implementation and working with Medicaid agency and other counties on using Medicaid to finance wraparound • Participated in state's expansion planning process	State Level • State has expansion resources from its own planning and implementation grants. Focus is on transition-age youth • Funds training in wraparound and TIP model • Supports financing strategies (e.g., using Medicaid for wraparound) Community Level • Supports a strategic planning team to determine gaps and areas of SOC needing strengthening • Supports strengthening specific areas of SOC (e.g., trauma-informed SOCs, CLC, social marketing, etc.)
Ohio – Montgomery County			
Implementation – Montgomery County Planning – State Implementation – State	Population • Youth ages 5-14 with serious mental health conditions who are involved with multiple systems, with a particular focus on youth involved with the juvenile justice system Overall Expansion Approach • Population-based approach with initial population of focus and subsequent expansion to include additional populations • Potential geographic expansion to include additional counties within the region	• County connected with state during application process to align the vision and strategies at the state and community levels • State supported the county's application. Governor provided a letter of support to any county statewide applying for an expansion grant and is committed to statewide SOC expansion • County is building on expansion activities that the state has already put in place so as not to duplicate and to be consistent with state efforts (e.g., social marketing activities, family engagement, training, electronic health records, etc.) • State is providing extensive SOC training in the county free of charge	State Level • State is providing funds to counties that do not have other SOC community grants or SOC expansion funding, phasing in additional counties over time (e.g., funding for wraparound implementation) Community Level • Supports SOC expansion planning, evaluation, and family engagement committees • Funds development of services for specific population of focus • Supports trauma-informed training for all system of care providers and families • Supports expansion of electronic health records to enhance data sharing and management • Funds evidence-based prevention services • Supports development of Tiered Development Teams to enhance service coordination • Supports creation of child advocates to provide wraparound services

		DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION	
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
Oklahoma			
Planning – State Implementation – State	Population • Previous statewide SOC implementation focused on youth 0-21 with serious mental health challenges • Current expansion focus on youth in state custody in the child welfare and juvenile justice systems Overall Expansion Approach • Statewide SOC implementation achieved previously with federal grants and state funding • Population-based approach to expansion to enhance SOC approach for the population of youth in state custody	*Planning* • State involved communities in state-level teams to design strategies for serving youth in juvenile justice and child welfare custody based on the SOC approach • Held community forums bringing together stakeholders from different regions to participate in planning • Involved SOC project directors in planning through monthly meetings (45 project directors statewide to support community networks) *Implementation* • In previous statewide SOC implementation, state issued an RFP for communities to apply to develop an SOC. Applicants could bid for one region or multiple regions. Provided up to $200K per county. • Funds awarded based on readiness, existence of plan, infrastructure, and capacity to provide specific services (e.g., wraparound) • Current strategy involves providing funds through contacts with communities to divert youth from out-of-home placements and to serve specific populations of disparity within their SOCs	State Level • Approximately 10% of expansion funds are used at the state level • Funds evaluation, social marketing, and social media efforts • Supports enhanced contract with family organization to build regional organizations and provide training and education • Supports workforce development including SOC conference, leadership training, curriculum development, wraparound training (including child welfare and juvenile justice staff) Community Level • Approximately 80% of expansion funding is provided to communities • Funds contracts with two juvenile justice bureaus to house diversion specialists and with child welfare for diversion specialists (currently 14 staff are embedded in child welfare) • Supports mobile crisis response and stabilization to children in child welfare at risk of placement disruption
Pennsylvania			
Planning – State Implementation – State	Population • Youth ages 8-18 with serious mental health conditions who are involved with multiple systems and at risk for out-of-home placement Overall Expansion Approach • Sequential geographic approach • Supporting communities to address gaps and areas needing improvement in their SOCs • Implementing 8 SOC standards at the community level statewide	*Planning* • Held 3-day regionals meetings for 4 regional groups (coinciding with Medicaid managed care regions) to provide input on statewide expansion planning (e.g., cross-agency, families, youth, etc.) • Regional groups each produced logic model for SOC implementation that contributed to state expansion logic model • Held stakeholder interviews in communities statewide, conducted a survey with 1,200 respondents, and conducted family and youth forums to obtain input and buy-in to plan and 8 SOC standards *Implementation*	State Level • Supported facilitators and costs for regional meetings and other aspects of planning process • Provides stipends and travel support for family and youth participation • Provides funds to counties to address areas needing improvement in their SOCs • Supports TA (e.g., family and youth involvement specialists, CLC, social marketing) • Supports contracts with family organization • Supports contract with university to provide training on wraparound • Supports contract with university for evaluation and quality improvement

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
		• Working with 13 counties to address 2-3 areas needing improvement in their SOCs • Counties apply to participate • Will add 13 counties per year for each year of expansion grant • Implementing learning communities for interested communities including regional training, webinars, county collaborative	Community Level • Supports communities to address gaps in their SOCs • Supports monthly county collaboration calls to provide information, address problems, expand knowledge and commitment • Supports annual learning institute for counties
Tennessee			
Implementation – State	Population • Youth ages 0- 21 who have serious mental health conditions and are involved with multiple systems • Community sites each have a variation of the population of focus (e.g., one focuses on 0-5, one 5-17 with special focus on youth with parents who have mental illnesses, one on girls 13-17) Overall Expansion Approach • Sequential geographic expansion to include all regions • Population-based approach in specific regions	• State issued Announcement of Funding (AOF) and selected 5 of the 7 regions in the state for SOC expansion implementation (some urban, some rural) • AOF focused on outcomes and regions proposed strategies for achieving outcomes based on specific needs in the community, (e.g., communities are required to implement something that is family driven such as family support specialists) • Determined that about half of the total grant would be allocated to implementation efforts in the regions • Regions selected that had not had previous SOC grants or related efforts in order to engage new areas • Regions are required to participate in statewide council for children's mental health to facilitate connection between local sites and statewide expansion efforts • State provides TA to sites including meetings 5 times per year for TA, peer support, and sustainability planning • Grant not seen as a project but as vehicle to embed approach throughout the state's providers to achieve statewide SOC implementation	State Level • 45% of grant is used at state level for staff, training contracts, SOC conference, etc. • Supports training and TA to community sites • Supports evaluation using SOC Rating Tool to assess progress in regions • Supports financing strategies including working with Medicaid on redesign of children's mental health services (e.g., care management, home-based services, piloting new services) • Goal is to sustain services through Medicaid – family support specialists are covered and wraparound is covered through pilot • Building SOC TA center in partnership with governor's children's cabinet to develop capacity for ongoing training and TA Community Level • Funds implementation efforts in 5 regional sites (approximately $100K to $125K per site) • Supports development of local SOC governance structure and implementation of services based on the SOC approach • Grant funds seen as seed money to develop infrastructure and implement services that will ultimately be supported through Medicaid and other financing

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
Texas			
Planning – State Implementation – State Implementation – Two Communities, (Neither Had Previous Planning Grant)	Population • Youth ages 3-18 with serious mental health conditions Overall Expansion Approach • Sequential geographic expansion	*Planning Grant* • State issued "request for interest" to determine communities interested in expansion planning. Identified 6 communities based on proposal rating and selected 3 sites (1 at each of beginning, intermediate, and advance stage) • Customized MOUs were negotiated with each site to specify and formalize elements of SOC approach they would focus on during planning • Planning in communities informed state plan and strategies for communities at different levels of readiness • State conducted community-level focus groups to inform plan *Implementation Grant* • State issued RFP and selected 2 expansion sites for the first year, adding a 3rd and 4th site • Issued RFP for communities to participate in a policy academy • Advanced communities work on gaps in their SOCs and mentor other communities • Strategy to engage communities across the state at early stages of readiness in a targeted area of SOC implementation of interest to them (e.g., juvenile justice or trauma-informed care) • Involves communities through quarterly consortium meetings, virtual meetings	*Planning Grant* State Level • State contracted with university center to lead process including funding an evaluator, family and youth leads, and a strategic planner to facilitate the planning processes in communities • Funded one state-level position for coordination and oversight *Implementation Grant* State Level • Supports some staff, staff travel and other support • Provides travel support for family members • Supports financing strategies including working with Medicaid agency on state plan • Supports policy strategies including legislative report with recommendations for sustainability • Supports training and workforce strategies including certification for family partners, statewide wraparound training • Funds social marketing/educational strategies on SOCs, CLC, financing designed to increase awareness and involve more communities Community Level • Supports development sites that receive $20K for infrastructure development, strategic planning, and training
Other SOC-Related State-Community Partnerships		• Building on expertise and experience of 4 federally funded SOC communities that are used as "consulting communities" to assist communities at earlier stage of SOC implementation through training, webinars, consultation, etc. State pays for travel and other supports. • State worked with one community on the community's SOC expansion application and strategies for partnering with the state • State coordinates and leverages other initiatives supporting SOC development	

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
Virginia			
Planning – State Implementation - State	**Population** • Youth 0-21 with serious mental health conditions who are involved with multiple systems **Overall Expansion Approach** • Statewide expansion • Resources to selected communities for expansion planning and implementation to develop models and training for other communities	*Planning Grant* • Planning grant activities were initiated concurrently with a state planning process required by the legislature to improve children's behavioral health services • Issued an RFP for communities to apply to attend Training Institutes with a team, followed by assistance from the state to plan and implement SOCs • Funds for planning was provided to selected communities *Implementation Grant* • Resources are provided to 5 community sub-grantees (that include 12 localities). Emphasis is on pushing resources to the community level. Funds awarded to multidisciplinary community policy and management teams that oversee SOCs • State issued RFP and selected communities based on application, ability to engage families with lived experience, and ability to involve multiple children's services stakeholders • Communities are working on identified gaps in SOCs (e.g., mobile crisis response and stabilization, intensive care coordination using the wraparound approach with family support partners, child psychiatry, etc.) • Communities will be used to model SOC approaches (particularly wraparound) and provide leadership and training to other areas in the state • State implemented competitive process for communities to apply for funding to focus on transition-age youth. Some expansion implementation sub-grantees also were top applicants for this support	State Level • State staff manages grant but few resources are used at state level • Supports wraparound center of excellence to provide training in the wraparound approach to children's services providers and local government multidisciplinary teams • Supports training and coaching in wraparound provided through a contract, sending leaders to conferences (e.g. Training Institutes), training in EBPs (e.g., trauma-informed care) • Supports meetings and TA to community sub-grantees and TA strategies for communities statewide • Supports statewide family network to hire a youth director to develop statewide youth voice and Youth MOVE chapter • Supports financing strategies (e.g., adding billable services under Medicaid) Community Level • Most resources are provided to the 5 community sub-grantees • Communities receive different amounts ($300K - $800K) to implement SOCs through the wraparound process

DESCRIPTION OF STATE-COMMUNITY PARTNERSHIP STRATEGIES FOR SYSTEM OF CARE (SOC) EXPANSION			
Type of Grants and Recipients	**Population Overall Expansion Approach**	**State-Community Partnership Approach**	**Uses of Expansion Grant Resources**
Washington			
Planning – State Implementation - State	**Population** • Youth ages 3-21 who are involved with multiple systems **Overall Expansion Approach** • Statewide expansion	*Planning Grant* • Identified 4 regions to develop Family Youth System Partner Roundtables for local planning to inform the state plan, identify systemic barriers, and develop community SOC goals and desired outcomes, etc. (Roundtables are regional councils to provide local system change leadership) • Selected 4 initially, expanded to 6 and planning to expand to 10 • Local Roundtables partner with statewide interagency Roundtable *Implementation Grant* • Developing local Roundtables in addition to regional ones • Developing new type of provider agency to be licensed to provide peer support, wraparound, etc. • Bringing Roundtables together monthly to share information on system change strategies in communities, what's working, challenges, etc.	*Planning Grant* State Level • Funded Youth N Action to develop statewide youth voice • Supported development of curriculum for youth and family peer provider certification and subsequent training (now funded with block grant) • Funded state-level youth and family positions • Funded each state child-serving agency partner with funds equivalent to.25 FTE to participate in process • Contracted with university for system of care institute Community Level • State provided grant funds to communities for start-up of Roundtables, have added block grant funding (approximately $25 - $30K each) *Implementation Grant* State Level • Supports staff at state level (e.g., family, youth, evaluator) • Continues to fund 6 system partners to incentivize their participation • Supports financing strategies (e.g., adding family and youth support as Medicaid billable services) • Supports development of statewide family organization • Funds workforce development and leadership activities at the state and local level • Funds youth leadership model Community Level • Funds Roundtables to provide family, youth, and system partner leadership and support system change • Supports implementation of SOC Rating Tool by Youth N Action, provided training to youth to administer tool in regions

Appendix B: Examples of State-Community Partnership Documents