Optum

Systems of care as an organizational and service delivery model

The concept of systems of care is built upon a set of values and principles that recognize people live and function in a community of relationships, services and supports that are organized to assist them in achieving their dreams and goals.

Optum has aligned with those values and principles in order to sustain our work with people in public sector delivery systems. In partnering with local, regional and governmental agencies as well as a wide range of service organizations and health plans, we recognize our responsibility to support these communities. We also blend the vision of recovery and resiliency with the goals, objectives and plans of the local communities, individuals and families that we serve. Therefore, the concepts underlying systems of care provide a construct upon which we can organize our operations, establish effective partnerships, deliver the services for which we are responsible, and fulfill our commitments to our customers — and the people and communities we serve.

Our mission: To help people live their lives to the fullest.

Our vision: To be a constructive, transformative force in health care systems, driven by a team of talented, empathic and passionate individuals.

Our principles and pillars of success:

- Act ethically
- Define our workforce and our work with diversity and cultural competency
- Maintain a positive and respectful work environment
- Operate with accountability and transparency
- Keep our central focus on the individuals we always serve through individualized strengths-based care
- Engage providers and community systems in sustainable partnerships

- Build strong interagency and inter-system collaboration to achieve common, shared goals

- Agree on common goals, values and principles to guide our work with the system of care community

- Foster innovation in the service of excellence

- Develop and maintain the tools necessary to address today's health care challenges

- Build relationships and tools to ensure comprehensive communication toward common goals and purposes for all engaged

- Model leadership in all our work

- Maintain the discipline to execute and fulfill our commitments

- Provide best value to all our stakeholders

Public trust: Our work puts us in a unique position of partnering with governmental entities to help support their missions, roles and responsibilities. We deliver services through a variety of models via a direct relationship with federal, state and local governments in a contractual (customer) arrangement; or by administering governmental (taxpayer) funded services through our health plan partners. The people we serve — recipients of the benefits we manage and deliver — are beneficiaries of these publicly sponsored programs and efforts. In many instances, they are vulnerable, impoverished and dependent on services and supports from a variety of governmental entities (federal, state and local). These government-sponsored programs are necessary to maintain individual health, as well as secure food, shelter, housing, transportation and economic sustenance.

There is an implied, and in some instances explicit, transfer of public trust from those governmental entities to us. This means that we have a responsibility to address the following:

- **Public safety:** To protect the individuals we serve, as well as the community, from the impacts of their health conditions. The services we provide must be high-quality, timely and effective.

- **Public health:** To provide services and supports that lead to the optimal health and wellness of the individuals and communities we serve.

- **Public fiduciary responsibility:** To acknowledge that our efforts are taxpayer funded. Services must be cost-effective and efficient, and must provide recognized value. Reporting and evaluation are transparent.

- **Public accountability:** To our customers, policy makers and the public. We must conduct active and meaningful engagement with all stakeholders.

  Our mission, vision, principles and pillars of success are lived out in this context and must align with these responsibilities.

- **Recovery and resiliency:** Rooted in the emergence of a strong voice of the mental health consumer movement, recovery and resiliency have become a statement of hope and respect as well as a clear public policy.

  This vision of recovery and resiliency has been articulated in a set of principles and values that are also components for systems and services. These have arisen from the mental health community. However, they also have value, application and importance for people with any condition who seek the ability to successfully cope with life's challenges, not just manage symptoms.

Optum has the responsibility to address the following:

 Public safety

 Public health

 Public fiduciary responsibility

 Public accountability

- **Self-direction:** The individual/family leads, controls, exercises choice over and determines their own path of recovery by optimizing autonomy, independence and control of resources to achieve a self-determined life.

- **Individualized and person-centered:** The individual's/family's unique strengths and resiliencies as well as their needs, preferences, experiences (including past trauma) and cultural background in all its diverse representations.

- **Empowerment:** The individual/family has the authority to choose from a range of options and to participate in all decisions — including the allocations of resources — that will affect their lives, and are educated and supported in so doing.

- **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit and community.

- **Non-linear:** Recovery is not a step-by-step process, but one based on continual growth, occasional setbacks and learning from experience.

- **Strengths based:** The recovery process values and builds on the multiple capacities, resiliencies, talents, coping abilities and inherent worth of individuals. The recovery process focuses on valued life roles and engaging in new life roles (e.g., partner, caregiver, friend, employee, student).

- **Cultural competence:** Policymaking, service delivery and the systematic purposeful involvement of consumers, families, key stakeholders and communities incorporate the capacity to value diversity. Competencies include conducting self-assessment, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to the diversity and cultural contexts of communities served.

- **Peer support:** Mutual support includes the sharing of experiential knowledge and skills and social learning plays an invaluable role in recovery. Peers encourage and engage another in recovery and provide each other with a sense of belonging, supportive relationships, valued roles and community.

- **Respect:** Ensures the inclusion and full participation of individuals in all aspects of their lives. That communication is attentive and respectful and not parental and authoritarian in nature.

- **Responsibility:** Recipient has a personal responsibility for their own self-care and journeys of recovery.

- **Hope:** Hope is the catalyst of the recovery process — the knowledge that individuals do recover and can focus on future life goals. Hope is internalized, but can be fostered by peers, families, friends, providers and others.

These principles and values are particularly relevant in the public sector environment and the constituencies served there, where people are struggling with many life challenges, such as poverty, isolation and unemployment, in addition to their illness and symptoms. A "meaningful life" (recovery and resiliency) can be measured in the important life areas of:

- Employment and education outcomes

- Housing outcomes

- Course of illness

- Sustaining and supportive relationships

- Community participation and citizenship

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"Mental health recovery is a journey of healing and transformation, enabling a person with a mental health problem to **live a meaningful life in a community of (their) choice**, while striving to achieve (their) full potential."

– National Consensus Statement on Mental Health Recovery published by The Substance Abuse and Mental Health Services Administration

- Justice system engagement
- Income and economic status
- Satisfaction with their own lives and services
- Health and wellness

Our responsibility is to encourage that journey of healing and transformation, to foster hope, to ensure that individuals have opportunities to set direction for themselves through goals in each of the above-mentioned life areas, to ensure our responsibilities of public trust are met and to ensure that the values we espouse are reflected in our actions.

Systems of care

For Optum, our challenges are to:

- Organize ourselves, our operations, our services and our relationships to actively reflect the mission, vision and principles we articulate
- Establish our ability to shoulder the aspects of public trust we are ascribed
- Effectively apply our tools, resources, technology, expertise, leadership and discipline to support the recovery and resiliency goals of the individuals and communities we serve and engage.

An expanded version of systems of care will provide the guidance and model for meeting those challenges.

In 1992, the U.S. Congress established the Comprehensive Community Mental Health Services Program for Children and Their Families, to support the development of systems of care for children and youth with serious emotional disturbances and their families. "Serious emotional disturbances" refers to diagnosed behavioral, emotional or mental disorders resulting in functional impairment that substantially interferes with or limits one or more major life activities. The Comprehensive Community Mental Health Services Program for Children and Their Families is funded through Public Law 102-321.

What is a system of care?

As initially established in the enabling legislation, a system of care is a coordinated network of community-based services and supports that is organized to meet the challenges of children and youth with serious mental health needs, as well as their families. Families and youth work in partnership with public and private organizations, so that services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life. A system of care has a dual identity that is both unique and specific to the individual and family and their goals, as well as an array of aligned services and resources working collaboratively for common purposes and results.

While systems of care were initially conceptualized to address the comprehensive needs of children, youth and families, those same needs exist for adults and older adults as well. The goals — to function better at home, at school or work, in the community, and throughout life — are consistent with the goals of recovery and reflect areas of outcomes to be realized. In addition, the systems of care acknowledge the important partnerships of public and private organizations and the critical value of families, friends, culture and informal support systems.

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"Resilience means the **personal and community qualities that enable us to rebound** from adversity, trauma, tragedy, threats, or other stresses — and to go on with life with a sense of mastery, competence, and hope."

– The President's New Freedom Commission Report on Mental Health

Systems of care operate as a set of principles, values and organizing efforts. They exist at the individual, family, service delivery, community and systemic levels. For Optum to effectively design and manage local public sector service systems, it is critical that community efforts and systemic organizational structures for systems of care be put in place to support and sustain those efforts and promote congruency in all levels.

Systems of care principles

- **Individualized strengths-based care:** Health and wellness services should be driven by the needs, stated goals and preferences of the individual and their family. These are addressed through a strengths-based approach and are well founded in the principles and values of recovery and resiliency.

- **Interagency collaboration:** The focus and management of services should occur within a mutual collaborative environment, grounded in a strong orientation to the individual's family, community, resources and culture.

- **Cultural competence:** The services offered, agencies participating and programs generated should be responsive to the culture and characteristics of the individuals being served and should be intentional in order to assist them to achieve their stated goals.

- **Partnership with social supports:** The individual, their family and social supports should be active partners in the planning, implementation, operation and evaluation of their system of care.

- **Individualized, family and youth involvement:** Family-driven and youth guided with the strengths and needs of the individual as the primary focus. Increasing focus on use and engagement with natural supports.

- **Community-based services:** Systems of care for both individuals and local communities will be person-focused and organized across the full spectrum of life areas (school, work, housing, health, economics, supportive relationships, etc.), thus building effective service delivery and sustaining natural supports.

- **Early engagement:** There is a focus on early identification, early intervention and rapid engagement across the spectrum of services to ensure minimal disruption and trauma.

- **Accountability and outcome-based assessment:** There is continual assessment of practice, organizational and financial outcomes, and effectiveness.

- **Hope, hope and more hope:** The team does not give up on, blame or reject children, youth or their families.

Applied practice of systems of care

In this construct of systems of care, what are our responsibilities?

- We are responsible to manage the quality, comprehensiveness and inclusiveness of the services that individuals and families receive. In most instances, that is accomplished through influencing the services delivered by the contracted network. In other situations, we may have direct interaction with the individual, their family and their system of care team.

- We are responsible for contracting with a broad, diverse, high-quality network of providers. In that role, we shape services through our contracting, training and recruitment processes. Additionally, we negotiate critical collaborative relationships with other services systems and providers, and we develop a deep understanding of community resources.

> "
> "A future when everyone labeled with mental illness will recover" and to do so … "care must focus on increasing the consumer's ability to successfully cope with life's challenges … not just on managing symptoms."
>
> – The President's New Freedom Commission Report on Mental Health

- We are responsible for working closely with the community and statewide systems of care that have been established. This work includes establishing cooperative and effective relationships with but not limited to: child welfare and foster care, justice systems for youth and adults, health plans and health plan providers, education systems and programs, vocational rehabilitation, housing services and supports, crisis response systems, family and peer support advocates services and systems, intellectual and/or developmental disabilities (IDD) systems and services, aligned faith based entities, cultural (including LGBTQ+) organizations and supports, transportation resources, day care and early childhood support, etc.

- We are responsible for putting in place organizational structures, eminence building relationships and operating policies that support quality, effectiveness and transformational leadership for systems of care at all levels. This work includes engaging with (or possibly providing) effective information sharing and communication systems and tools.

The chart below is intended to reflect many of the specific tasks and responsibilities we may undertake in specific environments to build and support the various aspects and operating levels of systems of care.

Individual	Local service delivery systems	Supporting community systems	Organizational structure
• Individual and family engagement • Informal supports • Comprehensive assessment • Comprehensive care plan review and development • All service providers participate • Other involved allied providers and systems participate • Collaboration and working toward common goals • Reflects individual's language, culture and orientation • Goals and success defined by the individual	• Inclusion of child/ adolescent, adult and older adult providers • Represent full spectrum of life areas and needs • Providers serving specific age groups see themselves as aligned systems • Interagency agreements, referral and coordination processes • Focus on early identification and intervention • Meet in local systems design • Share training resources • Collaborative planning and information sharing • Ongoing and transparent system evaluation • Data collection and analysis to drive system improvement and change • Peer provided services fully established and incorporated into network • System partners understand policies and statutes that drive funding and practice	• Broader system of care efforts (city, county, state) • Healthy community approaches • Multiple system participants (behavioral health, physical health, education, legal, justice, housing, social services, vocational, etc.) • Public health initiatives prioritized — suicide, motor vehicles deaths, gun violence deaths, drug overdoses • Health is broadly defined, and issues are addressed • Active participation from consumer and family advocates and representatives • Joint problem solving and planning through shared information systems • Cross-system training and Memoranda of Understanding (MOUs) regularly reviewed and updated • Data analysis to assist planning, reporting and decision making • System partners understand policies and statutes that drive funding and practice	• Public accountability and transparency • Technological resources to improve efficiency, effectiveness and quality • Consumer leadership and partnerships in all activities • Outcome and system performance focus • Partner with customers on new policy initiatives and innovation • Local presence and involvement to strengthen community identification and connection • Consistent support and application of principles and pillars of success

Individual	Local service delivery systems	Supporting community systems	Organizational structure
Optum responsibilities			
• Support comprehensive approach to service planning and delivery • Ensure recovery goals are identified and known • Able to engage with individual's language, culture and orientation • Encourage the creation of WRAP™ plans, crisis plans, psychiatric advance directives, etc., that are individualized and shared across system • Focus care coordination on consumer goals, quality and comprehensiveness of services • Perform utilization management practices consistent with quality and outcome goals • Develop and provide training to all system entities to assist in early identification of behavioral health and IDD issues, including for 0–3 age group • Ensure appropriate psychosocial education for the individual and family is provided and endeavor to assist in aligning appropriate and needed resources • Actively and directly encourage involvement of allied systems • Broker other resources as necessary • Collaborate with physical health systems and providers to improve mutual access to care • Ensure process is customer and family directed/driven	• Facilitate provider system meetings by age group • Actively participate in broader system of care meetings and planning • Provide reports specific to age groupings as well as defined geographical areas • Develop trainings for evidence-based practice (EBP), early need identification, recovery, consumer centered care and operations, etc. • Ensure a comprehensive network of services that includes assessment, crisis intervention community treatment services, alcohol and drug treatment, residential services and acute services for each age group (infancy, early childhood, childhood, early adolescence, adolescence and young adult) • Support planning and evaluation efforts on a continuous basis • Ensure inclusion of customers and advocates in all efforts • Encourage the employment of peers within systems as well as the development of peer and family run and delivered services as essential components of service systems • Develop coordination agreements and MOUs with non-contracted organizations and allied systems • Continuously add service innovation and system improvements through contracted network, such as expanded use of telehealth	• Participate in local systems of care and healthy community efforts • Facilitate system trainings, such as with law enforcement, health systems, social service systems, etc. • Continue to define community supports both in the broadest context and specific to each consumer/ family needs • Support planning, develop needed reports, data and analysis • Ensure provider, individual, family and advocate participation in system activities • Support consumer run organizations and service to help build sustainable and viable organizations as key service system components • Gathering, organizing and delivering information that helps stakeholders make decisions based on good, relevant information • Have local staff in community • Provide financial support to fill service gaps • Efforts to build and define medical-behavioral integration that improve access to care and outcomes • Ensure care coordination for youth with behavioral health needs and conditions who are under community supervision as result of justice system • Address family support needs where children may be on waiting lists for services, such as for IDD services	• Inclusive of full spectrum of Optum services and resources • Ensure that staff and operations reflect language, culture and orientation of communities, consumers and families • Build alignment with supporting UnitedHealth Group (UHG) resources (IT, health care entities, treasury, social responsibility, gov. relations, etc.) • Build key strategic alliances with national partners — National Alliance on Mental Illness (NAMI), Housing, Department of Human Services (DHS), Substance Abuse and Mental Health Services Administration (SAMHSA), etc. • Provide support to sustain local efforts • Provide leadership on values and principles across all operations • Document and replicate success and achievement from one local project/ site to other operations and service areas — expand innovations

Individual	Local service delivery systems	Supporting community systems	Organizational structure
Optum responsibilities			
• Encourage peer and family partner participation	• Focus on EBPs development and adoption • Ensure provider contracting aligns incentives with system goals • Provide relevant data to providers and network planners to review issues of access, quality, utilization, outcomes and need identification • Retain focus on outcomes: for the individual, service provider and service system		

Addendum 1

Examples of recovery-based outcomes in systems of care

Employment and education outcomes		
Children and families	**Adults**	**Older adults**
Increase number of children in school and at grade level	Increase number of people working	Increase number of people working
Decrease number of missed days, suspensions, cut classes and absences	Increase wages earned, number of days worked, number of hours worked	Increase wages earned, number of days worked, number of hours worked
Reduce days of work missed by parents to provide childcare	Increase referrals to vocational services	Increase number of people involved in volunteer activities
Increase access to vocational training for adolescents	Increase educational attainment (GED, college, reading level)	Increase the number of people involved in educational activities
Increase number of adolescents who continue education post high school or other educational aspirations	Increase number of people using accommodations in employment and educational settings	
Reduce number of children in segregated classrooms for behavioral issues		
Children age 16+ begin transition and vocational planning		
Increase number of children age 14+ engaged in work experience and/or skill training activities		
Children show improvement in grade point average (GPA) standardized test scores and Academic Performance Index		
Reduce number of detentions and referrals for discipline		
Improve credit accumulations per quarter/semester		
Increase graduation rates and grade promotions		
Reduce number of children with Individualized Education Plans (IEPs) who are placed in juvenile justice settings		
Reduce school withdrawals and drop-outs		

Housing outcomes		
Children and families	**Adults**	**Older adults**
Decrease homelessness	Decrease homelessness	Increase number of people working
Maintain living with family or preferred caretaker	Maintain independent living of choice, reduce number of moves	Maintain independent living of choice, reduce number of moves
Family maintains housing, reduces the number of moves	Reduce evictions	Reduce evictions
Reduce evictions	Acquire affordable housing (1/3 income on rent)	Acquire affordable housing (1/3 income on rent)
Acquire affordable housing (1/3 income on rent)	Decrease use of congregate living programs	Decrease use of congregate living programs
Decrease use of out-of-home placements, residential treatment and out-of-community placements		

Courses of illness		
Children and families	**Adults**	**Older adults**
Decrease hospitalizations (# and length of stay (LOS))	Decrease hospitalizations (# and LOS)	Decrease hospitalizations (# and LOS)
Decrease out-of-home placements (group homes, foster care, etc.)	Decrease use of supervised living settings (residential treatment, group homes, etc.)	Decrease use of skilled nursing facility (SNF), long-term care (LTC) placements
Improve/increase early identification of issues and concerns for mental health, IDD, autism and other behavioral health conditions, through methods such as primary care provider (PCP), schools, day care and early childhood services	Early identify and intervene at the onset of behavioral health conditions, inclusive of substance use disorders and depression that could be identified in primary care	Early identify and address symptoms of isolation and loneliness that can exacerbate health and behavioral health issues
Stabilize or decrease symptoms	Stabilize or decrease symptoms	Stabilize or decrease symptoms
Decrease use of crisis services and emergency rooms	Decrease use of crisis services and emergency rooms	Decrease use of crisis services and emergency rooms
Family able to manage child's behaviors	Increase knowledge of illness, symptoms and treatment	Increase knowledge of illness, symptoms and treatment
Increase knowledge of illness, symptoms and treatment	Reduce substance use	Reduce substance use
Reduce youth suicides and attempts	Decrease number of prescriptions	Decrease number of prescriptions
Reduce youth drug overdoses	Reduce rehospitalizations	Reduce rehospitalizations
Reduce substance use		
Decrease incidence of violence for youth in service		
Reduce rehospitalizations		

Community and citizenship participation		
Children and families	**Adults**	**Older adults**
Decrease incarcerations	Decrease incarcerations	Decrease incarcerations
Decrease contacts with judicial system	Decrease contacts with judicial system	Decrease contacts with judicial system
Ensure access to behavioral health services in youth detention settings	Increase use of age-appropriate community resources (cultural activities, social contacts, recreational activities, public libraries, spiritual activities, transportation, etc.)	Increase use of age-appropriate community resources (cultural activities, social contacts, recreational activities, public libraries, spiritual activities, transportation, etc.)
Increase use of age-appropriate community resources (cultural activities, social contacts, recreational activities, public libraries, spiritual activities, transportation, etc.)	Increase helping of others (participate in PEER support)	Increase helping of others (participate in PEER support)
Increase helping of others (participate in peer support)	Exercise citizenship (e.g., voting)	Exercise citizenship (e.g., voting)
Increase participation in school and community activities, such as sports, dances, clubs, etc.		

Income support and economic status		
Children and families	**Adults**	**Older adults**
Decrease people on public assistance and/or reduce level of public assistance payments	Decrease people on public assistance and/or reduce level of public assistance payments	Decrease people on public assistance and/or reduce level of public assistance payments
There is a plan for non-public assistance income support for transitional age youth	Reduce number of payeeships	Reduce number of payeeships
Improve income stability for families with children in services	Increase number of people with Plan to Achieve Self-Support (PASS) plan	Increase number of people with retirement plans other than or in addition to Social Security
Support for families where one adult may be incarcerated	Increase number of people with Individual Development Plans (IDPs)	Increase use of Medicaid buy-in program
	Increase number of people with retirement plans other than or in addition to Social Security	
	Increase use of Medicaid buy-in program	

Satisfaction with lives and services		
Children and families	**Adults**	**Older adults**
Family/Caregiver satisfied with life	Satisfaction with own life	Satisfaction with own life
Satisfactorily attained self-identified goals	Satisfactorily attained self-identified goals	Satisfactorily attained self-identified goals
Increased hope – child and family measures	Increased hope	Increased hope
Decreased engagement with social media that leads to isolation, depression and alienation	Increased sense of fulfillment	Increased sense of fulfillment
Reduced impact of isolation, school performance and depression as result of COVID-19 pandemic		

Satisfaction with services		
Children and families	**Adults**	**Older adults**
Satisfied that services were family directed	Satisfied that services were individual driven	Satisfied that services were individual driven
Satisfied with staff and agency where services were provided	Satisfied with staff and agency where services were provided	Satisfied with staff and agency where services were provided
Satisfied with involvement of treatment partners (peers, coaches, family friends)	Satisfied with involvement of treatment partners (peers, coaches, family friends)	Satisfied with involvement of treatment partners (peers, coaches, family friends)
Feel problems were identified early and services available quickly proximate to home	Feel that services were effective	Feel that services were effective
Feel that services were effective	Feel can manage problems in the future, know what to do and who to reach out to for assistance	Feel can manage problems in the future, know what to do and who to reach out to for assistance
Feel can manage problems in the future, know what to do and who to reach out to for assistance	Would recommend services/agency to others	Would recommend services/agency to others
Would recommend services/agency to others	Overall satisfaction	Overall satisfaction
Overall satisfaction		

Wellness outcomes (Basic health and improved longevity, address stigma and discrimination, health enhancement \and prevention, and cultural competency)		
Children and families	**Adults**	**Older adults**
Decrease smoking	Decrease smoking	Decrease smoking
Increase number of people at appropriate weight (body mass index (BMI) measures)	Increase number of people at appropriate weight (BMI measures)	Increase number of people at appropriate weight (BMI measures)
Reduce prevalence of sexually transmitted infections (STIs)	Reduce prevalence of STIs	Reduce prevalence of STIs
Increase people cardio fitness and aerobic capacity	Increase people cardio fitness and aerobic capacity	Increase people cardio fitness and aerobic capacity
Increase identification of comorbid medical conditions	Increase identification of comorbid medical conditions	Increase identification of comorbid medical conditions
Increase number of children on schedule with EPSDT screens	Reduce number of people with high cholesterol	Reduce number of people with high cholesterol
Increase felt sense of empowerment and reduced perception of stigma about mental illness	Decrease number of people with high blood pressure	Decrease number of people with high blood pressure
Service provided in culturally specific and relevant manner	Increase felt sense of empowerment and reduced perception of stigma about mental illness	Increase felt sense of empowerment and reduced perception of stigma about mental illness
Decrease incidence of childhood diabetes in covered membership	Service provided in culturally specific and relevant manner	Service provided in culturally specific and relevant manner
Reduce unwanted pregnancies	Decrease number of people with diabetes in covered population	Decrease number of people with diabetes in covered population
Reduce premature births, low birth weight — ensure access to prenatal care and supports	Reduce unwanted pregnancies	Improve flexibility
	Reduce premature births, low birth weight	

Addendum 2

Below are a sample of model programs for review and a list of available online resources and materials for systems of care. This is not all-inclusive, but we have tried to provide a broad sampling.

Model programs and online resources

1. **Connecticut's Statewide Youth Mobile Crisis Services**

   Developing statewide youth mobile crisis intervention services has been an iterative process, says Tim Marshall, director of Community Mental Health at the Connecticut Department of Children and Families. The face-to-face service will soon be available 24/7, and their motto is "just go."

   When the program began over a decade ago in 2009, pediatric mental health and substance use emergency department visits in the state were on the rise. However, Marshall says the majority didn't need inpatient care.

   Today, the statewide mobile crisis services divert children and adolescents from the emergency department and criminal legal systems. He says that having mental health crisis assessments by someone in the community, in the child's location — often at home or school — is strength-based, family-centered, child-centered and developmentally appropriate.

   Connecticut's Statewide Youth Mobile Crisis Services — #CrisisTalk

2. **Sacred Child Project (North Dakota and South Dakota)**

   The Sacred Child Project's service delivery area includes the Spirit Lake Nation; the Standing Rock Sioux Tribe; the Three Affiliated Tribes of Mandan, Hidatsa, and Arikara; the Turtle Mountain Band of Chippewa; and the Trenton Indian Service Area in North and South Dakota. The project uses the wraparound process to work with Native American youth ages 1 to 22 who have been diagnosed with serious emotional disturbances. The wraparound process incorporates culturally appropriate interventions and the natural support system of the community to provide intensive case management for enrolled children and their families. A notable feature of this system of care is the inclusion of traditional healing practices

   National Center on Substance Abuse and Child Welfare (NCSACW)

3. **Integrated Care for Kids Model**

   The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs. Some programs also include Children's Health Insurance Program (CHIP) beneficiaries and pregnant woman over age 21 who are covered by Medicaid. The model empowers states and local providers to better address these needs, as well as the impact of opioid addiction through care integration across all types of healthcare providers. Employs value-based payments. Active in six states.

   Integrated Care for Kids (InCK) Model | CMS Innovation Center

4. **California Child and Youth System of Care**

   We have worked with our state, county and local partners to better serve children and youth who are receiving services from multiple public programs. Our goal is simple: our programs must meet the needs of the children and youth we serve. These are our collective children, and they all deserve the very best. We recognize that it is our obligation to ensure that the services we are providing are coordinated, timely and trauma informed. We must come together as one government to break down silos and build a culture that is focused on delivering services that are person centered and not program centered.

   System of Care – California Health and Human Services

5. **LGBTQ+ Youth and Families and Race Equity: Disparities and Disproportionalities in Child Welfare and Other Systems of Care**

   (226) LGBTQ + Youth and Families and Race Equity

   ED617198.pdf
   (Wellbeing of Black, Native, Latinx and Asian Youth Involved in Systems of Care)

6. **Improving Child Welfare Outcomes Through Systems of Care: Building Infrastructure**

   Childwelfare.gov

7. **Centers for Medicare and Medicaid Services (CMS) to launch Health Homes for Children with Medically Complex Conditions**

   SMDL - Health Homes for Children with Medically Complex Conditions

Sources

1. **National Child Welfare Workforce Institute:** Provides programmatic and evaluation technical assistance, research and training to child welfare agencies involved in building systems of care. The center conducts the national evaluation and provides technical assistance to recipients of cooperative agreements through the children's bureau's improving child welfare outcomes through systems of care demonstration initiative.

2. **Federation of Families for Children's Mental Health:** Serves families of children and youth with mental health needs. This advocacy organization represents children, youth and families from diverse cultures and backgrounds.

3. **Georgetown University Center for Child and Human Development:** Established to improve the quality of life for all children and youth, especially those with, or at risk for, special needs and their families. The center serves vulnerable children and their families directly and influence's local, state, national and international programs and policy. Includes the National Center for Cultural Competence and National Technical Assistance Center for Children's Mental Health.

4. **National Resource Center for Family Centered Practice and Permanency Planning NRCPFC:** Family-Centered Practice and Practice Models (cuny.edu) focuses on increasing the capacity and resources of state, tribal and other publicly supported child welfare agencies to promote practices that support the safety, permanency and well-being of children while meeting the needs of their families.

5. **The Children's Bureau (CB):** Partners with federal, state, tribal and local agencies to improve the overall health and well-being of our nation's children and families. The Children's Bureau seeks to improve the safety, permanency and well-being of children through leadership, support for necessary services, and productive partnerships with states, tribes and communities. It has the primary responsibility for administering federal programs that support state child welfare services.

6. **National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC):** Provides states, tribes and communities with training and technical assistance (TTA) on children's behavioral health, with a focus on systems of care. NTTAC is a SAMHSA-funded initiative to increase the access to, effectiveness of, and dissemination of evidence-based mental health services for young people (ages 0-21) and their families, including young people experiencing serious mental illness or serious emotional disturbance (SMI/SED). NTTAC supports a system of care that is trauma informed and person centered. NTTAC is committed to equity, inclusion and diversity, and we promote authentic partnership with youth and families.

7. **Technical Assistance Partnership for Child and Family Mental Health (TA Partnership):** Provides technical assistance to state, regional and county system of care communities currently funded to operate the Comprehensive Community Mental Health Services for Children and Their Families Program, including those that have juvenile justice- and child welfare-involved youth as a population of focus. The Partnership's technical assistance efforts focused on helping communities build systems of care that are family-driven, youth-guided, culturally and linguistically competent, individualized, and community- and evidence-based to meet the mental health needs of children, youth, and families. The TA Partnership was a collaboration between two mission-driven organizations: AIR, and the National Federation of Families for Children's Mental Health, a national non-profit dedicated to effective family leadership and advocacy to improve the quality of life of children with mental health needs and their families.

8. **LGBT Training Curricula for Behavioral Health and Primary Care Practitioners | SAMHSA:** SAMHSA and the Health Resources and Services Administration (HRSA) have compiled a list of professional training curricula to improve the health and well-being of the LGBT population.

9. **American Academy of Child and Adolescent Psychiatry:** Clinicians who serve children and adolescents with complex mental health needs, generally find themselves interfacing with multiple child-serving systems and community programs. AACAP has developed the following resources to provide effective "wrap-around" care.

10. **National Academy for State Health Policy:** This website provides links to resources for states who are interested in the Integrated Care for Kids (InCK) Model and others working to implement payment, coverage and cross-agency strategies to improve integrated care coordination of behavioral, physical and health-related social needs of children eligible for Medicaid or the Children's Health Insurance Program (CHIP). Resources are grouped into five areas: child health access, behavioral health/substance use disorder, integrated care coordination, Medicaid VBP and delivery reform, and multi-sector child-serving systems. Descriptions of each linked resource are included.

11. **SAMHSA Comprehensive Community Mental Health Services Program for Children and Their Families:** This program builds on innovative community treatment programs for children with serious emotional disturbances and their families.

12. **ZERO TO THREE project:** ZERO TO THREE works to ensure that babies and toddlers benefit from the family and community connections critical to their well-being and development. Healthy connections help build babies' brains.

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