Core Functions of the System of Care Coordinator within a Managed Care Organization

In March of 2006, the General Assembly allocated recurring funds to support a full-time System of Care (SOC) Coordinator in each Local Management Entity (LME). The July 3, 2012 Implementation Update #98 reiterated DMH/DD/SAS commitment and funding to System of Care and the System of Care Coordinators within the 1915 (b)/(c) Medicaid waiver environment. System of Care ~~is a national evidence-informed concept intended to~~ provides a framework and philosophy for guiding service systems and service delivery to improve the lives of children/adolescents with mental health challenges and their families[1]. These SOC Coordinators are exclusively focused on developing and supporting ~~a~~ local systems of care for young people and families receiving child mental health and substance abuse services. Implementation Update #98 noted "SOC and SOC Coordinator are the mechanism to ensure the efficacy of the system, both fiscally and, more importantly for the child and family."

Within the ~~present~~ 8 LME/MCOs, there are 30 DMH/DD/SAS funded~~, child~~ SOC Coordinator~~s~~ positions. As LMEs merged and started the work of managing behavioral health care, the SOC Coordinators were placed in a variety of MCO departments. Though they may be found in ~~a variety~~ various ~~of~~ departments, the primary functions of the SOC Coordinators remain the same. It should also be noted that no one position can develop or sustain a system of care. As evidenced in the Division's contract with the MCOs, the Division holds the MCO as a whole responsible for supporting the continued development/expansion of local systems of care ~~development~~ throughout the catchment area for which the MCO is responsible. Therefore, it is assumed, that there will be multiple people within the LME/MCO engaged in the functions which include collaboration across local agencies, ensuring youth and family involvement, enhancement of the Child and Family Team process, support of community collaboratives, development of evidenced-based and informed community services and promotion of cultural and linguistic competence throughout the system.

While there may be many LME/MCO staff involved in the development of their system of care, the full-time SOC Coordinator position **shall** ensure that the following functions are covered and shall report on the progress of those functions to DMH/DD/SAS at least twice per year. There primary functions include:

Involvement in the Community Collaborative(s): The SOC Coordinator will serve as staff to the local community collaborative(s) and will report at least twice a year on the progress on the minimum expectations for Community Collaboratives

Minimum Expectations for Community Collaboratives:

- ~~Community Collaboratives will~~ Map available services and supports from prevention to the most restrictive interventions. If other community groups have completed a mapping of child/family services and supports, that mapping can be

[1] ***Updating the System of Care Concept and Philosophy***. Prepared by Stroul, Blau and Friedman, 2010, pg. 5.

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used by the Community Collaborative. The community mapping is an important opportunity to include community input into the LME/MCO Gaps and Needs Analysis.

- Develop a plan with the Collaborative to ensure broad membership that includes family members, youth, child-serving agencies and community partners as well as the cultural and linguistic diversity of the community.
- Develop~~ment of~~ a three year strategic plan to improve the coordinated network of services and supports for youth with mental health and substance abuse challenges and their families. The plan will include at least two priorities identified from review of community data.
- Develop~~ment of~~ a continuous problem solving process (continuous quality improvement process) to identify and track progress on priorities and engage in at least two change projects to advance priorities.
- Develop~~ment of~~ a community training plan to identify and prioritize training needs across all the child-serving agencies in order to address the complex needs of families with children with mental health and substance abuse challenges. The training plan will at a minimum include:
  ✓ Assessment of training needs related to Child and Family Teams/individualized coordination of care.
  ✓Family engagement and family driven care as well as importance of family/youth voice and range of family/youth perspectives across the continuum of services and decision making groups
  ✓Activities and training to raise awareness of youth mental health and substance abuse challenges (ex. Youth Mental Health First Aid), impact of trauma on young people, and development of a trauma informed system.
- Develop~~ment~~ or strengthen~~ing~~ of multi-agency review for high risk/high need youth. Based on community priorities, this could be a strengthening of an existing care review process. In other communities, it may mean the creation of a multi-agency team that reviews youth just from social services or juvenile court. Some communities could combine efforts with their Child Community Protection Team or other review group to have one review process. The goal of this high need/high risk multi-agency review team is to engage with at least one community partner agency in mutual problem solving to address the needs of complex youth to prevent or reduce the use of the most restrictive interventions.

Community Collaboratives will:

- Meet at least 6 times per year.
- Develop plan for shared leaderships so Collaborative and committees are co-chaired by an agency representative and a parent representative. The SOC Coordinator is staff to the Collaborative and is not to act as co-chair.

Community Collaboratives can:

- Merge with other community groups if the above minimum expectations can be more efficiently met through combining.
- Include several counties as long as minimum expectations that address the diverse needs of the involved counties are met.

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[SOC Coordinators with High Fidelity Wraparound Pilots: Inform the Community Collaborative of the progress and challenges faced by the NC Wraparound Team and use the Community Collaborative or committee as a place to solve problems related to coordination of care across agencies.]

Youth and Family Involvement and Leadership: The System of Care Coordinator will work to include youth and families at all levels of the system including representation at local collaborative(s), ensuring that families are leading their person-centered planning processes, and providing support and leadership opportunities. Ideally, these activities are done in partnership with a lead family partner who can be employed by the LME/MCO or available through contract or volunteer arrangement in the community.

Child and Family Teams: The SOC Coordinator will promote Child and Family Teams and provide technical assistance as needed. These activities include:

- Deliver and arrange for in-person Child and Family Team training as determined by the Community's training plan.
- Work with or refer to Multi-agency Review Team which can also provide technical assistance.

Interagency Collaboration: SOC Coordinators will:

- Participate in other interagency efforts such as Juvenile Crime Prevention Councils, Project Broadcast meetings, Juvenile Justice Mental Health Substance Abuse Partnerships, Child Fatality and/or Protection Task Forces and other interagency workgroups to provide information and support from behavioral health system.
- Attend staff meetings of partner agencies to explain changes and updates in the mental health system as well as promote best practices in behavioral health services.