Transforming Behavioral Health and Child Welfare: A Unified Approach to Systemic Improvement and Collaboration

# A Responsive, Comprehensive, Supported, and Coordinated Approach

### **Three Essential Elements**

- 1. LC3 Doña Ana County Local Collaborative
- 2. NMSU and DACC
- 3. FYI+ CCBHC = Regional Hub / Anchor Agency

# The Catalyst Recommendation: Element 1 of 3 LC3 - Doña Ana County Local Collaborative

- The Local Collaborative stemmed from the creation of the State Collaborative to ensure local voices are represented and heard; similar in concept to the Kevin S Pilot sites – community members, behavioral health providers, CYFD staff, other stakeholders, etc., are tasked with identifying and making concrete, communityspecific recommendations to build the ideal behavioral health and child welfare system.
- LC3 is a collective impact initiative; and currently represents nearly 200 stakeholders and over 70 different cross-sector agencies.
- LC<sub>3</sub> has a 9 community-member Board of Directors.

### The Catalyst Recommendation: Element 1 of 3 cont... LC3 - Doña Ana County Local Collaborative

- Assess local and state data on service utilization and outcomes, including
  identification, design, and implementation of needed resources, supports, and
  services to fill (local and state) gaps and strengthen existing resources, supports,
  and services through data-informed strategy,
- Build provider capacity and develop the workforce through technical assistance,
   training, support, and retention of quality providers (external and internal to CYFD)
- Provide recommendations to state agencies, including informed policy change, to address needs, and set priorities of the quality and coordination of systems, resources, supports, and services, including funding allocations to strengthen the behavioral health and child welfare system, and to optimize the utilization —and building of- behavioral health and child welfare resources, supports, and services

### The Catalyst Recommendation: Element 1 of 3 cont... LC3 - Doña Ana County Local Collaborative

Provide a strategic and amplified investment of funding in LC<sub>3</sub> (Doña Ana County Local Collaborative) to fully support its comprehensive approach with CYFD and the community of transforming and advancing the ideal system of behavioral health and child welfare resources, supports, and services. Supporting this recommendation ultimately supports multiple Kevin S. Pilot recommendations through one collective investment and effort.

### The Catalyst Recommendation: Element 2 of 3 NMSU and DACC

- Access to cutting-edge research: Stay informed about the latest evidence-based practices;
   Implement more effective interventions based on current studies; Contribute to the field by participating in research projects
- Student interns and learning placements: Gain additional workforce support through internships; Provide real-world experience to future professionals; Identify potential future employees; Bring fresh perspectives and new ideas to the field
- Improved service delivery: Implement evidence-based practices more effectively; Develop innovative programs based on academic insights; Enhance assessment and evaluation processes; ; Participate in joint funding applications for research or program development
- Resource sharing: Access university facilities and technology; Utilize academic expertise for grant writing and program development; Share data and information systems

### The Catalyst Recommendation: Element 2 of 3 cont... NMSU and DACC

- **Systems-level impact:** Collaborate on policy research and advocacy; Develop more comprehensive approaches to supporting vulnerable populations; Contribute to broader systemic changes in child welfare
- Cross-disciplinary collaboration: Access expertise from various university departments (e.g., criminal justice, psychology, social work, public health); Develop more holistic approaches to child welfare challenges
- Long-term sustainability: Build a pipeline of qualified professionals entering the field; Stay adaptable to changing needs and best practices in child welfare

# The Catalyst Recommendation: Element 3 of 3 FYI+ CCBHC = Regional Hub / Anchor Agency

- Comprehensive Service Model: CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services. This broad scope makes them ideally suited to support and coordinate the diverse and innovative solutions to address the current challenges within the child welfare system.
- Established Infrastructure: CCBHCs already have the administrative and clinical infrastructure to manage complex systems and multi-agency collaborations. This existing framework can be leveraged to support a wider region/state network of providers.
- **Expertise in Evidence-Based Practices:** CCBHCs are required to implement evidence-based practices. This expertise can be shared with other community providers through training and technical assistance, ensuring high-quality care across the region/state.
- Data Collection and Outcome Tracking: CCBHCs have robust systems for data collection and outcome tracking. This capability can be extended to support, strengthen, and improve the effectiveness of a network of providers through data-informed decision-making and strategic direction/investments.

### The Catalyst Recommendation: Element 3 of 3 cont...

### FYI+ CCBHC = Regional Hub / Anchor Agency

- Funding Stability: The CCBHC model comes with more stable funding, including
  prospective payment systems. This financial stability coupled with broader support from
  the State allows for long-term planning and investment in system-wide collaborative
  efforts and improvements.
- Interdisciplinary Teams: CCBHCs employ interdisciplinary teams, providing a model for holistic care that can be replicated across the region/state. This approach is particularly valuable in addressing the complex needs of children and families in the welfare system.
- Care Coordination Experience: CCBHCs excel in care coordination, a critical skill for coordinating a network of agencies to support seamless service delivery for participants across a multitude of provider and professional disciplines and expertise.
- **Community Partnerships:** CCBHCs are experienced in forming community partnerships, a crucial skill for building and maintaining a region/state provider network.

# The Catalyst Recommendation: Element 3 of 3 cont... FYI+ CCBHC = Regional Hub / Anchor Agency

- Quality Improvement Focus: The CCBHC model emphasizes continuous quality improvement, which can be applied to the entire region/state, fostering a culture of excellence and adaptation.
- Capacity for Training and Development: With comprehensive services and experienced staff, CCBHCs are well-positioned to offer training and professional development to other providers in the region/state.
- Standardization of Care: As a hub/anchor agency, a CCBHC can help standardize care practices across the region/state, ensuring consistent, high-quality services for all participants.
- **Resource Allocation:** CCBHCs can use their experience and data to help allocate resources effectively across the region/state, maximizing impact and efficiency.

# The Catalyst Recommendation: Element 3 of 3 cont... FYI+ CCBHC = Regional Hub / Anchor Agency

- Advocacy Power: With established presence and data-driven approach, CCBHCs can be powerful advocates for policy changes and funding to support the entire child welfare system.
- **Technology Integration:** CCBHCs often have advanced technological systems that can be extended to support information sharing and coordination across the provider network.

By serving as a regional hub/anchor agency, a CCBHC can leverage its comprehensive model, established infrastructure, and expertise to elevate the entire regional/state network of providers, resources, supports, and services. This approach can lead to a more integrated, efficient, and effective child welfare system. The CCBHC's ability to provide technical assistance, professional development, and capacity building with other providers ensures a collective impact approach to effectively address complex challenges, creating a robust and responsive system across the region/state.

### Example Research Support for CCBHCs as Regional Hubs in Behavioral Health and Child Welfare Systems

### 1.Comprehensive Service Model:

1. A 2021 National Council for Mental Wellbeing report found that 94% of CCBHCs provide crisis response services, 90% offer substance use disorder (SUD) treatment, and 84% provide services for children and adolescents [1].

### 2.Established Infrastructure:

1. The SAMHSA 2020 CCBHC Certification Criteria require CCBHCs to have governance and organizational structures capable of serving as a local hub for behavioral healthcare [2].

### 3. Expertise in Evidence-Based Practices:

1. A 2021 study in Psychiatric Services found that CCBHCs implemented an average of 12 evidence-based practices, compared to 5 in traditional community mental health centers [3].

### 4.Data Collection and Outcome Tracking:

1. The National Council for Mental Wellbeing reports that 94% of CCBHCs have improved their ability to collect and track data on patient outcomes since certification [1].

### **5.Funding Stability:**

1. A 2021 report by the Assistant Secretary for Planning and Evaluation (ASPE) found that the CCBHC model's prospective payment system led to increased financial stability and service expansion [4].

### 6.Interdisciplinary Teams:

1. The CCBHC model requires staffing with diverse specialties. A 2020 SAMHSA report showed that CCBHCs increased their staff by an average of 40% post-certification [5].

### 7. Care Coordination Experience:

1. The 2021 National Council report found that 78% of CCBHCs have formal care coordination agreements with child welfare agencies [1].

### 8. Crisis Management Capabilities:

1. A 2022 study in Psychiatric Services found that CCBHCs reduced mental health-related emergency department visits by 27% compared to control clinics [6].

### 9. Community Partnerships:

1. The 2021 ASPE report noted that CCBHCs have an average of 7 formal partnerships with other community organizations [4].

### 10.Quality Improvement Focus:

1. SAMHSA requires CCBHCs to report on 21 quality measures, promoting a culture of continuous improvement [2].

### 11. Capacity for Training and Development:

1. The 2021 National Council report found that 88% of CCBHCs provide training to other community organizations [1].

### 12.Standardization of Care:

1. A 2022 study in the Administration and Policy in Mental Health journal found that CCBHCs improved standardization of screening and assessment processes across partner agencies [7].

### 13.Resource Allocation:

1. The 2021 ASPE report showed that CCBHCs were able to expand services and hire new staff in response to identified community needs [4].

### 14. Advocacy Power:

1. A 2022 report from the National Council for Mental Wellbeing found that CCBHCs have been instrumental in advocating for policy changes at state and federal levels [8].

### 15.Technology Integration:

1. The 2021 National Council report found that 97% of CCBHCs use electronic health records, facilitating information sharing across systems [1].

These data points and research findings support the case for CCBHCs serving as effective regional hubs in child welfare systems, demonstrating their capacity to provide comprehensive services, coordinate care, implement evidence-based practices, and drive system-wide improvements.