

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

In March 2006, the NC General Assembly allocated recurring funds to support a full-time System of Care (SOC) Coordinator in each Local Management Entity (LME). *Implementation Update #98* (7/3/2012) reiterated DMH/DD/SAS' (DMH) commitment and funding to System of Care and the System of Care Coordinators within the 1915 (b)/(c) Medicaid waiver environment. System of Care provides both a philosophy and an operational framework for guiding systems to improve service delivery for children/adolescents with mental health challenges and their families<sup>1</sup>. These SOC Coordinators are exclusively focused on developing and supporting local systems of care for youth and families receiving child mental health and substance abuse services. *Implementation Update #98* noted "SOC and SOC Coordinator(s) are the mechanism to ensure the efficacy of the system, both fiscally and, more importantly for the child and family."

Embedded within the seven North Carolina LME/MCOs are 30 DMH/DD/SAS-funded SOC Coordinator positions. As LMEs merged and began managing behavioral health care, the role of the SOC Coordinator began to morph across the various LME/MCOs. They were re-assigned to various MCO departments and given new responsibilities. Today, although SOC Coordinators can be found in different MCO departments, have different titles, and a variety of responsibilities, under the SOC funding allocations, the primary functions of the SOC Coordinators remain those outlined below.

Additionally, no one position can develop or sustain a system of care. Therefore, as evidenced in the Division's contract with the LME/MCOs, the Division holds the MCO responsible for supporting the continued development/expansion of local system of care throughout the MCO catchment area. Within the LME/MCO, many people across various LME/MCO Departments are engaged in SOC functions such as engaging local partners in collaborative activities, ensuring youth and family involvement, enhancing the Child and Family Team process, supporting community collaboratives, developing evidenced-based and informed community services, and promoting cultural and linguistic competence throughout the system.

But the full-time SOC Coordinator position has majority responsibility for focus on local SOC development. They shall report to DMH/DD/SAS at least twice per year on their progress with the following:

**Involvement in the Community and State 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. "Staff" means that SOC Coordinators are the individuals who support the Collaborative members' work, serve as intermediaries with all the Collaborative partners, do as much as they can to ensure that all Collaborative members have equal voice in decision-making and setting the Collaborative's course. Furthermore, the Coordinator is the backbone/glue to the overall operation of the Collaborative and are encouraged not to take a formal position within the Collaborative. They are encouraged to serve as guide to the Collaborative's Executive Team or Steering Committee. Other LME/MCO staff may sit on the Collaborative to provide the MCO voice/vote as necessary. (See the accompanying *Community Collaborative* document for details regarding the minimum expectations for Community Collaboratives.)

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<sup>1</sup> *Updating the System of Care Concept and Philosophy*. Prepared by Stroul, Blau and Friedman, 2010, pg. 5.

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Another important role of the SOC Coordinator is to serve as an information link between the State and local Collaborative. State Collaborative Executive Committee has made a commitment to be a resource and support to local SOC Coordinators, lead family partners and collaborative members. The State Collaborative wants to gather resources and create a variety of learning and dialogue opportunities for local SOC Communities. SOC Coordinators are encouraged to receive State Collaborative email, to pass along relevant information to their collaboratives/committees and/or other partners in the community; to participate in State Collaborative activities as Coordinator is able (given work priorities, time, travel restrictions, etc.). Local SOC Communities have much to share with the State Collaborative and the State SOC Coordinator is happy to try to facilitate information sharing as much as possible.

**Promotion of Youth and Family Voice and Partnership at both the practice and systems level:**

The SOC 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 could be employed or contracted through one of the collaborative member agencies or even a volunteer from the collaborative's community.

**Provision of Training and Technical Assistance to Child and Family Teams:** The SOC Coordinator will promote Child and Family Teams and provide training and technical assistance consistently throughout the year. These activities include:

- Deliver and arrange for in-person Child and Family Team training as determined by the Community's training plan.
- Provide training and technical assistance to LME/MCO staff who work with and/or monitor child and family teams. (Collaborate with those within the LME/MCO or elsewhere in the community who have developed plans and a process to monitor the quality of child and family teaming. Facilitate sharing data on CFT quality with the Community Collaborative.)
- Partner with Multi-agency Review Team to collect data on their perceptions of CFT functioning at least once a year and report this information to the Community Collaborative.

**Representation of LME/MCO concerns in non-Community Collaborative local interagency activity:** The SOC Coordinator will serve as the LME/MCO's voice and ears in local interagency efforts to help system partners navigate the local behavioral health system and to be at least one point of contact for partners to seek information/education and share concerns about the LME/MCO's behavioral health system. This role includes:

- Participation in other interagency efforts such as Juvenile Crime Prevention Councils, DSS Bridging Local Systems meetings, Juvenile Justice/Behavioral Health Partnerships, Child Fatality and/or Community Protection Teams and other interagency workgroup meetings.
- Outreach to partner agencies to attend staff meetings to explain changes and provide updates in the behavioral health system, as well as, promote evidence-based practices in behavioral health services.

Additional functions for SOC Coordinators where High Fidelity Wraparound is being piloted, include informing the Community Collaborative of the pilot progress and challenges and engaging the Community Collaborative or committees in increasing Wraparound Teams' access to local resources and resolving barriers related to coordination of care across agencies.

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