

Strengthening Children’s Behavioral Health Systems of Care: The Essential Role of Infrastructure



Given the high prevalence of behavioral health conditions among youth—costing the U.S. health care system an estimated \$247 billion annually¹—it has never been more important for state behavioral health systems to put forward comprehensive, system-level solutions. In building children’s behavioral health systems, stakeholders correctly identify the importance of a strong provider network and the development of a comprehensive and high-quality service array. Yet, states may overlook the importance of **system infrastructure** to high functioning and efficient behavioral health systems. To advance system improvement efforts, these stakeholders will need a clear definition of behavioral health system infrastructure, a better understanding of its core components, and strategies for enhancing each area of infrastructure. This will better equip state systems for making planful investments in infrastructure as a strategic lever for system improvement.

This Issue Brief considers infrastructure within the context of state-level children’s behavioral health

system building. It provides states with a definition of infrastructure in this context, offers five essential elements of infrastructure, and describes the role of public-private partnerships in enhancing system infrastructure.

Operationalizing a System of Care Approach

Published work in the field defines infrastructure as “*system-level structures and processes for actualizing system of care values and principles and for scaling and sustaining an effective service array.*”² That scholarship depicts **infrastructure as the bridge between the system of care philosophy** - prioritizing youth- and family-driven, community-based, coordinated, and culturally appropriate care - **and the comprehensive array of services and supports where those principles are put into action.** Elements of the comprehensive service array include care coordination, outpatient services, mobile crisis response, intensive in-home programs, residential services, and inpatient hospitalization.³

Limiting Infrastructure Development Limits System Functioning and Outcomes

Behavioral health system stakeholders, including state government officials, providers, youth, and families often struggle to understand why the system does not deliver more equitable access, quality, and outcomes. Anyone who has worked within a behavioral health system has likely encountered a familiar set of questions, sometimes considered and reconsidered over the course of years or even decades:

- How can we achieve better outcomes at a reasonable cost?
- How can we more effectively communicate the services we have, and more efficiently connect children and families to those services?
- Are our services effective for all children and their families?
- Who will make decisions about funding and service array, and monitor how well the system is functioning?
- How will we identify the most effective interventions and bring them to scale?
- How will we attract and retain qualified professionals to deliver services?

- How will we sustainably pay for the services youth and families need?

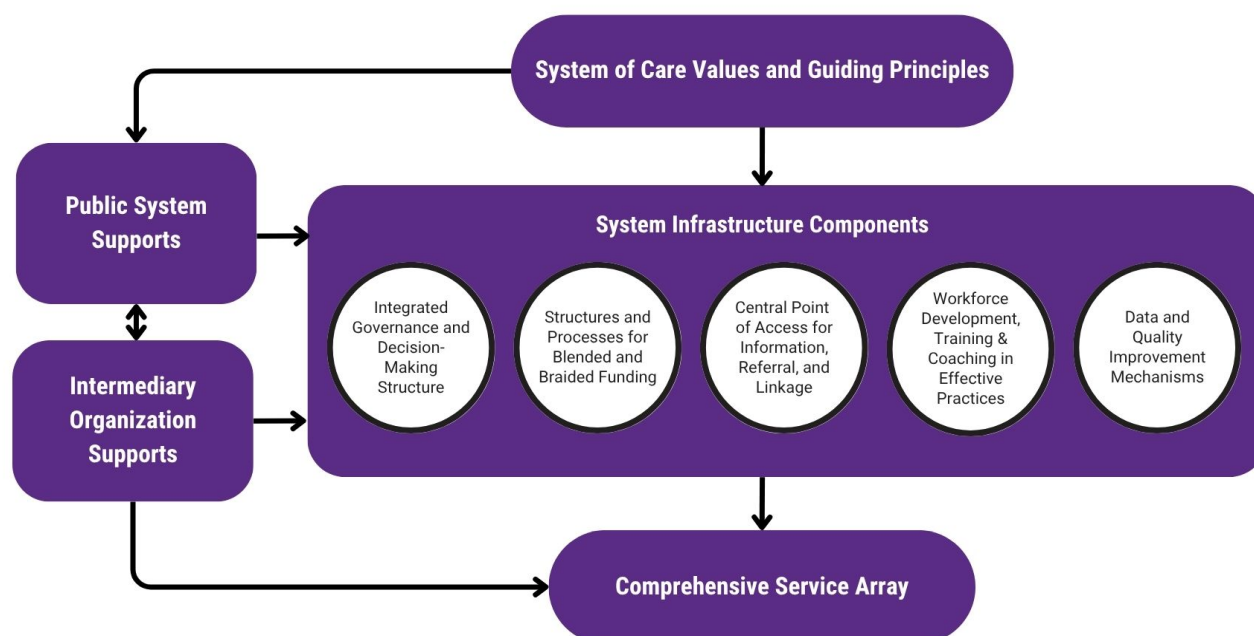
Infrastructure development holds the key to answering these questions and breaking free from repeated cycles of insufficient results. To develop infrastructure, behavioral health system stakeholders must understand its core elements and how to develop and deploy those elements. This is particularly important when resources are limited, and the predominant focus and allocation of resources is on direct service delivery.

The Five Essential Elements of Behavioral Health Infrastructure

Recent scholarship has proposed five essential elements of behavioral health system infrastructure, displayed in Figure 1 below and described in further detail on the following page.²

1. Integrated governance and decision-making structure
2. Structures and processes for blended and braided funding
3. Central point of access for information, referral, and linkage
4. Workforce development, training, and coaching in effective practices
5. Data and quality improvement mechanisms

Figure 1: System of Care Infrastructure Components



Five Essential Elements of Behavioral Health Infrastructure

Integrated Governance and Decision-Making

Structure. Systems benefit from having a single entity that fully engages all relevant stakeholders and is charged with the responsibility for governance, planning, and decision-making relating to system design, funding, service delivery, and implementation. In this structure, youth and families are engaged and supported as fully engaged partners who play a central decision-making role. Other partners include state agency representatives, providers, legislators, payers, researchers, policymakers, advocates, and intermediary organizations. Driven by data and system of care values and principles, the governance body should collectively develop a unified vision and set of prioritized goals and objectives, with a second-level structure of workgroups aligned with those goals and objectives.

Structures and Processes for Blended and Braided Funding.

It is often one of the key tasks of the governance and decision-making structure to develop a system financing strategy, one that ideally covers the true cost of delivering high-quality care to all children in need regardless of insurance type, system involvement, geography, sociodemographic characteristics, and other factors. It is critical for the financing approach to ensure equitable access, quality, and outcomes of services and cover the costs of the system infrastructure components described in this Brief. This frequently requires blending and braiding funds from several sources including state and local general revenue grants and support, federal grants and reimbursement mechanisms, Medicaid, commercial insurance, philanthropy, and other sources.

Central Point of Access for Information, Referral, and Linkage.

Recent federal legislation requiring states to implement 988 creates a unique opportunity for states to extend beyond traditional suicide hotline functions and instead create a single point of access to information and referral for behavioral health assessment and intervention. States can use this component to engage and educate clinical and non-clinical referrers such as youth and families,

state agencies, pediatric primary care, early care and education, schools, community centers, and others about its own information, referral, and linkage functions, as well as the services and supports that are available to youth and their families.

Workforce Development, Training, and Coaching in Effective Practices.

The workforce is essential to a well-functioning system and workforce development efforts often require their own dedicated funding stream. Sufficient insurance reimbursement rates and grant funds help to ensure appropriate salaries for the workforce that align with their important contributions to children's health and well-being, given that low salary is among the most significant barriers to behavioral health workforce entry and retention. Other workforce enhancement strategies include loan repayment programs, paid internships, and reducing administrative burdens for providers. Ongoing training, coaching, and supervision ensures that workforce participants are supported to deliver the highest quality clinical care. Workforce development efforts can also include specific attention to dissemination of evidence-based treatments, as well as development and delivery of community-derived and culturally specific interventions, supported by ongoing data collection, quality improvement, and outcomes evaluation.

Data and Quality Improvement Mechanisms.

Consistent and reliable data collection, analysis, reporting, quality assurance, quality improvement, and outcome evaluation are a hallmark of high-functioning children's behavioral health systems. Investing in a data system that supports these functions and allows stakeholders to answer the most critical questions are essential for guiding system and service delivery improvements. Best practices in data collection and entry include but are not limited to protecting client confidentiality; complying with state and federal laws around privacy and informed consent; collecting the minimum necessary information for QA, QI, and outcomes evaluation; and avoiding inefficiency and duplicate data entry whenever possible.

Intermediary Organizations are Key Partners in Addressing Infrastructure Needs

Public systems do not perform all necessary service delivery and infrastructure functions on their own; rather, states supplement their capabilities with a network of organizations that possess relevant technical and operational expertise to develop and deliver services and functions they cannot. States often turn to intermediary organizations to help them address system infrastructure needs.⁴ Intermediary organizations support and bridge other entities involved in system operations including funders, state agencies, governing bodies, service providers, advocacy organizations, and youth and families. They are typically housed within university departments, independent non-profit organizations, or private for-profit consulting groups.⁵ Intermediary organizations are generally not involved in direct service delivery; rather, they possess skill and expertise in consultation, technical assistance, training, data analysis, quality assurance/improvement, policy analysis and development, dissemination and implementation science, and best practice model development.⁶ In addition to these technical skills, effective intermediaries possess adaptive leadership capacity. As expert conveners of the multiple stakeholders involved in children's behavioral health, they support the processes of the integrated governance and decision-making structure described earlier.

Intermediary organizations are staffed with individuals who have significant subject matter, consultation, and communications expertise, including deep knowledge and experience across multiple dimensions of the behavioral health system such as policy, finance, system change, direct service delivery, data analysis, and project management. Using reliable and valid sources of data and information, intermediaries translate findings into comprehensive and accessible reports with clear and actionable recommendations that articulate measurable goals, objectives, and strategies. Intermediary organizations also play a role in writing grants that bring additional resources into the system to support their work, strengthen public systems, and expand and improve the service array.

RECOMMENDATIONS

System infrastructure helps promote more effective systems that ensure children and families receive the care they need to support their behavioral health and well-being, when and where they need it. Investing in system infrastructure has the

potential to address long-standing challenges facing state-level children's behavioral health systems and ultimately improve outcomes for children and their families. **Recommendations for state systems interested in infrastructure development include the following.**

1. **Assess the strengths and gaps of these five areas of infrastructure and clearly identify the entities responsible for each area.**
2. **Develop valid and reliable methods for assessing the stage of development for each area of infrastructure in a way that helps guide states in improvement processes.**
3. **Strengthen public-private partnerships and leverage intermediary organizations to assist states in improving each area of system infrastructure.**
4. **Determine the relationship and contributions of infrastructure development to critical system and service delivery goals, and the achievement of child and family outcomes.**

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