# CORE COMPETENCIES FOR ROBUST SUD SYSTEMS OF CARE

ASSESSMENT + PLANNING TOOL



### AGENDA



- ☐ Tool and Focus Areas
- ☐ Participation of County Systems
- ☐ Template and Scoring
- ☐ Things to Keep in Mind

#### GOAL FOR COUNTY SUD SOC ASSESSMENT TOOL



- Overarching Goal: Design a support tool to assist Indiana counties and regions in assessing the needs and strengths of their local system(s) as they address substance use in their communities.
- The tool outlines a set of core competencies specific to substance use disorder (SUD) systems of care, measuring a county/region's capacity to:
  - implement programs and interventions addressing substance use within their community
  - support culturally responsive systems of care; and
  - participate in an integrated, person-centered approach to addressing SUD.

# APPROACH TO STRUCTURE & FOCUS AREA DEVELOPMENT



- Multi-dimensional tool
  - Not limited to just counting programs and services (what)
  - Consideration of cultural responsiveness (person-centered approach) (who)
  - Structural elements to support an integrated approach (how)
- Multi-system vs. Treatment system view
  - Systems within counties with locus of control/responsibility
  - Consider continuum from prevention to recovery supports
  - Special populations or settings

# APPROACH TO TOOL STRUCTURE & DEVELOPMENT



#### Working assumptions regarding structure:

- Minimal administrative burden
  - Sustainable long term
- Allows for local and regional variations
- Balanced approach when considering what, who and how
- Adaptable to State Epidemiological Outcomes Workgroup (SEOW) findings from year to year, without significant modifications to process or tool
  - Structure not built upon issue specific or drug specific content
  - Adaptable with changing environment
- Easily understandable and usable by counties/regions

# FOCUS AREA 1: SUD PROGRAMS, SERVICES, INTERCEPT POINTS



Goal: Counties have programs and interventions designed to prevent, screen for, assess, and/or treat emerging or existing substance use, misuse, or dependency disorders within their community, and across local systems

- Consider the full continuum of substance use, misuse, addiction, and recovery
- Consider full intercept continuum:
  - Health Promotion
  - Prevention
  - Screening/Early Identification
  - Treatment
  - Recovery Supports

# FOCUS AREA 2: CULTURALLY RESPONSIVE SYSTEMS OF CARE



#### Goal: Counties support culturally responsive systems of care

- Community engagement
- Culturally Responsive Interventions
- Data and Outcomes Monitoring for Subpopulations
  - Identifying and addressing disparities

# FOCUS AREA 3: STRUCTURAL ELEMENTS & FACTORS



# Goal: Counties participate in an integrated, person-centered approach to addressing SUD within their local geography

- Do counties and regions demonstrate siloed, coordinated, collaborative, or integrated approaches to addressing substance use, misuse, and/or addiction in their respective geographies?
  - Partnerships
  - Data Use and Exchange
  - QA/QI Monitoring
  - Workforce Initiatives

- ConsumerEngagement
- Blended/Braided Funding
- Lead Entities or Structures

#### COUNTY SYSTEMS



- Multi-system vs. treatment system approach
- Assumes there are multiple local systems that intersect and can impact substance use/misuse/addiction within their geography
  - Behavioral Health
  - Child Welfare
  - Justice
  - Public Health
  - Education
  - Human Services/SDOH

County Sector: Systems within counties with locus of control/responsibility

**BH Treatment System** 

Child Welfare

Justice Involved

Health Systems

Schools

Human Services/CBO's (non-BH)

#### MORE ABOUT THE TOOL STRUCTURE



- Leveraged standard industry definitions for focus areas
- Multi-dimensional focus area structure allows for simplified scoring
  - Scoring is not biased toward any single element
  - Credit for what, who, and how naturally highlights more sophisticated and integrated systems
  - EBP agnostic, allows for choice at local level

### TOOL TEMPLATE & SCORING



- What programs and services
- Who culturally responsive care
- How structural elements and factors

County Sector: Systems within counties with locus of control/responsibility

BH Treatment System
Child Welfare
Justice Involved
Health Systems
Schools
Human Services/CBO's (non-BH)
Total Score

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#### TEMPLATE & SCORING: FOCUS AREA 1



#### **What** - programs and services

- One point for having a service/program; additional point for ASAM levels with co-occurring enhancement
- Total possible score of 117 points
- Can accumulate additional points for sector specific
- EBP agnostic allows for changing practice guidelines and advancements

County Sector: Systems within counties with locus of control/responsibility

BH Treatment System
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Total Score

SUD Programs	D Programs, Services, and Intercept Points																						
	Goal: Counties have programs and interventions addressing SUD within their community, and across local systems																						
Health Promotion Prevention		Screenii		Treatment				Recovery Support															
								Health							Managed	Managed		Medically					TOTAL SCORE
Anti-Stigma	Protective Factor	Universal	Selected	Indicated	Harm	Approaches Across		Screening within SUD TX	Long Term Remission Monitoring	Outpatient Therapy	Medically Managed Outpatient	Intensive Outpatient Program	High Intensity Outpatient	Medically Monitored Outpatient	Low- Intensity Residential	High- Intensity Residential	Managed Intensive Residential	Intensive		Recovery	Supported	Supported	
Campaigns	Promotion	anninininininininininininininininininin	Approaches	Approaches	Reduction	Lifespan	SBIRT	settings	ASAM 1.0	ASAM 1.5	ASAM 1.7	ASAM 2.1	ASAM 2.5	ASAM 2.7	ASAM 3.1	ASAM 3.5	ASAM 3.7	ASAM 4.0	Peer Support	Housing	Employment	Education	
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#### SUD Programs, Services, Intercept Points Scoring Rubric

Score	Criteria	Other Considerations
0	No programs or service within county (If capacity or waitlists are an issue, the score is a "1", 0 reflects <u>no</u> service within the geography)	
1	Program or service exists within county (If capacity or waitlists are an issue, the score is a "1", 0 reflects <u>no</u> service within the geography)	May be considered within a regional geography in rural counties with formal partnerships
2	Co-occurring Enhanced (COE) Programs that meet all of the standards for the base level of care plus the additional COE standards defined in ASAM Criteria 4th ed.	Only applicable for ASAM 1.7-4.0 levels of care

### INTERPRETING SCORES: FOCUS AREA 1



Focus Area	Score Range	System Performance
SUD Programs, Services, and Intercept Points	1-23	Area of focus for planning or monitoring
SUD Programs, Services, and Intercept Points	24-47	Opportunities to enhance current services, programs, and/or supports
SUD Programs, Services, and Intercept Points	48-71	Meeting elements core to a SUD system of care
SUD Programs, Services, and Intercept Points	72-96	Exceeding core components of a SUD system of care
SUD Programs, Services, and Intercept Points	97-117	Leading, example for other counties/regions

#### TEMPLATE & SCORING: FOCUS AREA 2



#### Who - culturally responsive care

- One-to-five-point scale based on level of sophistication (inform, consult, involve, collaborate, empower)
- Total possible score of 78

County Sector: Systems within counties with locus of control/responsibility

BH Treatment System
Child Welfare
Justice Involved
Health Systems
Schools
Human Services/CBO's (non-BH)
Total Score

Goal: Culturally Responsive Systems of Care						
Community Engagement	Culturally Responsive Interventions	Data and Outcomes Monitoring for Subpopulations				
Inform: One (1) point Consult: Two (2) points Involve: Three (3) points Collaborate: Four (4) points Empower: Five (5) points	Incapacity: One (1) point Blindness: Two (2) points Pre-Responsive: Three (3) points Responsive : Four (4) points Proficient: Five (5) points	Collecting: One (1) point Analyzing: Two (2) points Refining: Three (3) points	SCORE			



#### Community Engagement Scoring Rubric

Score	Definition	
0	Not Started	There are no mechanisms for engaging stakeholders for information sharing or input.
1	Inform	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
2	Consult	To obtain public feedback or analysis, alternatives and/or decisions.
3	Involve	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
4	Collaborate	To partner with the public in each aspect of the decision including the development of alternatives and the identification of preferred solutions.
5	Empower	To place final decision making in the hands of the public.



#### Culturally Responsive Interventions Scoring Rubric

Score	Definition	
1	Incapacity	A system functioning at cultural incapacity expects clients from diverse backgrounds to conform to services rather than agencies/service providers/the system being flexible and adapting services to meet client needs. Treatment of diverse individuals is often paternalistic, limiting their active participation in treatment planning or minimizing the need for culturally congruent treatment services.
2	Blindness	The core belief that perpetuates cultural blindness is the assumption that all cultural groups are alike and have similar experiences. Taking the position that individuals across cultural groups are more alike than different, organizations can rationalize that "good" treatment services will suffice for all clients regardless of ethnicity, race, religion, sexual orientation, national origin, or class. Consequently, organizations that operate at this level will continue developing and implementing policies and procedures that propagate discrimination.
3	Pre- Responsive	Organizations within the system begin to develop a basic understanding of and appreciation for the importance of sociocultural factors in the delivery of SUD services and interventions. This level involves recognition of the need for more culturally responsive services, further exploration of steps toward creating more appropriate services for culturally diverse populations, and a general commitment characterized by small organizational/system changes.
4	Responsive	Organizations within the system are aware of the importance of integrating services that are congruent with diverse populations. Organizations understand that a commitment to cultural competence begins with strategic planning to conduct an organizational self-assessment and adopt a cultural competence plan. There is a willingness to be more transparent in evaluating current services and practices and in developing policies and practices that meet the diverse needs of the treatment population and the community at large.
5	Proficient	Proficiency on an organizational level is characterized by an ongoing commitment to workforce development, training, and evaluation; development of culturally specific and congruent services; and continual performance evaluation and improvement.



#### Data and Outcomes Monitoring for Subpopulations Scoring Rubric

Score		Definition
1	Collecting	Systems and processes are in place to collect disaggregated demographic data, including race, ethnicity, gender identity, age, disability, veteran status, etc.
2	Analyzing	Data is regularly and systematically analyzed by subpopulation to determine the extent to which any gaps or themes emerge in experiences or outcomes.
3	Refining	Decision makers use disaggregated data analysis to assess gaps in services; strengthen the performance of programs, organizations, or systems; and assess the impact of services on outcomes of interest. As more information is collected, the process continues in an iterative manner, with additional evidence producing new insights and subsequent questions for further data collection and analysis by subpopulations.

### INTERPRETING SCORES: FOCUS AREA 2



Focus Area	Score Range	System Performance
Culturally Responsive Systems		Area of focus for planning or
of Care	0-15	monitoring
Culturally Decomposity Customs		Opportunities to enhance
Culturally Responsive Systems		Opportunities to enhance
of Care	16-31	current approaches to SUD
		system of care
Culturally Responsive Systems		Meeting elements core to a
of Care	32-47	culturally responsive SUD
		system of care
Culturally Responsive Systems		Exceeding core components of a
of Care	48-63	culturally responsive SUD
		system of care
Culturally Responsive Systems		Leading, example for other
of Care	64-78	counties/regions

#### TEMPLATE & SCORING: FOCUS AREA 3



#### **How** - structural elements and factors

- One-to-four-point scale based on collaboration (siloed, coordinated, collaborative, integrated)
- Total possible score of 168

County Sector: Systems within
counties with locus of
control/responsibility

BH Treatment System
Child Welfare
Justice Involved
Health Systems
Schools
Human Services/CBO's (non-BH)
Total Score

Structural Elements/Factors							
Goal: Counties have an integrated, person-centered approach to addressing SUD within their local geography							
QA/QI Outcomes Monitoring	Workforce Initiatives	Consumer Engagement	(Blended) Funding				
Siloed: One (1) point Coordinated: Two (2) points Collaborative: Three (3) points Integrated: Four (4) points	Siloed: One (1) point Coordinated: Two (2) points Collaborative: Three (3) points Integrated: Four (4) points	Siloed: One (1) point Coordinated: Two (2) points Collaborative: Three (3) points Integrated: Four (4) points	Siloed: One (1) point Coordinated: Two (2) points Collaborative: Three (3) points Integrated: Four (4) points				



#### Structural Elements/Factors Rubric

Score	Definition	
1	Siloed	Organizations or entities work separately to achieve a common goal. No shared decision making or processes and irregular communication
2	Coordinated	Organizations or entities working to achieve a common goal with activities that are siloed but aligned through regular communication and agreed upon processes for working together. No shared decision making.
3	Collaborative	Working together to achieve a common goal with activities that are done separately but are based on shared decision-making, are mutually reinforcing, and are fluid and dynamic. Successful outcomes rely on strong partnership, trust and partners working equitably together. Shared decision making.
4	Integrated	Working together to achieve a common goal with activities done in unity as part of a single organizational framework

### INTERPRETING SCORES: FOCUS AREA 3



Focus Area	Score Range	System Performance
Structural Elements and Factors	1-33	Area of focus for planning or monitoring
Structural Elements and Factors	34-67	Some gaps in supporting structural elements and factors; minimal collaboration or integration across systems
Structural Elements and Factors	68-100	Has most or all structural elements and factors with some collaboration and integration across systems
Structural Elements and Factors	101-133	Has all structural elements and factors, with strong coordination and integration across multiple factors
Structural Elements and Factors	134-168	Leading, example for other counties/regions

#### THINGS TO KEEP IN MIND



- Scores are intended to inform planning
  - A lower score in an area may inform a potential area of focus and should not be viewed negatively
  - High scores in a focus area may suggest time and resources could or should pivot to another focus area
  - Scores in Focus Area 3 may point to need for infrastructure building
  - Adjust the score if you adjust the sectors
- Intentional flexibility in who and how you approach completing the assessment
- Not intended to compare scores across sectors, but to consider overarching strengths and challenges to your system
- Will be requesting feedback and making edits to tool accordingly
  - Priority is that this is useful to you for assessment and planning activities as opposed to a state focus on your scores



# THANK YOU