

## SECTION V

## Summary—Keeping the Promise, Advice and Recommendations

### Keeping the Promise

In many ways, the initiatives we have studied have kept the promise (defined in Section I) to accommodate the child welfare system and to serve children with complex behavioral health needs and their families.

#### ■ *Commitment*

All three initiatives have demonstrated a **commitment** to the child welfare system and the children and families served by the child welfare system. From the outset, each initiative viewed the child welfare system as a key partner, and created formal structures to ensure that child welfare system mandates, laws, and policies were accommodated. In return, the child welfare system has committed agency resources—in funding, time, and staff activities—to support the development and implementation of the initiative.

#### ■ *Access to Services*

All three initiatives have assured **access to services** for children with complex behavioral health needs and their families served by the child welfare system. However, there is plenty of room to grow, to expand available services, and to serve more children, in more communities.

#### ■ *Coordinated and Continuous Care*

The primary service of each of the initiatives is **care coordination**. Care managers or service coordinators within each initiative have primary responsibility for guiding a team approach to designing, delivering, and ensuring care across service systems and within the community. Clinical decision-making and service tracking methodology support these activities. **Continuous care** remains a challenge when services are predicated on specific enrollment criteria, “step down” services are not as accessible in the community, or when a child and family move from the initiative’s service area.

#### ■ *Whole Families, Stronger Families*

All three of the initiatives have taken a philosophical stance and a structured approach to building on the **strengths of families** in service delivery. Traditional clinical services and non-traditional services offered through a wraparound process have been used to support families in the communities and to reunify families and children. Within each initiative, child welfare frontline staff and administrators who are involved in the interagency initiative are adopting this family-centered approach.

#### ■ *Expanded Accountability*

Within these initiatives, the child welfare system is **no longer alone** in providing support, services, and behavioral health care to children with complex behavioral health needs and their families. Other systems are sharing their expertise in planning for cross-system intervention, negotiating their role in delivering care, and sharing responsibility for ensuring child protection, family support, and community resources.

#### ■ *Cost Savings*

Each initiative has funding mechanisms in place for **sharing costs** across child-serving systems. For those initiatives reporting **cost savings**, the cost of care per child for the child welfare system is reduced in that the case rate or contribution paid by the child welfare system is less than full cost for residential care and hospitalization. In addition, the cost of care per child/per month is often less costly than traditional treatment as there is reduced reliance on residential treatment and increased reliance on community-based services. Child welfare systems in these initiatives view their funds as “well spent”, in that they have more clear service options, improved access to appropriate care, and shared responsibility. **Cost efficiencies** result from a coordinated team approach, reduced duplication of services, and clear roles and responsibilities. and the overall cost of care within their service system is reduced. The “cost of care” is also reduced for families

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involved with child welfare services in that they benefit from the improved access to coordinated services care, increased family involvement, and intensive customized services.

### ■ *Permanency*

All three initiatives address permanency as a primary focus in service planning and coordination for children and families involved with the child welfare system. Services and supports are designed to empower and strengthen families and “wrap around” children and families so that children can return to their families or be placed in a permanent home with adequate community resources to sustain the placement and limit disruptions. The proof exists. In these initiatives, child and family functioning has improved, permanent homes have been established, children and youth have “graduated” from intensive services with community supports in place, and the child welfare system has been able to terminate its services.

## Advice for Other Communities and States

Respondents offered advice for communities considering an interagency initiative to address services for children with complex behavioral health needs and their families, including how to accommodate the child welfare system and the children and families it serves. Respondents’ advice is categorized below from three perspectives—the interagency initiative, the child welfare system, and families.

### ■ *Interagency Initiative Perspective*

- Include all systems that serve children and families. Engage representatives from different levels of the various systems to learn their perspective, and confirm their commitment to the effort.
- Include service providers (behavioral health, residential, foster care, etc.) from the very beginning. Enroll existing providers to deliver services and ensure continuity of care.
- Take the time to build consensus and a firm foundation of trust, common goals, values, and philosophy.

- After building consensus, identify funding sources and mechanisms before the initiative begins.
- Train everyone across systems and at every level in the goals, values, philosophy and approach. Be clear about roles and responsibilities.
- Understand the child welfare system: what it is, its mandates, its needs as a “customer”, and how it works with children and families.
- Build in problem-solving structures and regular communication strategies and use them.
- Start implementation and expect to figure some things out as you go.

### ■ *Child Welfare System Perspective*

- Include all systems—formal and informal—that touch the lives of children and families. Include natural supports that are most relevant to the children and families in your community culture.
- Engage families as partners and focus on a strengths-based perspective.
- Understand the behavioral health service system, how it works, and how systems can best work together.
- Be clear about how the initiative will make a difference for the child welfare system and the children and families it serves by addressing what is important to this system.
- Organize systems of communication, including liaisons as links between systems and the initiative. Hold regular, formal meetings for problem-solving.
- Build momentum for change by having “champions” within the child welfare system.
- Remain flexible so that change can occur.
- Assure providers and the child welfare system that they all have important roles to play and the initiative will not put them out of business.

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### ■ *Family Perspective*

Ensure a family-centered approach, build partnerships between families and the child welfare system. Plan interventions and family involvement so that they fit within (rather than consume) the family's "family life".

Provide complete information about the initiative to providers (mental health, therapeutic foster care, residential services, etc.) and families. Be clear about everyone's roles and responsibilities.

Recognize the family perspective on permanency and provide support services specific to these decisions — especially to foster and adoptive families.

Hire (initiative) staff that are well trained, understand the child welfare system, and are sensitive to the issues facing children and families involved with child welfare services.

Make services accessible and intervene early to support prevention of out-of-home placement.

Help families play leadership roles, act as advisors, and provide peer support to listen and learn from one another.

Extend access to services so that children and families can continue behavioral health care beyond their involvement with the initiative.

Expand behavioral health services to other communities to avoid disrupted care through a change in placement or a family move.

Expand formal and informal support services by building more community resources and dedicate staff within the initiative to do so.

### **Recommendations**

**R**ecommendations based on the promising approaches noted throughout this paper and on advice from the respondents from each of the initiatives are listed below.

1. Utilize uniform screening and assessment instruments and orient all stakeholders to their use

in enrollment, service planning, and evaluation to establish a common language and basis for decision making.

2. Coordinate behavioral health screenings and assessments with child welfare safety assessments. Link outcome measures to child welfare priorities.
3. Establish formal opportunities for system and cross-system training to provide orientation to and reinforce the approach to care, enhance partnerships, ensure quality, and address staff turnover.
4. Within the child and family team approach, expand successful strategies to simultaneously support birth and foster parents for children within the child welfare service system.
5. Expand and extend support services to help prepare potential adoptive families and to help sustain the family after the adoption is complete.
6. Include strong family support services and establish formal linkages with family advocacy organizations.
7. Design intentional outreach strategies to birth parents who are involved with the child protective services system, in order to include them in family support services and activities.
8. Include services to young children (ages birth to six) and/or build strong linkages to existing early intervention behavioral health services for these young children.
9. Emphasize services to those children "at risk" of out-of-home placement as a diversion strategy and early intervention services for children who are new to (or at-risk-for becoming involved with) the child welfare system.
10. Create strategies to assist youth who age-out of the child welfare system and need continuing care in the adult behavioral health system.