INTRODUCTION

The Health Care Reform Tracking Project (HCRTP)¹

ince 1995, the Health Care Reform Tracking Project (HCRTP) has been tracking publicly financed managed care initiatives and their impact on children with mental health and substance abuse (i.e. behavioral health) disorders and their families. The HCRTP's Promising Approaches Series highlights strategies, approaches and features within publicly financed managed care systems that hold promise for effective service delivery for children and adolescents with behavioral health treatment needs and their families, particularly for children with serious and complex disorders. The Series draws on the findings of the HCRTP to date, highlighting relevant issues and approaches to addressing them, that have surfaced through the HCRTP's all-state surveys and in-depth impact analyses in a smaller sample of 18 states.²

The Promising Approaches Series is comprised of a number of thematic issue papers, each addressing a specific aspect of managed care systems affecting children with behavioral health disorders. The papers are intended as technical assistance resources for states and communities as they refine their managed care systems to better serve children and families. The following topics are being addressed in the first round of papers in the *Promising Approaches Series*:

- managed care design and financing
- services for children with serious and complex behavioral health care needs
- accountability and quality assurance in managed care systems
- the child welfare system perspective
- making interagency initiatives work for children and families in the child welfare system
- clinical decision making mechanisms
- care management.

Methodology of the HCRTP

any of the strategies and approaches that are described in the *Promising Approaches Series* were identified by key state and local informants who responded to the HCRTP's all-state surveys and who were interviewed during site visits to 18 states for the HCRTP's impact analyses. Additional approaches were identified from other studies and by experts in the field. Once promising approaches and features were identified through these methods, members of the HCRTP team, including researchers, family members and practitioners, engaged in a number of additional methods to gather more information about identified strategies. Site visits were conducted in some cases during which targeted interviews were held with key stakeholders, such as system purchasers and managers, managed care organization representatives, providers, family members and other child-serving agency representatives. In other cases, telephone interviews were held with key state and local officials and family members to learn more about promising strategies. Supporting documentation was gathered and reviewed to supplement the data gathered through site visits and phone interviews.

The *Promising Approaches Series* intentionally avoids using the term, "model approaches". The strategies, approaches and features of managed care systems described in the *Series* are perceived by a diverse crosssection of key stakeholders to support effective service delivery for children with behavioral health disorders and their families; however, the HCRTP has not formally evaluated these approaches. In addition, none of these approaches or strategies is without problems and challenges, and each would require adaptation in new settings to take into account individual state and

¹ The HCRTP is co-funded by the National Institute on Disability and Rehabilitation Research in the U.S. Department of Education and the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. Supplemental funding has been provided by the Administration for Children and Families of the U.S. Department of Health and Human Services, the David and Lucile Packard Foundation, and the Center for Health Care Strategies, Inc. to incorporate a special analysis related to children and families involved in the child welfare system.

² The HCRTP is being conducted jointly by the Research and Training Center for Children's Mental Health at the University of South Florida, the Human Service Collaborative of Washington, D.C. and the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development. For information about available HCRTP reports, see Appendix A.

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local circumstances. Also, a given state or locality described in the Promising Approaches Series may be implementing an effective strategy or approach in one part of its managed care system and yet be struggling with other aspects of the system.

The Series does not describe the universe of promising approaches that are underway in states and localities related to publicly financed managed care systems affecting children with behavioral health disorders and their families. Rather, it provides a snapshot of promising approaches that have been identified through the HCRTP to date. New, innovative approaches are continually surfacing as the public sector continues to experiment with managed care. While each approach or strategy that is described in the Promising Approaches Series is instructive in its own

right, there also are important commonalities across these strategies and approaches. Each paper of the Promising Approaches Series focuses on a different aspect of publicly financed managed care systems.

The Child Welfare **Papers**

ince 1996, the HCRTP has included a special focus on the effects of Making This paper, Interagency Families in the Child how the child welfare system is participating in collaborative interagency serve children with serious and complex behavioral health disorders

Children and Families Involved in the Child Welfare System

This includes children living in their own homes and receiving services from the child welfare system, as well as children in the foster care system. The "foster care system" refers to children who are in the custody of a county or state child welfare agency or a managed care on children tribal court and who may and families involved in live in a foster home, group the child welfare system. home, kinship care home, residential treatment cen-Initiatives ter, or other out-of-home Work for Children and placement. It includes children who will return Welfare System, describes home, as well as those for whom another permanent plan will be made, such as guardianship or adoption. initiatives designed to For the purposes of this study, families needing post-adoption services also are included.

and which are using some managed care technologies. A companion paper in the Series focuses on managed care systems. Entitled A View from the Child Welfare System, it discusses special considerations and describes site examples for meeting the behavioral health needs of children in the child welfare system, and their families.

Children with Serious and Complex Behavioral Health Needs

This includes children with serious emotional and behavioral (mental health and/or substance abuse) disorders who are involved with, or at-risk-for involvement with, multiple systems (e.g. child welfare, mental health, early intervention, special education, and juvenile justice) and represent "high utilizers" of services in terms of the level, amount, and cost of care.

Interagency Initiative

An effort on the part of two or more child and family serving systems to provide services to children with serious and complex behavioral health disorders and their families. The initiative incorporates some managed care technology and intends to integrate a child's care across multiple systems. Children in the child welfare system and their families are included in the target population served. The child welfare system is an active partner in planning, funding, implementation, and evaluation. Resources for the initiative are a shared responsibility across agencies with braided or blended funding strategies in place.

How This Paper Is Organized

ome states and communities have made progress in providing behavioral health services to children and families touched by multiple service systems. The purpose of this paper is to discuss promising approaches and special provisions in successful interagency initiatives that:

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- include child welfare systems in planning, funding, implementing, and evaluating the initiative,
- meet the behavioral health needs of children and families in the child welfare system,
- address child welfare system policies, laws, and mandates, and
- share resources and and/or funds between or across child serving systems to serve these children and families.

Making Interagency Initiatives Work for Children and Families in the Child Welfare System

Section I

Highlights the premise of interagency initiatives and the promise that such initiatives have for children and families involved with the child welfare system when child welfare is an active partner in planning, implementation, and evaluation.

Section II

Describes the study methodology, including steps used to identify and select the three interagency initiatives that are featured in this paper:

- □ Partnership for Children, New Jersey
- The Dawn Project, Marion County (Indianapolis), Indian
- Massachusetts Mental Health Services
 Program for Youth (MHSPY), Cambridge and
 Somerville, Massachusetts.

Section III

Highlights similarities, differences, and challenges shared by the three initiatives in accommodating the child welfare system and the needs of children and families served by the system.

Section IV

Offers full descriptions of each of the three interagency initiatives and identifies many strategies used in these sites to include the child welfare system and to meet the behavioral health needs of children and families served by the child welfare system.

Section V

Summarizes how the interagency initiatives described in this study have kept the promise to meet the needs of children and families in the child welfare system, presents advice from study respondents to other states and communities, and offers recommendations for the future.