Shared Service Delivery and Governance for California's Youth and Families:

From "I to We" via Systems of Care 2.0

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INTEGRATED HUMAN SERVICES GROUP

“Integrated Care” is not a new suggestion…

- Little Hoover Commissions (1975+)
- Administrative Office of the Courts
- Federal President’s Commission
- Child Welfare Council

More than 40 years of suggested Integration!

Two Steps Forward, One Step Back

- Systems of Care (1985)
- Wraparound (1997)
- Family Group Decision Making/CWS Redesign
- *AB 3632…AB 114*
- Katie A. Class Action and Settlement
- Local Control Accountabilty Planning
- Health Clinics in Schools
- Continuum of Care Reform

System Integration invites “Adaptation” at Four Levels...

Policy Level (Financing; procedures and practices)

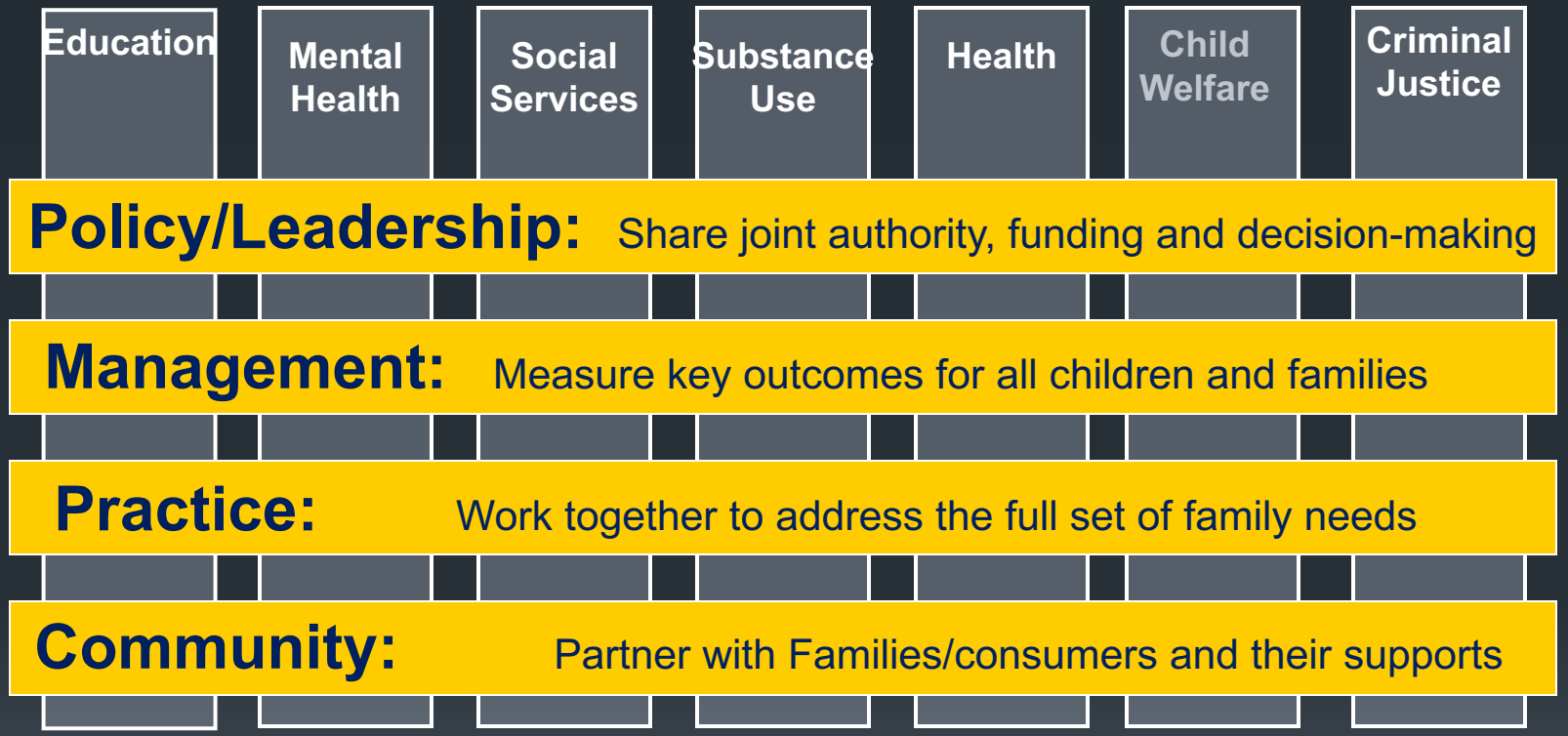
Management Level (Data; Quality Improvement; system organization)

Frontline Practice Level (assessment; care planning; care management; services/supports provision)

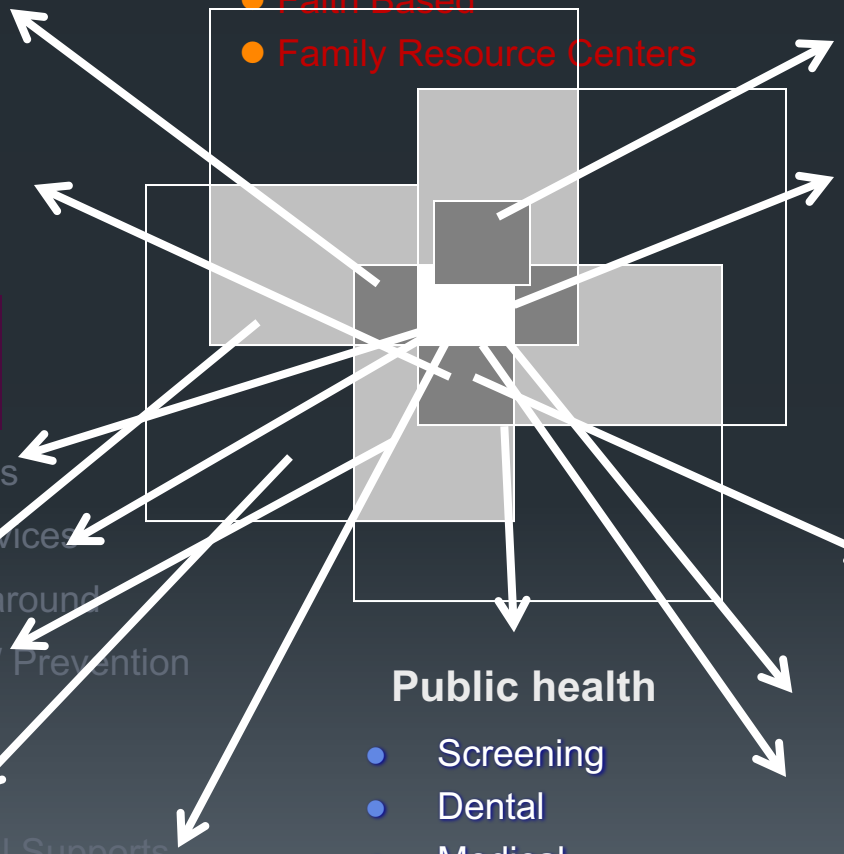
Community Level (partnership with families, youth, natural helpers; community buy-in)

Pires, S. (2002). *Building systems of care: A primer.* Washington, D.C.: Human Service Collaborative.

Service System Integration Across Multiple Systems



Maximize Resources and Enhance Accessibility



Mental Health

- Wraparound
- Trauma Focused
- Evidenced Based
- Early Intervention

Community

- Tribal
- Transition Aged
- Faith Based
- Family Resource Centers

Juvenile Probation

- Prevention
- Drug Court
- Wraparound
- Placement
- Court Services (Dual Jurisdiction)

Education

- Foster Youth Services
- Homeless Youth Services
- School Based Wraparound
- Early Mental Health / Prevention
- SARB
- Network of Care
- Intensive Educational Supports

Public health

- Screening
- Dental
- Medical
- Case Management

Child Welfare CPS

- Family & Children Services
- Children's Receiving Home
- Court Services (Dual Jurisdiction)
- Foster Care
- Substance Abuse Prevention

Why Integrate?

- Empowers stakeholders/communities
- Insulates from government funding shifts
- Shares stewardship, accountability and risk
- Increases accessibility and capacity
- Reduces Costs to Agencies
- Increases Cultural Proficiency and Sensitivity
- Fosters Independence for Consumers
- Reduces Recidivism and Re Entry
- Massive Return on Investment for Partners

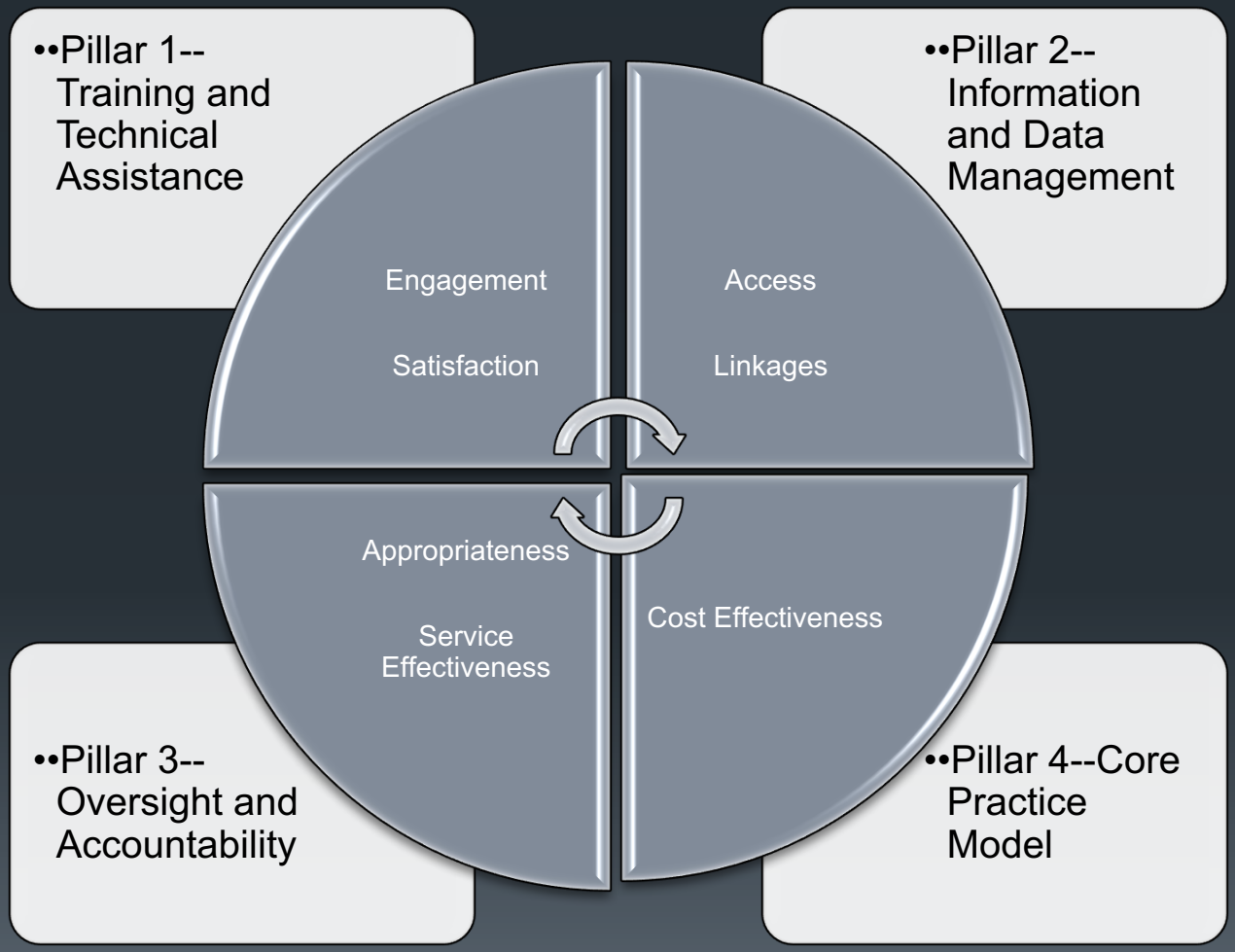
Return on Investment

1. Children and youth served were less likely to require inpatient services.(42% Decrease)
2. Less likely to visit an emergency room (ER) for behavioral and/or emotional problem=Average cost per child for ER visits decreased 57%.
3. Less likely to be arrested/average cost per child for juvenile arrests decreasing by 38%.
4. “Monetized” Outcomes”--8.6% school dropout in SOC jurisdictions vs. 15% for Traditional
5. Improvements in the lives of children and youth, such as decreased behavioral and emotional problems, suicide rates, substance use, and juvenile justice involvement. Systems of care also increase strengths, school attendance and grades, and stability of living situation.

Return on Investment

1. Reduced caregiver strain and improved family functioning. Families also receive increased education, support services, and peer support.
2. Expanded array of home- and community-based services and supports, individualization of services, increased family and youth involvement in services, and increased use of evidence-based practices.
3. Cost and quality of care, including decreased utilization of inpatient and residential services, increased cross-system collaboration, and improved use of Medicaid and other resources.

Continuum of Care and Katie A: State Level "Sharing"



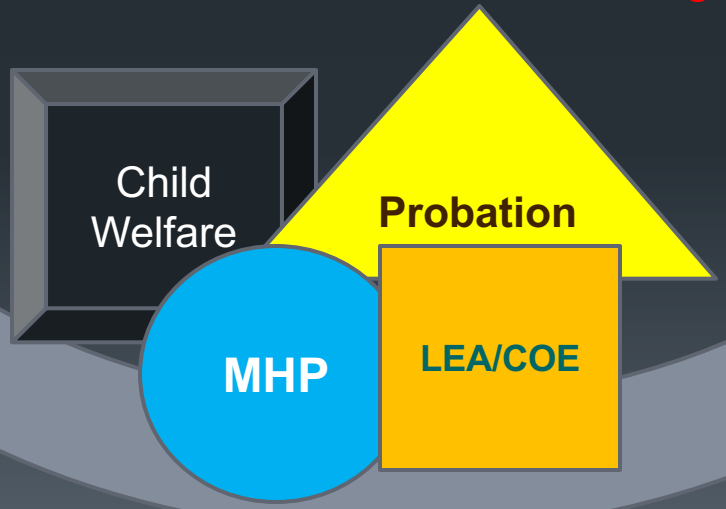
State and County Implementation is different…

- Program Enhancements for Children and Youth in Foster Care
  - Timely Screening for MH needs and services
  - Community Based Intensive Services
  - Child and Family Teaming
  - Therapeutic Foster Care (TFC)
  - Consistent Practices between Welfare and MH partners

- *Joint Management Structure and Process*
  - *Mental Health and Child Welfare Authorities must collaborate*
- *Shared Accountabilities*
  - *Data Evaluation/Shared Quality Improvement processes*
  - *Training TA and CPM revision*

Adaptation will require a Reform of the System for Counties:
Seven County Level Opportunities for More Effective Integration

Core Practice Model Implementation
Child and Family Teaming
Client Assessment Processes
Interagency Placement Committee
County Quality Improvement (SIP/PIP)
Training and Coaching
Provider Licensure and Oversight



System of Care:

A spectrum of

effective, community-based services and supports

for children and youth

with or at risk for mental health and related challenges and their families, that is organized into

a *coordinated network*, builds meaningful

partnerships with families and youth,

and addresses their

cultural and linguistic needs

in order to help them to

function better at school and at home and throughout life.

Key "Adaptation" Questions For State and County Agencies

- How will Public Agencies best support and challenge themselves to evolve, adapt and transform?
- Are we willing to challenge our own rules about how we've served families in the past?
- Is it possible and valuable to let go of the control and power that "the system" seems to demand from us?
- Are we willing to be "lead" by children, youth and their caregivers, who know and love them better than government can or will?

Power Sharing is Fundamental

- Interagency/Interdepartmental
- Public/Private
- Professionals/Service Recipients

Without the Power Question being addressed, lasting transformation will not occur.

Statewide Progress toward Collaborative Foster Care Practice (2012-16)

- Core Practice Model authored in 2013
- Data and Info Sharing agreement and early Reporting
- Performance Outcomes System now has Foster Youth specific parameters
- CWS Case Reviews have Mental Health and Family Voice Measures
- External Quality Review (EQRO)has “Pathways” Compliance Assessment
- CDSS/DHCS Memorandum of Agreement (March 2016)
- Pathways to MH--Integrated Care Technical Assistance Calls (January 2016)

"Your work around integrated practice is important for the field. As a result of your work, CA is in a leadership position in moving the field forward. While keeping all 58 counties going in the same direction is not easy, the state has come a long way in (a) relative short period of time. "

- Bryan Samuels, Chapin Hall, Former ACF Chief

Two Interagency Management Bodies

Interagency Placement Committee

- Managers or Supervisors from Welfare Authority
- Manager or Supervisor from Probation Authority
- Manager or Supervisor from Mental Health Plan/BHS
- Public Health/Nursing/Medical
- School/Education/SELPA lead
- Lead Parent or Youth Partner

Interagency Leadership/Policy Team

- Designated Superior Court Judge
- Chief Probation Officer
- Director/Assist. Director of HSA or Social Services
- County Health Officer
- Deputy Schools Superintendent/Sr COE Staff
- Children's Mental Health Lead/Deputy

Two Interagency Management Processes

Interagency Placement Committee

- Reviews Challenging Care Plans
- Approving Body of CFT Recommendations for Placement (Pending Court)
- Advanced Family Engagement
- Coordinates/implements the work of the Interagency Leadership/Policy Team

Interagency Leadership/Policy Team

- Designs and Approves Shared:
  - Policy
  - Revenue/Expenses
  - Training Resources
  - New Programs
  - Leverages Human Capital
  - Charts Mission and Vision

Sandbox Building: The Continuum of Collaboration

(Source: Horwath & Morrison, 2007)

Communication **Co-operation** **Co-ordination** **Coalition** **Integration**

Low Level Collaboration → **High Level Collaboration**

- Limited or no formal agreement
- Agencies remain autonomous
- Work toward different goals & targets
- Agency maintains control of resources & funding
- Staff managed by individual service
- Focus on individual care
- Decision-making by agency
- Collaboration likely to be voluntary or within guidance
- Variable practice dependent on individual
- Affiliation to own agency/discipline
- Accountable to agency

- Formal agreements
- Agencies sacrifice autonomy
- Work toward shared goals & targets
- Joint responsibility for resources and funding
- Staff managed by partnership
- Focus on whole service
- Joint decision-making
- Clear mandate for collaboration at government or state level
- Specific focus of activity outlined in strategic plans
- Affiliation to partnership
- Accountable to partnership

Agency-Focused → **Collaboration-Focused**

What Does Integration Mean?

- Functional—Delivering Services with others (Similar sand and toys, but different boxes)
- Physical/Structural—Multiple agencies, including private partners, are co located in county or private service sites (Same Sand/Toys in One large Sandbox)
- Fiscal—Dollars from various state, federal and local fonts are shared to the fullest extent allowable and community shares decision making (Sharing of toys from multiple proximal sandboxes)

Fiscal Integration Benefits

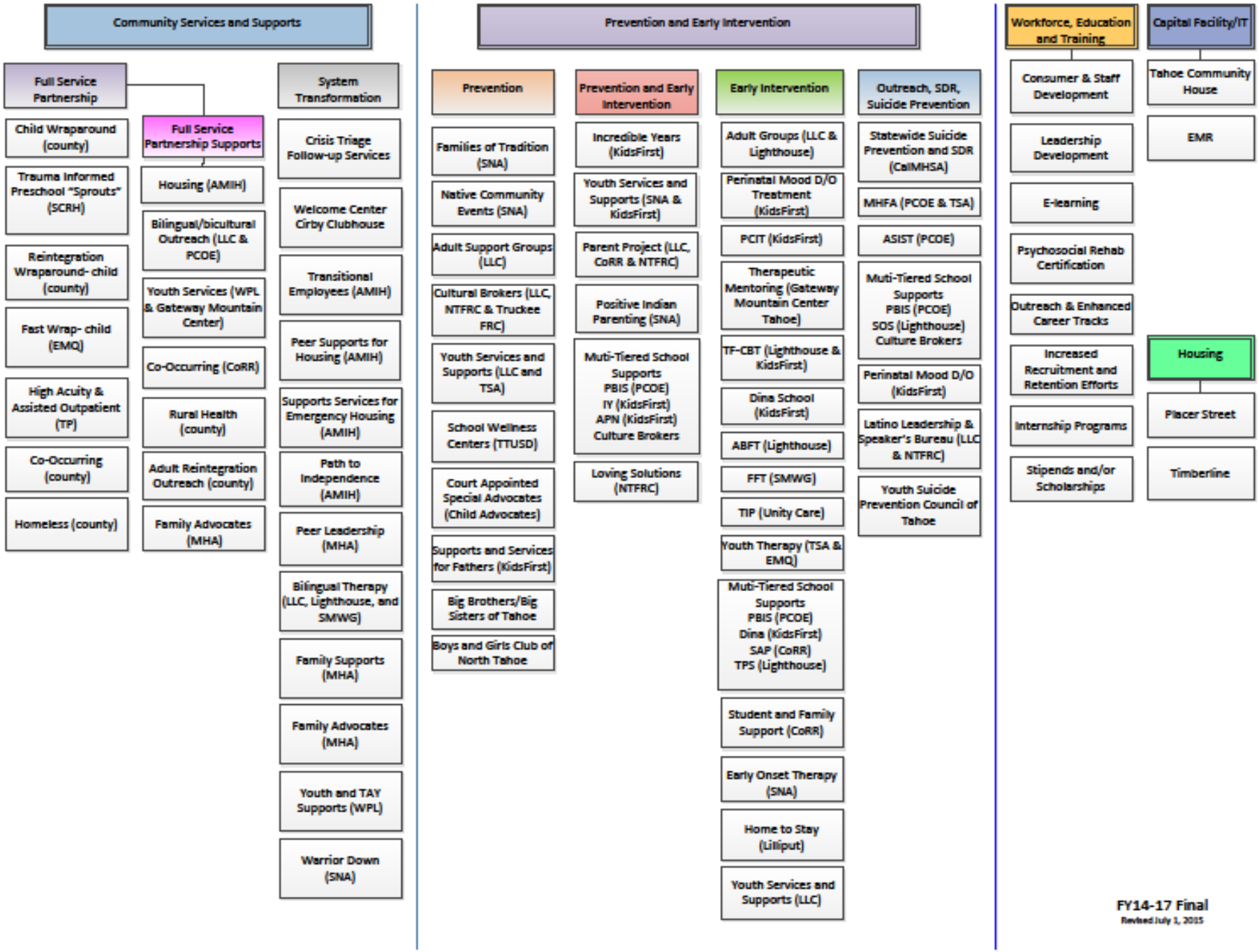
- Broadens access to all “possible” services involving Courts, Education, Probation, Community Health and HHS.
- Builds adaptability, especially during funding crises.
- Authorizes and tracks services, and supports reporting.
- Builds flexible decision tools that assign cost of services to available funding resources
- Maximizes overall funding levels, consistent with State and Federal claiming and reporting requirements.

Strategies for implementation of Shared Revenues

- Lead with your Toys or Tools…
- Joint RFP/RFA
- Joint Contracts with Providers
- Interdepartmental Transfers
- Co Locating/Embedding of Staff
- Interagency Contracts for Revenue Sharing
- MOU/Letters of Agreement
- Super Agency=Single Budget
- Lead with your Toys or Tools, not with an empty hand!

A Few Examples of Sharing…

- San Francisco County--Student Intervention Team (SIT)
- San Diego County--Foster Youth/Student Information System (Interoperability)
- Los Angeles County--Core Practice Model


Community Services and Supports
Full Service Partnership
Child Wraparound (county)
Trauma Informed Preschool "Sprouts" (SCRH)
Reintegration Wraparound- child (county)
Fast Wrap- child (EMQ)
High Acuity & Assisted Outpatient (TP)
Co-Occurring (county)
Homeless (county)
Full Service Partnership Supports
Housing (AMIH)
Bilingual/bicultural Outreach (LLC & PCOE)
Youth Services (WPL & Gateway Mountain Center)
Co-Occurring (CoRR)
Rural Health (county)
Adult Reintegration Outreach (county)
Family Advocates (MHA)
System Transformation
Crisis Triage Follow-up Services
Welcome Center Cirby Clubhouse
Transitional Employees (AMIH)
Peer Supports for Housing (AMIH)
Supports Services for Emergency Housing (AMIH)
Path to Independence (AMIH)
Peer Leadership (MHA)
Bilingual Therapy (LLC, Lighthouse, and SMWG)
Family Supports (MHA)
Family Advocates (MHA)
Youth and TAY Supports (WPL)
Warrior Down (SNA)
Prevention and Early Intervention
Prevention
Families of Tradition (SNA)
Native Community Events (SNA)
Adult Support Groups (LLC)
Cultural Brokers (LLC, NTFRC & Truckee FRC)
Youth Services and Supports (LLC and TSA)
School Wellness Centers (TTUSD)
Court Appointed Special Advocates (Child Advocates)
Supports and Services for Fathers (KidsFirst)
Big Brothers/Big Sisters of Tahoe
Boys and Girls Club of North Tahoe
Prevention and Early Intervention
Incredible Years (KidsFirst)
Youth Services and Supports (SNA & KidsFirst)
Parent Project (LLC, CoRR & NTFRC)
Positive Indian Parenting (SNA)
Muti-Tiered School Supports
PBIS (PCOE)
IY (KidsFirst)
APN (KidsFirst)
Culture Brokers
Loving Solutions (NTFRC)
Early Intervention
Adult Groups (LLC & Lighthouse)
Perinatal Mood D/O Treatment (KidsFirst)
PCIT (KidsFirst)
Therapeutic Mentoring (Gateway Mountain Center Tahoe)
TF-CBT (Lighthouse & KidsFirst)
Dina School (KidsFirst)
ABFT (Lighthouse)
FFT (SMWG)
TIP (Unity Care)
Youth Therapy (TSA & EMQ)
Muti-Tiered School Supports
PBIS (PCOE)
Dina (KidsFirst)
SAP (CoRR)
TPS (Lighthouse)
Student and Family Support (CoRR)
Early Onset Therapy (SNA)
Home to Stay (Lilliput)
Youth Services and Supports (LLC)
Outreach, SDR, Suicide Prevention
Statewide Suicide Prevention and SDR (CalMHSA)
MHFA (PCOE & TSA)
ASIST (PCOE)
Muti-Tiered School Supports
PBIS (PCOE)
SOS (Lighthouse)
Culture Brokers
Perinatal Mood D/O (KidsFirst)
Latino Leadership & Speaker's Bureau (LLC & NTFRC)
Youth Suicide Prevention Council of Tahoe
Workforce, Education and Training
Consumer & Staff Development
Leadership Development
E-learning
Psychosocial Rehab Certification
Outreach & Enhanced Career Tracks
Increased Recruitment and Retention Efforts
Internship Programs
Stipends and/or Scholarships
Capital Facility/IT
Tahoe Community House
EMR
Housing
Placer Street
Timberline
FY14-17 Final
Revised July 1, 2015

Challenges

- Local Legend “we’ve always done it this way”
- Obsolete and inflexible federal funding
- High caseloads
- State guidance very deliberate and sometimes unclear.
- Separate county contracts increase burden on providers—Increase Costs
- Bifurcated Behavioral Health Delivery System--MHP and MCP
- Lack of funding for prevention, early intervention, and post-permanency services

Next Adaptations at State

- Connecting State and Counties to Shared Data/Outcomes
- Expanding Roles for Youth and Parent Partners at State Level
- Cross-walking State's Oversight and Accountability Efforts to reduce redundancy and connect CWS and MH Efforts at County Level
- Regional Information and Transformation Exchanges
- Integrated Core Practice Model
- Integrated Training Plan
- Child and Family Teaming Processes for All Foster Youth
- County Level Memoranda of Agreement for Integrated Services

What Can Education Partners Do at this point?

- Engage CWS and MH authorities in Shared Management/Leadership Process
- Identify leverage monies (Take Your Toys!)
- New/Diversify Funding Streams (Commercial Business)
- Grow/Locate MTSS to create Unique Value for County
  - Evidenced Based Practices
  - Readiness for Partnership
  - Use of Data and Outcomes
  - Training Resources

Suggestions for the Journey

- Employee “Engineers” who understand “Disruption”
- Assure “ownership” at all levels—Multiple Champions
- Accept and Encourage Failure—Keep Eyes on the Prize
- Celebrate and Market your success
- Agree to Disagree—except when it comes to being in the sandbox together
- Make Promises you CAN and WILL keep.
- Trust and Empower Service Recipients and Family

But Remember…

The Best Solutions are local!

Contact Information

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