Child Welfare League Finds Consensus on How Best to Integrate Systems of Care for Vulnerable Adolescents and Their Families

Integrating adolescent substance abuse services and translating evidence into practice

SUMMARY

In 2003 and 2004, the Child Welfare League of America (CWLA), a membership organization of some 800 child welfare agencies, brought together professionals and consumers from the mental health, substance abuse, child welfare and juvenile justice systems.

They explored and developed a consensus about how to integrate those systems' services and apply best practices so that children and families affected by such problems as mental illness, substance abuse and juvenile delinquency receive better care.

Key Results

- More than 200 practitioners, government and agency officials, researchers, advocates and family members who had experience dealing with the mental health, substance abuse, child welfare and juvenile justice systems participated in consensus deliberations.

- In March 2006, the league published a consensus report, *Integrating Systems of Care: Improving Quality of Care for the Most Vulnerable Children and Families*. The report included:
  - Consensus statements from seven working groups convened to guide the deliberations.
  - 13 key ideas and strategies to integrate the systems of care.
Key Recommendations

The top three key ideas and strategies from the consensus process were:

- Improve care and promote health. The goals of integrating systems of care should be to improve the quality of care for vulnerable children and families and to promote the health and well-being of children and families.

- Diverse leadership is required. For child- and family-serving agencies to adopt this public health approach, leaders at all levels, including children, youth, family and community members, must work to transform the values, attitudes and customary behaviors that comprise the organizational culture of human services.

- Create a partnership with youth, families and professional and community stakeholders. To successfully integrate systems of care, families, youth and communities must be actively engaged in driving this comprehensive, consensus action agenda forward.

See Appendix 1 for a list of the 13 key ideas and strategies. See Appendix 2 for lists of the values and principles.

Funding

The Robert Wood Johnson Foundation (RWJF) supported the project with a grant of $320,045 from January 2003 to December 2005.

THE PROBLEM

By 2002, as many as 300 research studies had found that comprehensive approaches that integrated a variety of services were the most effective at preventing and/or treating a wide range of behavioral health disorders, including drug and alcohol addiction, according to Child Trends, a Washington-based nonprofit organization that researches child welfare.

These behavioral health problems are often linked to other, overlapping mental health and family issues. The studies found that to tackle these complex cases effectively required coordination and collaboration among several agencies—including mental health, substance abuse, child welfare and juvenile justice.

At the community level, however, where families gain access to most services, they were fragmented, not coordinated. Each service system only dealt with one part of an often complex set of problems. Further, few agencies were using the best practices that studies had identified to provide children and families with high quality care, according to CWLA project staff.
CONTEXT

RWJF supported the Institute of Medicine (IOM) in its publication, in March 2005, of a report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. It presents an agenda for strengthening mental health and substance abuse treatment and care. See the Program Results Report on ID# 048021.

The report was the product of an IOM committee charged with examining the implications of a 2001 institute report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, for the treatment of mental health and addictive conditions.

RWJF's national program, *Reclaiming Futures: Helping Teens Overcome Drugs, Alcohol & Crime*, is an initiative to build community solutions to substance abuse and delinquency by developing the infrastructure necessary to deliver comprehensive care within the juvenile justice system. (For more information see Program Results Report.)

RWJF also supported *Mental Health Services Program for Youth* (MHSPY) and its replication program to assist states with relatively small grants to enable them to use and apply an array of tools and techniques developed in the original eight MHSPY sites. Each of these models in different ways offered strength-based, individualized care tailored to the needs of each child or adolescent with severe emotional, mental and behavioral disorders. See Chapter 9 in the 1999 RWJF Anthology for a report on the original program and the Program Results Report on the replication program.

THE PROJECT

The purpose of this project was to develop a consensus among professionals in, and families involved with, the mental health, substance abuse, child welfare and juvenile justice service systems about how the different systems could work together and use best practices to improve outcomes for children and families.

The process culminated in a series of three meetings of professionals and consumers from these fields. To prepare for the meetings, project staff:

- Commissioned three white papers on organizational culture change, how behavioral health systems can collaborate to improve outcomes for families and developing support systems for children and families at risk for behavioral health problems. Project staff distributed these papers to participants at the meetings. See the Bibliography for citations.

- Prepared and provided to meeting participants an annotated bibliography that summarized existing research on the topic of integrating behavioral health services including substance abuse and mental health. See the Bibliography for citations.
Convened seven working groups (totaling over the course of the project about 200 people familiar with one or more of the four systems) who worked throughout the project to identify promising practices, strategies and additional needs in three areas: culture change within systems, advocacy and research. The working groups broke down as follows:

- Defining the values and principles of systems integration.
- Engaging youth, families and communities in systems integration.
- Designing service and delivery.
- Examining administrative issues for systems integration.
- Advocating for change: policy.
- Advocating for change: social marketing.
- Researching systems integration.

Project staff held a series of three meetings in Washington to develop the consensus. The meetings took place over nine months—June 13 and October 30, 2003 and March 18, 2004. The meetings had approximately 130, 100 and 90 participants, respectively. Not all working group members attended each meeting, but they continued working between meetings.

Meeting participants came from the mental health, substance abuse, child welfare and juvenile justice systems. They included federal, state and local officials; public and private providers; administrators and direct service staff; researchers, advocates and academics; and foundation officers.

Approximately 20 members of families involved with the systems, including youth, also attended the meetings. Project staff encouraged family members to attend working group sessions and speak up during discussions. During the meetings, project staff rotated meeting participants in and out of the working group sessions, to ensure that the co-chairs of each working group heard many viewpoints.

After the final meeting, working group members continued to communicate—on a volunteer basis—to reach a final consensus and to draft ideas for a final consensus report. Members had difficulty finding time to work on the report, slowing its completion.

In 2005, as the working groups were completing their task, CWLA staff published and distributed a report, Improving the Quality of Care for the Most Vulnerable Children, Youth and Their Families: Finding Consensus. It included the three white papers and a literature review summarizing findings from the research papers included in the 2003 Bibliography. About 1,200 copies were printed and distributed to meeting participants, agency regional directors and others to promote further discussions.
RESULTS

The project accomplished the following:

- **More than 100 organizations and 200 people contributed to the consensus deliberations.** About 50 to 100 invited participants could not attend the meetings but participated in the working group deliberations by phone or by email, and contributed to the final consensus report.

- **In March 2006, the league published a consensus report, *Integrating Systems of Care: Improving Quality of Care for the Most Vulnerable Children and Families*.** The report includes:
  
  - An executive summary including 13 key ideas and strategies that emerged from the deliberations to integrate the systems of care.
  
  - A consensus statement of the values, principles and vision for system redesign.
  
  - Working groups' agendas for next steps.
  
  - A research agenda.
  
  - An advocacy agenda.

See Appendix 1 for a list of the 13 key ideas and strategies. See Appendix 2 for lists of the values and principles.

**Recommendations**

The top three key ideas and strategies from the consensus process were:

1. **Improve care and promote health.** The goals of integrating systems of care should be to improve the quality of care for vulnerable children and families and to promote the health and well-being of children and families.

2. **Diverse leadership is required.** For child- and family-serving agencies to adopt this public health approach, leaders at all levels, including children, youth, family and community members, must work to transform the values, attitudes and customary behaviors that comprise the organizational culture of human services.

3. **Create a partnership with youth, families and professional and community stakeholders.** To successfully integrate systems of care, families, youth and communities must be actively engaged in driving this comprehensive, consensus action agenda forward. This will ensure a partnership exists between professional expertise and family and youth experience in the design, delivery and evaluation of services provided.
AFTERWARD

As of November 2006, CWLA continued to make the final report available through its website.

APPENDIX 1

13 Key Ideas and Strategies from the Consensus Process on Integration Systems of Care

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

1. **Improve care and promote health.** The goals of integrating systems of care should be to improve the quality of care for vulnerable children and families and to promote the health and well-being of children and families.

2. **Diverse leadership is required.** For child- and family-serving agencies to adopt this public health approach, leaders at all levels, including children, youth, family and community members, must work to transform the values, attitudes and customary behaviors that comprise the organizational culture of human services.

3. **Create a partnership with youth, families and professional and community stakeholders.** To successfully integrate systems of care, families, youth and communities must be actively engaged in driving this comprehensive, consensus action agenda forward. This will ensure a partnership exists between professional expertise and family and youth experience in the design, delivery and evaluation of services provided.

4. **Fully engage all stakeholders.** Effective service provision depends on empowering children, youth and families to build relationships with trusted service providers, neighbors and other community stakeholders who encourage their healthy growth and development in the context of their unique cultures.

5. **Build on personal, family and community strengths.** Workers should assess the strengths and needs of children, youth and families as early as possible and always in the context of their culture and community environment. Workers should use this assessment to enhance families’ growth, health and well-being.

6. **Expand collaborative efforts.** Private and public agencies serving children and families must collaborate to carefully define their roles and responsibilities in the
continuum of care and must jointly commit to make the best use of available resources on behalf of their clients and their communities.

7. **Relationships drive resources, not categorical funding.** Categorical funding streams should not drive the development and allocation of human services resources; instead, the ongoing, working relationships between systems, agencies, programs and individuals should drive how resources are allocated.

8. **The public safety net is enhanced with the human and social capital of those involved.** A wealth of human and social capital is available to enhance the well-being of children, youth and families, which includes not only the professional human services workforce, but also a wide range of community stakeholders, including the children and families themselves.

9. **Information technology can facilitate the change process.** Information technology, when used with considerations of privacy and confidentiality, can be a powerful tool for integrating systems of care and ensuring that systems are data driven and outcomes based.

10. **Develop a national systems integration workgroup.** To disseminate and build on the lessons learned from successful locally based systems integration efforts, the field should establish a national systems integration effort. It should include representatives of behavioral health, physical health, child welfare and juvenile justice agencies at federal, state and local levels, as well as national advocacy and professional organizations in the areas of primary health care, public health, behavioral health, child welfare, juvenile justice, domestic violence and education.

11. **Align system goals with stakeholder outcomes.** Those who plan, implement and evaluate the effects of systems integration efforts should use logic modeling to articulate how these fundamental changes are expected to benefit children, families, communities and agencies. They should also address how these goals are linked to the resources required to implement them, the strategies or activities that should be undertaken and the desired short-term and long-range outcomes of systems integration initiatives.

12. **Increase the knowledge and use of what works.** Evaluators and researchers should focus not only on building evidence for effective human services programs and practices, but also on accumulating knowledge about the most effective ways to disseminate, implement, evaluate the effects of, and revise systems integration initiatives.

13. **Public will is necessary for sustainability.** Sustainability of systems integration efforts depends on continued advocacy by consumers, community members, professionals, public officials and decision-makers. Social marketing should be used to increase public awareness and support by publicizing the positive effects of systems integration on the health and well-being of children, youth, families and communities.
APPENDIX 2

Values and Principles of Systems Integration

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

Values

● Services and supports must:

● Build on the strengths of children and families.

● Actively involve children, youth and families.

● Be child-focused and developmentally appropriate.

● Respectfully respond to people of all classes, cultures, races, ethnic backgrounds, sexual orientations and faiths or religions.

● Affirm and support the worth of individuals, families, tribes and communities.

● Be community-based, family-driven and youth-guided.

● Support children in the context of their families and families in the context of their communities.

● Be provided through informal as well as formal support systems.

● Be offered in a timely fashion.

● Be easily accessible.

● Be available in the type and amount needed.

● Be provided by a competent and committed workforce.

● Be improved through ongoing research and evaluation to discern those strategies that prove to be most effective.

● Be integrated through the intentional collaboration and coordination of service providers.

Principles

● Engage youth, families and communities in all system-wide policy development, strategic planning and program and service evaluation.

● Promote child and family health through primary prevention efforts and early identification of needs.
• Provide a comprehensive array of accessible formal and informal services and supports that involves the community in its design and delivery.

• Ensure nondiscrimination in accessing services.

• Individualize service planning and delivery in ways that actively engage children, youth and families in the context of their unique cultures.

• Use the least restrictive and least intrusive community-based services that can meet identified needs.

• Integrate and coordinate service delivery and case management across all child-serving systems.

• Plan for transitions of children and families among agencies, providers and systems.

• Share information in ways that respect the privacy of children, youth and families.

• Support systems of care that are sustainable and subject to evaluation and that make tangible improvements in the lives of children, families and communities.

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Reports


