

# Transforming Children’s Mental Health Through a System of Care: the Children’s Partnership Story

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## Abstract

*This article reports on the process of development of the System of Care, and the outcomes achieved by children and youth with serious emotional disturbance and their families participating in the Travis County initiative: The Children’s Partnership.*

## Introduction

The Children’s Partnership leads the Austin/Travis County System of Care initiative. A System of Care is defined as “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.” The core values of the System of Care philosophy specify that services should be community-based, child-centered, family-focused, and culturally and linguistically competent.<sup>1</sup>

The Children’s Partnership is a broad-based coalition of families, community organizations, and state child, youth and family serving agencies, schools, and mental health providers. It is part of a national and statewide movement coordinating resources to maintain a System of Care in Travis County—a system that works hand-in-hand with families and youth, focusing on the strengths of each child and embracing the values and culture of each family. The Children’s Partnership’s collaborative spirit prevents duplication of services by using one central management structure and efficient care coordination strategies in order to integrate revenue and enable public resources to be utilized to their greatest potential.

Two decades ago, public child, youth and family-serving agencies recognized the need for a systems reform that would

make services and supports more accessible and effective in responding to families’ complex needs and that address the uncoordinated approach to service delivery by community agencies. Travis County families joined with child, youth and family serving systems, including child welfare, juvenile justice, mental health, education and health and human services, to develop an integrated approach to dealing with the fragmentation. This effort resulted in the formation of The Travis County Children’s Mental Health Partnership, known in the community and nationwide as The Children’s Partnership.

Partner agencies have embraced the System of Care model and have care coordinators on staff. They include System of Care principles into practices, such as our single point of community access for families through our “Community Partners for Children” initiative and the participation of families at all levels of planning, implementation, and evaluation. Partners of The Children’s Partnership include:

- Community Resource Coordination Group (CRCG), a local interagency group comprised of public and private providers, develops individual service plans for children and youth, whose needs can be met only through interagency coordination and collaboration
- Austin Travis County Mental Health and Mental Retardation Center, the

local mental health/mental retardation authority, delivers a comprehensive array of behavioral health care and developmental services and supports through a network of internal and external providers

- Travis County Juvenile Probation Department provides public safety while addressing the needs of juvenile offenders, families, and victims of crime
- Texas Health and Human Services Commission (HHSC) provides leadership and direction, fostering the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans
- Travis County Health and Human Services and Veteran Services, an organization committed to the vision of optimizing self-sufficiency for families and individuals in safe and healthy communities
- Region VII Department of Family and Protective Services (DFPS) manages community-based programs that prevent delinquency, abuse, neglect, and exploitation of Texas children and youth.
- Austin Independent School District (AISD), an urban school district
- Manor Independent School District, a rural district
- Pflugerville Independent School District, which is both an urban and rural district
- Casey Family Programs, a national organization that provides, improves and ultimately prevents the need for foster care

### History

In the early 1980s, the plight of children with serious emotional disturbance and their families received great national attention. Jane Knitzer's report,

*Unclaimed Children*<sup>2</sup>, published in 1982, revealed that two-thirds of children and youth with mental health needs were not receiving the care they needed and that the preponderance of services was institutionally based. The report spoke not only of the lack of services, but also of the lack of coordination among service providers. In response to reports such as Knitzer's, Congress appropriated funds for the formation of the Child and Adolescent Service System Program (CASSP), which Texas embraced as the approach to best serve children and youth within their home communities. The Systems of Care movement, also initiated in the mid-1980s, incorporated many of the CASSP values and strategies.

The original federal Center for Mental Health Services (CMHS) CASSP grant awarded to the state of Texas in 1988 provided the foundation for statewide reform of child welfare, mental health, juvenile justice, education, substance abuse, and health and human services. Other system reform efforts followed, including the Robert Wood Johnson Foundation's Mental Health Services Program for Youth initiative, which offered strength-based, individualized care tailored to the needs of each child or adolescent with serious emotional, mental, and behavioral disorders, and the formation of the Texas Children's Mental Health Plan in 1991, recognizing the need for more coordinated and integrated relationships among child-serving agencies. In this time of change, The Children's Partnership offered the opportunity to create an organized System of Care for children and youth with serious emotional disturbance and their families.

Operated by the Texas Health and Human Services Commission (HHSC), the Texas Integrated Funding Initiative (TIFI) was formed in 1996 to pilot

blended funding models in several Texas communities.

In Travis County, TIFI was seen as a means to reverse the trend of increasing reliance on residential care and to create community responsibility for children and families whose needs crossed large bureaucratic and service boundaries. TIFI set the stage for the interagency funding mechanism as a solution to cross-system needs.

A federal CMHS grant was awarded to the HHSC in September 1998 enabling The Children's Partnership to form a non-for-profit board of directors formalizing the long-term collaborative relationships among agencies and between agencies and families. Such collaboration supported agencies moving from categorical funding to coordinated, flexible, financing strategies on behalf of a targeted group of culturally diverse children, youth, and families. This approach allows for conservation of resources and offers the community the confidence necessary to support redirecting out-of home restrictive placement funds to the purchase of community-based services and supports.

Enrollment of eligible children and youth began in April of 1999.

### **The Children's Partnership's Success**

***"The Children's Partnership unites resources so children with complex needs can live successfully with their families in the community."***

The Children's Partnership has been nationally recognized for offering several outstanding practices that bring to life the System of Care values of being family-driven, community-based, and culturally competent. The Children's Partnership successfully provides home-based care coordination and parent liaison services

(family-driven) while balancing the use of traditional and home-based non-traditional services that meet the families' needs in a culturally competent manner.<sup>3,4</sup> These practices have also been shown to work in both rural and urban communities and are flexible to meet the unique strengths, culture, and needs of individual children and their families.

### *Care Coordination and Parent Liaison Services*

Depending on the level and type of need, a parent liaison and a care coordinator may work with each family enrolled in The Children's Partnership. Care coordinators and parent liaisons are employed by partner agencies and serve families in their home or community and on their schedule.

Care coordinators and parent liaisons strive to support children and youth with complex needs to function successfully in their homes, schools and communities. Care coordinators facilitate the Wraparound process, which approaches service delivery focused on the strengths of each child, youth and family, reflecting their values and preferences, and including natural supports.

Care coordinators serve as facilitators of the child and family teams to plan and implement individualized, strengths-based, culturally competent service planning. The care coordinator works with each child, youth, and family, and their team, to define the goals to be achieved and ensure the delivery of services and supports that best fit the context of the family situation. The care coordinators need to effectively establish rapport with children, youth, and their families and to engage the participation of others involved in the child, youth and family's life. Critical to success is the identification of potential crisis situations

and the ability to assist with safety planning and stabilization.

The Children's Partnership recognizes families as the experts on their children and hires parent liaisons to provide family-to-family support and guidance. Parent liaisons are parents or caregivers of children with special needs who have had experience "navigating" the systems. They provide training to the community and support family advocacy efforts. Parent liaisons have extensive knowledge of community resources. Their roles go beyond traditional case management. They support families in developing the skills necessary to successfully "navigate" the systems and in using their own strengths and abilities to access further support from the informal support network they have developed. When care coordinators and parent liaisons bring families together, the entire community is strengthened.

#### *Cultural Competence in The Children's Partnership*

The efforts of The Children's Partnership's have provided amazing benefits to the Hispanic, African American, and deaf communities in Travis County. Benefits include improved quality of services and supports for children, youth, and families with complex needs, which are delivered by a growing number of diverse and culturally and linguistically competent service providers, as well as increased access to flexible funds for many non-traditional supports and services. Such benefits were achieved through the community's commitment to ensure that cultural and linguistic competence went beyond the translation of documents. It included the hiring of staff members representing the diversity of the community served and the engagement of providers who are long-standing community members, who live in the neighborhoods of the families served, and who are selected by the

families not only because of their outstanding qualifications but also "because they are a good fit." It is noteworthy that, when children, youth, and families work with a team of care coordinators, parent liaisons, providers, and community members who share their culture, better and longer lasting outcomes are achieved. Children and youth with complex needs are more apt to function successfully in their home, school, and community and report improvement in their well-being.

A key function of the Wraparound approach is using the organizational approach of child or youth, family, and provider teams (Child and Family Teams). The provider network that successfully supports the Wraparound process in Travis County consists of a combination of traditional and non-traditional service providers. Participants on the provider network reflect various spiritual, ethnic, racial, and gender characteristics that families find are a good fit for them.

Non-traditional Service providers routinely incorporate the cultural characteristics and preferences of the youth and family during service provision. About two-thirds of the over 100 different types of services available through The Children's Partnership are considered non-traditional, based on where the service is provided and who provides it. Non-traditional services are provided in the family's home or community by someone who is non-credentialed or non-licensed. Family selected providers are considered non-traditional. They are members from the community who make an agreement with the enrolled family to provide certain services. Contracts are negotiated through the provider network and the rate for each provider is set based on experience, service, credentials, and qualifications. The non-traditional services most often

requested by Child and Family Teams are:

*Mentoring:* Families choose mentors in the community from the provider network, or as a family selected provider, to match the child or youth's ethnicity, language, and cultural background. Mentors, as all service providers, follow the individualized child and family service plan when delivering the service.

*Specialized childcare:* Providers care for children with serious emotional disturbances at the family's home or at a public place when parents are participating at community meetings or trainings. Families choose their own child care provider from the provider network or through the family-selected provider option. Specialized child care providers support families working towards meeting the goals outlined in their individualized service plan.

*Respite care:* Respite care helps families ease stress at home, maintain the integrity of the family structure, and avoid potential crisis from prolonged stress. Respite care can be scheduled or provided in response to a crisis situation. Access to respite care is often a part of families' safety plans.

*Home-based therapeutic services:* Home-based therapy often focuses on anger management, problem solving, and parenting skills. This service not only reduces the number of missed appointments by avoiding the need for transportation and child care (especially in rural areas), but also provides an invaluable opportunity for the therapist to observe family dynamics and support children, youth, and families' learning skills while in their natural environment.

## Demographics and Outcomes

While The Children's Partnership serves children and youth with serious emotional disturbance and their families from all areas of Travis County, it serves

a larger percentage of African-American and Hispanic families than is reflected in the County's demographics. Since its inception until December of 2004, The Children's Partnership children have been 37% White non-Hispanic, 34% Hispanic, 23 % African American, 1% Asian, 4% bi-racial, and 1% other.

Children and youth served presented with a history of various risk factors, including:

- Serious Behavioral Disorders<sup>1</sup> (54%)
- Attention Deficit/Hyperactivity (48%)
- Substance abuse in the family (63%)
- Domestic violence (56%)
- Mental Illness in the family (53%)
- Living at or below poverty level (65%)
- Previous suicide attempts (27%)
- Parent criminal conviction (52%)

The following are notable outcomes<sup>2</sup> achieved by children, youth, and families served by The Children's Partnership from inception to December 2004.

### School Functioning

#### Improvement in school attendance

- At intake, 94% of children had reported school absences during the previous 6 months
- At 6-month follow-up, 14% of these children showed improvement in school attendance and at 18-month follow-up, 21% of these children showed improvement in school attendance

#### Improvement in school performance

- 37% of children enrolled in services improved their grades in school from intake to 24 months

<sup>1</sup> Serious behavioral disorders include: oppositional defiant disorder, conduct disorders, and disruptive behavioral disorders, not otherwise specified.

<sup>2</sup> All statistical data obtained through The Children's Partnership clinical records and ORC-MACRO National Evaluation data through December 2004.

### **Reduction in out-of-school suspensions and expulsions**

- Out-of-school suspensions improved from intake to the 6-month follow-up, with a 30% drop
- The number of children who were expelled from school during the 6 months prior to intake to the 6-month follow-up period shows a considerable decrease
- Expulsions dropped by 10%

### *Child/Youth Behavioral Challenges*

- Children experienced an overall reduction in problem behaviors from intake to the six-month follow-up using the Child Behavioral Checklist (CBCL)
- Data indicate consistent improvement at every follow-up period. At Intake, the total mean score for internalizing behaviors was 64.4, externalizing was 70.9. For the 6-month follow-up, the mean score was 61.4 for internalizing and 67.3 externalizing (the Reliable Change Index indicates this change was statistically significant).
- Scores from the Behavioral and Emotional Rating Scale reveal that children served by the Children's Partnership experienced improvement from intake to 6-month follow-up in all 5 areas measured by BERS (interpersonal strength, involvement with family, intrapersonal strength, school functioning, and affective strength) with the greatest level of improvement in school functioning. The mean BERS Overall Strength Score at Intake was 84.1 (N of 109). The RCI (reliable change index) for improvement, stability, or worsening of the BERS from Intake to 6 months indicated that 37% improved, 38% remained stable, and 26% deteriorated, respectively (N = 74).

### *Out-of-home Placement*

- The actual time spent in out of home placements improved by 48%, decreasing dramatically from 187 to 98 days. Such a reduction represents significant cost savings to Travis County and contributes to the goal of keeping children in the community
- The number of children maintaining one living arrangement (as opposed to multiple placements) increased by 30% from intake to 24-month follow-up

### *Juvenile Crime*

A weighted ranking scale of all juvenile offenses committed by youth in The Children's Partnership reveals severity scores decreased during and after involvement with The Children's Partnership. Additionally, there was an overall 15% decrease in arrests, adjudications, probation, and detention from intake to 24-month follow-up (N = 18 for the figures provided).

- 39% accused of a crime at intake, 17% at 6-month follow-up
- 39% arrested for a crime at intake, 17% at 6-month follow-up
- 22% convicted at intake, 11% at 6-month follow-up
- 44% on probation at intake, 22% at 6-month follow-up
- 39% in jail or detention at intake, 22% at 6-month follow-up

### **Discussion and Conclusions**

The Children's Partnership has an extensive System of Care in place. It benefits from longstanding partnerships and formal agreements among several different child, youth, and family serving agencies in Travis County, agencies that have embraced System of Care values by changing "the way they do business" every day, by including family members

### **How we are doing now? (A snapshot in time)**

Accomplishments for FY 2006 (October 2005-September 2006) included: The Children's Partnership collaborated with Community Partners for Children (CPC), a single point of community collaboration for families of children with complex needs; TRIAD, a program that provides out of home placement for youth who cannot be safely maintained in the community; the Youth and Family Assessment Center, which partners directly with AISD to identify children who display at-risk behaviors and partners with the children and their families to ensure access to both traditional and non-traditional supports; the Child and Youth Mental Health Planning Partnership, an Issue Area Group of the Community Action Network (CAN), fulfilling the mission of collaboratively promoting the mental health of Travis County children and youth through advocacy, education, and sustaining the Travis County Systems of Care.

Outcomes of The Children's Partnership efforts in FY06 exceeded projections with 89% of participant children and youth maintaining one living arrangement, in their home, with no Texas Youth Commission, residential treatment center, or foster care placement. Ninety-six percent of children and youth served reduced their participation in delinquent behavior as demonstrated by no recidivism to the Juvenile Justice system within 6 months of their program end date, and by 64% of participants who exited The Children's Partnership due to family choice or having met their identified goals.

Improvement in school attendance was demonstrated for 48% of children and youth. However, the number of children and youth for whom this information was available was small.

at all levels of decision making, and supporting the use of a shared pool of flexible funds that are critical to The Children's Partnership's ability to provide non-traditional services. The Children's Partnership has been a major catalyst for education and collaboration around children's mental health services at both the local and state levels. At the local level, a community-wide commitment to

the System of Care model has evolved from our efforts, while at the state level, The Children's Partnership continues to be the model for Texas, supporting and collaborating with TIFI communities and the 3 federally-funded Children's Mental Health System of Care grant communities in El Paso, Fort Worth, and Houston.

### **References**

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