Services in Urban Communities

SUMMARY OF THE SPECIAL FORUM HELD AT THE 2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES
ORLANDO, FLORIDA • JULY 2006

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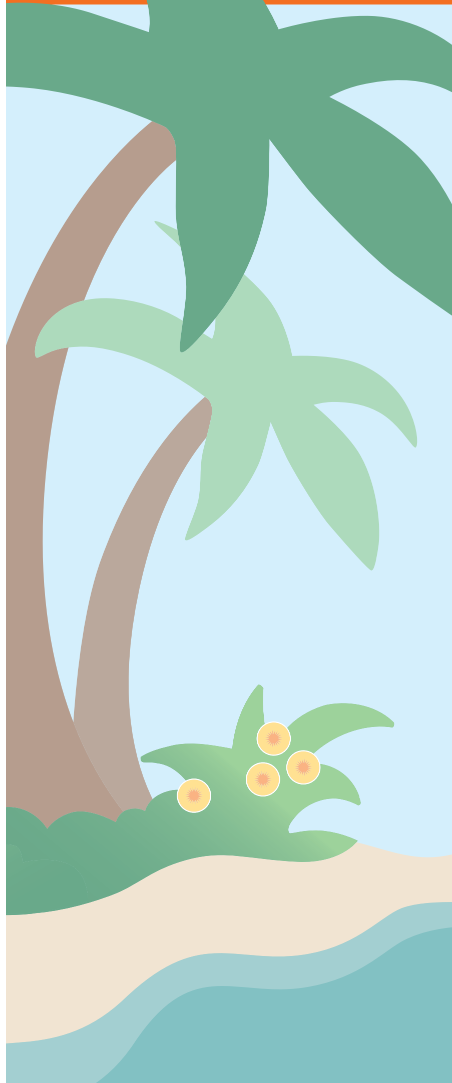

Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services in Urban Communities. Presenters included:

- Myla Harrison, M.D., *Assistant Commissioner, Office of Child and Adolescent Services, New York City Department of Mental Health and Hygiene, NY*
- Richard Dalton, M.D., *Clinical Director, Louisiana YES, Baton Rouge, LA*
- Karen Douglass, Psy.D., *Project Director, System of Care Chicago, IL*
- Karen Francis, M.A., *Senior Research Analyst, American Institutes for Research, Washington, DC*

Issues and Strategies

System of Care Development Challenges in Urban Communities

Myla Harrison, a child and adolescent psychiatrist, is the principal investigator for a federal system of care grant in New York City, called the Coordinated Children's Services Initiative. She opened the session by noting that many of the communities involved in the federal system of care program are defined as "urbanized" areas, with at least 1,000 people per square mile

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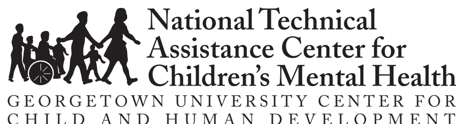

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and a minimum residential population of 50,000. With this definition, 79% of the system of care sites funded by the federal Center for Mental Health Services in 2002, 2003 and 2004 qualify as urban communities, and 68% of the sites funded in 2005 qualified as urban settings. The four largest funded system of care communities are Los Angeles with close to 10 million people, New York City with over 8 million people, Chicago with 2.8 million people, and Broward County, Florida with over 1.7 million people. Harrison explained that urban areas face a number of challenges for system of care development:

- Coordination of multiple stakeholders—In large urban areas, there are many mental health agencies, foster care agencies, juvenile justice agencies, school districts, and others. There isn't just one of everything.
- Large agencies with competing agendas—Cities have large agencies and large agencies often have competing agendas. Negotiating these differences among the multiple agencies and their competing agendas comprises a huge challenge in urban communities.
- System of care is a fraction of the entire system—Systems of care usually are only a small part of the entire system. For example, the system of care in New York City may serve about 250 or more children and adolescents a year as part of this grant, a tiny fraction of the 200,000 children in New York City estimated to have with serious emotional disturbances.
- Local, state, and cross-system challenges—There are multiple units of governments in urban areas, including city and state government agencies, each of which may handle mental health differently. Mental health may be aligned with substance abuse or with mental retardation and development disabilities or with child welfare in the bureaucracy.
- Competition over funding priorities—There may be other priorities that are important for funding.
- Complex multicultural and linguistic needs.
- Immigration and migration needs.

System of Care Chicago

Karen Douglass is a clinical associate professor at the University of Illinois in Chicago and directs the system of care in Chicago. She described the approach to system of care development used in Chicago, which relies on school-based mental health collaborations to gain access to children with serious emotional disturbances. The goal is to provide services and supports that will improve outcomes for youth within school, community, and home settings. The system of care provides integrated services to children and families using a wraparound approach and seeks to change the way services are provided to children with mental health disorders and their families. System of Care Chicago is located in eight of Chicago's public schools—seven elementary schools and one alternative high school. The population served includes 69% boys and 31% girls, with an ethnicity breakdown of 62% African-American, 33% Hispanic, and 5% others. The age ranges from 5 to 19, and the most common diagnoses are attentional disorders, adjustment disorders, mood disorders, and conduct disorders. The primary partners involved with Systems of Care Chicago include the children and families that receive services, the Chicago Public schools, community mental health agencies, the child welfare system, the juvenile justice system, the Illinois Family Partnership Network, and the City of Chicago, specifically the mayor and the Office of the Mayor.

Douglass noted that System of Care Chicago has systematically identified barriers to system of care development and has implemented strategies to address these barriers.

- **Integrating diverse systems**—One barrier in a large urban community like Chicago involves integrating diverse systems, particularly given the tradition of isolated service provision from multiple child-serving entities. The action strategy to address this has involved establishing a collaborative governance body that includes representatives from multiple child-serving entities. System of Care Chicago's governance structure brings child-serving entities to the table to collaborate. As part of the governance board, buy-in is obtained as participants recognize the benefits of collaborative service provision. The focus is on obtaining both system-level buy-in and direct service-level buy-in. Identifying the overlap in the children served by the various systems allowed the various partners to see that they are serving many of the same children and that there could be fiscal benefits by pooling money together. Data from the system of care has shown that providing mental health services within school settings allows teachers to address social, emotional, and behavioral issues and, as a result, they are better able to teach children—not only the children served, but children in general. If they are better able to teach

children and provide the families with support, then stress is reduced with homes, and families are better able to stay together. If children are remaining with their families to a greater extent, then that may help to reduce their involvement with the child welfare or corrections systems. This information helps partners to see the benefits of collaborative services and to buy into the approach.

- **Assuring a family-driven system of care**—A second challenge has been to assure a family-driven system of care based on collaborative relationships with families and youth. To push the family-driven approach, the system of care has used a strategy involving both internal and external communication and education regarding the value of bringing families to the table. Education efforts must not only be directed at external partners, but also at direct service staff since, in many cases, professionals do not really understand the value that families bring to the service delivery process and do not fully embrace this approach. In addition to education, family members have been integrated into multiple roles within the system of care—roles in schools, on committees, on the advisory board, and others.

- **Addressing political and bureaucratic changes**—Another barrier has been addressing political and bureaucratic changes among system partners. The individuals and leaders within partner agencies and systems who may have bought into the system of care approaches at the outset are no longer there. Political and bureaucratic changes within partner systems have necessitated a process of redefining the system of care's goals and objectives with new stakeholders. The process has involved determining if the system is going in the right direction, re-evaluating, and changing course where necessary. The system of care has had to revisit its partners to assess their interest and their current investment in the collaborative service approach. As part of this process, the system of care has learned that it must reach out to identify and engage new partners.

- **Navigating the culture of the school system**—In addition, the system of care has had to learn to how to navigate the culture of the school system, including understanding the specific culture of the community and school, destigmatizing children and families with special needs, and defining the role of mental health providers within the school setting. On a day-to-day basis, it is the principal who runs the school, determines what programs are going to be in the school, and when you can no longer work in the school. The system of care has had to tread lightly in schools and has had to learn the unique culture in each different school and community environment. Further, some schools and principals are more open and understanding regarding children with special needs, while others tend to see these children as problems. Some schools and principals embrace family involvement, and others resist their full involvement. The system of care has had to assess how children and families with special needs are perceived and to develop destigmatization campaigns using social marketing approaches. Efforts are directed at redefining the role of mental health in school settings, creating a system of care infrastructure in each of the schools, and incorporating the wraparound process. These processes are different at each school.

- **Moving from a "project" to a community system of care**—Another challenge in Chicago's urban environment has been to move the system of care from a school-based project to a community-based service provision model. In order to accomplish this, the system of care had to understand that it cannot sustain itself just as a school-based program, but must move out into the community. Community funding opportunities have been identified and social marketing approaches have been designed to help to obtain funding support. Another strategy has involved identifying and facilitating the development of relationships with nontraditional community partners, including churches, block clubs, local organizations and community groups. This effort has involved learning about their goals and initiatives and assessing the commonality of goals, as well as using social marketing to enhance awareness of the system of care in the community. Though the schools know about the system of care, often no one in the surrounding community realizes what services are being provided and the benefits of having a system of care in the community. Thus, the system of care has reached out into the community to increase awareness and to inform elected officials and the community at large about how the system of care benefits the community.

Re-Establishing an Urban System of Care Following a Disaster

Richard Dalton is an adolescent psychiatrist from New Orleans, a professor of child psychiatry at Tulane Health Science Center, and a clinical professor of psychiatry at Louisiana State University in New Orleans. After Hurricane Katrina, he became the principal investigator of the Louisiana YES project, a system of care initiative. The system of care in New Orleans started with the establishment of an administrative service organization (ASO). Specific ASO functions with respect to service delivery include: credentialing and privileging providers; handling and paying claims; recruiting care management organizations to provide care management services to targeted youth; developing clinical flow mechanisms for intake, eligibility determination, assessment, convening individualized service planning team meetings, providing treatment; developing an information system; developing memoranda of understanding with partner agencies; and connections with the Louisiana Office of Mental Health. Governance of the system is provided by a consortium comprised of a group of parents and agency representatives.

Dalton related that, before Katrina, the system of care was in its second year of development, was serving 120 youths in New Orleans, and was about to branch out into two of the parishes immediately below New Orleans. Six months after Katrina, of the 120 clients who were in service, only eight had returned to Louisiana. All but one of the consortium family members were still living out of state. Eight of the 86 providers included in the provider network were no longer providing service in Orleans parish. ASO staff scattered, and four of the ten key ASO staff positions were unfilled. In essence, the system of care in the urban community of New Orleans faced a disaster after the disaster. The population had gone away, the people providing services had gone away, half of the ASO had gone away, and the consortium had also gone away. The issue became “How do we keep the system of care from going away?”

Dalton explained that the first thing one does immediately following any disaster is direct all energies to the immediate needs of everyone around you—medical, food, housing, and mental health needs. In coordination with the Office of Mental Health and the Office of Public Health, a large “field hospital” was set up on the Louisiana State University campus. In five months, 6,000 individuals were seen and treated. After the initial response, efforts were directed at re-establishing the ASO and developing a strategy for proceeding, including searching for current clients and re-establishing services. An understanding was developed with the Louisiana Office of Mental Health and SAMHSA regarding the ability to streamline decision making processes about the target population, the parishes to be served, the duration of the emergency functions, and so forth. The logic model for the system of care was revisited to guide the plan for re-establishing the system of care, and resource mapping (assessing what existed in terms of agencies and providers) was accomplished. The next steps involved re-establishing care management organizations and provider panels, rehiring and assigning care managers, and redeveloping the intake and assessment process. The system of care had to redevelop the system infrastructure. Finally, the system of care began to reestablish the consortium by asking agency partners to identify family members who met system of care guidelines from each parish who could serve on the recreated consortium; funding was explored to ensure that transportation could be provided for family members to attend meetings. Dalton emphasized that a partnership with the state chapter of the Federation of Families was critical at each stage of re-establishing this urban system of care.

Recommendations

Service Delivery

- *Develop strong family partnerships*—Urban communities have found strong family partnerships to be essential for developing and sustaining their systems of care. In Chicago, family resource developers work within school, juvenile justice, and child welfare systems to help families navigate the various systems. The families are critical in creating system change. In New York City, a group of family members was convened and were able to organize a family-run organization. In addition, they have created family support programs with parent advocates that are linked with the family resource centers in each borough. The family organization is now working in all five boroughs to teach, provide support, and provide technical assistance. Special efforts are needed to reach out to and engage recent immigrant families and to ensure that materials are translated and understandable to them.
- *Provide services within other child-serving systems*—A successful strategy in some urban areas has been to go into other child-serving systems and to conduct intakes and assessments, provide case management services, and train staff within those systems. In effect, this strategy creates a mental health infrastructure within other child-serving systems. Once children who need services are identified, they can then be connected with providers in the provider network.
- *Bring services to "scale" in cities*—It is challenging to bring systems of care and services to scale and have a city-wide impact, rather than a limited impact in particular neighborhoods or areas.
- *Create structures to break down urban communities* into smaller areas, such as community city halls, family resources centers, etc.
- *Identify nontraditional services and supports* available in the community.

Financing

- *Ensure that financing streams allow services to be provided to the family*—Some payment sources require that services are provided to an identified child. Financing streams must allow for services to be provided to family members in need of services and supports.

Policy and Advocacy

- *Sustain family involvement at the system level and at the direct service level*—Family involvement has been found to be critical at the policy level and at the direct service level. However, evaluation findings suggest that support for family organizations and family involvement often decline following the end of federal system of care funding. Efforts should be directed at finding resources to sustain family organizations and family involvement at the system level. In addition, efforts must be directed at obtaining buy-in for family involvement at the direct service level in order to maintain this in practice over time. When federal grants end, there should be a lasting culture change, whereby agency workers continue to understand the importance of involving families in the decision making process clinically, as well as in policy making.
- *Eliminate concept of systems of care as a "program" or "project"*—Systems of care cannot be a program or a project; they need to be the way the entire city system does business. Projects sound temporary and dispensable and end up in the "project graveyard."
- *Encourage or insist that governors appoint a state liaison* to federally funded system of care communities.
- *Implement changes in state policies supportive of systems of care*—State agencies should make changes in policies (rules, regulations, Medicaid rules, financing, reporting requirements, etc.) that support systems of care in cities and that remove policy, regulatory, and financing barriers to developing and sustaining systems of care. Communication from the federal government to state governments regarding the need to adapt such policies to support systems of care would be helpful to local areas engaged in system development. In particular, changes in Medicaid policies would help systems of care; for example, the ability to obtain reimbursement for services provided by paraprofessionals, such as parent advocates or parent partners.

Recommendations

- *Create state-level structures to support systems of care*—State-level structures and processes are needed to support local systems of care. For example, North Carolina has a state-level interagency collaborative entity to coordinate systems of care and to ensure the necessary cross-agency relationships. A state-level coordinator for systems of care also is a critical function. These state-level structures and processes help to develop systems of care statewide rather than just in selected communities and also provide a focus, an infrastructure, and funding to sustain systems of care beyond periods of federal grant funding. The systems of care approach must be the way the state does business. New York has a borough-level, a city-level, and a state-level coordinator for children's issues across the various child-serving agencies. Many states have a director of children's mental health services. Louisiana has a state-level children's cabinet that is exploring how Medicaid can be used to support children's health and mental health services more effectively.
- *Create a children's cabinet at the city level*—In large urban communities there often are commissioners of the various city agencies and sometimes as many as 14 or 15 associate or assistant commissioners. A children's cabinet can create a forum across agencies to address system of care development and interagency collaboration.

Information Development and Dissemination

- *Inform families and the community of available services*—Many families in urban communities have no idea what services are available in the community and do not know what to do when their child has a mental health issue. Since all children go to schools, schools are an excellent place to provide families with information about services. It cannot be assumed that everyone has access to the Internet, because many families do not have computers at home. Radio, television, and other types of advertising can be used to disseminate the information to the families about what types of services are available for mental health problems. Churches, government offices, and other agencies also may be places that families might look for information. Systems of care should ask families where they look for information to identify effective ways to disseminate information about available services. Information can be provided in different languages according to the population in the community.
- *Share best practices* for systems of care in urban communities.
- *Share data on urban system of care communities* collected through the national evaluation of federally funded system of care sites.

Training and Technical Assistance

- *Train families to become better system navigators*—Remove the ambiguity in our work with families by focusing on helping families to become more confident and better system navigators, rather than on vague terms such as "empowerment." This is a concrete strategy that is particularly important in urban communities with multiple and complex agencies and systems.
- *Provide technical assistance to "map" and coordinate multiple federal initiatives* occurring within cities.

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