

Monroe County
Youth and Family Partnership:
**Improving Services and Outcomes
for At-Risk Youth and their Families**

A Concept Paper prepared by:

Meridian
Consulting Services Inc.

for the Monroe County Office of Mental Health,
Office of Probation and Community Corrections,
Department of Social Services, and
the Youth Bureau

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I. BACKGROUND AND INTRODUCTION

Monroe County has the most youth placed in congregate care of any county in New York State outside of New York City. At points in time during 1999 and 2000, Monroe County had over 500 children in congregate level care, placed through the child welfare, juvenile justice, mental health and education systems. On December 31, 2000, Monroe County had 139 Juvenile Delinquents (JDs) placed in the care and custody of the State Office of Children and Family Services, almost 40 percent more than the next highest county. For all levels of foster care, Monroe County's 1999 admission rate was nearly twice as high as comparable counties and its in-care rate was almost 30 percent higher.

These statistics have been a wake-up call for the leaders of the child serving systems in Monroe County. They recognize that there are major problems in the way service systems are organized, funded, and delivered to children at imminent risk of placement. Each of these systems, spawned by restrictive categorical funding streams, have developed their separate identities, including discrete policies and procedures, rules and regulations, eligibility requirements, and service providers. The systems often work in isolation, limiting opportunities to respond comprehensively to family needs. From the family's perspective, the systems are fragmented, confusing, and often disparaging by focusing on the deficits rather than the strengths of families. These systemic shortfalls contribute to inappropriate or insufficient services to children and families and, ultimately, to out of home placements.

A Leadership Team, composed of the Directors and Deputy Directors from the Monroe County Office of Mental Health, Office of Probation and Community Corrections, Department of Social Services, and the Youth Bureau, has been working over the past eight months with Meridian Consulting Services to develop a more comprehensive and effective response to youth on the verge of residential placement. As part of this effort, the Team explored other county initiatives aimed at serving similar target populations and was particularly impressed with the results of two models: Kids Oneida in Oneida County, New York and Wraparound Milwaukee in Milwaukee County, Wisconsin. These models use a capitation funding approach to leverage major changes in the service delivery system and have demonstrated dramatic success in reducing placement rates and improving child and family functioning.

This paper proposes a new way for Monroe County to serve youth with mental health diagnoses who are at risk of out of home placement. This Initiative, the *Monroe County Youth and Family Partnership*, will employ a cross-system approach to service planning and delivery. The main features of the *Partnership* include:

- A team of **care coordinators** who are cross trained to fulfill as many roles and requirements of the mental health, child welfare, and probation systems as legally possible, thereby reducing the number of individuals with whom a family has to interact. The care coordinator will serve as the primary contact for the family and be responsible for ensuring quality services planning and delivery.
- Formation of **child and family teams** involving professionals, informal supports, and most importantly, family members themselves in the process of identifying strengths, resources, needs, and goals and priorities.
- **Family and youth advocacy services** to provide peer support and assistance to families throughout their involvement in the Initiative.
- A **capitation rate** composed of Medicaid and child welfare funds to provide the flexibility to purchase the services and supports needed to maintain youth at home and in their communities.

The *Youth and Family Partnership* will be implemented in two phases. During Phase One, the County will develop and initiate the core elements of the *Youth and Family Partnership*. The County will establish a Care Coordination Unit composed of a supervisor and three care coordinators re-assigned from the County departments of mental health, social services, and probation. This Unit will serve up to 25 youth and their families. The Phase One target population will be youth who:

- are age 16 and under;
- have a DSM-IV designated mental health diagnosis; and
- have been adjudicated by family court as a Person in Need of Supervision (PINS) or Juvenile Delinquent with a likely disposition of out of home placement under DSS supervision.

Approximately 15 months after initiation of Phase One, the County will begin Phase Two: taking the model to scale. Consideration will be given to increasing the number of families served and expanding the target population to other youth with a mental health diagnosis who are at risk of out of home placement.

This paper is designed to stimulate discussion at the state and community levels about the intent and features of the *Monroe County Youth and Family Partnership*. Over the next several months, Monroe County will be seeking extensive input from community stakeholders, family members, and State agencies. With the help of these partners, Monroe County hopes to establish a more rational, family friendly, and effective approach to serving youth in their homes and communities.

The remainder of this paper contains the following Sections:

- Section II - Phase One – Developing the Core Elements of the *Youth and Family Partnership*
- Section III - Phase Two – Expanding the Initiative
- Section IV - Developmental Grant and Implementation Schedule

II. PHASE ONE – DEVELOPING THE CORE ELEMENTS OF THE *YOUTH AND FAMILY PARTNERSHIP*

A. Vision and Principles

As envisioned by The Leadership Team, the *Youth and Family Partnership* will promote a culture and system of care that places a priority on keeping children with serious emotional and behavioral challenges at home with their families. Residential placement will occur for those children whose needs are so extreme that they cannot be safely met in the community. The Office of Mental Health, Office of Probation and Community Corrections, Department of Social Services, and Youth Bureau will take joint responsibility and work together to create a more seamless and outcome-focused delivery system for youth at imminent risk of out of home placement and their families. Children and families will:

- be viewed as active partners who have the ability to determine the services they need and to guide the course of their treatment.
- be given every opportunity to succeed and not be rejected for the Initiative because of past perceptions of the willingness of the family to participate.
- be provided services that build upon their strengths and natural supports and that are responsive to their culture.
- have equal access to a comprehensive array of services when they need them and at the level of intensity that is needed.
- receive coordinated services and supports and have a clear understanding of the roles and responsibilities of all family members and providers in working toward jointly established goals.
- receive services and supports in accordance with the unique needs and potential of each child and family and guided by an individualized service plan.
- be served within the least restrictive, most normative environment that is clinically appropriate.
- be provided services without regard to race, religion, national origin, disability, or other characteristics.

These principles echo many of the values expressed by the Federal Child and Adolescent Service System Program (CASSP) and recent initiatives of the New York State Office of Mental Health and Office of Children and Family Services. They will guide every aspect of the development and operation of the *Youth and Family Partnership* and will be an integral part of the training for all staff involved in this system of care.

B. Target Population

The target population for the *Youth and Family Partnership* is youth with a mental health diagnosis and at imminent risk of placement into congregate care. During Phase One, the Initiative will serve a sub-set of this target population: youth with a designated mental health diagnosis who are adjudicated as a PINS or JD with a likely disposition of out of home placement in the DSS foster care system. This population is among the most difficult to serve and is typically involved with the mental health, social services, probation, and education systems. The *Youth and Family Partnership* will place an emphasis on serving young adolescents, age 16 and under, in the hope of reducing their future involvement with the child serving systems. Another consideration will be the willingness of families to participate in the Initiative since family involvement will be an critical component of all aspects of the *Youth and Family Partnership*,

C. Structure for Care Coordination

Strong care coordination is an essential component to any effective system of care. The *Partnership's* coordinators will serve as the primary contact for the family and be responsible for ensuring quality services planning and delivery. The coordinators will work with a child and family team to craft a service package based on a family's strengths and needs rather than simply on what services are available. The coordinators will build effective linkages and relationships with all of the child and family serving systems and the schools. To simplify the process for families, The *Partnership's* care coordinators will be trained in the mandates, philosophy, and practice of the mental health, social services, and probation systems and will take on as many care coordination functions and responsibilities of these systems as possible.

The care coordinators of the *Youth and Family Partnership* will assume the following functions:

- Knowing the background, culture, strengths, and circumstances of the family, and developing effective relationships with all family members;
- Arranging and facilitating on-going child and family team meetings;
- Working with the team to conduct a strength-based assessment, identify needs and priorities, and develop an individualized service plan;
- Accessing capitation funding, authorizing payments, and managing resources;
- Advocating for creative and responsive services that meet the needs of families;
- Meeting all planning and documentation requirements of the three systems, including permanency planning, safety planning for family members and the community, and planning for mental health and other services;
- Making referrals in accordance with the plan and ensuring that connections are made to the referred agency or services;

- Monitoring progress and implementation of the plan and making adjustments, as needed, to ensure that the family's needs are being met; and
- Ensuring family satisfaction with the process and delivered services.

During Phase One, the County will establish and directly operate the Care Coordination Unit with experienced and skilled staff from the County departments of mental health, social services, and probation. Each care coordinator will have a maximum caseload of five to eight youth and their families.

Youth will be referred to the *Youth and Family Partnership* from the Department of Social Services and the Office of Probation and Community Corrections. Referrals will first be sent to the County's Single Point of Accountability to determine eligibility for the Initiative, collect essential data, and pass the referral on to the *Youth and Family Partnership* Care Coordination Unit.

D. Strength-based Child and Family Teams

Each family referred to the *Youth and Family Partnership* will be assigned a care coordinator who will then convene a child and family team. A team may consist of family members, involved professionals and providers, a family advocate, and informal supports such as relatives, friends, and the clergy. The role of the team will be to help the family identify strengths and needs, set goals, and develop the service plan. Team members will meet periodically with the family and assist family members in evaluating progress and making adjustments to services as needs change. Team members will also model and promote advocacy skills so that family members are empowered to better help themselves. The care coordinator will encourage the use of natural supports when developing strategies to meet the goals of the plan. Care coordinator will remain with the family throughout the Initiative, unless the family requests a change of care coordinator.

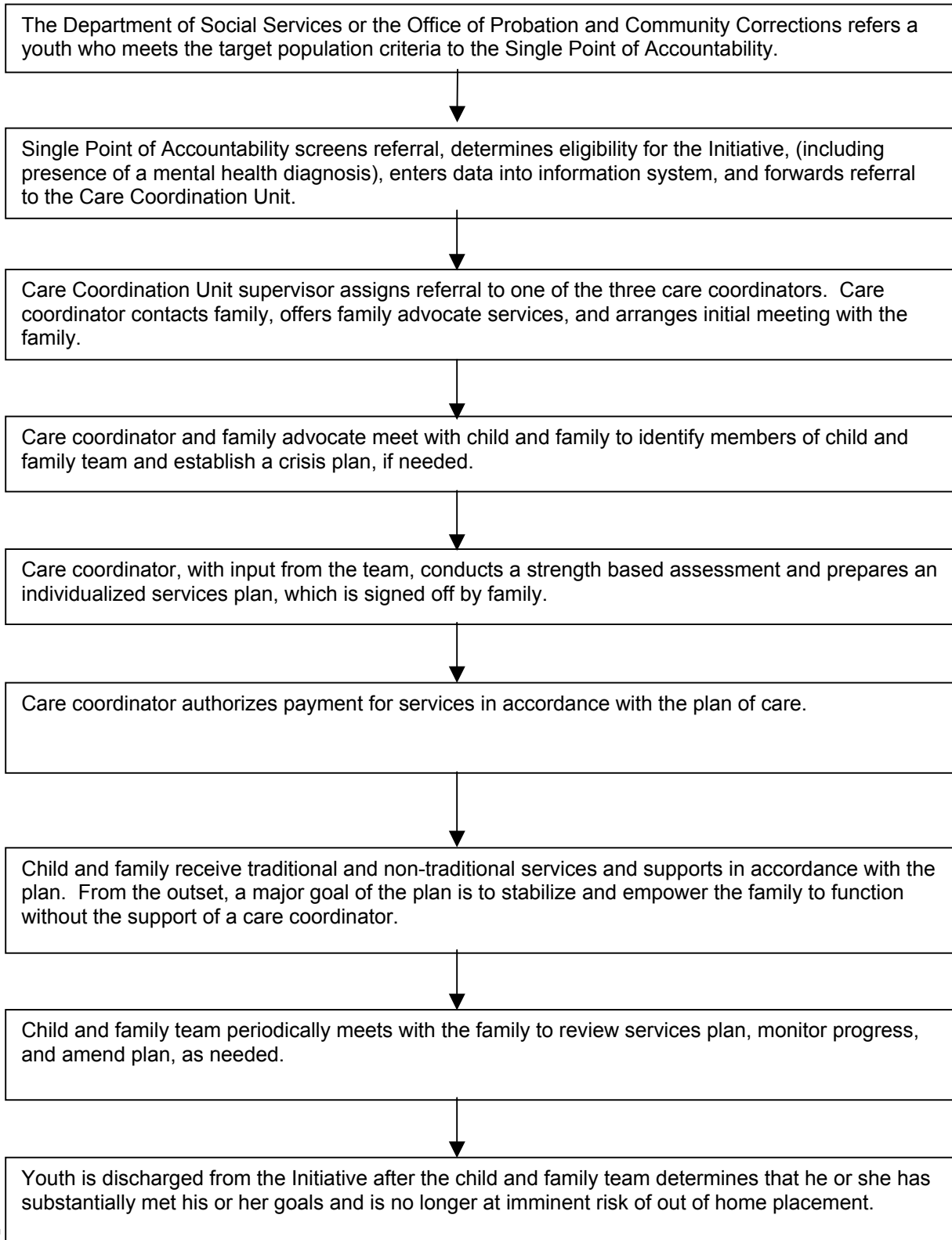
To enable an integrated approach to services, the *Youth and Family Partnership* will work with the New York State Office of Mental Health, Office of Children and Family Services, and Division of Probation and Correctional Alternatives to develop a single, individualized youth and family service plan that meets all of the requirements of these three agencies. Similarly, the County will work with the State to merge service plan review requirements so that families are not burdened by multiple meetings.

E. Family Advocacy

This Initiative will work to build advocacy capacity and work with existing family advocacy organizations to ensure that each family has the opportunity to avail itself of family and youth advocate services. Possible roles for the advocates include: 1) meeting initially with the family to discuss the process; 2) participating as members of the child and family team; 3) helping to develop and administer satisfaction surveys; and 4) assisting families to transition from the *Youth and Family Partnership* to other community and natural supports.

Core Elements C, D, and E are related to how the *Youth and Family Partnership* will directly interact with youth and families. The Client Flow Chart, below, highlights how youth and families will be involved with the system from intake to discharge.

Monroe County Youth and Family Partnership Client Flow



F. Flexible Funding

The *Youth and Family Partnership* will be funded through a capitated rate of Medicaid and child welfare funds, similar to the approach established by New York State for Kids Oneida and by Wisconsin for Wraparound Milwaukee. The rate will cover the cost of care coordination and other administrative expenses, community services and supports, and any foster care, if needed. If the capitation rate exceeds actual costs, the *Youth and Family Partnership* will use the additional funds to expand the number of youth served and the array of services available through the Initiative.

As demonstrated by Kids Oneida, Wraparound Milwaukee, and other integrated systems of care around the Country, flexible funding is often the key to ensuring that the needs of families, rather than funding requirements, are driving service development and availability. Flexible funding enables a system to tailor services to the particular needs of a family and promote the concept that the services system will do “whatever it takes” to keep a child with complex needs in the most normalizing, least restrictive setting possible. Flexible funding will promote the development of non-traditional services which can be critical in helping families keep their children at home and in the community. Examples include respite, in-home therapeutic services, structured family activities, or actions or lessons supporting positive youth development.

G. Evaluation

The Leadership Team has identified six outcome areas for evaluation of the *Youth and Family Partnership*:

- overall cost of the Initiative;
- out of home placement rates;
- the types and length of services received;
- child and family functioning, using CAFAS or a similar tool;
- specific outcome measures identified through longitudinal reviews, such as school attendance and recidivism; and
- satisfaction of the youth and families served.

Whenever possible, baselines will be established against which the process can be effectively assessed.

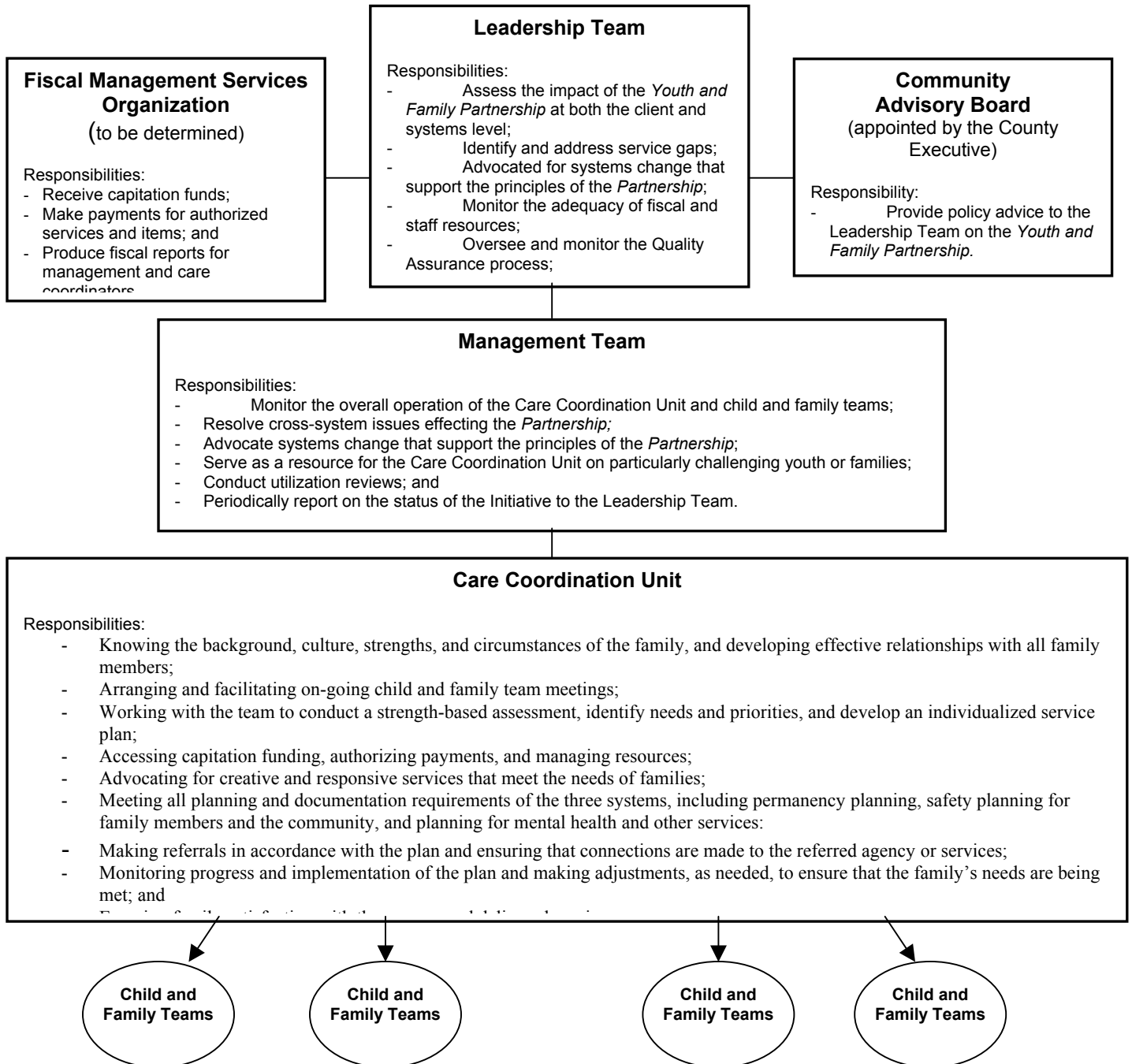
H. Organizational Structure

Oversight and management of the *Youth and Family Partnership* will reside with the Monroe County Leadership Team. This Team includes the Directors of the Offices of Mental Health and Probation and Community Corrections, the Director of the Youth Bureau, and the Deputy Director for Services from the Department of Social Services. The Leadership Team will be assisted by an Advisory Board composed of representatives from the County Executive’s Office, provider agencies, schools, family court judges, advocacy groups, and family members.

More direct, operational supervision of the *Youth and Family Partnership* will be provided by a Management Team of administrators from the departments of mental health, social services, and probation. This Management Team will frequently review operations of the Care

Coordination Unit, provide support to the Unit supervisor, and resolve issues between the three involved agencies. The Management Team will be the direct link to the Leadership Team and the Advisory Body and provide periodic reports on the successes and challenges of the Initiative.

The following chart illustrates the organizational structure of the *Youth and Family Partnership*:



III. PHASE TWO - EXPANDING THE INITIATIVE

After a year of Phase One operations and an assessment of its impact, Monroe County will consider increasing both the number of youth and families served and number of care coordinators. Populations to be considered for this expansion include youth who have a mental health diagnosis and are:

- On the waiting list for placement in Rochester Psychiatric Center or a Residential Treatment Facility;
- Returning to the community from Rochester Psychiatric Center, a Residential Treatment Facility, a mental health community residence, or institutional foster care;
- Being discharged from inpatient psychiatric hospitalization in a general or private hospital with identified multiple system needs; or
- At-risk of placement in congregate foster care because of a voluntary request by a parent or parents for transfer of care and custody to the Department of Social Services.

When expanding the target population of the *Youth and Family Partnership*, careful consideration will be given to clearly defining and clarifying the roles and responsibilities of the Single Point of Accountability vis-a-vis the *Partnership* in serving the additional at-risk youth and their families.

IV. DEVELOPMENTAL GRANT AND IMPLEMENTATION SCHEDULE

Monroe County will request a one time developmental grant from the New York State Office of Mental Health and Office of Children and Family Services to cover the cost of initial development. This developmental phase will begin the last quarter of calendar 2001. Some of the tasks that will be done during this phase include: identifying and training staff for the care coordination unit; preparing policies and procedures; selecting the fiscal agent; developing payment mechanisms and information systems; establishing linkages with family and youth advocacy organizations; and building relationships with providers to support the *Youth and Family Partnership* goals and philosophy. Once Phase One has begun, operating expenses will be supported through the capitation rate.

The chart below provides an overview of the implementation schedule for all phases of the *Youth and Family Partnership*.

Youth and Family Partnership Implementation	Months 1-6	Months 6-12	Months 12-18	Months 18-24
Development Phase	▬			
Phase One		▬		
Assessment of Phase One and Preparation for Phase Two				▬
Phase Two				▬