



System of Care Issue

The Advocate

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Calendar of Events

Events relating to helping children are available at:
www.tennessee.gov/tccy/webcalen.html

TCCY

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at www.tennessee.gov/tccy

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Systems of Care Place Children & Families First

Serving children with disabilities and multiple service system needs requires substantial help from the community.



Sometimes the best solutions are the simplest and most obvious. However, sometimes the simplest solutions are the most difficult to implement.

Children with severe emotional disturbances and other disabilities have an array of problems that require solutions from a spectrum of professionals and services. Traditionally, these services have been provided in a crazy-quilt fashion with no systematic coordination. Service availability has been driven by the needs and missions of organizations providing the services rather than needs of the children or the families.

The system of care concept inverts this system by placing the child and family at the center. System of care is a philosophy that focuses services on the child and family. Each child and family has unique strengths and weaknesses. Unfortunately, in the current system, in which services available are all too often driven by the availability of categorical funding instead of the needs of clients, frequently neither the family strengths nor its needs are considered in planning and providing services.

For a variety of reasons, ranging from privacy concerns to turf issues, agencies, and sometimes programs within agencies, do not share information about children and families. Agencies divert energy and resources to collecting information and managing cases, tasks that may have been done by other agencies already. Families repeatedly make the same explanations and supply the same information and have to negotiate

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Key Components of Wraparound Milwaukee

- ◆ Care coordination (assessments, etc., with small caseloads);
- ◆ The Child and Family Team, a support system for the child and family.
- ◆ A mobile crisis team.
- ◆ A provider network with an array of services and resources
- ◆ Managed Care and Blended Funding
- ◆ Informal Services

System of Care

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between services and agencies. In a system of care, communication and coordination among providers increases efficiency and results in better services.

Fitting a system of care into existing funding mechanisms challenges the creativity of system creators. Some programs are funded as special projects. Some local systems of care blend funding from a number of sources into a fund to operate the system. Blended funds from various sources are merged and used interchangeably. Braided funding uses funding from different sources but accounts for the different sources separately.

This concept is related to a system used to care for children with physical health issues, the “medical home,” which aims to provide care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally competent.”

Describing the typical system of care is impossible, since its family and community philosophy means that all systems of care are unique. Wraparound Milwaukee, which serves children referred from the juvenile court system, was created in 1996. The Wraparound philosophy includes strength-based approach to children and families, family involvement in the treatment process, needs-based service planning and delivery, individualized service plans and outcome-focused approach.

Because of its age, the Milwaukee program can report extensive progress on outcome measures:

- ★ Use of residential treatment decreased 60 percent;
- ★ Inpatient psychiatric hospitalization dropped by 80 percent;
- ★ Average overall cost of care per child dropped from \$5,000 per month to \$3,300;
- ★ Average CAFAS emotional functioning scores moved from 74 (high) at enrollment, to 56 (moderate) 6 months after enrollment down to 48 one year after enrollment;
- ★ 50 percent or more reduction in recidivism rates.

Tennessee has begun to implement the system of care. The Tennessee Department of Mental Health and Developmental Disabilities received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) to help develop a system of care. The Nashville Connection, a program of Tennessee Voices for Children, has provided services through a system of care approach. Centerstone is implementing a system of care through the Early Childhood Network in Columbia, which coordinates services for children from birth to grade three.

On a macro level, the governor moved to better coordinate services to children by creating a Children’s Cabinet. The commissioners of state departments serving children and advocates from the community make up the Cabinet.

The Tennessee Commission on Children and Youth Cindy Durham, Chair Gallatin

| | |
|---------------------------------|------------------------------------|
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A System of Care: Moving Forward in Tennessee

Health and Mental Health and Developmental Disabilities Departments' Efforts Converge

Early Childhood Comprehensive Systems

The Tennessee Department of Health's (DOH) Maternal and Child Health (MCH) program has received federal funding to establish an "Early Childhood Comprehensive System" (ECCS). The U.S. Department of Health and Human Services is funding grants to help states plan, develop, and ultimately implement collaborations and partnerships to support families and communities to raise children who are healthy and ready to learn at school entry. Called "Building Bridges for School Readiness," the objectives of Tennessee's program include building bridges to develop nontraditional partnerships that support family wellness and children from birth to 5 years of age and to address the critical components affecting early childhood school readiness. Issues include access to health care, early care and education, mental health and socio-emotional development, parenting education and family support. A broad-based ECCS Advisory Committee, including TCCY representatives, is working together to develop this system of care for young children.



Mental Health and Developmental Disabilities Continues to Provide Leadership

System of Care efforts originated in children's mental health systems, and the Department of Mental Health and Developmental Disabilities (DMHDD) provided early leadership in Tennessee with the Nashville Connection grant. Efforts to broaden recognition of the value of a system of care approach to services for all children began with a meeting of service providers and advocates from across the state in January to discuss strategies for moving system of care efforts forward.

Participants in the meeting agreed on common values and principles for Tennessee to develop a comprehensive system of care. The group concluded a system of care would reduce duplication of services, reduce the difficulties in navigating the service system, empower families to overcome barriers, help encourage a seamless system that eliminates competing services, and provide appropriate transitions to other systems.

The group also suggested that creating a system of care would promote a common language across systems serving families and that families should have multiple entry points. In addition to providing more efficient utilization of existing resources, better coordination helps pinpoint gaps in services, and closer interaction makes partners more accountable to each other.

In keeping with reducing duplication, the group recommended building a system of care within existing structures at the state and local level. If all departments at the state level required use of a system of care approach at their delivery levels, it should improve coordination in service delivery. Strategies to implement a system of care included making state department contracts incorporate system of care principles and requiring agencies the state contracts with to participate in system of care efforts.

The group recommended the creation of a state system of care advisory council with representatives from state, regional and local private, public and state organizations and consumers. ¶

The Nashville Connection

Definitions

Accessible services: Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home than to travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Appropriate services: Designed to meet the specific needs of each individual child and family. Appropriate services for one child and family may not be appropriate for another. Appropriate services usually are provided in the child's community.

The Nashville Connection is the state's first attempt to implement a system of care. It began in 2000, with a 1999 grant from the federal Substance Abuse and Mental Health Services Administration. Four years later the program had served more than 262 children. It is a pilot program; the Tennessee Department of Mental Health and Developmental Disabilities is moving toward implementing systems of care statewide.

The goals of the Nashville Connection have been:

- To encourage parent-professional-communities to join together in designing, carrying out and evaluating the project;
- To ensure cultural sensitivity and competence ;
- To ensure that agencies will work together and build on a common foundation which focuses on the child and family;
- To support the creation of a full range of mental health services and natural supports that are wrapped around children and families;
- To provide ongoing quality improvement and evaluation in order to enhance decision making.

The purpose of the project is to make it possible for children with mental health, emotional and behavioral concerns to be cared for in their home, by developing a child-focused and family-centered community of care. Through this system, families and children develop skills and power to manage their lives.

This local program, operated by Tennessee Voices for Children, serves children who live in targeted areas of Nashville; are between the ages of 8 and 13; have a serious emotional disturbance; require the services of more than one agency; and are at risk for out-of-home placement, hospitalization, or are in state custody.

Families are assigned a family services coordinator who assesses the family's strengths and needs and makes sure everyone who is presently involved with the family is represented on the Child and Family Team. Family services coordinators are community representatives who have been family members of a child with severe emotional disturbances. In addition to the family, representatives from the schools, case managers from agencies serving the family, representatives from juvenile justice and the faith community, coaches, mental health professionals, Scout leaders, Department of Children's Services staff and anyone who has a relationship with the child or family or who may be deemed helpful are included. The family services coordinator facilitates meetings of the team.

Strengths assessment results are then used to create a comprehensive and coordinated plan with the family to choosing the services it requires. Creation of the plan is not the end of the process. If the plan does not seem to be working, the Child and Family Team is reconvened to reassess the plan. The program serves children regardless of their SED challenges.

When required services are unavailable, flexible funding is used to purchase them, as approved by the family services coordinator. These funds are used to provide for

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Nashville Connection

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unexpected or unusual needs families may face, especially when the family enters the program. These funds may be used for child care, respite, mentoring, family counseling, parent education and support, conflict resolution, after-school and recreational activities for children.

In addition to the family services coordinator, two other positions are key to the program: school-based mental health liaisons and community resource developers. Centerstone employs the mental health liaisons, and Tennessee Voices the other two positions. The mental health liaisons work with the schools to develop strategies to successfully mainstream children and assist them in their school careers. They also train school personnel and participate on the Individualized Education Plan team with the schools.

An evaluation of the program completed in July 2003 found school suspensions and expulsions had reduced and attendance had increased. Grades remained stable. Forty-two percent of the children showed an improvement in internalizing behaviors and 46 percent remained stable. In terms of externalizing behaviors, 44 percent improved, and 43 percent remained stable.

For more information about the Nashville Connection, contact Tennessee Voices for Children at (615) 269-7751 or the agency website at <http://www.tnvoices.org/nashvilleconnection.htm>. 

More Definitions


Cultural competence: Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

The Advocate is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 21-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive *The Advocate*, contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633. Fax: (615) 741-5956. E-mail: fay.delk@state.tn.us.

Serious emotional disturbances: Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

System of Care: A system of care is a method of addressing children's mental health needs. It is developed on the premise that the mental health needs of children, adolescents, and their families can be met within their home, school, and community environments. These systems are also developed around the principles of being child-centered, family-driven, strength-based, and culturally competent and involving interagency collaboration.

Wraparound Services: A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.

Source: SAMHSA's Mental Health Information Center, www.mentalhealth.samhsa.gov/resources/dictionary.aspx. 

Early Childhood Network

Values and Principles of Systems of Care

Core Values

Systems Of Care Are:

- ★ Child-centered, family focused, and family driven;
- ★ Community-based; and
- ★ Culturally competent and responsive.

Principles

Systems Of Care

Provide For:

- ★ Service coordination or case management;
- ★ Prevention and early identification and intervention;
- ★ Smooth transitions among agencies, providers, and to the adult service system;
- ★ Human rights protection and advocacy;
- ★ Nondiscrimination in access to services;
- ★ A comprehensive array of services;
- ★ Individualized service planning;
- ★ Services in the least restrictive environment;
- ★ Family participation in all aspects of planning, service delivery, and evaluation; and
- ★ Integrated services with coordinated planning across the child-serving systems.

The Early Childhood Network (ECN) is very different from the Nashville Connection or Wraparound Milwaukee. ECN is the mechanism another community is using to implement a system of care. It provides services to children from birth to third grade who are either having behavioral problems or have been diagnosed with an emotional or behavioral disorder within the past 12 months that has resulted in functional impairment and substantially interferes with family, school or community activities. The program is operated by Centerstone in Maury County. It provides intervention services and supports parents in overcoming barriers to emotional or behavioral health services for their children.

The network is composed of providers dedicated to providing quality services, and, in the agency's words, "ECN develops and nurtures relationships with community providers so that together the ECN builds on identified strengths – all to support healthy families and the communities in which they live."

Services provided by the Early Childhood Network include:

- Advocacy efforts on behalf of a coordinated child-centered, family focused and culturally competent services in the community;
- Behavior and mental health screenings and follow-up consultation in the child's natural environment;
- Workshops and a lending library to educate the community regarding early childhood mental health;
- Collaboration among network members to coordinate multiple services;
- Funding to assist in the payment of behavior consultations and interventions for home or school, behavior and mental health screenings and follow-up services, child care and respite care; insurance co-pays and deductibles, medications for behavioral and emotional problems, meetings with providers, evaluations and therapy, parent training and support, summer camp or summer programs, training for teachers and other professionals and volunteers who want to learn how to deal with individual children's problems and transportation.
- Referral services to other agencies;
- Anything else to meet the mental health needs of children and their families.

The network is made up of advocacy groups like NAMI of Tennessee, mental health providers, parent early intervention programs, preschools and child care centers, private schools, public schools, social service agencies, medical service providers, speech, and occupational therapy centers.

For more information, contact the Early Childhood Network at (931) 490-1566. The Early Childhood Network has a Yahoo group. For more information about the group go to:

<http://groups.yahoo.com/group/MauryCountyEarlyChildhoodNetwork/> 

TVC Group Suggestions

Tennessee Voices for Children sponsored a conference, Making a System of Care a Reality in Tennessee. Participant recommendations included:

- ▲ Re-engineer system of care as a philosophical approach to service delivery, not a required model;
- ▲ Implement systems of care focused on local needs, local resource capabilities and local models;
- ▲ Provide flexibility in the definition of local.
- ▲ Treat parents and families as partners;
- ▲ Have an open mind, a win-win attitude and come to the table with something to offer;
- ▲ Identify and promote areas in which systems are working together effectively;
- ▲ Promote use of best practices across all systems;
- ▲ Support a comprehensive statewide assessment of services and resource for children, youth and families in Tennessee in order to focus prevention and early intervention efforts on unmet needs;
- ▲ Multidisciplinary teams housed in same location across the state but to answer to and funded by respective systems.

Shelby County System of Care Efforts

*By Traci Sampson
JustCare Staff*

Shelby County has begun its own efforts to fashion a system of care program that works with its unique community, JustCare for Kids.

JustCare for Kids, a nonprofit agency, is not a service delivery organization, but rather a catalyst and support for system of care implementation individualized at the neighborhood level; based in a physical “hub” providing easy access to comprehensive services and resources. It will partner with existing community organizations to deliver best practice system of care methods through training, technical assistance, evaluation, and other community-wide tools. It will also maintain interagency agreements and high-level policy advocacy to support local implementations. JustCare has already implemented several of these processes, including a community-wide cultural strengths assessment and online Trouble Ticket system to provide system monitoring.

The Trouble Ticket is an online documentation form capturing information about cases where there are barriers to obtaining treatment services. It records the referring agency, the diagnosis of the child or youth, the type of agency where he or she was referred, and the reason why service could not be obtained (lack of insurance, no space available, failure to meet criteria for admission, etc.). These cases are sent to JustCare staff, who follow up with the involved parties to determine if the case indicates a systemic issue (e.g., policy, procedure, etc.), or if the case was due to individual factors (staff who did not follow procedures, etc.). When a systemic issue is indicated, then the agency convenes a problem-solving group to further diagnose the issue or develop a recommended solution. JustCare has developed a number of position papers regarding requested policy changes or needs for additional resources and has also conducted information sessions to clear up misunderstandings between providers.

JustCare is currently working with several community agencies to develop a pilot service delivery system of care with multiple and earlier points of entry delivering a full continuum of resources, from early childhood prevention to intensive intervention. Based on this pilot, JustCare can work with the emerging statewide system of care initiative to expand into a consistent community-wide framework tailored to the unique needs of individual neighborhoods.

JustCare for Kids was established in 2004 as an outgrowth of the Juvenile Justice Mental and Behavioral Collaborative. Members included local and regional administrators from all child-serving government agencies, including Department of Children’s Services, juvenile court, the Shelby County Community Services Agency, Memphis City Schools, Shelby County Schools, and Shelby County Government, as well as the CEOs of outpatient, inpatient and acute care TennCare providers; advocacy organizations; and parents. Representatives from these agencies now comprise JustCare’s board.

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KIDS COUNT Project Releases Data Reports about Rural & City America

Data Book also Compares the Nation's Largest Cities

The Annie E. Casey KIDS COUNT program has released several reports focusing on the problems of rural America and on the problems of the nation's largest cities.

The KIDS COUNT Rural and City Data Book reported on 10 measures of child well-being. Children living in America's rural areas were more likely to live in poverty and less likely to have a telephone at home compared with all U.S. children, but they fared the same or better on eight other measures of child well-being, according to a December report from the Annie E. Casey Foundation.

"Though their environments are very different, rural and urban children and their families share the same kinds of problems, barriers and disconnections. They need the same supportive and effective services, economic opportunities, access to health care, affordable child care, and strong community networks for children to succeed," said Linda O'Neal, executive director of the Tennessee Commission on Children and Youth, the Casey Foundation KIDS COUNT partner in Tennessee.

In rural Tennessee one in five children lives in poverty, the same level as in Nashville, and a slightly higher rate than all children in Tennessee. In the City of Memphis substantially more children live in poverty, almost one in three, but in actual numbers, more children live in poverty in rural Tennessee than in the City of Memphis, and almost as many as Nashville and Memphis combined.

The availability of low cost housing is a large unmet need for low-income families with children in urban and rural areas. Almost one in two low-income children in rural areas and almost two in three in urban areas live in families that spend 30 percent or more of their income on housing.

Nashville has a higher percentage of children who have difficulty speaking English than the City of Memphis. On all other measures, Nashville does the same as or better than Memphis. Nashville and Memphis percentages are the same as or worse than the rural areas on all indicators except fewer children live in a home without a telephone in the cities and in Nashville, fewer children live with a household head who is a high school dropout.

Pocket guides containing this material are also available. The data can be accessed on the Internet at www.aecf.org.

Information about rural children is also available from the Rural Families Data Center of the Population Reference Bureau.

TCCY is the Tennessee partner of the Annie E. Casey Foundation KIDS COUNT project.



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