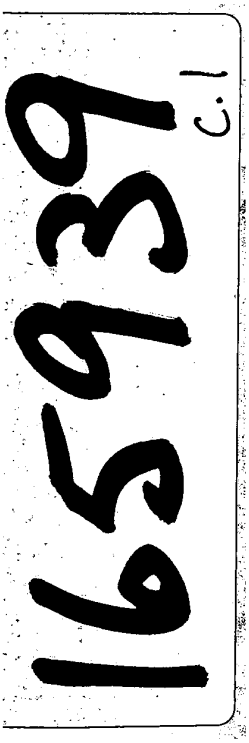


U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention
State Relations and Assistance Division

Challenge Activities Program Areas

OJJDP

Challenge to the States

The 1992 reauthorization of the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974 added Part E, State Challenge Activities, to the programs funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The purpose of Part E is to provide initiatives for States participating in the Formula Grants Program to develop, adopt, and improve policies and programs in 1 or more of 10 specified Challenge areas.

Challenge Activity J

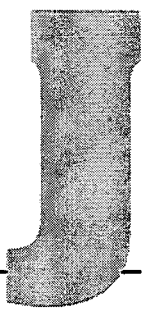
To develop and adopt policies to establish:

1. A State administrative structure *to coordinate program and fiscal policies for children who have emotional and behavioral problems and their families among the major child-serving systems, including schools, social services, health services, mental health services, and the juvenile justice system.*

2. A statewide case review system *with procedures to ensure that (a) each youth has a case plan, based on the use of objective criteria for determining a youth's danger to the community or himself or herself, designed to achieve appropriate placement in the least restrictive and most familylike setting available in close proximity to the parents' home, consistent with the best interests and special needs of the youth; (b) the status of each youth is reviewed periodically, but not less frequently than once every 3 months, by a court or by administrative review to determine the continuing necessity for and appropriateness of the placement; (c) with respect to each youth, procedural safeguards will be applied to ensure that a dispositional hearing is held to consider the future status of each youth under State supervision, in a juvenile or family court or another court (including a tribal court) of competent jurisdiction, or by an administrative body, appointed or approved by the court, not later than 12 months after the original placement of the youth and periodically thereafter during the continuation of out-of-home placement; and (d) a youth's health, mental health, and education record is reviewed and updated periodically.*

Coordination of services for children, youth, and families reduces duplication in services, prevents clients from falling through the cracks of fragmented programs, maximizes the strengths of public and private agencies, makes it easier for families to access services, and more comprehensively addresses the varied needs within individual households.[1] States and communities can coordinate services for children, youth, and families through program linkages, service integration, and interagency collaboration. These approaches to coordinating services for children, youth, and families have few common denominators. Some services start at the community level, improving working relationships among line staff serving shared clients, while others are initiated by State child- and family-serving agencies. In some States, governors, legislators, and judges lead service coordination efforts, while elsewhere local citizens are the advocates for one-stop shopping services for families.

Few service coordination reforms have included all the agencies that have an impact on families.



Most are led by educational, social service, or child welfare agencies and tend to include health and mental health services focusing on at-risk children and their families. Collaborative efforts with a community development framework focus on housing, food stamps, and employment to enhance family well-being. Many service coordination efforts leave out delinquents, their families, and the juvenile justice system. Often families, young people, or providers are not included in the collaboration process, although ultimately they may be included in case planning.

The depth of service coordination reforms also varies. Some are coordinated primarily through interagency agreements, while others have produced significant changes in the array of services available and in funding streams. Many service coordination reforms have struggled with conflicting agency policies and with the widespread belief that information sharing was a violation of confidentiality. Service coordination may focus on developing a shared language among child- and family-serving agencies, sometimes leading to a change in philosophy toward needs-based, family-centered, integrated, neighborhood services that are comprehensive, culturally competent, and responsive.[2] These approaches tend to stress the benefits of collaborative efforts dedicated to strengthening families rather than relying on out-of-home care, with active involvement of families in identifying their needs and designing services.

Coordination of services for children, youth, and families may take different forms, depending on the leadership for reform, the agencies initially involved, their location, and the incentives for certain approaches offered by foundations and special Federal funds. For example, if a school principal leads, service coordination may take the form of different agencies locating their services in the school. If a mental health center leads, interagency services are likely to be clustered around a day treatment center. If the governor's office is focused on reducing the cost of children's residential care, State-level coordination may occur among the educational, social service, mental health, and juvenile justice systems. Local service coordination may concentrate on children and families entering human services, while State efforts often target "deep-end" clients served in a fragmented and costly fashion by several agencies. Limited outcome information on costs and numbers served is available, but it is not comparable across efforts. Therefore, it is impossible to determine which approaches to coordination of services for children, youth, and families are most effective in changing the practices of public and private agency staff.

Although no two efforts to coordinate services for children, youth, and families are identical, common elements may include joint case planning, case management, fiscal change, shared information and outcome measures, and service design.

Joint Case Planning

Joint case planning involves staff from different agencies meeting to plan services for a child and/or family.[3] Staff members may be called together by one agency to assist in completing that agency's case plan. In some communities, a standing multidisciplinary committee meets to plan residential services or to make referrals to community-based services.

Sometimes joint case planning includes regular interagency reviews of the progress of an individual child and family. Joint case planning can evaluate unmet needs and apply a uniform system for determining a youth's danger to the community.

Interagency case planning can ensure adherence to criteria for determining the level of restrictiveness of services and can monitor cases so that the least restrictive, closest-to-family alternatives are consistently used. Joint case planning may allow several agencies to have one provider meet the needs of children and the family that each agency previously would have attempted to meet in isolation. For example, intensive individual attention from one person from a public agency or private contractor could offer a delinquent the daily contact and coaching in prosocial behavior required by the juvenile justice system; the tutoring and support for daily attendance desired by the school system; and the guidance in improved problem-solving skills and parent-child communication usually offered by the mental health system.

Case Management

The child or family may have one case manager who convenes the interagency case planning group and keeps information flowing among providers involved with the family. In some places, the cases are recognized as "multineeds" or "multiagency," and one member of the case planning team is designated as case manager. Sometimes a case manager is assigned when a youth is involved with the court in a child welfare, children in need of supervision (CHINS), or delinquency case. If needs are not met, case managers may refine the joint case plan, change services, and make funding decisions. One agency may get Medicaid reimbursement for case management functions.

In addition to centralizing the responsibility for interagency care for a child and family, a single case manager increases the possibility that consistent case planning will occur throughout the client's involvement with the agencies. For example, delinquents benefit from having a case manager oversee their service plan from intake through disposition and refinement of services in aftercare with a continuity in services designed to build on strengths and meet needs. Case managers can also serve as family advocates to ensure that families with multiple needs obtain access to a range of services.

Fiscal Change

Service delivery systems cannot change without fiscal improvements, such as pooling resources and redesigning funding streams. Such improvements may take the form of joint funding for a program, joint hiring of staff, or sharing the costs of a service or placement for an individual. To prevent the fragmentation caused by inflexible Federal and State funding streams, service coordination teams have identified the amount spent at a particular location or for a target group and have asked agencies to separate those funds to contribute to a pool. Sometimes the process of merging funding streams leads agencies to a joint decision to fund provision of interagency services rather than isolated programs.

In addition to moving away from categorical funding by pooling resources, fiscal changes to support coordination of services include using funds to leverage additional money and maximize Federal dollars; reallocating existing funds for different services; and locating discretionary funds for flexible service purchasing at the line staff level.

Shared Information and Outcome Measures

Agencies usually report the services they have delivered but not the impact of such services. Some efforts to coordinate services for children, youth, and families have established specific joint outcome measures and have involved agencies in collaboratively collecting information on the achievement of these outcomes. For example, agencies might decide on the shared goal of reducing the dropout rate in a particular school or community. Effective interagency services (for example, health, education, substance abuse, mental health, or juvenile justice) provided to children in the target group should result in an increased number of children staying in school. Accountability may be described as day-to-day interagency awareness of steps being taken to achieve the desired outcomes and their short-term effectiveness, while evaluation is an objective, periodic examination of the degree to which the outcomes are reached.

Fragmentation may occur when a family receives services from several agencies with incompatible information systems. For example, a child welfare worker providing protective services may have to go to different information systems in other social service branches in the same building to find out whether the family receives public assistance or food stamps. A shared information system that tracks interagency services and outcomes is ideal. Such a system can be initiated either by setting up a new interagency data bank or by agreeing to use common identifiers for children and families to make cross-agency access possible.

Service Design

Attempts to coordinate services and improve the quality of provision among child- and family-serving agencies usually improve the quality of provision. As a result of collaboration, natural supports and new providers may be included in joint case planning with traditional public and private services. Flexible funding may be identified for individualized purchase of services or contracts for services designed specifically in response to unmet child and family needs. Reform of service design may change the way services are planned, with emphasis placed on family and caregiver involvement in designing a unique service for the child and family, and with line workers having discretion over flexible funds.

Co-location. Many communities station staff from a variety of agencies in a school, family resource center, or other accessible place. These one-stop centers make it easier for families to obtain food stamps, medical care, counseling, and afterschool care, although communities do not necessarily go beyond co-locating services to coordination through joint case planning or case management.

Single Entry. In most jurisdictions, families must complete multiple, almost identical forms to register or to be determined eligible for services. One of the outcomes of co-located services is that some agencies have worked with Federal regulations to design a single information form that can be completed by parents when, for example, they register a child in school or seek medical care. The form is used automatically to determine a family's eligibility for other services and to enroll the family in the appropriate programs.

Neighborhood Improvement. When services are delivered in families' homes or children's schools, coordination may reach beyond traditional agencies to involve neighborhoods. Coordinated, family-centered, needs-based services can be provided by neighbors of at-risk youth and their families. A family advocate who works in the home with delinquents may organize young people to repair dilapidated public housing, build playgrounds for young children, or take a stand against drugs and gangs in their neighborhood.

Virginia's Comprehensive Services Model

Virginia's Comprehensive Services Act for At-Risk Youth and Families (1992) is an example of a statewide coordinated service delivery system for troubled and at-risk youth and their families. The Act cuts across the juvenile justice, social service, education, health, mental health, and substance abuse treatment systems. Many elements of the coordinated services for children, youth, and families described above can be found in Virginia's Comprehensive Services Act implementation.

In 1990, the secretaries of Virginia's Departments of Health and Human Resources, Public Safety, and Education formed an

interagency council to recommend changes to the service delivery system for emotionally and behaviorally disturbed children. This move followed a study that predicted that expenditures for children's residential care would continue to increase. Approximately $110 million was spent on education, youth and families services, mental health and mental retardation services, and substance abuse treatment for 5,000 children in residential care in 1990.

Five demonstration projects featured a variety of community-based services, including intensive probation, therapeutic respite care, parent and student aide programs, afterschool programs, therapeutic summer programs, preschool prevention programs, day treatment, transition classrooms, intensive home-based services, and therapeutic foster homes. These projects resulted in proposals for restructuring the service delivery system and funding streams through legislation. Hundreds of people were involved in developing legislation through the Council on Community Services for Youth and Families. The intent of the legislation was "to create a collaborative system of services and funding that is child-centered, family-focused, and community-based when addressing the strengths and needs of troubled and at-risk youths and their families" through:

- Appropriate services in the least restrictive environment, to preserve families while protecting the welfare of children and maintaining public safety.
- Early intervention with young children and their families.
- Services responsive to the unique and diverse strengths and needs of troubled and at-risk youth and their families.
- Interagency collaboration and family involvement in service delivery and management.
- A public and private partnership in the delivery of services to troubled and at-risk youths and their families.
- Flexibility at the community level in the use of funds.

The Act required creation of interagency teams at the State and local levels, creation of a State trust fund for localities to expand community-based services, consolidation of eight categorical funding streams from four agencies into a State pool distributed to localities on a formula basis, and provision of training and technical assistance to localities.[4] The target population includes children placed for special education, handicapped children placed by local social service agencies or the Department of Youth and Family Services, children referred from child welfare, and delinquents.

The State executive council, which meets bimonthly, establishes interagency programmatic and fiscal policies, oversees the trust fund, and advises the governor. The council consists of a parent representative; agency heads from the Departments of Health, Social Services, Mental Health, Mental Retardation and Substance Abuse Services, Education, and Youth and Family Services; and the executive secretary of the State supreme court.

The State management team includes staff from five child-serving agencies; administrators from local school divisions, health departments, juvenile court service units, community services boards, and departments of social services; nonprofit and for-profit providers; parents; judges; and local government officials. The team meets twice monthly to distribute the trust fund, coordinate implementation of the Act, and provide training and technical assistance. After extensive policy debate, the State management team agreed to create a system that could change, based on the following principles:

- Funding should follow at-risk youth and their families, based on individual service needs.
- Decisionmaking should occur at the community level.
- Effective use of financial resources should be maximized while containing growth.
- Ongoing evaluation should ensure due process and service effectiveness.
- The administrative burden on localities should be minimized.

Community policy and management teams are appointed locally at the city or county level and may be multijurisdictional. At a minimum the teams must include local agency heads or their designees from juvenile court services units, social service bureaus, the health department, the community services board, and local school divisions; a parent representative; and local private providers. The community policy and management teams develop interagency service delivery and referral and review policies and procedures to monitor expenditure of funds. The teams also coordinate long-range planning and develop new services.

Family assessment and planning teams are appointed by the community policy and management team. A community may have several family assessment and planning teams with staff from the juvenile court services unit, the Departments of Health and Social Services, the community services board, and the local school divisions; and a parent. The teams review referrals of youth and families; ensure thorough assessment and case planning; provide for family participation in all aspects of assessment, planning, and implementation of services; develop individual family service plans; make referrals to services; and recommend expenditures from the local allocation of pooled State funds. The focus of the local family assessment and planning teams has been on children who were:

- At risk of residential or day placement.
- At risk of removal from the home.

- Requiring intensive coordination among more than two agencies.
- Returning to the community from residential placement.

For each youth and family, family assessment and planning teams designate one case manager who is responsible for ensuring that the family service plan is fulfilled. Teams are encouraged to integrate the family service plan with other agency plans. A family assessment and planning team can constitute the Individualized Education Planning Team (if appropriate individuals attend and notice is properly given) and the 6-month administrative review for child welfare cases (although a separate foster care service plan is still required).

Virginia's Office of Comprehensive Services for Youth and Families has a full-time coordinator and two technical assistance coordinators. The office disseminated a detailed implementation plan for coordinated services for at-risk youth and their families.

Contact: Alan Saunders
Director
Office of Comprehensive Services
700 East Franklin Street
Richmond, VA 23208
804–786–5382

Other Approaches to Coordination of Services for Children, Youth, and Families

Tennessee Children's Plan. This Plan calls for family-focused, community-based services to reduce the number of children in State care, provide flexible funding to meet identified needs regardless of the custodial department, ensure more appropriate placements and services, and maximize Federal funding. Between 1989 and 1991, the number of children entering State care increased 33 percent in Tennessee; 31 percent of these children were in inappropriate placements, with 10 percent needing more intensive placements and 21 percent needing less intensive placements.

The Community Health Agencies were chosen to implement the Assessment and Care Coordination Teams (ACCT's), which serve as liaison between the State and community in the coordinated and collaborative effort to provide services for children and families. ACCT's stimulate the development of services in the community to preserve families, reunify children with their families, and reduce the number of children in State care. To ensure more appropriate placements and services, ACCT's use three mechanisms:

- Case assessment.
- Case planning.
- Case management.

The case plan ensures that services are provided in the least restrictive alternative, the family is strengthened, and stability for the child is maintained. The case manager ensures timely delivery of services to meet the identified needs and periodically reviews the case plan.

To improve management of services to children and families, ACCT's have developed an improved information system. They maximize Federal funding by working with the eligibility staff of the U.S. Department of Health and Human Services to collect information essential for the determination of eligibility for Federal funding.

Contact: Pat Dishman
Managed Care for Children
Tennessee Department of Health
312 Eighth Avenue North
Nashville, TN 37247–5410
615–741–8905

Alabama's Strengths- and Needs-Based Service Crafting. Alabama has initiated a bottom-up child welfare reform, driven by a change in philosophy that has cross-systems impact. Using strengths and needs as the basis for planning services for children and their families, Alabama's approach increases collaboration with families and drives the development of an expanded array of accessible interagency services.

The strengths- and needs-based approach offers a single reference point for accountability for all service providers who work with the child and family. The target of this reform is problem-driven services that assume that the family is one of the child's problems. Although it is widely recognized that the enduring harm caused by separation from family members to whom children are attached is often a greater risk than maltreatment, provision of services based on strengths and needs represents a large change in philosophical approach. Caseworkers are encouraged to:

- Identify and build on family strengths.
- Preserve ties between children and families.
- Attend to needs that, if unmet, put children at risk.

Little change will occur unless the family (and older child) agree with service providers about their needs. An essential aspect of Alabama's system of care is to involve children and parents as partners in identifying needs and crafting services to meet those needs.

The way services are matched to the agreed-upon needs of the child and family is also changing in Alabama. Providers may try to individualize services but operate programs with a relatively inflexible menu. Crafting services means that everyone involved with the family participates in shaping a service collaboration unique to that family and those caregivers. A child or family is not referred to an agency to fix a problem, and a provider is not sent to a family. Strengths- and needs-based service crafting has occurred at the county level in Alabama, with training and coaching provided to caseworkers and providers on how to capitalize on strengths, reach agreement with a fam-

ily about its needs, and assist it in collaborating with caregivers in crafting strengths- and needs-based services.

To achieve a different way of thinking about the strengths and needs of children and families, the 30 principles of Alabama's system of care have been delineated. The success of the Alabama reform is being examined through case-by-case evaluation:

- Did this family actively participate in identifying its strengths and needs?
- Did the family (and older child) become involved in crafting a service it would accept?
- Did the caregiver feel effective as a member of a team with the family and other caregivers in crafting the service?
- Did the service meet the need? If not, was the service refined to meet the need?

Contact: Paul Vincent
Director, Family and Children's Services
Department of Human Resources
50 Ripley Street
Montgomery, AL 23208
205–242–9500

San Diego, California's New Beginnings. New Beginnings is a joint effort of local agencies in the city of San Diego, the county of San Diego, the San Diego School District, and the San Diego Community College District to design and implement service integration. After 2 years of frequent meetings, the collaborative developed a statement of philosophy and governance.

The group decided to provide the services of many agencies at or near one school. 63 percent of the students' families were served by at least one agency, while 16 percent were clients of at least four programs. A major breakthrough achieved by New Beginnings was development of a single registration that a family could use to determine eligibility for food stamps, free lunches, and other programs.

Participating agencies agreed to reduce the number of people a family had to see to get help. For example, a unit of 6 welfare eligibility workers became responsible for families in the school who previously had been assigned to more than 100 workers. The collaborators in New Beginnings found that procedures, not the laws, were the major barriers to information sharing among agencies.

Contacts: Kathleen Armogida, Co-Chair
Department of Health Services
619–236–2237

Connie Robert, Co-Chair
Department of Social Services
619–338–2945

New Beginnings
San Diego City Schools
4100 Normal Street
San Diego, CA 92103
619–293–8371

Neighborhood/Community Service Centers. In late 1994, the New Jersey Governor's Advisory Council on Juvenile Justice recommended the creation of an independent Juvenile Justice Commission at the State level and Youth Services Commissions (YSC's) in each county. They recognized the need for local entities to advocate, plan, and implement community-based services for youth and sanctions for juvenile offenders, as well as to support prevention and intervention strategies to reduce delinquency.

The Advisory Council also recommended the use of neighborhood/community service centers located at schools or other sites identified by communities. They endorsed the concept of the "Community School," proposed by the New Jersey Department of Education's *Safe Schools Initiative*, and recognized that schools can serve as a point of contact between children and the many institutions and agencies that are intended to serve them. When school is not in session, their facilities can still be used by various social service agencies to provide services to youth. Schools are not expected to provide all the social, behavioral, and health services juveniles need; instead, they work in conjunction with experts in those fields. This collaboration provides a safe and convenient place in the community for youth and their families to obtain needed services.

The neighborhood/community centers build upon New Jersey's School Based Youth Services (SBYS), which in 1988 was the first statewide effort in the Nation to place comprehensive services in or near secondary schools. SBYS changed State systems to improve the delivery of services to children and families and developed coordination locally among education, employment, health, and human service agencies. SBYS operates in 30 urban, rural, and suburban school districts across the State. Each site provides the following core services: health care, mental health, family counseling, job training, substance abuse treatment, and recreation. Many sites also provide teen parenting education, transportation, day care, tutoring, and family planning. Programs operate before, during, and after school, as well as during the summer.

Contact: Jennifer Seeland
Office of Interagency Initiatives
New Jersey Department of Education
240 West State Street
Trenton, NJ 08625
609–292–5935

States interested in coordinating services for children and families across the juvenile justice, education, social service, health and mental health service systems should adopt a system's approach that includes a case review process in which the status

of each youth is reviewed periodically to ensure that the placement is appropriate and necessary. The concept for this requirement of periodic case review has been used in other systems at the Federal and State levels, including child welfare, special education, and mental health. Local interagency collaboration in identifying the needs of children and families and in redesigning services to meet those needs must be supported by changes in funding streams and policies at the State level.

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Endnotes

[1] Little research has been done on the impact of coordinated services although, as described in *Together We Can*, practitioners believe that a profamily system of integrated care meets the needs of children and families most effectively. *Services Integration: A Twenty-Year Retrospective* documents the difficulty of achieving interagency coordination, concluding that access to services improves for some clients, but little long-term agency change occurs.

[2] According to *Together We Can*, "Simply increasing coordination among service providers by helping schools and other organizations refer children and families to each others' services or stationing workers at more accessible locations to provide business-as-usual services will not be enough. Adding a program here or a service there is not the answer either. To make a real difference in families' lives, the type, quality, and degree of services and service delivery must be altered throughout the community. Child- and family-serving institutions must work together to change fundamentally the way they think, behave, and use their resources. The entire system must change" (Together We Can, pp. 13–15).

[3] In doing joint case planning, most communities have found that it is State and local agency policy that stands in the way of sharing information, not Federal confidentiality regulations. In some places all participants in interagency case planning agree to keep information confidential among themselves; elsewhere, the family is asked to authorize release of information among all the agencies involved.

[4] The Virginia task force appointed to design a funding formula for allocating pooled funds was guided by the principle that costs should not simply be shifted from the State to the localities. The allocation went beyond poverty indicators and is based instead on three equally weighted variables: total youth population; poverty (food stamp recipients with children under age 18 in the household); and risk factors related to out-of-home placements, child protective services complaints, juvenile court intake complaints, and severely emotionally disturbed or severely learning disabled children identified by local school divisions.

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