Children's Wellbeing Committee

2nd DRAFT Report Outline

Introduction

Senate File 505, Division XXII directed the Department of Human Services, in cooperation with the Department of Education and the Department of Public Health, to facilitate a study on children's mental health and children's services systems by a workgroup of stakeholders.

The Workgroup has conducted its work in two committees; one devoted to children's mental health and another devoted to children's well-being. The Children's Well-Being Committee was charged with the responsibility to define the scope, need, benefits, and design of cross-system solutions for children's well-being, in the context of strong and healthy families, supportive communities, and a culturally responsive two-generation approach.

This report summarizes the Well-Being Committee's work: 1) defining the problem, 2) listing key operating elements for a coordinated, cross-system approach, 3) identifying merging examples of cross-systems approaches in Iowa, 4) recommendations and 5) appendix.

1) Background

The need for a defined children's mental health system is clearly understood. A system designed to support children's well-being, however, is not clearly defined or understood.

According to the Center for Disease Control (CDC), while there is no clear consensus around a single definition of well-being, most definitions include a combination of factors including:

- The presence of positive moods and emotions
- The absence of negative moods and emotions
- Satisfaction with life

In simple terms, well-being can be described as judging life positively and feeling good.

The well-being of a child is based on interrelated life domains: family and social environment, economic circumstances, physical environment and safety, behavior, education, and health. While a child's mental health is critical to wellbeing, addressing it alone is not sufficient for youth who experience difficulties in several domains.

Trends for children with complex needs in Iowa are clearly illustrated by data from multiple sources, including behavior health, child welfare, juvenile justice, education, housing, and food insecurity – such as:

Many youth in Iowa are not reaching a successful adulthood

100,000 youth live in poverty (<$22K for a family of 4)	and	Youth in poverty are 2x more likely to drop out of school and 7x more likely to be abused or neglected
30,000 youth age 16-19 have dropped out	and	Dropouts are 3.5 times more likely to be arrested as an adult
20,000 youth are arrested each year	and	50-70% of youth sent to juvenile corrections recidivate within 2 years
15,000 youth are victims of abuse and neglect each year	and	40% of youth in the child welfare system do not finish HS by age 19
10,000 youth are in foster care	and	45% of youth who leave foster care become homeless within a year
5,000 youth age 15-19 become mothers each year	and	Only 51% of teen mothers earn a high school diploma by age 22

The Committee examined elements necessary to building a system that promotes overall child well-being, and the gaps that currently exist. The Committee also examined elements of infrastructure and funding and how they can create barriers to addressing children and family well-being goals across systems.

Social Service systems are child centered and problem focused.

The current system approaches children and their families from a punitive perspective as opposed to a resource or support perspective. The Committee believes this miss the inclusion of the essential context of community and family support in our work as well as the core critical element of a strength-based approach. Strong children are the result of strong communities supporting families to be strong protectors, educators, and advocates for their children.

While there are expectations for cross system collaboration at all levels, there are corresponding infrastructure impediments that continue to lead to siloed system responses which are less effective for children, youth, and their families.

Every system responds to their independent funding sources and strings, performance measures, documentation, and outcome expectations. These structural barriers are very insular and while cross system collaboration as a process is valued, it remains a difficult and somewhat counterintuitive task for agencies to embrace as a foundational premise necessary for family success. In reality, all families are complex and all families have strengths. They will at some time access multiple systems for support and assistance, and the responding systems must not be a hindrance to that growth and development.

Social Service systems are by design, placed in the "driver's seat" when dealing with families.

Systems are the protectors, the educators, and the treatment experts in social services with the authority and often mandate to intervene in the lives of families. Consequently, the family is asked to navigate multiple systems in "our way", using "our forms", in "our timeframes". The only commonality between systems is the expectation for compliance.

Each system approaches the family using its own lens or view of "the presenting problem", with little regard for the complexities of the family situation. Rather than being viewed as experts in their own lives, families are placed in the "back seat" of the case planning process with often more than one case manager charged with arranging for and monitoring service provision and family compliance. The family becomes part of the system functioning, rather than the system focusing on supporting the functioning of the family.

In order to better address the needs of children with complex needs in ways that help them succeed in all areas of their lives, through strong and healthy families and supportive communities – the Committee aimed to discover and design and approach to ensuring child and family-centered success through cross-systems support.

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2) Operating Elements

The Committee agreed that developing coordinated cross-system operating elements would rely on a clear intended impact and theory of change. The Children's Well-Being Committee envisions that the Children's Well-Being Intended Impact and theory of change will be developed as part of the first year's implementation plan, in conjunction with learning labs (see recommendations).

There are several key elements, or attributes, that must be present and integrated into cross-systems operations for youth and families involved with mental health and at least two other systems (i.e. domestic violence, child welfare, special education, substance abuse, housing, juvenile justice, etc.):

- Data is integrated and metrics are public
- There is a shared commitment and accountability (MOU/Charter)
- The comprehensive, integrated youth and family plan that is culturally responsive and strengths and success-oriented
- Comprehensive assessment informs holistic short and long-term results
- Funding which includes a mix of traditional and flexible resources includes a mix of traditional and flexible resources
- Workflow processes and protocols for cross-systems work are outcome-driven, clearly documented and followed
- A lead cross-systems team coordinator is identified, as determined by priority system and family and can change over time
- The team has common training on how to collaborate with shared responsibility for results
- The cross-system problem-solving process, continuous quality improvement (CQI) and oversite functions are clearly defined and owned by all

3) Emerging Examples

Collaborative efforts to better address cross-systems barriers for multi-challenged youth/families are underway in several local communities throughout Iowa. These emerging efforts are diverse in defined scopes, target populations, involved systems, and number and type of partnerships. A few examples are:

- In North Central Iowa, County Social Services Mental Health Region is ….. (*text from Bob Lincoln*)
- In Des Moines, Blank Children's Hospital is …(*text from Shanell Wagler/Kathy Leggett*)
- In Cedar Rapids, Four Oaks is leading TotalChild – designed to coordinate services and supports, including housing, so that youth achieve and maintain stability until age 18

Emerging, collaborative efforts to address wellbeing for youth and their families can be further encouraged by creating a structured learning network to deepen and expand this work. The intent would be to engage in a year-long, multi-site learning process to better understand what is beneficial/ required and how best to implement/operate across systems for child wellbeing.

More specifically, the year-long learning network will be designed to have impacts at several different levels (family, process and learning outcomes). The learning network could be comprised of:

- 3-5 pilots, including 200-250 cases in aggregate
- Identify different settings and geographic locations
- Include at least three systems in each pilot (public health, education, human services)
- Assure commitment to joint learning and comparisons for all sites
- Support learning networks through incentive funding, engagement and recognition
- Use solicitation process that assures sufficient criteria are in place

At the end of the project, lessons learned, suggested design refinements (including a theory of change/intended impact), and implications for further work needed (including funding, policy and practice) will be summarized and shared. Those results could then be used to determine recommendations for the next stage in the second year.

4) Recommendations

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5) Appendix

The Children's Well-Being Committee has focused on proposing a framework, core values, guiding principles, and operating elements across different systems, for youth with mental health needs AND who have needs in other areas that involve other systems.

Framework

The following four categories and necessary elements comprise the framework for well-being focused system integration:

Commitment

- Leadership: lead agency ideal & strong leadership among all
- Shared and articulated definition of wellbeing is advanced in all policies and practices
- Shared articulated values
- Transparency among partners including data, policies, imperatives, and priorities
- Communication: routine and problem-solving protocols
- Efficiencies: compromises and coordination are privileged over paperwork/business rules
- Policy myths, practice myths, & agency/service cultural preferences are on the table to reform

Clarity

- Pathways for vulnerable families are clearly lit
- Front-line workers and families inform pathway development
- Shared outcomes are agreed upon across service arms/agencies
- Data integration is mapped and undertaken – step by step – with shared data dictionary
- Implementation is mapped, tracked, and measured
- Population of highest concern is well identified across various measurement sources considerate of needs, strengths, assets, and liabilities

Accountability

- Achievement of outcomes requires mutual dependency of agencies
- Services that maximize FFP are delivered by relevant agency (rational financing)
- Roles of all for each critical element are described and managed
- Tireless pursuit of quality
- 360 degree evaluation of quality

Service Elements

- Screening/assessment
- Comprehensive care management/Care management
- Health promotion
- Transitional care (hand-offs and on-boards)
- Individual and family support (including governance voice)

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- Community based service array: accessible and expert
- Services: right time, right dose, right care
- Re-evaluation of need and strength at regular intervals

Core Values and Guiding Principles

The Framework for well-being focused system integration is reinforced by Core Values and Guiding Principles:

Core Values

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Guiding Principles

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.

8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.
14. Ensure that data driven decisions are utilized to help determine individual service delivery, system resource allocation, and to ensure substantive outcome measures for change at both the individual and system level. Data should consist of objective and timely sources comprised of objective facts as well as the more informal wisdom rich information gathered from youth, families, and communities.

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