Integrating Services for High Risk School-Age Children and Their Families

by Esther Wattenberg

The idea of integrating social service programs has taken on a new significance in the last few years. Escalating caseloads and shrinking financial resources have forced us to consider a re-appraisal of our human service systems. There is broad agreement that comprehensive, community-based systems of social care are required to meet the multiple needs of children and families identified as "at risk." Rigid, categorical systems result in fragmentation, overlap, duplication, and inappropriate responses to children and families. The disconnected proliferation of program initiatives issuing from the child welfare, mental health, education, health, and juvenile justice systems, and the programs from the new offices of drug abuse prevention have resulted in a dense thicket of innovative programs with rapid start and stop time frames that confound both social workers and the families they serve.

A rational plan for structural agency change at the federal and state levels has yet to emerge, but language has appeared to conceptualize the direction that should be taken. "Cooperation," "collaboration," and "integration" are, to some extent, used interchangeably. There is, however, a beginning understanding that there is an ascending ladder of commitments associated with these terms. "Cooperation" can be identified as working together toward the idea of a common goal; "collaboration" implies a tangible commitment of resources based on trust among the participating agencies; "integration" denotes bringing all the components together across organizational boundaries in a free-standing program anchored in a unified approach, supported by pooled resources, and a comprehensive plan at the service level for the child and the family.

In this early period of the integration movement, which emerged in the 1980s, improving linkages among systems concerned with school-age children and families has emerged as a distinct focus. School-linked projects are currently underway around the country attempting to demonstrate "one-stop shopping," co-location, and case management strategies. There are both federal and state initiatives.

Minnesota's Response

In Minnesota, the 1990 legislature designated funding for demonstration projects to encourage community agencies to come together with schools to plan and implement comprehensive programs for high-risk children. The profiles of "high-risk" children span a litany of problems which impede children's healthy growth and development. School dropouts, those who have failed in school, and those who have been excluded or expelled from school are termed "high risk." The profiles also include homeless children and those living in poverty, neglect, and with substance-abusing family members. Children who have experienced mental health problems, physical, sexual, or psychological abuse, and who may have attempted suicide are part of this troubled profile. Children who have committed a delinquent act or a violent crime are identified as "high risk." Finally, adolescent pregnancy and drug or alcohol abuse are also identified as conditions of "risk." Clearly, the legislature intended to cover a broad range of vulnerable students.

At the same time, there was recognition that an unfortunate structural cleavage existed between the school system and the child welfare system. Each system was limited in the range of children and families they could serve because of resources, eligibility restrictions, and reimbursement procedures. Neither group had the mandate or the resources to do outreach for prevention services. Each group often served, independently, the same families.

Integration projects have now been established in a number of counties. Funding for these projects has been patched together from a variety of sources. What do these projects look like? And what kind of problems have they run into? To find out, a study of thirty-one family preservation integration projects in Minnesota was conducted in 1992.

In June 1992 the Minnesota Department of Human Services identified forty-five Minnesota projects where:

- The county social service unit was involved in a collaborative project with the school district and one or more of the following agencies: corrections, mental health, public health, and jobs and training. In one case, the school district was
not involved.
• A formal agreement had been reached that gave heavy weight to the needs of the
  agency agreement.
• School-age children were the target population.

For this study, the thirty-one programs that had been implemented for at least six
months were selected.

With the help of representatives from five
community agencies a questionnaire was
developed that asked for a program descrip-
tion, the initiation circumstances, manage-
ment arrangements, data collection, and ob-
servations, and insights about the experi-
ence of initiating and implementing an
integration project. The questionnaire was
pre-tested and revised. Three graduate stu-
dents from the School of Social Work used
the questionnaire to conduct telephone in-
terviews lasting from forty-five to ninety
minutes. The interviews took place during

Seven projects were then selected for
on-site focus group discussions to provide
more detailed understanding of the col-
laborative process. These projects had
strong, stable programs. They had devel-
oped procedures and mechanisms to
reinforce a model of integrated services.
The selection was arbitrary and a number of
projects might just as easily have been
used as "exemplary" projects.

A Profile of the Projects
The thirty-one programs surveyed by phone
(Table 1) shared three characteristics. They
had a deep concern for school-age children
in high-risk families. They shared a strong
interest in the family preservation orienta-
tion for reducing out-of-home placement.
And they were committed to the pivotal role
of county social services in meeting the
needs of children and families.

Caseloads were small, typically not more
than six families. Services were time-limited,
usually up to six months, with reauthoriza-
tion as needed. They included: in-home
family counseling or therapy; parent edu-
cation; supportive home visits; crisis
intervention; behavior management plan-
n; consultation with school, recreation;
and other community programs; twenty-
four-hour on-call services; and service
coordination and advocacy. The staffs of
integrated projects were, for the most part,
on leave from their home agencies, though
a few were "new hires" for the projects.

The projects worked most often with a
case management model. Ideally, a lead
person was assigned to help families locate
whatever services were needed to keep
their children living successfully with them
in the community. The pivotal role of the lead
person, sometimes designated as a "family
worker" or a "family therapist," was acknow-
ledged as a core item in strong programs.
This relatively new role in staffing patterns
was occupied by a person trained in crisis

Table 1. Family Preservation Integration Projects Studied, by Type of Program
Offered

<table>
<thead>
<tr>
<th>Project Description</th>
<th>County, Location</th>
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<tr>
<td><strong>Children's Mental Health</strong></td>
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<tr>
<td>Children's Mental Health, Becker County</td>
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<tr>
<td>Cass County Integrated Services Project, Cass County</td>
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<td>Children's Mental Health, Cook County</td>
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<td>Family-Community Services, Hennepin County</td>
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<td>Family-Based Integrated Services Project, Kandiyohi County</td>
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<td>Social Worker with Shared Funding, Olmstead County</td>
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<td>Children's Local Coordinating Council, Pennington County</td>
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<td>Children's Mental Health Advisory Council, Todd County</td>
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<td>Children's Mental Health, Yellow Medicine County</td>
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<tr>
<td><strong>Day Treatment for Emotionally Disturbed Children</strong></td>
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<tr>
<td>Benton Stearns Day Treatment Program, Benton and Stearns counties</td>
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<td>Outreach Center, Clay County</td>
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<td>Interagency Day Treatment Program, Isanti County</td>
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<td>Joining Forces: Children's Mental Health, Itasca County</td>
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<td>Meeker Day Treatment Program, McLeod County</td>
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<td>Day Treatment Program, Mower County</td>
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<td>Day Treatment Program, Scott County</td>
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<td><strong>High Risk Families</strong></td>
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<td>Child Protection Teams, Brown County</td>
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<td>Project Fast Forward, Dakota County</td>
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<td>Crisis Intervention, Douglas County</td>
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<td>Families First, Ottertail County</td>
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<td>Child Protection Services, Pine County</td>
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<td>Project Reconnect, Ramsey County</td>
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<tr>
<td>Elk River Early Intervention Family Based Pilot Program, Sherburn County</td>
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<tr>
<td><strong>Children with Disabilities</strong></td>
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<tr>
<td>Interagency Early Intervention Team, Chippewa County</td>
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<tr>
<td>Interagency Collaboration with Public Schools, Crow Wing County</td>
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<tr>
<td>Early Childhood Intervention, Renville County</td>
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<td>Early Intervention Program, Wabasha County</td>
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<td><strong>Delinquency</strong></td>
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<td>Youth Council, Jackson County</td>
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<td>Juvenile Justice Program, Morrison County</td>
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<tr>
<td><strong>Dropout Prevention for High School Students</strong></td>
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<tr>
<td>SELF: Support for Emancipation and Living Functionally, Grant County</td>
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<tr>
<td>Area Learning Center, Polk County</td>
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Data were generally shared among the

routinely asked to sign information release

forms, and generally did so. This appears
to have given permission for case infor-
mation files to be shared. However, infor-
mation from community corrections depart-
ments and child protection units was usually
restricted, and what could be shared among
these agencies and the school districts was
negotiated. Only one project had developed
a unified database, using lap-top comput-

ers, with levels of restriction that had been
worked out at the administrative level.

About a third of the programs had an
independent, free-standing, clearly identi-
fied project located in a neighborhood or
near a school site, with an office clearly
marked. The remaining programs used

space in an already existing office.
The Problems They Confronted

Although the thirty-one programs reviewed for this study were at different stages in their development, a number of common issues emerged from the interviews. In attempting to understand the issues raised by the study, it should be kept in mind that the programs, as demonstration projects, were still evolving. They were all in the process of testing, modifying, and searching for alternative procedures.

Leadership. Someone taking leadership was an essential component in getting every program off the ground. When the participants were asked to look back on the project during the interviews, they commonly agreed on what it was that provided the spark, the initiative, the energy for their project to spring into action when funding was made available. Typically, it was a person who had the respect of colleagues, who had some authority to negotiate, and who had access to higher administrative authority. Most of the people taking a leadership role came from the supervisory level of county social service units. This leadership continued to be important throughout the project.

Planning. The time required to plan a collaborative program varied from three months to "at least a decade," as one respondent reported. Most felt that six months was generally adequate to conceptualize working agreements and define them in written form. Projects with a history of some kind of cooperation had shorter planning periods. Developing trust among participating agencies moved at a rapid pace when there was a history of informal networking. This was true, for instance, in small counties where agencies worked in close proximity and were used to sharing information and collegial expertise. In larger counties, developing a partnership took more time.

The programs in this study experienced a number of problems during the planning stage. Arriving at a common philosophy or vision for a project was a painstaking process. Juvenile justice and corrections systems often did not share a family preservation perspective. They were reluctant to embrace the notion of a delinquent child being maintained in the home and the community, while social service and mental health agencies were more willing to take this risk.

Staff often struggled with differing behavioral assessments of families and of their capacity to change, especially when abuse, violence, and mental illness were involved. Particularly challenging was the crucial task of clarifying the role each agency would play. Often, collaborating agencies duplicated services to some extent. They had to decide who would be responsible for providing which services under the collaboration. Despite such problems, these programs received crucial support in their planning process from school board members and county commissioners who saw preventing out-of-home placement as a fiscally prudent strategy.

Money. Generally, the chief dollar contributions for the programs came from either the school districts, through special education budgets, or from county social services, through federal Title XX (the Social Security Act) funds, the state's Community Social Services Act, and special funding for demonstration projects. In only ten projects did each participating agency make dollar contributions from their general funds or discretionary budget lines. More typically, the majority of agencies contributed in-kind contributions of staff time, supervision, space, and materials. In a few projects, community corrections departments made a dollar contribution. Three projects are pursuing funds through Title XIX (Medicaid) for mental health services, and one project was funded by a foundation grant.

This hodgepodge combination of dollars and in-kind contributions resulted in implementation problems. This was most evident in both a lack of flexible funds for discretionary uses such as rent deposits, telephones, fees for recreation, and transportation, and in a Blizzard of paperwork to satisfy accountability requirements. Pooling resources to create an independent project budget is generally accepted as a preferable financing method for integration projects. An independent fund, created by contributions from participating agencies, allows a consistency of action across agency lines and fosters equality among the agencies. Only one project in this study had a budget that stood on its own, and that project was funded by a foundation grant.

Insufficient funding was a pervasive concern and consumed large amounts of staff time and energy. Funds were insufficient to establish programs in surrounding counties; to hire staff, especially family therapists and even to provide basic services such as housing and transportation to serve
additional eligible clients. It was almost impossible to help clients who were in need of services but just above the income guidelines. This made it difficult, as one respondent said, "to be proactive and preventative." The following comments from project directors were typical of responses regarding funding:

"The state expects more and more for less and less."

"The state is requiring eight discreet services for children's mental health, and has not provided sufficient funding for all of these."

"Big directions, stern rebukes. A lot of responsibility, but not a lot of power."

Finally, the short-term nature of funding for demonstration projects created difficulties. In many cases, funding was awarded on an annual basis. Worry about reapplying absorbed time that should have gone into project development. Writing grants and soliciting funds usually fell into the hands of already overburdened staff.

Not only was short-term funding for demonstration projects inefficient, but it also gave the projects an aura of being a fad. It constantly raised the question of the state's real commitment to integration services and contributed to staff cynicism and burn out. Indeed, a pivotal question was raised: are demonstration projects truly demonstrating a bold, new idea, or are they serving as short-term palliatives and thus delaying or avoiding any real, systemic changes?

Implementation. The case management model used in the integration projects appears to have provided advocacy and a unified approach to the family. Case reviews, training, and staff meetings were all useful in achieving an integrated approach. Nevertheless, problems in implementation became evident in the course of this study.

Most frustrating and troublesome was the variety of eligibility qualifications for reimbursement which had to be accommodated among the participating organizations. For instance, one funding source required a label of Severe Emotional Disturbance (SED), with its own set of defining criteria, while another funding source required a label of Emotional or Behavioral Disorder (EBD), with a somewhat different set of defining criteria. Even though the labels may have little clinical meaning, staff had to make sure they used the correct labels. And they spent considerable time determining which eligibility definitions were appropriate in order to gain access to funding. One observer noted that they "have to label these kids for reimbursement purposes. It is a terrible thing to do."

A good deal of time was also spent on the paperwork and documentation required by each agency's separate budget. State and federal reimbursement regulations added complications when they were inconsistent with local needs. For instance, respite care was unavailable to families with severely troubled children because of tightly drawn reimbursement restrictions, even when the service was critical.

Real, concrete integration of different agencies' services into a unified project was difficult to achieve because the drive for accountability reinforced a separate identity for each agency in the collaboration. The collaborative nature of the projects also required considerable staff time for communication. There are simply more people in a collaborative venture who have to be appraised of reports, case reviews, and so on. This eroded the amount of time available to engage families in a participatory case-work process.

Service plans which had to accommodate court orders were restricted in their options for a comprehensive plan. Intensive in-home services as a plan was often compromised by a court orientation toward removing children and placing them in a restricted, supervised setting.

Each project noted a particular set of services that were needed to support a comprehensive plan but were not available. These varied from project to project, but included: housing and safe housing; day treatment for emotional or behavioral disorders; chemical dependency treatment; especially day treatment for mothers of young and school-age children; shelters for women in domestic abuse situations and homeless people; transportation; general and specialized child care; health care; family planning; prevention services; respite care; recreation; furniture; Big Brother and Big Sister monitoring activities; paraprofessional homemaker services; self-help groups for families; and family therapists.

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Family-Based Integrated Services Project in Kandiyohi County

The integration project in Willmar focuses on children and youth with severe emotional disturbances who are at risk of entering the juvenile corrections system. The project provides in-home mental health services to the children and their families. Following a referral (usually from the school district, a mental health agency, or sometimes the Public Health Department), parents come to a meeting to identify their needs and become involved in case planning. This promotes a plan for the family that is coherent and understood by all concerned. Treatment plans are discussed and service components are assigned to those who can do it best. All agencies are kept apprised of programs through case reviews and staff meetings.

The project uses the Child Adolescent Service System Program model formulated under the Children's Mental Health Demonstrations funded by the state in 1989. One of the demonstration programs was established in Kandiyohi County. The model relies on a team focus which is community-based and blends public and private resources. It is an approach that has proved to be extremely successful. Willmar, in fact, is a regional center where people come for services. It has a history of public and private sectors working together. And the project is fortunate to have the understanding and political support of the Kandiyohi County commissioners.

The joint effort of Kandiyohi County Family Services and Lutheran Social Services created the Family-Based Integrated Services Project in Willmar. A commitment of their funds was matched by a state grant, while other collaborating agencies (Kandiyohi County Community Corrections, Kandiyohi County Community Health Services, Willmar Public Schools, Little Crow Special Education Cooperative, and West Central Community Services Center) made cash and in-kind contributions. These agencies share a common vision. The cornerstone of their project is the common philosophy of family preservation, the belief that in-home family services cost less than out-of-home placement and are better for both children and their families. They genuinely focus on the well-being of the child.

The project staff worked hard to overcome obstacles to their team effort. These included reaching joint agreements about data sharing and working with the different eligibility standards required for reimbursement from different funding agencies. While criteria for who can qualify for the project differ under county and school district definitions, the mutual concern for a child who is "acting out" or severely depressed has united staff efforts. "It takes a lot of time and energy to learn to sing from the same sheet of music," says the project director. A common understanding of the child allows the staff to design the most comprehensive services plan to meet the needs of both child and family. In the process, an atmosphere of enthusiasm, mutual respect, and trust is built.
Although the family therapist component is crucial to a family preservation focus, family therapists were in short supply in many areas. In some cases, even though services were available, they were not available within a reasonable distance. The small counties were especially lacking in resources for transportation, mental health care services, and day treatment.

There were also problems associated with data. Only one project had a data system which was integrated into a unified system. There was concern that because updating data in a unified system was difficult, it would be neglected and thus unreliable. The one project that did have a unified system obtained it through an extra grant for this purpose. Furthermore, there were problems in sharing information because automation of data was uneven among the various participating agencies.

**Evaluation.** Evaluations of projects were rare because budgets were insufficient to cover the cost of evaluation. As a result, data on project successes remain anecdotal.

**Implications of the Findings**

This study suggests that integration projects are still highly experimental and idiosyncratic, reflecting local conditions. Interagency collaboration can create fresh, free-standing programs with the capacity to help high-risk children and their families and reduce complex bureaucratic entanglements. But interagency collaboration is not an easy task.

Although most of the projects understood the integration concept, unity was difficult to achieve in reality. Some reasons for this became apparent during the study. First, most staff persons were on loan from a parent agency and reflected, to some extent, their agency mandates and distinctive organizational characteristics. Only a small number were hired specifically for the demonstration projects. We uncovered little evidence that the positive experiences in these projects introduced structural changes into the participating agencies. On the contrary, several respondents noted that these projects operated with a degree of isolation from their home bases.

Second, reimbursement procedures reinforced the separate identities of the collaborating agencies. In only one-third of the projects were pooled resources available that enabled programs to operate consistently across agency lines. Generally, each collaborating agency required accountability. Thus, programs were required to assess and label clients differently according to which collaborating agency was providing reimbursement. Eligibility rules chiefly determined at the state and federal levels remained unchanged. There was little evidence of structural changes in the system at the administrative level.

Third, there were, occasionally, fundamental differences in philosophical perspectives among the collaborating agencies. While the overt goal of the projects was family preservation, and the majority of the collaborating organizations shared this goal, the corrections and judicial systems often did not. In fact, the judicial systems in many counties are out of the loop in the integration effort. Judges and county attorneys rarely joined interagency meetings. Probation officers were typically available, but often had to represent a court-ordered plan. In addition, individuals within these systems and in the school systems sometimes held a punitive attitude toward children with problems that was at odds with the philosophy of most of the human services staff.

Despite these limitations, there were strenuous efforts to reach understanding across agency boundaries. Appreciation and respect among participants flourished as programs matured, and throughout, there was a genuine struggle (not always successful) to arrive at a consensus on a plan for the child and family. Several projects reported inter-agency collaboration around procedures such as intake and assessment, and case management.

Regardless of the stage of development or the scope of the program, the efforts to collaborate broadened the understanding of all participants and increased their satisfaction in their work. Trust, information sharing, a wider view of community needs, and an appreciation of the varied components of the human services systems were values that were appreciated. Collaborative efforts also broadened the community's understanding and improved its view of county social service workers. The projects introduced county social services agencies as "user friendly" and social service workers as advocates for the family.

There were other problems in addition to those associated with achieving a unified, comprehensive program. Integration efforts pay a price in time. The number of interagency meetings, staff discussions, and consultations consumed a large number of working hours. Time had to be allowed for all personnel to become familiar with the skills and resources that each agency representative brought to the table, for the family to choose the lead person with whom a trusting relationship could be developed, and for the child to make use of new program services. The integration projects often did not have necessary resources. For instance, "flexible funds" to meet the incidental, but critical needs of clients, such as transportation, were often not available because rigid accounting systems had no place for them. As another example, although family therapists (people trained in intensive, home-based, crisis-oriented interventions) were a key staff component for many teams, this component was in short supply in many counties.

The demonstration project culture itself also poses a significant problem for integration projects. By its nature, demonstration funding is time limited. This forces the staff to spend inordinate amounts of valuable time seeking additional funding. The
uncertainty of funding undermines staff morale and makes long-term planning difficult. The ultimate effect is that these programs can become palliative measures that address only small pockets of the problems temporarily.

Finally, the evaluation component was missing from many of the projects, making judgments on the projects' successes and failures difficult. For instance, a significant portion of counties report a premature withdrawal of clients from services. This was generally attributed to the high mobility of families, but without more evaluative data, it is impossible to know if this is, in fact, the explanation.

Moreover, a consensus on definition of "success" and "outcomes" is very difficult to achieve. There is political agreement that these programs are fiscally prudent. It is assumed that, given the high cost of out-of-home placement, the programs could be shown to save money for local jurisdictions. However, no project has had a cost-benefit analysis, so this, too, is impossible to assess conclusively. Data on improvements in family functioning are also not available.

Missing from this study are the perspectives of the families. Whether families perceived integration projects as simplifying their entanglements with school systems, child welfare, juvenile corrections, and other community agencies is not known, and qualitative improvements in family functioning remain anecdotal. Families often gain access to more services in an integrated plan. This means that even more social workers are entangled in their lives. Typically, there are three to four workers involved with each family. However, one project reported that workers from twelve programs were involved with one family. The family was described as "treatment jaded." The ultimate goal, a reduction of the family's problems with complicated systems, has not been systematically documented.

Although the number of social workers is rarely reduced, information and case planning has reduced conflicting plans for the families. A few projects noted that with the assignment of a primary person for case management, other workers "backed off."

The projects we studied seemed generally to have a beneficial impact on staff. They were small, and intensive personal relationships among the staff prevailed to a large extent. The staff was remarkably enthusiastic, optimistic, and energetic. Most commented on the satisfaction of being involved in a project which requires flexibility and creativity. They appreciated working in a setting which values innovation and reduces, to some extent, the red tape of bureaucratic procedures. The process of viewing each other as allies in a common endeavor was uniformly described as satisfying and professionally enriching. Collegial relationships that develop in working across agencies were consistently described as "the best part."

The most satisfying experiences were described as flowing from mutual support. Turf issues were resolved and they were able to focus on helping the children and their parents.

In summary, the family preservation integrated projects clearly exhibited strengths. All of the programs are small, with a special blend of staff expertise that provides a satisfactory experience for all participants. Children are in a supportive and encouraging environment. Families are working with responsive services. School districts trust the programs' services, which are cost-saving. Counties are also impressed with cost-savings, and the staff has the satisfaction of seeing students and families progress in a positive way. Whether these demonstration projects can be replicated to serve large groups of families and children in need of services without losing their strengths of intimacy, flexibility, and informality remains to be seen.

Esther Wattenberg is a professor in the University of Minnesota's School of Social Work, Director of the Center for Advanced Studies in Child Welfare, and coordinator of CURA's programs in community and social services. This article is based on a study she headed for the Minnesota Department of Human Services. A full report of the study (Learning to Sing from the Same Sheet of Music: A Study of Family Preservation Integration Projects for High-Risk, School-Age Children and Their Families in Minnesota) is available free of charge and can be ordered by calling 612/625-1551.

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