Interagency Collaboration for Youth Diverted from Juvenile Justice

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What is Collaboration?

- Common definition: Two or more parties working together or joining in the pursuit of a common goal

- The process of bringing together those who have a stake in at risk youth for the purpose of interdependent problem solving that focuses on improving services to youth and their families

  - “The whole is greater than the sum of its parts.”
Children’s Services in the United States

- Focus on children and families with highest level of needs and risks: e.g., children with serious emotional disturbance
- Services are organized and financed by sectors
  - Juvenile Justice
  - Child Welfare
  - Child and Adolescent Mental Health
  - Adolescent Substance Abuse
  - Health Care
  - Developmental Disabilities
  - Education and Special Education
Challenges of a Sector Framework

- Access
- Fragmentation
- Duplication
- Poor coordination
- Variability in quality of care
- Conflicts
- Focus on high need populations
Policy Response: Interagency Collaboration

Interagency Collaboration Strategies

♦ Child and Family Level: Child and Family Teams, wraparound process
♦ Program Level: Administrative and Governance Structures; Financing Plan-Blended and Braided Funding Models
♦ System Level: Children’s Cabinets
♦ Structuring of vertical and horizontal communication loops
♦ Use of data to inform shared accountability for access and quality of care
Collaboration Factors: Evidence Base from Theory

- Environment: History of collaboration, legitimacy, political and social climate
- Membership: Mutual respect, understanding, trust, capacity to problem-solve together
- Process: Joint ownership of process and outcomes, multi-level participation
- Communication: Frequent and open communication
- Purpose: Concrete and attainable goals and objectives, shared vision, a unique purpose
- Resources: Funds, people power, leadership
  - Wilder Collaborative Factors Inventory (Mattessich, et al., 2001)
Study Rationale

Assumptions:

♦ Collaboration is a key factor in developing systems of care
♦ The policy implementation strategies that states and communities use has an impact on levels of collaboration
♦ Two approaches to policy formation: backward mapping and forward mapping
♦ Effective collaboration produces positive outcomes, such as improved relationships among agencies, families, and providers; and improved service delivery
  • USF Research and Training Center Study: The impact of policy on collaboration in systems of care (Armstrong, Evans, & Logsdon)
Policy Approaches

- Legislative mandates: rules governing the behavior of individuals and agencies
- Inducements: transfers of money on a conditional basis in return for the performance of activities
- Capacity building: the conditional transfer of money in order to invest in human or material resources
- System change approaches: the transfer of authority among individuals and agencies in order to change the service system
  - Elmore, 1987
Domains that Affect Policy Implementation
Study Method

- National survey of state mental health agencies to collect data on types of policy instruments used.
- Coding of documents; cluster analysis to identify groups of states similar on types of policy instruments, agencies involved, and system of care principles.
- Cluster analysis produced 5 clusters of states with similar approaches.
- Site visits to two states from each cluster.
- Analysis and synthesis of qualitative and quantitative data.
Study Findings: Facilitative Structural/ Organizational Factors

- A tiered infrastructure of interagency coordinating entities at the state, regional and local levels
- Policies that support local/regional level autonomy and flexibility regarding how financial and human resources are distributed
- When new resources are available, include polices that make local collaboration a mandate for receipt of resources
- Contextual factors such as lawsuits or a strong advocacy organization may be used strategically to support collaboration
Findings: Facilitative Structural/Organizational Factors

- A coordinating entity at the state level with Commissioner-level representation, legislative authority, and a mandate to promote collaboration.

- Consent decrees may promote cross-agency establishment of common values and the introduction of evidence-based practices.

- The number of organizational entities involved, or the integration of children’s systems into one state agency, may or may not result in high levels of collaboration.
Findings: Inhibiting Structural/Organizational Factors

- Two or more different state entities that fund local collaborative infrastructures
- Two or more state entities with mandates and resources for at risk youth—the same population
- Financing systems, including managed care arrangements and Medicaid waivers, with funding levels that are not able to support a comprehensive service array or flex funds
Findings: Inhibiting Structural/Organizational Factors

- Diffused responsibility and accountability for a target population
- Frequent changes in administration and leadership at the state levels
- The absence of a statewide youth or advocacy organization that can facilitate collaboration and advocate for system of care development
- Lack of an infrastructure for convening child-serving agencies at the state level
Findings: Facilitative Behavioral Factors

- A series of consistent policies and initiatives that provide moderate resources for collaboration and system of care development
- Strong leadership by at least one state agency that promotes a shared vision and strategic cross-agency activities
- Moderate resources to support local interagency coordinating infrastructures
- Creative use of human resources, such as placement of personnel in school districts, child welfare, and juvenile justice settings to provide consultation and skill development
Findings: Facilitative Behavioral Factors

- Policies with clear accountability mechanisms, including data collection on outcomes, evaluation, and quality assurance activities

- *Shared, active use of data* by policymakers to drive decision-making, planning, and problem solving

- Development of a cross-agency strategy for the integration of activities into a comprehensive, coordinated approach to system of care development
Findings: Inhibiting Behavioral Factors

- Policies developed at different times by various legislative bodies and state agencies, with conflicting policy interpretations
- Agency policies that do not reflect shared values, such as youth involvement or collaboration
- Conflicting policies and/or mandates in various child-serving systems
- Too much money, too soon.
  - E.g. simultaneous statewide implementation when some localities have less history of collaboration and less readiness to implement systems of care
Facilitating Attitudinal Factors

- Cross-system support for shared values and principles, including collaboration and coordination
- Mutual respect among system partners at the state and local levels
- A long-term cross-agency focus on barrier reduction at the state and local levels
- A perception among stakeholders that there is a shared willingness to compromise regarding goals and strategies
Facilitating Attitudinal Factors

- Adequate local authority to “do whatever it takes” to serve children in their homes and communities
- A common belief in shared decision making and cross system responsibility and ownership
- The absence of strong state level leadership
- Child-serving agencies that operate as “closed systems” and fail to share resources and data
- Belief systems that focus on blaming and deficits and discourage youth engagement
- Mistrust among system partners, including mistrust of youth/family perceptions about the system of care
Findings: Policy Instruments

- States tended to use multiple policy instruments to implement systems of care
- States that used mandates were as successful in fostering collaboration as states that used system change or inducements
- Benefits of either a backward-mapping or a forward-mapping approach were not found; most states used top-down mechanisms with varying levels of success
  - "We need to work on implementation "from the top, from the middle, and from the bottom levels."
Policy Recommendations

- Infrastructures that foster collaboration such as tiered coordinating entities, a Children’s Cabinet, or super agencies that include several child serving systems
- Strong, visionary, committed, and consistent leadership at all levels
- Funding, even at modest levels, and leverage of funding
- Local autonomy in the use of human and financial resources
Policy Recommendations

- Policies that include shared, cross-agency goals, such as diversion from juvenile justice
- Policies that facilitate the placement of mental health personnel in schools, juvenile justice, and child welfare settings
- Resources for the support of local infrastructures to promote collaboration
- Clear accountability policies and standards that define cross-agency data collection activities
Policy Recommendations

- The use of data by interagency structures to guide decision making and allocation of new resources
- Clear state-level responsibility for a target population
- Policies that promote cross-system pooling of resources
- The rotation of leadership for interagency collaborative infrastructures and activities
Policy Recommendations

- Policies that balance promotion of a broad policy framework, local autonomy for how the vision is carried out, and a reasonable level of statewide standardization and accountability.

- Policy mandates with modest funding can get stakeholders to the table more quickly.

- Support by state policymakers for initiatives that strengthen interagency collaboration, whether these efforts are initiated at the state or local level.