Case Study:
Collaboration and Network Building with Other Systems of Care
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Gaps exist in the current mental health and social service systems. Clients are often unable to meet their basic needs (e.g., housing, food, childcare, transportation, skills training) and wraparound services are often not available to address the full range of client needs.

As a result, clients may “fall through the cracks” of the system, not to reappear until their conditions have become chronic and severe, requiring significantly greater resources. By collaborating with and building networks with other systems of care, fragmentation can be reduced to create a more seamless and holistic system of care.

The Mental Health Initiative (MHI) grantees have collaborated and built networks with other systems of care (e.g., schools, juvenile justice, county mental health), both formally and informally. These collaborations provide continuous, comprehensive care and cohesive services for clients to reduce fragmentation across and within the system of care. One of the MHI grantees that has been successful in collaborating and network building with other systems of care is the Child and Family Guidance Center.
In 2001, The California Endowment (The Endowment) launched the Mental Health Initiative (MHI), a three-year initiative aimed at identifying and breaking down the barriers limiting access to mental health services in California. The Endowment awarded grants to 43 community-based organizations—large, small, established and emerging—and three county agencies in 15 counties. The grants enabled these organizations to develop new mental health prevention and intervention approaches for the most at-risk, vulnerable and underserved individuals and communities. Programs varied in their focus from direct services and provider training to community outreach and education. Grants ranged from $250,000 to $500,000 for single organizations and $500,000 to $1 million for collaboratives.
Description of Organization and Program

Child and Family Guidance Center

The Child and Family Guidance Center (CFGC) has been providing mental health services for children and families since 1962. CFGC serves more than 7,500 children and families annually at its facilities located throughout the San Fernando and Antelope valleys. The goal of its “Dual Diagnosis Program” is to provide comprehensive, individualized, multifaceted and family-based treatment for youth with co-existing mental health and substance abuse problems and their families throughout Los Angeles County. The program targets Spanish-speaking youths and their families.

Strategies for Collaboration and Network Building with Other Systems of Care

Understanding that clients’ needs cut across various service sectors, the Dual Diagnosis Program employed various strategies to collaborate and build networks with other systems of care. Their strategies included: leveraging existing relationships; outreaching to and networking with other systems of care; building relationships, consensus and trust; and maintaining regular, ongoing communication with partner agencies.

1. Leveraging Existing Relationships

Prior to the MHI grant, CFGC had an established working relationship with the Department of Mental Health (DMH) through participation in the Dual Diagnosis Advisory Committee and Children’s Subcommittee. The Center and DMH continued their collaboration after the conclusion of the committee meetings and partnered together for the MHI grant program. Utilizing the resources of the MHI grant funds, the program was able to conduct outreach and trainings to DMH programs with regard to the importance of screening and treating substance abuse in clients with mental health problems.

CFGC also collaborated with Los Angeles’ County Probation prior to the inception of the MHI grant program, but the MHI funding helped strengthen the collaboration. The program was able to provide services, including substance abuse prevention education, at several local school sites to youth who were identified by probation officers in need of such services.
Various departments within CFGC worked in collaboration with the juvenile justice and school systems in some of the Center's other programs. CFGC was able to leverage these existing relationships for the Dual Diagnosis Program. The Center expanded services on the campus of a variety of local middle and senior high schools, including a school for probation youth. The Center also expanded substance abuse prevention programs to parents and youth participating in the L.A. Bridges Program, a city funded anti-gang program.

The entire Center had also worked in various capacities with the Los Angeles County Department of Children and Family Services, psychiatric hospitals and other community agencies prior to the MHI grant. These relationships continued with the MHI-funded Dual Diagnosis Program.

2. Outreaching to and Networking with Other Systems of Care

CFGC developed brochures and flyers about the Dual Diagnosis Program and its services for distribution at schools, probation, the Department of Children and Family Services and other referral sites. The purpose of these outreach efforts was to engage other systems of care in the Dual Diagnosis Program. As CFGC expanded services to specific populations, they outreached to and worked with other systems that were involved in the care of those specific clients. For example, when the program expanded its service to gang populations, the Center joined forces with other service providers, such as the San Fernando Valley Consortium on Gangs, to network with government agencies, CBOs, counties and cities about gang prevention ideas.

3. Building Relationships, Consensus and Trust

Building personal relationships with individuals at partner agencies helped the program to develop trust and understanding with the partner agencies. The relationship involved ongoing knowledge exchange of cases and information. Recognized by both Probation and DMH as providing quality services, CFGC was asked by the two agencies to serve as a pilot site for a Multi-Systemic Therapy program, a nationally recognized, evidenced-based treatment program for youth with co-occurring disorders and/or involvement in the juvenile justice system. The Center also hosted a training on substance abuse and dual diagnosis for clinicians at DMH.

4. Maintaining Regular, Ongoing Communication

In order to develop effective partnerships, the Center knew it had to maintain regular and ongoing communication with its partner agencies. Program staff attended monthly service area meetings with its partner agencies, during which community mental health professionals from different agencies met to update each other, collaborate on cases, and increase the understanding of available treatment, assessment and services in the community for dually diagnosed individuals. These meetings ensured that all partner agencies were involved in the program and informed of recent program developments.
Challenges

The Dual Diagnosis Program faced two major challenges during the implementation of its collaboration and network building strategies with other systems of care: the time it took to sustain the partnerships and the high cost of providing services to dually diagnosed individuals.

• **Time required for sustaining partnerships**
  Sustaining partnerships requires time and effort. For the Dual Diagnosis Program, finding time to meet and maintain ongoing communication with its partner agencies was the most difficult part of collaborating with other systems of care. As budget cuts forced many providers to scale back resources and become more efficient, there was hesitancy towards taking the time to attend meetings and build partnerships.

• **Costs**
  Treating dually diagnosed individuals is expensive. On average, the Dual Diagnosis Program spent $2,500 to treat each youth. Despite the high cost, it was still lower than the cost of hospitalization or incarceration, which is where many of the youth would have found themselves if not for the program. The Center also had difficulty finding funding for services for uninsured Spanish-speaking youth with mental health and substance abuse problems. This segment of the population was in great need of services.

Outcomes

The impact of the Dual Diagnosis Program’s collaboration and network-building efforts with other systems of care was far-reaching. Youths who otherwise would not have received treatment were provided with access to much needed mental health and substance abuse services.

These services facilitated the youths’ abilities to cope with complex problems such as school failure, expulsion and drug or alcohol offenses. At a larger system level, the Dual Diagnosis Program also reduced the fragmentation of the health care system by filling gaps in the system of care and improving the referral system.
• **Increased access to and utilization of mental health services**
The Dual Diagnosis Program provided direct service delivery to 92 youths with co-existing mental health and substance abuse problems. Services were intensive and sophisticated and included comprehensive mental health and substance abuse assessments, individualized treatment plans, and multimodal individual, family and group therapy sessions.

• **Improved mental health outcomes and functioning**
The integrated treatment provided by the program improved the mental health outcomes and functioning of clients. Compared to their initial assessments at the Center, youths’ mental health status and adaptive functioning improved over time after receiving services.

Approximately 33 percent of clients received a higher Global Assessment of Functioning (GAF) rating upon discharge. Clients showed a 73 percent improvement in total functioning score for the Child & Adolescent Functional Assessment Scale (CAFAS) outcome data with an average decrease of 28 points from intake to discharge, and a 40 percent improvement in the “Behavior Towards Others” subscale. Of all closed cases, 37 percent of clients were rated by clinicians as showing much improvement, and 27 percent were rated as showing some improvement.

As a result of their treatment, 58 percent of youth stopped or reduced their nicotine use, 54 percent reported a reduction in alcohol use and 69 percent of clients reported a decrease in marijuana use. According to the CAFAS Substance Abuse subscale, there was a 47 percent improvement in functioning among youth, with an average reduction of five points.

According to the “School Behaviors” section of the Treatment Goals Sheet, 46 percent of clients showed improvements in school attendance, and 48 percent of clients indicated improvements in academic performance. Sixty percent of clients had improved scores on the CAFAS “School Problems” subscale upon discharge. Additionally, two-thirds of clients with significant problems with probation showed improvements by the end of treatment, and 60 percent of youth showed improvement in their home functioning, with an average decrease of 10 points.

• **Reduced fragmentation of the health care system**
The program’s partnerships with other systems of care allowed them to fill a service gap in the community, while also increasing the continuity of mental health care. The Center was able to provide services to youths who did not have insurance and were not eligible for Medi-Cal or other publicly funded programs. Without the MHI-funded program, many of these youth would have been left unserved until they appeared in the juvenile justice system or Child Protective Services. MHI funding also permitted the Center to expand services to juveniles at-risk of, or
already involved in, the juvenile justice system, an oftentimes neglected segment of the youth population in great need of mental health and substance abuse services.

In addition to filling service gaps in the community, the Dual Diagnosis Program also improved the referral system. Forty-eight percent of the program’s referrals came from other mental health agencies, 22 percent from schools, 19 percent from probation and 8 percent were referred upon discharge from psychiatric hospitals. Other community organizations including schools, the Department of Probation and community mental health centers were also major sources of referrals. As a result of the program, a more seamless referral system among various community providers was established.

Ripple Effects

In addition to the expected outcomes of the Dual Diagnosis Program, several unintended consequences also resulted from the program’s efforts. These unanticipated outcomes, or ripple effects, included: continuation of partnerships beyond the grant-funded period; development of leaders in the youth co-occurring disorders field; and expansion of services.

- **Continuation of partnerships beyond the MHI grant-funded period**
  Partnerships that developed during the grant period continued to grow following the conclusion of the MHI grant-funded period. As part of the Dual Diagnosis Program, the Center established a strong partnership with the administration and school-based probation officers at several high schools and continuation schools. Together, the Center, Probation and school personnel continued to collaborate beyond the MHI grant-funded period to provide services to some of the most vulnerable and underserved youth in the San Fernando and Antelope valleys of California.

The Center’s relationship with DMH also continued beyond the MHI grant-funded period. CFGC continued to be called upon by DMH to provide leadership in addressing the needs of youth with co-existing disorders, including being invited to present at the Los Angeles County Law Enforcement and Mental Health Conference.

The partnerships established and developed during the grant period also have been strengthened and broadened through continued collaborations across the Center’s programs for at-risk youth.
For instance, Center staff presented at a Law and Mental Health Program, and Probation and L.A. County DMH funded the Center’s Multi-Systemic Therapy Program for probation youth.

• **Development of leaders in the field**
  MHI grant funding provided CFGC an opportunity to build the competencies of its staff and to establish its program within the community. The Dual Diagnosis Program staff have become recognized leaders in the community for promoting and advocating for the needs of youth with co-occurring disorders.

• **Expansion of services**
  Due to CFGC’s partnerships and recognized skill in treating dually diagnosis youth, the Center was approached by L.A. Care, administrator of the Healthy Kids Program (a low-cost medical plan for uninsured youth), to become a contractor to provide mental health services to youth.

  The Dual Diagnosis Program grant also permitted expansion of services within the Center’s school-based program and allowed for early intervention programs on the campus of many schools. During the grant period, the Center was able to establish a presence on many campuses and a productive working relationship with school personnel. The Center continued to provide school-based services at many sites utilizing alternative funding sources following the end of the MHI grant-funded period.

### Practice and Policy Implications

CFG C’s efforts in collaborating and building networks with other systems of care have implications for practice and policy. The learnings from their efforts can be adopted to improve mental health practice and policy at both the state and national level.

• **Collaborations are integral to serving youth populations**
  In order to effectively reach and serve the youth population, agencies must establish formal and informal collaborations to build a strong network of ties among the systems in which youth are embedded (e.g., schools, probation, etc.). By working together with these others systems, agencies can offer more comprehensive services (including mental health and substance abuse services) and overcome barriers to treating youth.