

UNIT TWO: Gaining Administrative and Managerial Support

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The History of Permanency Planning in the Michigan Mental Health System

Implementation of the permanency planning concept (and originally just the adoption aspect of permanency) into the mental health system involved major changes in the values, attitudes and philosophy of staff at all levels—department administrators, agency directors, agency supervisors and casemanagers. The values and philosophy that have driven Michigan's delivery of services to persons with developmental disabilities are Wolfensberger's normalization principle and the concept of least restrictive alternative. As a result, over the past 10 years, Michigan has reduced its institutional population of persons with developmental disabilities from 7,200 to 1,980 and closed four state institutions for persons with developmental disabilities. This has been accomplished primarily through development of small community group homes (for six individuals or less) and development of family foster care (for one to three individuals, usually children.) Admissions to state institutions have been substantially curtailed as community alternatives have been developed. In 1985, less than 100 individuals with developmental disabilities were admitted to state institutions. Of these, a small number were children. It is projected that in five to seven years, all state institutions will be closed and availability of out-of-home placements will be confined solely to small community alternatives.

Michigan has been and is, justifiably, proud of its accomplishments in phasing out large state institutions in favor of small community settings. Until the last several years, however, very little attention (except for several pilot projects and a few individual professionals) had been given to developing services and programs directed to keeping families and their children with developmental disabilities intact. Out-of-home placement has been the primary service alternative offered families who have sought mental health services. Once the child was placed, there has been no expectation that the child would return home and generally no effort expended by the placing agency to reunite child and family, nor has adoption been seen as a viable alternative.

"Permanency Planning", both as a term and as a concept, was virtually unknown to the mental health system until 1982. The goal in working with families who have children with developmental disabilities has been to relieve the family of their stress in caring for the child by placing the child out-of-home. Physicians, hospital staff, school personnel

and other professionals, in addition to mental health professionals, often supported and advised families to place their child. We thought we were being helpful by relieving the family of their responsibility and encouraging them to separate from their child after placement. We offered advice to not visit the child—the first month, or three months or six months—so that the family and child could adjust to the separation. We sometimes said to parents that they and the child would be better off if the parents forgot about the child. We generally did not encourage on-going contact by parents with their child, gave parents all kinds of implicit and explicit messages that we could do a better job of parenting their child and essentially took over parenting responsibilities for the children in care with the mental health system. Those parents who remained involved with their child subsequent to placement did so in spite of our efforts to discourage contact, and often these parents were labeled trouble-makers and were seen as difficult to work with.

In addition, a double standard has existed in Michigan for those children placed with the Department of Social Services (DSS) and those children placed with the Department of Mental Health (DMH). Permanency planning for children entering the child welfare system is required by both federal and state law to ensure that children enter care only when necessary, are reviewed periodically and provided permanent families in a timely fashion. There has been no similar requirement for children voluntarily placed by their parents in care with the Michigan mental health system.

It was against this background in October, 1982, with federal grant support, that the Permanency Planning Project was initiated originally as exclusively an adoption effort. Concurrent with that effort, several other initiatives were implemented which, taken together, gave impetus to the development of a more family-centered policy of services delivery for children with developmental disabilities. In October, 1983, the Department of Mental Health included for the first time in its budget monies specifically earmarked for the development of family support programs and services by local community mental health boards. The Department policy guideline defined family support services as respite care, sitter services, parent training and casemanagement, and the Department allocated monies to those local Community Mental Health

(CMH) boards who submitted proposals to develop such services. In addition, in December, 1983, the Michigan legislature enacted a Family Support Subsidy bill. This program, which was initiated in July, 1984, provides a monthly subsidy of \$225.54 to families who have children (under age 18) living at home who are either severely mentally impaired, severely multiply impaired or autistic impaired, and whose taxable income is less than \$60,000 per year. Lastly, in May, 1985, DMH received approval for a Medicaid Waiver Program for 50 children. This program provides Medicaid reimbursement for home-based services for children who are either health fragile or severely behaviorally impaired as an alternative to out-of-home institutional placement.

Although there is not yet formal state policy which mandates permanency planning protections for all children with developmental disabilities receiving mental health services, such policy is being developed and, it is anticipated, will be in place by the end of 1986. This change in philosophy and policy evolved, as discussed earlier, at a time when other events were occurring which provided concrete services in support of families. Changing the attitudes and practice of staff to do permanency work with families, however, has been the major thrust of the Permanency Planning Project. Impacting this change is described in the remainder of this paper.

The Permanency Planning Project began in October, 1982, with a federal grant awarded to the Michigan Department of Mental Health from the Division of Services to Children, Youth and Families of the federal Department of Health and Human Services for "the adoptive placement of developmentally disabled children". The catalyst for the Department of Mental Health applying for the grant came from two child welfare professionals—the director of Spaulding for Children (a nationally recognized private adoption agency for special needs children) and the director of the Michigan Federation of Child and Family Agencies (a consortium of private child welfare agencies). These individuals had been aware of the lack of a permanency focus within mental health and had a professional contact with the director of Children's Standards for the Department of Mental Health. It was at the initiative of these individuals that the idea was developed for DMH to apply for federal funding for a pilot project to achieve adoptive placements for children with developmental disabilities in care with the mental health system. In looking at trends around the country, the concept of a mental health system focusing on adoptive alternatives was unique. Most special adoption projects at that time were focused on children with developmental disabilities within child welfare systems.

The timing for initiating this project was also opportune in that a new director for the Department of

Mental Health had been appointed who was personally interested in programs for children and who has been and is very supportive of the project, as has the Department's Director of the Bureau of Community Residential Services. These individuals' support has been demonstrated not only by Department funding of the project and other family support programs, but as well by inclusion of project goals and efforts in speeches given to parents, professionals, and mental health staff, and in testimony to the state legislature. This visible support from the highest levels of the Department has been important in terms of helping diffuse resistance to change.

At the agency level, obtaining administrative and managerial support for the project has also been a critical component and is something that evolved over a number of months. Initially, the adoption project was focused within three mental health agencies which provide foster care for children with developmental disabilities. The project goals were introduced to the directors of these agencies through meetings with the Department's director of Children's Standards. The original goals of the project were:

- 1) to provide training to staff of these agencies (primarily casemanagers) regarding adoption of children who are developmentally disabled (the types of children who are adopted, the adoption process, the process of voluntary relinquishment of parental rights, and the process for termination of parental rights);
- 2) to provide training to private and public child welfare agency adoption workers regarding recruiting and placing children with developmental disabilities in adoptive homes; and
- 3) to identify children in care with the three agencies who could be moved to the adoption alternatives.

During the process of implementing the original federal project goals for adoption, and with the influence of Spaulding for Children who was contracted by the Department to provide training under the federal grant, it was determined that the project's goals should be expanded to a broader permanency planning focus. As the project's goals expanded from solely an adoption focus to a broader effort to achieve permanent families for children, the acceptance and support by administrative and supervisory staff of the project's efforts increased. It seemed to make more sense to talk about achieving permanent family relationships for children including maintenance of the child with the family, reunification or adoption as alternatives, than just trying to free a few children to be adopted.

Achieving supervisory and administrative support to make necessary changes to implement the permanency planning technology within the mental

health system, as indicated earlier, is critical to the program's success. There were several purposeful activities that were initiated with regard to eliciting supervisory and administrative support. Additionally, in reflecting upon our experiences, there are several other key elements which helped impact this major change in philosophy and practice that can be shared.

Impacting a System

1. Identify Key Administrative/Supervisory Staff—Feedback.

An important element in impacting this major change in attitudes and values was to identify those key administrative and supervisory staff at the state level and agency level who were in a position to make changes. The project coordinator developed rapport, trust, and an ongoing relationship with these individuals. Feedback to these individuals regarding individual case efforts and successes, as well as the barriers to achieving permanency plans for individual children, was helpful in developing understanding and support for the program. Eliciting assistance and ideas to deal with individual cases, as well as systems barriers, from these key administrators and supervisory staff also promoted ownership of the program.

In addition, a project task force was developed which included: a juvenile court referee, an adoptive parent (who was also a staff person of the Michigan Protection and Advocacy Service), a birth parent, an Association for Retarded Citizens representative (who was also an attorney), a state office Department of Social Services adoption staff representative, the Department of Mental Health director of Children's Standards, the director of Spaulding for Children, the director of the Michigan Federation of Child and Family Agencies, and permanency planning project staff. The task force met every other month and provided support and direction to project staff, helped identify key issues to be addressed in implementation and served as a sounding board for individual case and/or policy and procedure problems and barriers.

2. Develop Informal Contact/On-Site Project Staff Person

Informal contact by the project coordinator with agency supervisors and administration to talk about cases, to recognize certain casemanagers for their efforts, and to talk about some of the difficult decisions that were being made was helpful in promoting understanding and support. Informal conversations between project staff and casemanagers have, as well, been very important to being able to address concerns, talk about changing values and establish rapport and trust. Thus an on-site staff person has been a key component in impacting these changes in attitude and casework practice.

3. Use Supervisory Staff in Training

The goal of the Permanency Planning Project was to incorporate a new philosophy, procedure and casework practice within the service delivery system. Project staff served as a catalyst for this. However, in order to sustain the effort, it is necessary for managerial and supervisory staff to take ownership of the concept and direct and support their staff to do permanency work with families. The permanency project was seen by staff as an "outside" project, a special pilot project. Thus permanency work with families was the least priority and not something recognized by supervisors as a legitimate part of staff responsibility. One technique for moving permanency casework from an outside special project to incorporation within the practice of the agency was to utilize managerial and supervisory staff in trainings for line staff. These staff generally did not provide the training per se, but gave introductory speeches of support and their presence at trainings lent credibility to the project's efforts.

4. Implement a Case Screening Process

Supervisory participation in the case screening process to identify cases for permanency work was also used as a means to build support. Through the case screening process, individual children in out-of-home placements were reviewed by project staff with the casemanager and casemanagement supervisor. Permanency objectives were identified, as well as a plan for follow-up, by casemanagers of priority cases. The case screening process facilitated supervisory input to establishing permanency goals as well as provided the opportunity for supervisory direction to casemanagers for case follow-up. This was important to developing an understanding by supervisors (and casemanagers) of permanency casework as well as developing supervisory expectations for staff regarding doing permanency work. Quarterly reviews of active permanency cases by project staff and supervisory staff with casemanagers also promoted supervisory accountability for casemanagers' permanency work. Initially, project staff scheduled and directed these quarterly reviews. However, this responsibility over time was shifted to supervisory staff with project staff acting as consultants.

A process for administrative review of permanency plans was also instituted. Because children with developmental disabilities placed with Mental Health are voluntary placements, there is no child welfare system nor juvenile court involvement. Thus permanency plans for children with developmental disabilities in care with mental health would not be subject to either regular reviews by the court or citizen review boards. The administrative review process instituted by the Permanency Planning Project for mental health agencies provides for a review of all parent/agency agreements established for children newly entering the placement system at six

month intervals until such time as the permanency plan for the child is achieved. An administrative review committee is established for each child-placing agency and consists of the agency admissions director and/or assistant director, the foster care supervisor, a mental health permanency planning staff person, and a Department of Social Services consultant. The foster care casemanager and family social worker present the case for review and the committee makes recommendations to responsible staff for follow-up. The intent of this review is to: assure that a permanency plan is in place and that casework activity to achieve the permanency objective is occurring; provide direction to casework staff; assist in resolving barriers to permanency; and provide visible agency administrative support to pursuing permanency objectives for children.

5. Use Project Staff as Role Models and Risk Takers

Project staff took a primary role in initiating permanency casework with individual families. Casemanagers accompanied project staff in meetings with families to discuss permanency issues; however, project staff led these meetings and took responsibility for broaching difficult, sensitive issues with families. This was a key factor in establishing credibility with casemanagers—that they were not being asked to embark on a new area by project staff who were not willing to take some risks themselves. Over time, project staff also shifted more responsibility to casemanagers for initiating and directing meetings with families as casemanagers became more confident and had achieved some successful permanency plans for their clients.

6. Seek Supervisory Input into Policy and Procedure

Another means to gain supervisory and management support for permanency work was the inclusion of those staff in the development of agency policy and procedure for permanency planning. Generally, policy and procedure is developed at the state level with opportunity for review and comment by local agency staff. In this project, the policy and procedure was developed at the agency level based upon the grass roots experience in working with permanency planning. This seemed to engender more support and ownership for the new policy as well as helped cement interagency relationships between rivaling Community Mental Health and Department of Mental Health agencies to work together to serve their mutual clients.

7. Develop Agency Partnerships

Lastly, a primary facilitator of impacting this major change in values, attitude and philosophy of a public mental health system was the marriage of a private child welfare agency with the mental health staff working in the system to effect the changes. The Department of Mental Health's contract with Spaulding for Children provided permanency planning technology and expertise which was adapted and implemented by mental health project staff who were themselves former foster care casemanagers and knowledgeable of the mental health service system. It would have been difficult for private agency staff alone to impact internal changes within mental health from outside the system. Conversely, mental health project staff alone would not have had the permanency knowledge and experience to effect needed changes in what was, for mental health, a new technology. Thus, it was the combination of public agency and private agency working together that enabled this major system's change.