



Innovator Interview: April May

Florida Department of Children and Families, Regional Director for Substance Abuse and Mental Health Services

April May served as the SunCoast regional director for substance abuse and mental health services at the Florida Department of Children and Families. She spoke with the GPL about her experience collaborating on a project intended to improve DCF-involved families' access to behavioral health treatment.¹

This interview has been edited for clarity and brevity.

What problems were you were trying to solve?

April May: The main problem was that families that are involved in our child welfare system because of issues of child abuse or neglect had high rates of substance abuse and mental health issues. First of all, we didn't even know how we were serving those families. How are we getting them to appropriate behavioral health services? Are they getting them? What are their needs? And how do we connect those services from the behavioral health side to the child welfare side? It was such a multi-pronged question. We need to have the best information possible when we're making critical decisions about safety and permanency in the child welfare system.

There must have been an "aha" moment when you saw that fewer than 1 in 10 families in the SunCoast Region referred to one of the main providers were actually receiving treatment within 30 days. What was it was like to learn exactly how many families were making it to treatment?

We had so many aha moments, and we were a bit behind even from the start because of our simple lack of data. We really had no knowledge. Our informational systems did not talk to each other across child welfare and behavioral health. So we were able to look in a system and see what services a family or individual may have received, but we could never link it back to the families that we were serving in child welfare. We weren't even tracking the referrals we were making from child welfare to behavioral health, so we had to start from the ground up. As we were able to get that information piece by piece, we were able to collaborate with service providers and regularly review that data. It was just a gamechanger for us. It gave us the tools we needed to improve the process.

What do some of the changes coming out of that process look like?

One of our early accomplishments was creating a standardized referral process between child welfare and behavioral health, setting expectations for what information would be provided. That led to such an increase in the behavioral health providers' ability to contact our families because

¹ To learn more about Florida Department of Children and Families' engagement with the GPL to improve access to behavioral health treatment for families with substance use challenges, see [here](#).

Innovator Interview: April May, FL Department of Children and Families

they had accurate information. Now, I think some of other big wins were further down the line as we made systematic changes on how providers treat and engage with families. Making a phone call and leaving a message may not cut it, and giving a family an appointment to walk in where they have to wait a few hours may not cut it either. We've seen system-wide changes in our providers and the way they work with our families and with the referral sources from child welfare.

Can you give me an example of a change at the provider level?

We have one provider that decided to shadow clients as a result of ACM implementation. They stayed with the clients as they came in, watched the receptionist tell them incorrect information, and sat with them in the lobby for four hours as they never got to see anyone. They're working to streamline the process and create better access to appointments where clients know they can come in and actually see somebody at a specific time. And I think the reason they saw the problem is because they improved the program in terms of making contact and engaging families, but they were not getting them to their treatment appointments. They were exploring why that drop-off was happening.

What are some of the changes initially piloted through the Active Contract Management work that have now been scaled across the region?

We developed a model of colocating behavioral health staff with child welfare staff and are scaling it throughout the state. Colocation is still a struggle in some areas because of space constraints, but we have the data and are able to see that we have better results when we're colocated. We're more successful in getting those families through assessment and onto treatment, and now we're starting to see them even completing treatment. We've determined that it's a best practice. We're hoping to have some big successes around the screening and assessment processes for our families. We found through the ACM process that agencies had screening processes that were so cumbersome and lengthy that it was a big barrier to engagement, so we are working on defining and implementing best practices.

Any final thoughts you'd like to share?

In state government, we tend to get focused on the day-to-day, and having this GPL technical assistance really let us learn more broadly and see how other government agencies across the United States are dealing with similar problems.

In the end, the big thing we wanted to do was provide better services to help our families stay together or at least allow us to make better safety decisions. We have come such a long way in understanding where we are and what changes need to occur to solve these problems. We can understand how our systems are interacting and have it be a more seamless process for our families to get to the appropriate treatment, ultimately leading to better child welfare outcomes.

The Government Performance Lab is grateful for support from Bloomberg Philanthropies, the Corporation for National and Community Service Social Innovation Fund, the Dunham Fund, the Laura and John Arnold Foundation, the Pritzker Children's Initiative, and the Rockefeller Foundation. © Copyright 2019 Harvard Kennedy School Government Performance Lab.