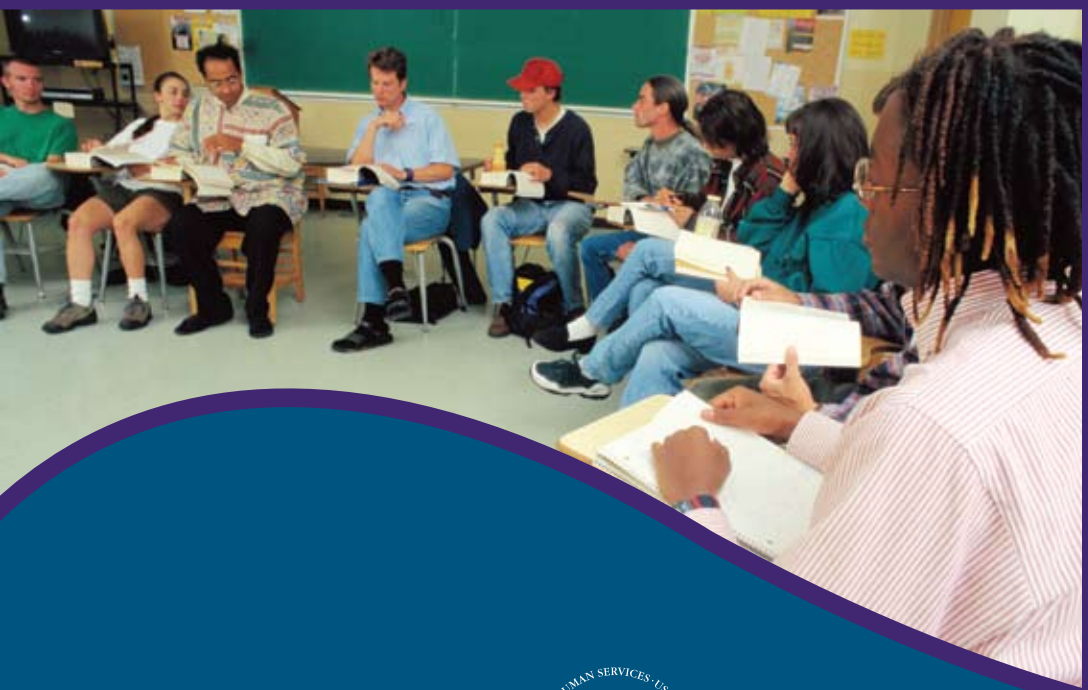
Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure

A GUIDE FOR COMMUNITIES








U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

ICF INTERNATIONAL

Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure

A GUIDE FOR COMMUNITIES

Gary DeCarolis, M.Ed.
Luanne Southern, M.S.W.
Fern Blake, L.C.S.W.

Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure was developed by the National Technical Assistance and Evaluation Center for Systems of Care with support from the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families in the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

ICF INTERNATIONAL

Table of Contents

ACKNOWLEDGMENTS[1]

Contributing Authors and Reviewers

We also would like to thank the following individuals who contributed their expertise to this project:

Duren Banks, Ph.D.
Nicole Bossard, M.A.
Jennifer Brooks, Ph.D.
Dan Cantillon, Ph.D.
Susan Chibnall, Ph.D.
Danielle Fox, Ph.D.
John Glover, M.A.
Janet Griffith, Ph.D.
Shauna Harps, Ph.D.
Tanya Howell, M.S.W.
Ethleen Iron Cloud Two Dogs, M.S.
Pamela Johnson
Lisa Lunghofer, Ph.D.
Michelle Zabel, M.S.S.

Additional Acknowledgments

Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure was developed under the guidance, support, and direction of Janice P. Shafer, Director, Division of Research and Innovation, Children's Bureau.

The authors would like to recognize the work being done by child welfare agencies to build the infrastructure to support systems of care at the State, county, city, and tribal levels by thanking the nine grantees involved in the *Improving Child Welfare Outcomes through Systems of Care* program. They contributed significantly to this document by participating in its review, content development, formatting, and dissemination.

Clark County Family Services
333 North Rancho Drive, Suite 200
Las Vegas, NV 89106

Contra Costa County Employment and Human Services
40 Douglas Avenue
Martinez, CA 94553

Jefferson County Department of Human Services
900 Jeffco Parkway, Room 295
Golden, CO 80401

Kansas Department of Social and Rehabilitation Services
Docking State Office Building
915 SW Harrison, Room 515-South
Topeka, KS 66612
Local grant sites: Cherokee, Reno, and Riley counties

Native American Training Institute
4007 State Street, Suite 103
Bismark, ND 58504
Tribal sites: Three Affiliated, Standing Rock, Turtle Mountain, and Spirit Lake

New York City Administration for Children's Services
150 William Street, 5th floor
New York, NY 10038
Neighborhood site: Bedford-Stuyvesant, Brooklyn

North Carolina Department of Health and Human Services
325 N. Salisbury Street
2439 Mail Service Center
Raleigh, NC 27699-2439
Local grant sites: Alamance, Bladen, and Mecklenburg counties

Oregon Department of Human Services
500 Summer Street, NE, Room E-69
Salem, OR 97301-1066
Local grant sites: Clackamas, Lake, and Umatilla/ Morrow counties

Pennsylvania Department of Public Welfare
Office of Children, Youth and Families
4th Floor Bertolino Building
P.O. Box 2675
Harrisburg, PA 17105-2675
Local grant sites: Dauphin and Northumberland counties

CHAPTER 1
INTRODUCTION

Background

This guide was developed after a review of the initial-year strategic plans of the nine grantees who received Federal funds through the *Improving Child Welfare Outcomes through Systems of Care* program. The Children's Bureau determined that more information on a systems of care infrastructure would be beneficial to the grantees as well as to professionals in the child welfare field, families with whom they partner, and community agencies representing education, mental health, juvenile justice, substance abuse treatment, and other organizations with an interest in child welfare driven systems of care.

The work group that developed this guide included staff of the Children's Bureau and the National Technical Assistance and Evaluation Center for the grant program. Each of the grantees of the *Improving Child Welfare Outcomes through Systems of Care* program also had the opportunity to review, comment on, and contribute to the content of the guide.

Purpose

This guide originally was designed to clarify for grantees the various activities that Federal funds could support during the 5-year grant cycle. While it was developed in response to a need identified through the *Improving Child Welfare Outcomes through Systems of Care* program, the guide also provides useful information to other State, tribal, county, city, or neighborhood agencies providing services to children, youth, and families who are involved in the child welfare system.

Using This Guide

This guide is organized into nine parts that correspond to the fundamental components of the infrastructure needed to support systems of care:

- Planning
- Governance
- System management
- Coordination of services and service array
- Communication
- Policy
- Finance
- Continuous quality improvement
- Human resources and staff development

The parts are divided into sections that outline the definitions, goals, activities, personnel, and expected outcomes related to each component. The flexible format allows users of the guide to review all facets of a particular infrastructure component

or, alternatively, refer to all goal-setting discussions, for example, across infrastructure components. In addition, the guide provides resources that illustrate further the topics covered in the discussion of the infrastructure components.

The guide includes examples from the field to highlight the variety of activities undertaken by the grantees. While the examples reflect the activities of only a limited number of systems of care initiatives, the experiences of these grantees shed significant light on the current and emerging systems of care issues confronting communities across the country and offer direction for systems of care planning, implementation, and evaluation.

The guide is intended to be a customizable document and features a set of worksheets that correspond to the nine systems of care infrastructure components. These worksheets can be used to spark discussion and decision-making by those leading and participating in systems of care development and implementation, making the guide a valuable and practical resource for enhancing the capacity of communities to foster a collaborative environment for ensuring safety, permanency, and well-being for children, youth, and families.

CHAPTER 2
SYSTEMS OF CARE

Since the 1980s, there have been numerous national efforts to provide States and communities with innovative approaches that address the multiple needs of children and families accessing services from public agencies. Several of these initiatives support principles that show promise for improving child, youth, and family outcomes. Systems of care is an initiative that incorporates a core set of principles that combine to meet the diverse needs of children, youth, and families. The system of care concept provides a framework that States, tribes, counties, and cities can utilize as they develop the infrastructure to support the following guiding principles:

Interagency Collaboration

State, tribal, county, city, or neighborhood agencies providing services to children, youth, and families must work together to plan, develop, and coordinate care. These agencies are in the public, private, and faith-based sectors, and include child welfare, juvenile justice, behavioral health, education, substance abuse, primary health, early childhood, domestic violence, law enforcement, judicial system, and (if separate) agencies that serve Native American families.

Individualized, Strengths-based Services

Every child, youth, or family receiving services from agencies that are part of a State, tribal, county, city, or neighborhood system of care must be equal participants in a planning process to develop an individualized service plan which links their unique needs and strengths with services and supports.

Cultural Competence

State, tribal, county, city, or neighborhood systems of care must have policies, structures, practices, and services that are responsive to the cultural, ethnic, linguistic, and racial diversity of children, youth, and families and the communities in which they reside.

Youth and Family Involvement

Children, youth, and families must be equal participants in the planning, development, implementation, and governance of the State, tribal, county, city, or neighborhood system of care.

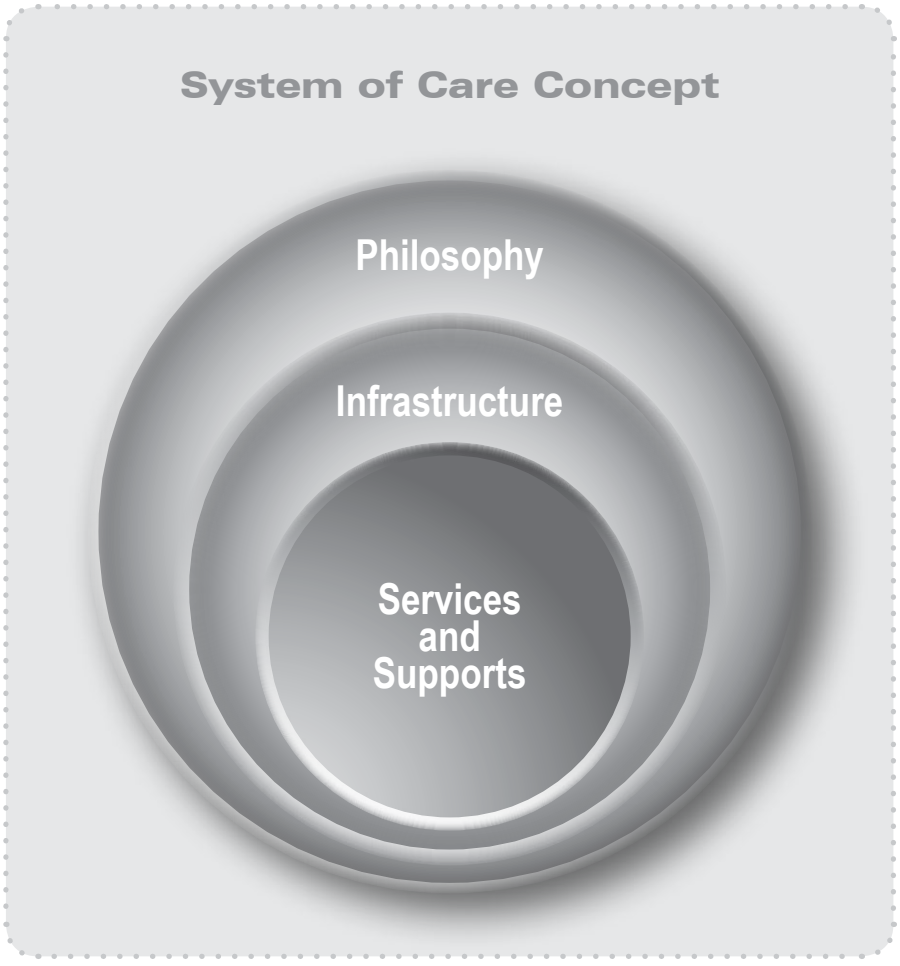
Community-based Services

Services and supports that are part of a system of care must be home- and community-based and comprehensive enough to address holistically each child, youth, and family's needs.

Accountability

Data must be used to evaluate the effectiveness and quality of services provided to children, youth, and families, as well as the impact of agency policies, procedures, and processes on sustaining systems of care principles. The data should inform State, tribal, county, city, or neighborhood stakeholders about project progress as part of a continuous quality improvement process and sustainability plan.

According to Stroul (2002), who was one of the developers of the systems of care concept, service coordination, interagency collaboration, family involvement, and cultural competence are key elements of the systems of care philosophy. However, Stroul notes that none of these elements is the sole focus of systems of care development.[2] The following chart illustrates this point.



CHAPTER 3
SYSTEMS OF CARE AND CHILD WELFARE

The child welfare system has undergone tremendous change during the past decade. Federal law has stimulated much of this change through the Adoption and Safe Families Act of 1997; amendments to the Social Security Act, which authorized reviews of Title IV-B and IV-E compliance; the Multi-Ethnic Placement Act; 1996 amendments to the Child Abuse Prevention and Treatment Act; and the Children's Health Act of 2000. Among the most significant changes were 1994 amendments to the Social Security Act, which mandated in-depth reviews of State child and family services programs, resulting in Child and Family Service Reviews (CFSRs).

Child and Family Service Reviews

In 2000, the Federal Government implemented the CFSR process, a results-oriented, comprehensive monitoring system designed to assist States with continuous quality improvement of outcomes for children, youth, and families who come into contact with public child welfare agencies. The CFSR focus reflects the Federal emphasis on child welfare principles such as family-centered practice, community-based services, individualized case planning and service delivery, and finally strengthening the capacity of parents to care safely for their children whenever possible and appropriate. CFSRs also consider the extent to which States are achieving the outcomes of safety, permanency, and well-being for the children, youth, and families who come in contact with the child welfare system. The goal of the reviews is to help States improve child welfare services and achieve the following outcomes for families, youth, and children who receive services:

Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are maintained safely in their homes whenever possible and appropriate.

Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved.

Well-being

- Families have enhanced capacity to provide for their child's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and behavioral health needs.

The CFSR process includes three phases:

1. The State involves numerous stakeholders and interagency partners in a comprehensive self-assessment of its child welfare system and submits the findings to the Children's Bureau for review.
2. The Children's Bureau conducts an extensive, onsite review of the State's child welfare practice, focusing on three jurisdictions within the State, as well as on the State child welfare agency. This assessment includes record reviews of foster care and in-home services case records, and in-depth interviews or focus groups with parents, children, and youth (when age-appropriate), foster and adoptive parents, private service providers, child welfare agency

caseworkers and supervisors, State and local child welfare agency administrators, and other local and State stakeholders. A detailed report of review findings is compiled and provided to the State.

3. The State develops a Program Improvement Plan (PIP), which includes areas identified in the State's self-assessment as needing improvement and the findings of the onsite review to enhance safety, permanency, and well-being outcomes for children, youth, and families.

The results of the first round of CFSRs indicated that a majority of States are challenged to achieve consistently positive outcomes in safety, permanency, and well-being for children and families, with particular need for:

- More effective services to protect children and prevent removal from their homes.
- More comprehensive and consistent needs assessments of family members and appropriate matching of services to needs.
- More active involvement of children and parents in case planning.
- Increased attention to the educational needs of children.
- Increased attention to the physical health needs of children.
- Increased attention to the behavioral health needs of children and families.

States found to need improvement in one or more areas must develop and implement a 2-year PIP. At the end of the 2-year period, States undergo a new review since the CFSR process is designed to promote continuous quality improvement.

System Change

Many States are using the CFSR process, and especially PIP development, as an opportunity to generate system change. They recognize that, because of policy, programmatic, or fiscal limitations, no single agency can provide all the necessary services and supports for families with children who are vulnerable to child abuse and neglect. Because the safety, permanency, and well-being of children and families served by child welfare agencies are affected by many systems in addition to child welfare, agencies are building more collaborative relationships with behavioral health, substance abuse, domestic violence, education, and judicial systems, as well as with the private sector.

States must change day-to-day practice in the field and agency infrastructure, both of which affect outcomes for children and families. Such change requires considerable time, strategic thinking, and resources, which must be balanced with the responsibility of ensuring the safety, permanency, and well-being of children in the agency's care.

While many changes focus on State child welfare systems, others target child-serving partners in education, domestic violence, behavioral health, primary health, juvenile justice, and substance abuse to make similar reforms. Many Federal, State, and local initiatives feature interagency structures to maximize resources and coordinate services. To achieve, manage, and sustain lasting change, State child welfare agencies must determine an internal course toward systemic change, including appropriate investments of time and funds, and work collaboratively with partner agencies to ensure the safety, permanency, and well-being of children, youth, and families.

Improving Child Welfare Outcomes through Systems of Care

Since the 1990s, the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration has managed the *Comprehensive Community Mental Health Services for Children and Their Families Program* (P.L.102-321). This Federal initiative targets children with severe emotional disturbance and applies systems of care principles to their treatment. Outcomes for families and children served by this program have been promising, with improvement in the following areas:

- Placement stability.
- School grades.
- Contacts with the juvenile justice system.
- Behavioral health status.
- Parent and youth satisfaction.
- Costs associated with serving children who have the highest level of need.

In 2003, the Children's Bureau funded the *Improving Child Welfare Outcomes through Systems of Care* initiative, designed to test the effectiveness of applying systems of care principles and infrastructure to the child welfare population. This effort was sparked by the promising outcomes of the

Comprehensive Community Mental Health Services for Children and Their Families Program and the need for more effective collaboration among child-serving agencies at the State and local levels, as a means to improve CFSR outcomes.

The notion of community-based, interagency systems of care has shown merit in effectively meeting the needs of children within their home, community, and school. Whether this approach has merit in helping to achieve positive outcomes for children and families involved with the child welfare system remains unanswered. The Children's Bureau's *Improving Child Welfare Outcomes through Systems of Care* initiative is designed to answer the following questions:

- Do the underlying values and principles of the systems of care concept support needed systemic changes throughout child welfare agencies?
- How can a child welfare agency provide leadership in systems of care that involve the commitment of colleagues in other child and family service agencies?
- What features would a child welfare system of care have?
- How effective will systems of care be in addressing the needs of various populations within the child welfare system?
- Can families be partners in a child welfare-led system of care?
- How might a child welfare-led system of care address children needing services prior to, or without coming into, State custody?

According to the Children's Bureau, a number of compelling issues have emerged in the child welfare system that might be affected positively by a move to an interagency, community-based, systems of care approach. These issues and associated assumptions and questions, which are to be tested through the *Improving Child Welfare Outcomes through Systems of Care* program, are highlighted in the chart below.

Compelling Child Welfare Issue	Assumption/Question
Many children receiving child welfare services have been placed in multiple out-of-home placements.	Can individualizing care to children within the system of care increase placement stability?
Successful reunification of children with their birth families remains an issue with no clear understanding of when, why, or with whom it succeeds or fails.	When children are reunified with their biological parents after being in out-of-home placement, can their involvement in systems of care increase the success rate of family reunification, maintaining safety, and permanency?
Most States need to focus on how to address the health, behavioral health, education, and well-being of children in their custody.	Systems of care offer a range of service options and supports to meet the individualized needs of children and families. Do systems of care offer solutions to identify children, youth, and families with these needs and develop case plans that address them?
Comprehensive, strength-based assessments and ongoing needs assessments have been challenging to implement routinely in child welfare.	Can systems of care have relevance for the child welfare system in this area?
Child welfare practice has incorporated family-based approaches to service delivery.	What can be learned from integrating these approaches with others that are used within systems of care?
Engaging youth in the design and implementation of their case plans is an important step in building services and supports that address their needs.	What can be learned from current practices within child welfare and systems of care to give full voice and participation to youth?
Rural communities have presented the child welfare system with challenges in accessing services and offering a broad array of service options.	What lessons can be learned from developing systems of care in rural areas to address issues such as service availability, transportation, and cultural barriers?
Supervision of caseworkers needs improvement in many child welfare systems.	How can models of supervision that use systems of care principles contribute to worker skill and positive outcomes for children, youth, and families?
Flexibility in child welfare visitation policies and practice has been a cause of concern noted in CFSRs.	Can the flexibility of child and family team approaches used in systems of care help child welfare agencies become more flexible in where, when, and how safe visitation occurs for the child, parents, and child protective services (CPS) caseworker?
Using data to help the child welfare system develop policy, improve or replace services, and better understand the children and families served has been problematic.	Can systems of care provide solid evidence to ensure high-quality services and increased levels of satisfaction, compliance, and retention for children, youth, and families?

Challenges and Opportunities

Implementation of systems of care principles in child welfare practice within local communities and States can present challenges, despite lessons learned from the behavioral health system. A few of these challenges are discussed below.

Resources

Many families involved in the child welfare system also are involved with other agencies, such as substance abuse, domestic violence, behavioral health, juvenile justice, and education. Yet Federal and State funding streams are allocated to these agencies categorically, which often poses challenges for integrating and coordinating resources. Identifying and coordinating funding streams of involved agencies is an important step toward efficiently using public funds, reducing duplicated effort, and maximizing Federal matching funds. For sustainable interagency partnerships to emerge, each partner must understand the benefits they can expect in return for contributing resources.

Family involvement

Historically, child welfare has identified the "dysfunctional family's" problems and offered a professional plan for "fixing" those problems. Frequently, the service plan has been a pre-printed document, presented to each family for signature, which does not recognize differences in families and their needs. Viewing family members as experts in determining their own service needs, identifying and building on their strengths, and meaningfully involving them in the development of service plans, strategic planning, and policy development often require a paradigm shift for families, agency staff, and administrators. A similar change is required for agency policies, practices, and services to acknowledge the cultural, ethnic, and racial diversity of children, youth, families, and the community.

Infrastructure development

To address these challenges, a strong, supportive infrastructure is essential to systems of care. Infrastructure includes a number of components: planning; governance; system management; coordination of services and service array; communication; policy; finance; continuous quality improvement; and human resources and staff development. Planning must be community-wide and include relevant stakeholders, families, youth, interagency partners, and the private sector. To build interagency collaboration, the governance body must represent families as well as the service delivery system. A solid management structure can support systems of care development and implementation, and ensure coordination of services to families, youth, and children by multiple agencies.

Evaluation and training

Safety, permanency, and well-being outcomes for child welfare involved families must be monitored and evaluated continuously. In addition, ongoing training and technical assistance must be provided to staff to give them the tools to carry out their duties and responsibilities in a systems of care environment.

THE INFRASTRUCTURE DEVELOPMENT PROCESS

Stakeholder Involvement

Creating the infrastructure to support systems of care requires the engagement of State, tribal, county, city, or neighborhood stakeholders. In his book, *Leading Change*, Kotter (1996) identified four essential characteristics for building coalitions to lead change:

1. **Position Power:** Are all key people on board, especially program managers, supervisors, and direct line staff, so those left out cannot easily block progress?
2. **Expertise:** Are there various points of view, in terms of discipline, work experience, culture, and ethnicity, adequately represented so informed decisions can be made?
3. **Credibility:** Does the group include people with positive reputations in the agency, community, or neighborhood so others will respect the group's findings?
4. **Leadership:** Does the group include veteran leaders who can direct the change process? (Leadership and management skills must work in tandem, with managers keeping the process under control and leaders driving change.)[3]

For forming a group responsible for leading a change effort, Kotter identifies certain personality

characteristics and qualities that should be avoided or managed. These include:

- People "with large egos that fill up a room, leaving no space for anyone else."
- People "who create enough mistrust to kill teamwork."
- People "who are reluctant players."[4]

The following exhibit illustrates Kotter's ideas.

Building a Coalition That Can Make Change Happen

Find the Right People

- With strong position power, broad expertise, and high credibility
- With leadership and management skills, especially the former

Create Trust

- Through carefully planned off-site events
- With lots of talk and joint activities

Develop a Common Goal

- Sensible to the head
- Appealing to the heart[5]

Once individual members have been identified, it is important to assess whether the group, as a whole, reflects systems of care principles. Given the importance of family involvement and cultural competence, membership should include those who have received services from participating agencies and represent the diversity of the State, tribal community, county, city, or neighborhood population. Service providers, faith-based organizations, private and public agencies, providers of informal supports, and other key constituents unique to the State, tribe, county, city, or neighborhood also should be represented.

The following chart, from *Building Systems of Care: A Primer*,[6] offers guidance for effective collaboration.

Principles to Guide Collaboration

- Build and maintain trust so collaborative partners are able to share information, perceptions, and feedback and work as a cohesive team.
- Agree on core values that each partner can honor in spirit and practice.
- Focus on common goals that all partners will strive to achieve.
- Develop a common language so all partners can have a common understanding of terms such as "family involvement" and "cultural competence."
- Respect the knowledge and experience each person brings.
- Assume the best intentions of all partners.
- Recognize strengths, limitations, and needs, and identify ways to maximize participation of each partner.
- Honor all voices by respectfully listening to each partner and attending to the issues they raise.
- Share decision-making, risk taking, and accountability so that risks are taken as a team and the entire team is accountable for achieving the goals.

Understanding Ambiguity

The infrastructure development process has been described as messy, ambiguous, and time consuming work that requires perseverance and patience. Consequently, a clear understanding of the complex and ambiguous nature of the work is needed. This will help to sustain commitment and maintain a focus on inter- and intra-agency relationships.

Developing a Theory of Change

To build systems of care, communities can follow a theory of change that incorporates interagency planning and allows participants to understand their role in the infrastructure development plan.[7] Hernandez and Hodges (2003) provide the following chart, which depicts how a theory of change can be organized in three phases.

Phases of Theory Development for Systems of Care

Phase I Pre-planning	Stage 1: Form Interagency Work Group Stage 2: Articulate Mission Stage 3: Identify Goals and Guiding Principles
Phase II Theory of Change Development	Stage 4: Develop the Population Context Stage 5: Map Resources and Assets Stage 6: Assess System Flow Stage 7: Identify Outcomes and Measurement Parameters Stage 8: Define Strategies Stage 9: Create and Fine-tune the Framework
Phase III Implementation	Stage 10: Elicit Feedback Stage 11: Use Framework to Inform Planning, Evaluation, and Technical Assistance Efforts Stage 12: Use Framework to Track Progress and Revise Theory of Change

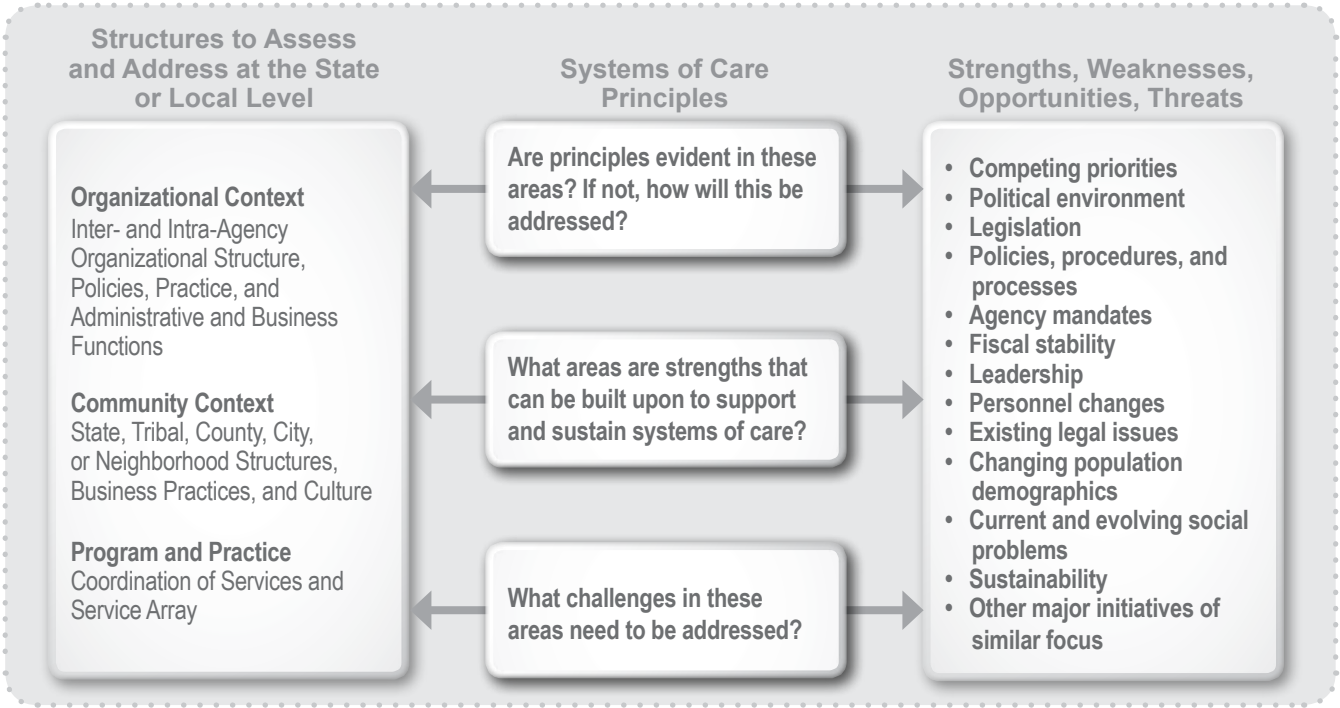
When developing the infrastructure to support systems of care, interagency collaboration, family involvement, and cultural competence provide a solid foundation for planning and building. Creating a theory of change also enables participants to understand their roles. Other important considerations throughout the developmental process include:

1. How will the effort be marketed to constituents?
2. How will the efforts and changes made by the group be sustained over time?
3. What strengths can be built upon, and what structural components should be created or modified?
4. What interagency groups, coalitions, or commissions with similar goals are in place or legislatively mandated? Can the infrastructure developed on behalf of systems of care be integrated into and benefit these broader efforts?
5. Does the effort have the full support of funders, policymakers, agency directors, and other leaders?
6. What is the level of influence the systems of care effort may have on other priority areas within the State, tribe, county, city, or neighborhood?
7. Are the roles, expectations, responsibilities, and levels of authority clearly defined for individuals involved in the effort?
8. What shifts in attitudes, assumptions, and beliefs must be made to meet the challenges of systemic change and sustaining systems of care?
9. What policies, procedures, processes, tasks, activities, and functions must be developed, modified, or eliminated to address technical challenges associated with systemic changes needed to sustain systems of care?
10. What personal or professional values or philosophies are challenged, and how will individuals accept change and be open to fresh ideas?

These considerations can be the basis for addressing the infrastructure components described in detail in the following section.

CHAPTER 4
INFRASTRUCTURE

An infrastructure is multi-faceted and complex and can include a central office staff, interagency standing and ad hoc committees, an advisory board, and administrative support.[8] In systems of care, the complexity is intensified by the need to identify, develop, or modify agency organizational structures and align functions, processes, and policies while ensuring systems of care principles are incorporated into all aspects of infrastructure development. Despite guidance from these principles, a community's unique history, demographics, cultural and ethnic diversity, and government and administrative structures will shape infrastructure components. In addition, changing political, legislative, financial, and administrative contexts will affect the infrastructure development process. The following exhibit highlights these divergent, yet interrelated components.



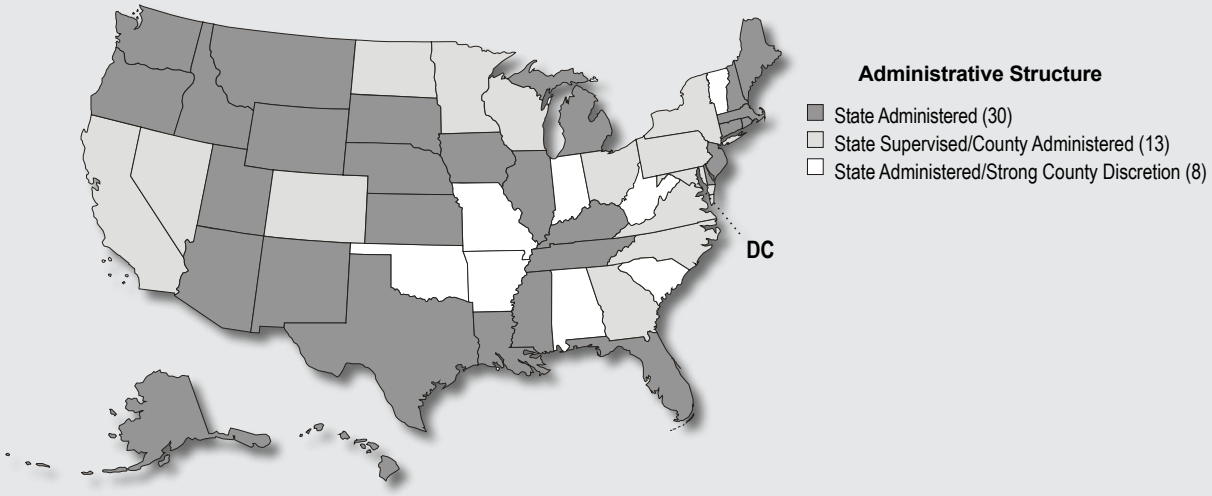
CHAPTER 5
INFRASTRUCTURE COMPONENTS

Infrastructure *(noun)* 1: the underlying foundation or basic framework (as of a system or organization); 2: the system of public works of a country, State, or region; and 3: the resources (personnel, buildings, or equipment) required to conduct functions, tasks or activities.[9]

Implementing infrastructure development in child welfare requires knowledge of the administrative parameters of the system. Some child welfare agencies are State-supervised and county-administered, while others are State-administered and county-supervised. Further, some State-administered agencies have strong county structures, with local discretion. In addition, child welfare is administered differently in tribal communities. The majority of child welfare agencies, about two-thirds, are units within larger agencies rather than freestanding units.[10]

The following map and summary of States highlight the differing child welfare agency structures found across the United States.[11] Understanding the dynamics of these organizational structures is essential when building the child welfare agency infrastructure to support systems of care.

Administrative Structure of Child Protective Services[12]



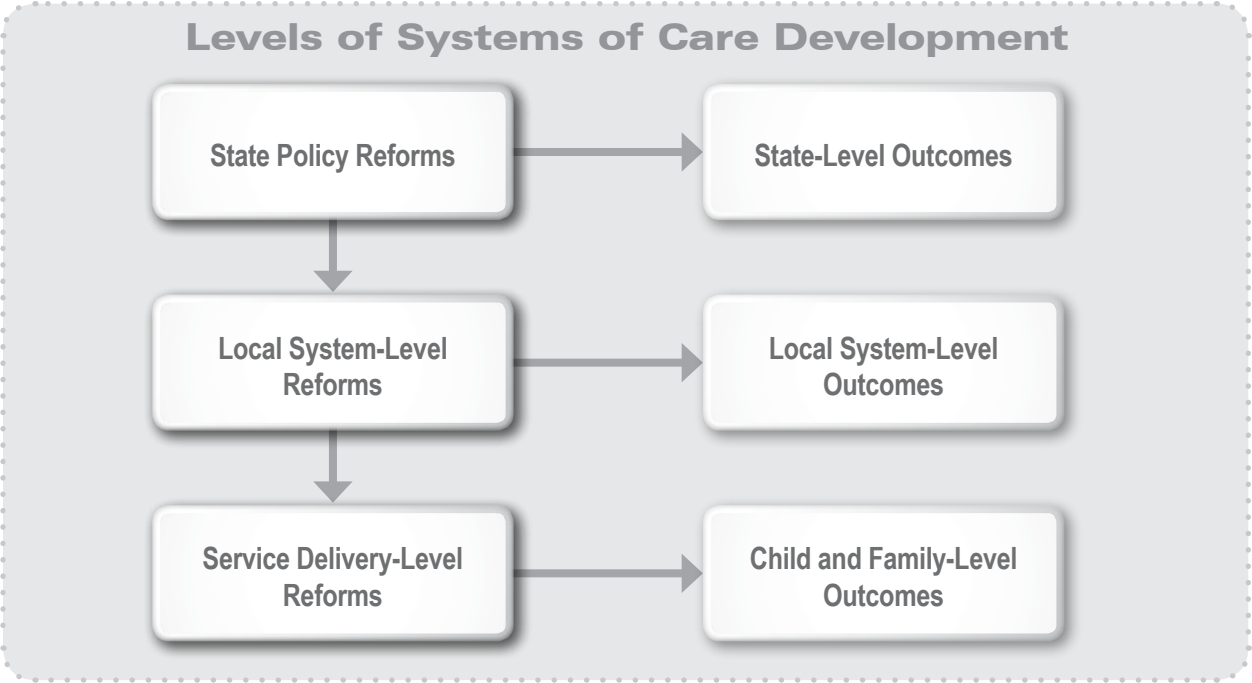
State-Administered = AK, AZ, CT, DC, DE, FL, HI, IA, ID, IL, KS, KY, LA, MA, ME, MI, MS, MT, NE, NH, NJ, NM, OR, RI, SD, TN, TX, UT, WA, and WY.

State-Supervised, County-Administered = CA, CO, GA, MD, MN, NC, ND, NV, NY, OH, PA, VA, and WI.

State-Administered with Strong County Structure and Discretion = AL, AR, IN, MO, OK, SC, VT, and WV.

Assessing Effectiveness

Identifying and developing outcomes that reflect infrastructure reforms at various levels are important for building systems of care. Stroul illustrates this point in the following chart.[13]



Infrastructure components that support systems of care include:

- Planning
- Governance
- System management
- Coordination of services and service array
- Communication
- Policy
- Finance
- Continuous quality improvement
- Human resources and staff development

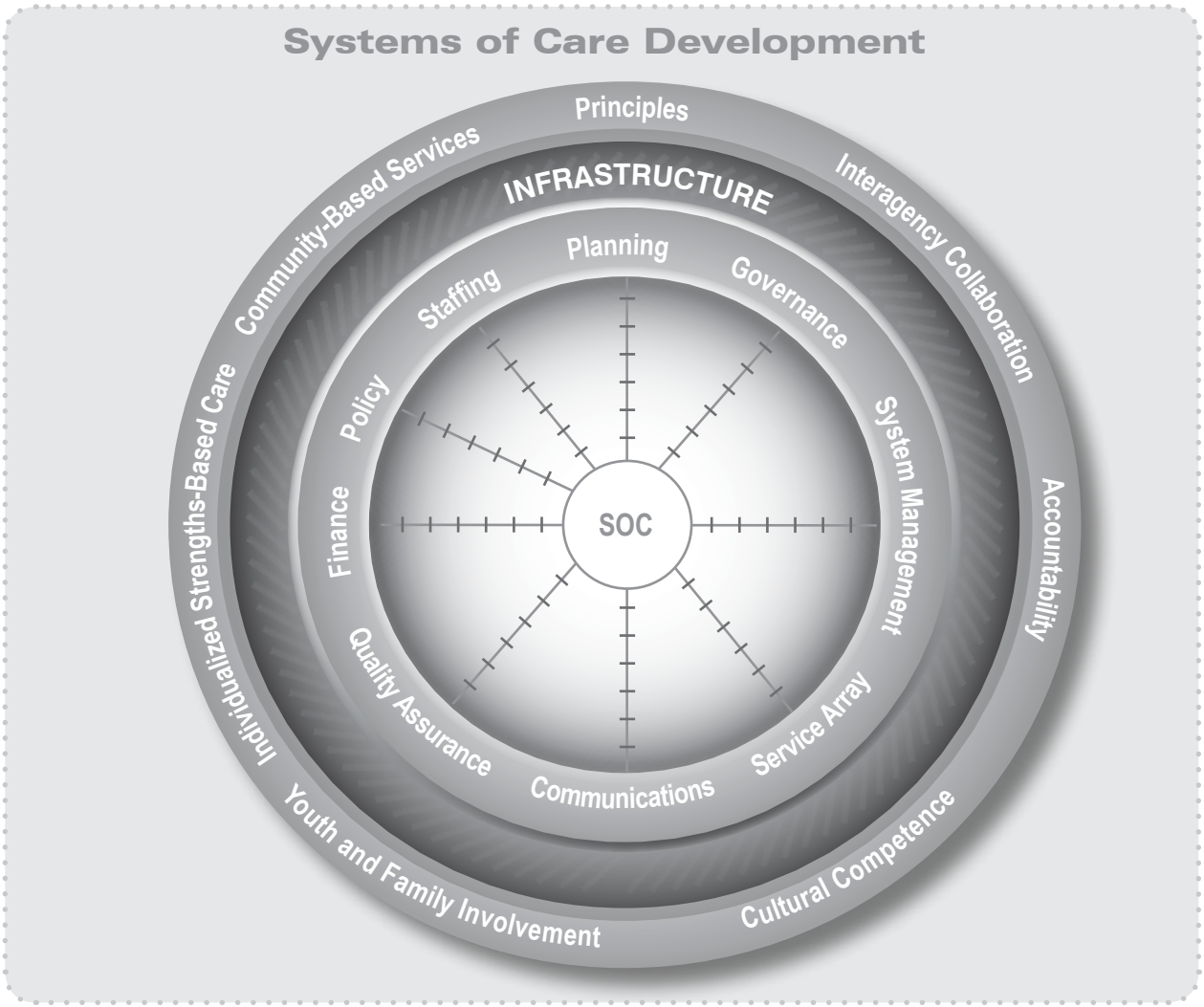
Following are examples of how to address each infrastructure component as part of a systems of care development and implementation strategy. The examples include definitions, goals, systems of care principles and values, activities and tasks, personnel, questions to consider, and additional resources to stimulate ideas. Activities in the pre-planning, planning, and implementation phases are described, and details about how an *Improving Child Welfare Outcomes through Systems of Care* program grantee addressed each infrastructure component are provided.

Assessing Progress

As child welfare agencies and their partners, plan, develop, and build systems of care, they must continually assess progress toward short- and long-term goals and recognize milestones to maintain the commitment and enthusiasm of participants.

Example

The following chart was created by a systems of care community in a tribal site to chart its progress in developing systems of care.[14] The center of the circle represents the core, center, or Nagi (Lakota term for spirit) of the system of care. Communities can chart their progress on the dotted lines, with the dashes on the lines of the innermost circle representing milestones. The pattern of dashes provides a visual representation of the consistency or variation in the progress the community has made on the different infrastructure components. For example, if the line connecting the dashes is a circle, it indicates consistency across components on the level of progress achieved.



PLANNING

Definition

Planning is defined as the dynamic process of gathering information from stakeholder groups, including youth, parents, provider organizations, public and private agencies, and the community-at-large, to develop a shared mission and vision for children and families within the systems of care infrastructure.

The information is used to formulate a plan to guide infrastructure development activities. Agreed upon indicators of organizational and individual child and family outcomes are critical to success.

Resources

Systems of Care: A Guide for Planning. http://www.childwelfare.gov/systemwide/service/soc/build/socinfrastructure.cfm

Strategic Planning for Child Welfare Agencies. http://muskie.usm.maine.edu/helpkids/rcpdfs/strat.plan.pdf

Building Systems of Care: A Primer. http://childwelfare.gov/systemwide/service_array/soc/soc-pubs-list.cfm

Goals

Your community might establish systems of care planning goals such as:

- Stakeholder groups have maximum input into the planning process.
- The planning process creates a shared vision of the system of care.
- Stakeholders recognize planning as an evolutionary process.
- Planning is used to inform program and system development.
- Planning documents are created to guide activities.
- Planning documents are culturally and linguistically competent.
- Planning documents are disseminated across a wide spectrum of stakeholders.
- The planning process and subsequent strategic planning document reflect the phases of systems of care work from development to implementation through sustainability.

Systems of Care Principles and Values

The following are just a few ways that systems of care principles and values might be evident in your community's planning:

- Families and youth in the target population who have received services are actively engaged in the planning process.
- Stakeholders involved in planning activities represent a spectrum of agencies, organizations, and individuals with knowledge of the target population and the geographic area.
- Planning meetings are conducted at times, places, and on dates that respect the time of all participants. Special accommodations are made for participants who are non-English speaking, have physical disabilities, or are visually or hearing impaired.
- Planning documents include language that focuses on family-driven, community-focused, and strength-based approaches to service delivery and the organizational processes that support them.
- Youth, families, and other stakeholders are responsible for accomplishing tasks outlined in the planning document.
- Outcome measures and performance expectations are specified in the planning document, as is the method for collecting baseline data.

Activities and Tasks

Planning activities and tasks in your community might include:

Pre-Planning Phase

- Determine the entity charged with planning. Is there an existing group that can serve this purpose or will a new planning group need to be formed?
- Embrace a "planning to implement" strategy.
- Identify stakeholders. If an existing group is relied upon, who needs to be added to fulfill the purpose of the systems of care work?
- Identify ways to address the question, "What's in it for me?"
- Make certain agency administrators, judges, and other key decision-makers are aware of the planning and its potential impact on their system and the community as a whole. Make sure they are supportive of, and committed to, the effort and have opportunities to participate.
- Seek out tested strategies, tools, methodologies, and experts on planning.
- Identify fiscal, personnel, and consultant resources to support the planning.
- Ensure planning group members are representative of the target population.

Planning Phase

- Identify appropriate neutral locations for planning.
- Determine the cultures of the community, families, and institutional structures.
- Define the reason for existing as a planning body and as a project.
- Establish an internal and external communication plan.
- Conduct public hearings.
- Conduct a needs assessment or asset mapping with multiple groups such as other organizations and direct service providers.
- Conduct a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis.
- Use focus groups, surveys, and interviews to collect data from multiple groups on areas such as needs, assets, values, and priorities.
- Conduct an orientation on planning for stakeholder participants.
- Develop consensus among stakeholders.
- Develop a common language, including overcoming use of acronyms and system-specific jargon that may not be familiar to all stakeholders.
- Assess evaluation tools, cultural competence issues, and other factors that affect the effort.
- Develop shared goals, vision, and mission based on values and principles of systems of care.
- Define shared outcomes to be achieved through systems of care.
- Write the strategic plan for implementing systems of care.
- Provide copies of the plan to key decision-makers and make certain the agencies and constituents they represent have approved the plan, support it, and understand and are committed to their role in its implementation.
- Distribute the plan to all interested parties.

Implementation Phase

- Conduct a needs assessment of the knowledge, technical skills, and experience of the systems of care team that will implement activities.
- Establish communication protocols with external and internal constituents.
- Create workgroups such as interagency and policy groups.
- Assemble an effective systems of care team and add members as the project grows.
- Conduct sustainability planning.
- Use focus groups, surveys, and interviews to collect data from multiple groups on implementation activities, including progress, barriers, facilitators, and lessons learned.
- Develop methods for learning about each member's agency, policies, procedures, and processes.
- Determine what resources are needed to efficiently and effectively carry out activities and meet deadlines.
- Assign tasks, activities, and functions to individuals, agencies, and groups as outlined in the plan.
- Develop reporting mechanisms for informing decision-makers about progress.
- Review the implementation plan routinely and make changes as needed.

Personnel

The people who perform planning duties in your community might include:

- Project director
- Evaluator (staff position or consultant)
- Administrative assistant
- Planner (staff position or consultant)
- Representatives of families and the community, such as a family member hired as a coordinator

Questions to Consider

As systems of care planning evolves in your community, keep in mind questions such as:

- Have all key stakeholders been identified and involved in the planning process?
- Has a SWOT analysis been conducted?
- Has a needs assessment been conducted?
- Have various methods for collecting information from key stakeholder groups been used (focus groups, interviews, surveys, public forums)?
- Has an exercise been conducted to map out resources (fiscal, personnel) and services?
- Have the policies, funding mechanisms, mandates, and procedures of key interagency partners been assessed?
- Have stakeholders agreed upon a short- and long-term action plan? If so, is it being used to guide systems of care development?
- Does the planning relate to State CFSR outcomes and the PIP?
- Is other planning being conducted by the State or local child welfare agency? How does this work relate to broader efforts?
- Have existing child welfare boards, advisory groups, or advocacy groups been considered for involvement? How does the work of these groups relate to planning for systems of care? How will these groups be kept informed of progress toward goals and objectives?
- Are representatives of the judicial system, attorneys, and law enforcement represented in the planning? How will they be kept informed of the potential impact?
- Does the planning require authorization or approval from any agency boards of directors, State commissioners, advisory groups, city council, tribal leaders, county boards, or school boards? If so, what is the strategy for securing a place on their agendas? Who will present the information? What is the process for approval? How will these groups gain information about progress in implementing the plan and building systems of care?

Example from the Field

Site

Department of Human Services, Jefferson County, Colorado

Strategy/Approach

What Was Done and Who Was Involved

One aspect of infrastructure development we considered important was to recognize and utilize the substantial resources already available within Jefferson County to support and sustain implementation of systems of care principles. Communication about systems of care principles and anticipated activities across the various Jefferson County Divisions and Departments by project staff in the first grant year led to the identification of a number of potential collaborative projects. One such opportunity, a community needs assessment, was initiated in the third year of the grant.

The referral address geomapping project mapped the areas of greatest need in Jefferson County, based on the geographic concentration of child abuse and neglect referrals. The Systems of Care Research Analyst presented this proposal to "Family to Family" staff within child welfare and to the Global Information Systems geomapping expert at Jefferson County's Long-Range Planning Department. The "Family to Family" initiative in Jefferson County is currently involved in strategic planning for the Building Community Partnerships component of the project. Systems of care is collaborating with and supporting these efforts, as we are also initiating targeted community outreach activities. "Family to Family" staff agreed to collaborate and assist in verifying referral address data in the Statewide Automated Child Welfare Information System (SACWIS) in preparation for geomapping.

The Research Analyst met with the mapping expert on map formatting and map overlay possibilities (from already existing county census data).

Time Frame

Initial meetings took place in the latter part of year two and the first maps of child welfare child abuse and neglect referral addresses by ethnicity of children in the home were produced at the beginning of year three. The first set of maps showing two key areas of high need (Lakewood and Arvada, overlaid on census income data and showing ethnicity of children) have been presented to various groups by the Systems of Care Project Manager and Research Analyst, and by child welfare Program Managers to generate discussion about how we may collaborate to address the needs of these communities. Presentation audiences include those within child welfare and the Department of Human Services, as well as community groups.

Why This Approach Was Selected

The referral address geomapping project provides both systems of care and "Family to Family" with a valuable tool to identify high need areas of the county in which to target efforts in building community partnerships. Such maps will also enhance future planning on the assignment of child welfare caseworkers according to geographic area and ethnicity. In addition, the original maps (based on year two data) will serve as a baseline of the density of greatest need in the county (and ethnic diversity of the referrals), against which future geo-maps could be compared to evaluate the effectiveness of systems of care and "Family to Family" based services.

Systems of Care Principles

The systems of care team has always been attentive to potential interagency collaboration opportunities. Such opportunities, when realized in concrete collaborative planning and implementation, are much more likely to result in long-term sustainability, as multiple parties have a stake in their success and benefit from their products. In addition, translating the wealth of available child welfare data into usable accountability products is a challenge, but when wedded to creative community thinking and feedback, can be among the most productive and sustainable elements of systems of care grant activities.

Lessons Learned

Facilitators

Facilitators to this process included frequent, concise, and in-depth communication between interested parties that helped to distinguish what the benefits of collaboration would be for each. This helped representatives of each party to take the message back to their respective units and managers to facilitate buy-in at different levels of the organization.

Barriers

Once maps were produced and presented, some initial misconceptions developed regarding what they represented and the ease with which they could be produced. The Systems of Care Research Analyst created an informational letter that summarized key details. This letter was given to all potential presenters and the details were reviewed individually with them to ensure that the map information was not misrepresented and was utilized appropriately. The Research Analyst then gathered feedback from stakeholders about additional elements that could be overlaid or added to the maps to tailor them to specific planning efforts (e.g., school attendance areas, child welfare service providers). We hope to continue the geomapping project beyond the life of the grant.

GOVERNANCE

Definition

Governance refers to the interagency entity and operating structure authorized to make decisions and set strategic direction for activities, tasks, and functions associated with building, implementing, and sustaining systems of care, and providing oversight for their implementation. This body is responsible for developing interagency solutions to address the needs and challenges of a specific target population or geographic area.

The governance body is composed of local, county, State, tribal, or neighborhood administrators, family members, program specialists, and service delivery staff. For the infrastructure to operate effectively, members must demonstrate a commitment to systems of care principles and develop rules, procedures, roles, and expectations for members, committees, staff, and other individuals involved in the systems of care effort.

Resources

Memorandum of agreement used in systems of care work. http://www.dhhs.state.nc.us/mhddsas/announce/moa_state3-31-03_child02-03.pdf

Bylaws for a governance structure leading systems of care work. http://www.systemofcareillinois.com/lan_39_bylaws.htm

Promising practice monograph on **interagency collaboration**. http://cecp.air.org/promisingpractices/1998monographs/vol6.pdf

Toolkit on building community systems. http://ctb.ku.edu/tools/

See Appendix A for an example of the **organizational structure** of the governance body conducting systems of care work in Contra Costa County, California.

See Appendix B for an example of **a job description** for an interagency liaison/administrative coordinator position that provides support to the governance body.

See Appendix C for an example of **who to involve** on the governance body of a systems of care effort addressing the needs of families involved in child welfare.

Goals

Your community might establish systems of care governance goals such as:

- Interagency staff, family members, faith- and community-based organizations are represented on the governance body and its committees.
- The governance body has the authority, capacity, and credibility to govern.[15]
- The governance body and its committees operate efficiently and effectively, utilizing the strengths and resources of members.
- The governance body operates in a manner that ensures timely disposition of unresolved issues, including those that directly affect children, youth, and families.
- Members of the governance body demonstrate a continuous learning community approach to systems of care development and implementation.
- Members of the governance body are authorized to make decisions about policy, funding, service delivery system design, and other issues.
- Members of the governance body define their roles and responsibilities as a group, as well as individually.
- The governance body evolves over time to accommodate changes in agency structures, service populations, or other environmental factors.
- Consensus among members is the desired method for decision-making.

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in your community's governance:

- Members of the governance body are able to incorporate systems of care principles in verbal and written communications, and demonstrate them within their agencies.
- The governance body conducts business at times, locations, and dates that are accessible to all interested parties, including families, youth, non-English speaking constituents, and individuals with physical disabilities or who are hearing or visually impaired.
- The governance body conducts business operations through an open, public process available to all interested parties.
- The governance body is representative of a wide variety of stakeholder groups, cultures, youth, and family members.
- The governance body utilizes data and outcomes to inform decision-making processes (fiscal, policy, service delivery) and to modify operations as needed.

Activities and Tasks

Governance activities and tasks in your community might include:

Pre-Planning Phase

If no interagency governance body exists:

- Identify interagency resources available to support development of the governance body.
- Identify what processes need to be followed to receive administrative or policy approval for the body. (Do State or county administrators, tribal leaders, or commissioners need to approve and authorize the work?)
- Develop materials to present to officials authorized to approve creation of the governance body.
- Identify members. (The governance body should be composed of decision-makers and policymakers from the public and private service delivery sectors, as well as family members, youth, and service providers).
- Contact member agencies and individuals to determine commitment and availability to participate.
- Agency staff must determine the process for authorizing them to represent their agency on the governance body.
- Provide orientation and training to members.
- Develop Memorandum of Understanding/ Memorandum of Agreement (MOU/MOA) to formalize interagency relationships, roles, and responsibilities.
- Develop bylaws.
- Provide members with the MOU/MOA to present to their agencies for approval and authorization of their involvement.
- Seek signatures for the MOU/MOA from individuals who can authorize and approve the work of the governance body.
- Once signatures are received, send copies of the document to all agencies, individual members, and interested parties.

If a governance body already exists:

- Determine whether the existing body addresses issues of similar focus and scope.
- Determine whether the existing body, with expanded capacity, can incorporate systems of care into its vision, mission, and operations.
- Determine the requirements to build on the work already accomplished by the body.

Planning Phase

- Establish a communications plan for governance structure members to inform their internal agency staff about their involvement in the effort.

- County structures should inform State stakeholders, and vice versa.
- Structures should be sensitive to the way in which the responsible child welfare system is administered.
- Establish methods for disseminating information to interested parties.
- Determine who needs progress reports and establish communication with them.
- If applicable, integrate existing governance bodies.
- Identify individuals to manage the governance body and lead committee work.
- Determine financial oversight if money is involved.
- Identify committees and other administrative support for the governance structure.
- Establish a committee structure.
- Pinpoint areas in which the policies and practices of partner agencies might contradict or conflict with one another, and establish methods for addressing these issues.

Implementation Phase

- Approve the strategic plan.
- Approve funding requests.
- Continue to assess and address issues that arise in the geographical area and within the target population. (This could include reducing foster care or out-of-state placements.)
- Develop and implement a social marketing plan that provides the community with information about systems of care.
- Recommend changes to legislation or agency-specific policies in order to support systems of care principles.
- Recommend funding to support new or expanded services within the existing service delivery system.
- Conduct ongoing assessment of community needs.

Personnel

The people who perform governance duties in your community might include:

- Administrative assistant/coordinator
- Interagency partners (administrators and program directors)
- Family members
- Project director

Questions to Consider

As systems of care governance evolves in your community, keep in mind questions such as:

- Has a governance structure that features interagency and family involvement been established?
- Does the governance body and its committees meet regularly?
- Does the governance body exist at the State, territorial, tribal, county, and/or local level?
- Does the governance body resolve barriers (policies, program gaps, and funding) for implementing individual service plans?
- Does the governance body support a variety of subcommittee activities, including training, program development, policy development, finance, social marketing, and information systems?
- Does the governance body have the authority and responsibility to make essential decisions for building, implementing, operating, and sustaining the system of care?
- Is the membership of the governance body representative of the system of care stakeholders?

Example from the Field

Site

Alamance County, North Carolina

Goal

To provide leadership in the integration of agency service in establishing a system of care approach to working with children and families in Alamance County.

Strategy/Approach

Alamance County developed a Children's Executive Oversight Committee to coordinate five statutorily mandated child-serving committees, including the Community Child Protection Team, the Juvenile Crime Prevention Council, the School Based Child and Family Team Support Initiative, Community Collaborative for Children and Families, and Smart Start Board. These committees actively engage in work to ensure that services are provided to children and families identified as high risk. Each committee has designated administrative membership (e.g., the superintendent of schools, the District Court judge, the Department of Social Services director) that overlaps with each of the other committees. Given the time commitment, each of the administrators was sending designees to represent them. This committee will bring the administrators together three or four times per year to get updates on the work of each committee, to continue to work toward better integration of community systems, and to provide ongoing leadership and advocacy for children and families across systems. Committee members include: the chief district court judge, the superintendent of schools, the county commissioner, the director of the Department of Social Services, the director of the Health Department, the director of the Mental Health Center, the chief court counselor, and the chief of police. Bringing people together was a slow process of building relationships over one year as it became clear that we needed to bring decision-makers together to provide leadership for this change process.

Systems of Care Principles

Developing this leadership committee is a collaboration between community-based agencies and, just as importantly, their respective administrators.

Lessons Learned

Building relationships takes time.

Barriers

- Administrators do not always know or understand how they are interdependent.
- Territory is difficult to share.

What Might Have Been Done Differently

- Start earlier in this process.
- Conduct trust building exercises.
- Define self-interest (individual and mutual).

SYSTEM MANAGEMENT

Definition

System management refers to conducting or supervising day-to-day operations associated with developing, implementing, and sustaining a system of care. The management structure developed to support systems of care features positions responsible for carrying out activities, tasks, and functions that support the vision and mission. In addition to personnel, the management structure includes operational functions that support systems of care.

Goals

Your community might establish systems of care system management goals such as:

- The capacity of existing management structures has been strengthened to support and sustain systems of care.
- Innovative approaches are applied to the management of day-to-day activities and reflect the values and principles of systems of care.
- Families are involved meaningfully and represented fairly in day-to-day operations and meetings that address operational issues.
- Individuals responsible for day-to-day operations are trained in, and committed to, systems of care values and principles.
- Family members are hired, either as staff or contract consultants, for the systems of care management team.
- The systems of care management team operates with the support of employers and agency administration.
- The systems of care management team has the support of the governance body and other authorizing officials to plan for and implement system change.
- The system managers of partner agencies are trained in, and committed to, the values and principles of systems of care.
- The management structure is adaptable to emerging issues and needs.
- Management information systems track data and outcomes and manage fiscal and service utilization across agencies.
- A smooth, efficient process develops and implements individualized multi-agency case plans.
- Clear procedures for developing case plans include a process for utilizing interagency administrative teams, grievance procedures, and confidentiality protocols.

Resources

See Appendix D for an example of the **management structure** of a systems of care community.

See the links below for examples of **management information systems** that are used in systems of care communities to track service and fiscal utilization and provide electronic records of child and family team processes, integrated service plans, and interagency case planning:

- Harmony Information Systems. http://www.harmonyis.com/
- Qualifacts Information Systems. http://www.qualifacts.com/
- The Clinical Manager. http://www.choicesteam.org

Quality Assurance Mission Statement, Quality Assurance Flow Chart, Quality Improvement Plan, Quality Assurance Plan, and an overview of a Quality Assurance Program for Wraparound Milwaukee, a systems of care effort in Milwaukee, Wisconsin. http://www.county.milwaukee.gov/display/router.asp?docid=10151

How the State of New Jersey has **structured the management** of its systems of care effort, which integrates resources from multiple public agencies. http://www.state.nj.us/humanservices/dcbhs/archives.htm http://www.state.nj.us/humanservices/dcbhs/publications.htm

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in your community's system management structure:

- Meetings are scheduled at convenient times for all team members.
- Family members who are not agency employees are reimbursed for attending meetings.
- Family members are compensated with salaries comparable or equal to agency positions of similar scope.
- Childcare is provided or requisite costs reimbursed for family team members who are participating in the systems of care collaborative or advisory council but are not agency employees.
- Consensus is a decision-making goal.
- Staff can follow a flexible schedule for the 40-hour work week.
- Supervision follows a strength-based approach or is applied through a positive performance process.
- Individuals representing diverse cultures, ethnicities, and ideas manage the system.
- Children, youth, and families are regarded as a community responsibility rather than the responsibility of a single department or agency.
- The use of strength-based, family-driven, community-based care is evident.
- Data and outcomes are collected, analyzed, and used to make decisions and manage the system.
- Data are reported to all interested parties, funders, and the governance body, and are linked to a formalized continuous quality improvement structure.
- Management information systems incorporate data fields that reflect systems of care principles.

Activities and Tasks

System management activities and tasks in your community might include:

Pre-Planning Phase

- Identify staffing needs to manage the work (administrative assistants, systems of care director, work groups).
- Identify data collection, tracking, and assessment needs.
- Identify other resources to manage work (money, staff, training).

Planning Phase

- Determine the positions responsible for day-to-day management.
- Identify entities responsible for managing work.
- Identify full-time employees to conduct grant activities to support and sustain the work over the funding period and post-funding.
- Determine State, county, tribal, and community system management.
- Assess existing management structures and determine if they should be modified or have their capacity expanded.
- Determine ways to inform agency leaders about progress to maintain their commitment and support.

Implementation Phase

- Create interagency committees that focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, and quality improvement to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.
- Link the tasks, activities, and functions of the management structure directly to the systems of care strategic plan.
- Coordinate planning, communications, and operations.
- Manage resources.
- Maintain a management information system.

- Guide interagency teams.
- Continuously inform agency leaders and decision-makers about progress to ensure their continued support and commitment.
- Develop a plan for sustaining the system of care after the grant ends.

Personnel

The people who perform system management duties in your community might include:

- Project director
- Administrative assistant
- Agency directors involved in interagency teams
- Program directors involved in interagency teams
- Interagency administrative and program committees
- Family members involved in interagency teams
- Service delivery staff

Questions to Consider

As systems of care system management evolves in your community, keep in mind questions such as:

- Is there an identified lead person to oversee the day-to-day operation of the systems of care effort?
- Is there adequate administrative support to ensure timely execution of all governance activities and procedures, including resolution of barriers to implementing individualized case plans?
- Are families involved meaningfully in all systems of care activities?
- Are families properly reimbursed for their time?
- Are governance meetings scheduled so all participants can attend regularly?
- Do governance meetings follow an open meetings process so interested parties are informed and can choose to attend?
- Is there a sustainability plan?

Examples from the Field

Site

New York City

Strategy/Approach

What Was Done

In the middle of year three, we found ourselves at a pivotal point given the mission and the increasingly complex and rapidly changing environment in which we operate. There are a multitude of needs both within the field office in which the staff works as well as within the community as a whole. We are constantly called upon to provide community resource information, make linkages between agencies and families, coordinate trainings, participate in Family Team Conferences and other requests, and it is imperative that the team have clear roles and responsibilities that keep us on track both individually and as a team. After many months of planning, we completed our strategic plan at the end of year three. The strategic plan document provided us with a road map and focus for the next 2 years that includes clear goals, objectives, and strategies that would produce concrete outcomes.

One of the first tasks in building the system management structure was to establish a clear sense of leadership hierarchy with separate lines of authority and responsibility. The staff titles reflect the responsibilities that each person is assigned, i.e., training and development manager, family engagement specialist, and community consultant. The staff now has a clear knowledge of the responsibilities in which they are engaged within the project.

Who Was Involved

The training and development manager is the person responsible for developing a strong infrastructure of interagency collaboration by identifying agencies in the community to partner and develop an MOA agreement with, coordinating trainings and workshops with community-based organizations and city agencies on issues of relevance to the community, as noted in earlier needs assessments, and participating in Family Team Conferences to provide families with information on the services available in the community.

The family engagement specialist is responsible for the child and family involvement aspect of the work, which includes building family representation on the various committees engaged in the systems of care work; coordinating family activities within the community; serving as the liaison with community groups, parent leaders within the neighborhood schools, and child care/Head Start partners to engage them in the systems of care work; and serving as the point person for the partnership with the Child Welfare Organizing Project, the agency we have partnered with to train parents to become parent advocates in the community.

The community consultant is charged with executing the realization of a community where culturally competent services and supports are provided to families, as well as engaging key community stakeholders such as the churches, police department, and elected officials.

Management and supervision are carried out by the project director and deputy director. The need to identify a person who has the ability to multitask and has experience in systems building was critical in hiring the new deputy director. We were fortunate to hire a person who has expertise in systems building in the not-for-profit context.

The deputy director is charged with managing day-to-day activities, which include keeping the team on track with key strategic priorities. One activity she has developed is leading weekly meetings with the team to discuss priorities for the week and to check in on what was accomplished, identifying roadblocks that may exist for activities that were not carried out, and strategizing how to remedy the issue or bring it to the steering committee for resolution, if appropriate. The project director has overall responsibility for ensuring the smooth operation of the entire structure.

Why This Approach Was Selected

The team's work is guided by our network in various forms. The steering committee is the body that assesses and ensures that we are on track with our strategic goals. Roles and responsibilities of the committee were created, voted upon, and accepted. A chair has been selected to facilitate the steering committee meetings (a co-chair will be voted upon at the next committee meeting). The CRADLE (Community Taking Responsibility in Assisting in Developing Life and Empowerment) team reports accomplishments and activities to the committee and presents issues for discussion that were uncovered at the team's staff meetings. For issues that may require longer or more in-depth discussion and the development of specific protocols, an ad hoc committee, the implementation work group, was created. Families are represented on the Bedford Stuyvesant Activists committee (formerly called the Bedford Stuyvesant Stakeholders Committee), which is made up of families in the community who want to be involved with building and sustaining a family voice in Bed-Stuy. They set goals for the year in recruitment of additional families and coordinate activities.

Systems of Care Principles

Because the creation of a system of care is an intricate process, the roles and responsibilities of each staff member had to be carefully thought through. We particularly wanted to emphasize the systems of care guiding principles and have them infused within the tasks of each staff person. We also took into account each person's past experience, expertise, and area of interest. While all members of the

team are responsible for committing to and carrying out all of the systems of care guiding principles, each person has direct responsibility for key areas of the system building process.

Lessons Learned

Facilitators

Ongoing process meetings (including the weekly check-ins, monthly staff meetings, and monthly one-on-one meetings with team members and the deputy director) are necessary for the group to be informed of and record all the activities that the team is engaged in, both in terms of new relationships among agencies and within the infrastructure itself.

Better tools such as the creation of Tasks and Standards (evaluation) and a monthly Activity Log (which documents the daily activities of each team member) were put in place to monitor staff performance and outcomes. We contracted with a consultant who focused on team building activities and the team was assessed and given a professional development plan. Training was also given to staff on implementing tasks and producing outcomes.

Barriers

Most of the barriers encountered with system management revolved around strategically developing roles and responsibilities for staff, the various members involved in systems of care work, and in engaging and sustaining member involvement in the work. By creating roles and responsibilities for each of the committees and identifying key projects and tasks, everyone is clear and by incorporating these key system-building activities, people remain committed to the work.

Site

Dauphin and Northumberland counties, Pennsylvania

Goal

The implementation of the Locally Organized Systems of Care for Children in Pennsylvania demonstration grant is focusing on two principal counties, Dauphin County and Northumberland County. Through the vision of the Secretary of the Department of Public Welfare, the State has focused on the implementation of integrated services through the Integrated Children's Services Plan Initiative for each county in the Commonwealth. These plans focus on the principles of systems of care and will be used to integrate services throughout the counties and their child-serving agencies.

Strategy/Approach

Who Was Involved

To assist in advising the State on the issues of support integration, an Integrated Children's Services Advisory Board has been created. This Advisory Board is composed of members of the State, county, and family partners. They will ensure that the process of integrating services throughout the Commonwealth, and providing quality supports to each child and family that needs them, is realized.

A cross section of agency members involved in the Office of Mental Health and Substance Abuse Services, the Department of Public Welfare, and the University of Pittsburgh are committed to the systems of care process and the infrastructure development that will arise as a result of this cultural change. Each partner is involved in many aspects of this project as resource and change agent.

What Was Done

In Dauphin County, systems and community partners are actively engaged in various aspects of the systems of care initiative at all levels. Within the county agencies, partners from each department have an opportunity to participate on a practice team. This team assists in guiding the agency collaborations and identifying resources as they pertain to the support provided to the children and families of Dauphin County. Strong community outreach is a focus in Dauphin County. Five subcommittees have been developed to focus on the community implementation of systems of care: Faith Based, Community Based, Parent Advisory, Youth, and Outreach subcommittees. Each subcommittee is composed of community members, school district officials, and members from supporting service agencies. During this summer, the member of the subcommittees designed and implemented a camp program which was initiated by the Faith Based Subcommittee as they realized that there are a limited number of supports available to children in their adolescence. As a result of the limited resources, there is an increase in violence and substance abuse. A task group, consisting of volunteers, was established and was instrumental in the day-to-day running of the camp. The Harrisburg School District provided space for the camp, buses for transportation to field trips, breakfast and lunch, and school personnel to assist with hands on educational support. Penn State University's 4-H Club, the YMCA, Hamilton Health Center, Harrisburg Police Department, Harrisburg Parks and Recreation, and the Dauphin County Executive Commission on Drugs and Alcohol all collaborated to provide programming for the camp. Goodwill also provided a 6-week job training program for children 14 years of age and older. A preliminary survey was conducted. The results were informative and enlightening. Many of the children felt they learned more at the camp than in the school year through one-on-one instruction, entrepreneurial skills, and invaluable peer-to-peer relationship building.

Systems of Care Principles

Both Dauphin and Northumberland counties have designed their services plan to reflect the principles of systems of care and apply these principles to serving families in a collaborative way. In the first year of the grant, Northumberland County suffered a death of a child as a result of domestic violence. This tragic event has sparked a movement to eradicate domestic violence in the county. With the Integrated Children's Services Plan as a guide, Northumberland County has established core principles that directly relate to the principles of systems of care: integrated intake, integrated case management, integrated data management, integrated prevention, Domestic Violence Steering Committee, Family Group Decision Making Implementation Committee, and the Systems of Care Family Advisory Committee. Each principle is represented by a team from each of the children's service agencies in the county, as well as parent representation to develop a service system that will ensure families receive comprehensive services. A significant method used in the success of this movement is Family Group Decision-Making. Within the first 8 months that the county has offered Family Group Decision-Making, they have conducted 30 conferences, trained 10 facilitators, and empowered countless families to take control of their lives before accessing formal services. Informally, the county has surveyed families after they have participated in a conference. Only two families have returned to formal services.

Lessons Learned

The results of committed collaboration have been dynamic for both counties but it has not developed without a lot of patience and hard work from every stakeholder. Involving community and cross-agency partners from the beginning might have made infrastructure change easier. The time it takes to gather committed partners is worth the time it takes to clearly convey the desire for long lasting change. As long as partners are a part of the process, no matter the time frame, systemic change will occur.

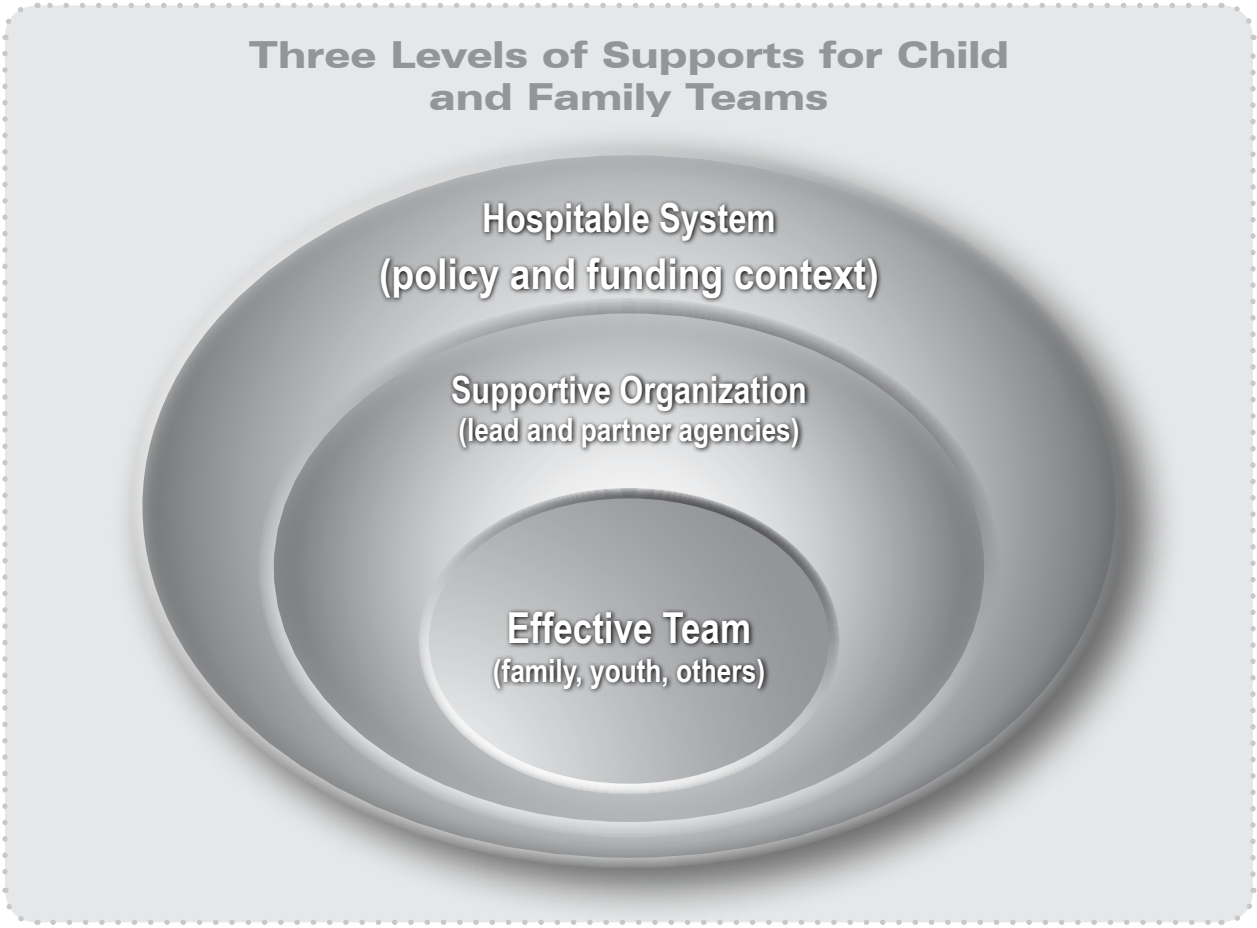
COORDINATION OF SERVICES AND SERVICE ARRAY

Definition

Coordination of services refers to the centralized process by which multiple services and supports, often provided by multiple agencies, are synchronized to address the needs and strengths of each child, youth, or family. This process commonly follows a strength-based, child and family team approach to develop a service plan. Coordination of services for families involved with child welfare may occur through methods such as Family Group Decision-Making, Team Decision-Making, Wraparound, case management, and care coordination.

Service array refers to the range of service options, including methods for coordinating services available to address holistically the individual needs of children, youth, and families, as determined by a thorough assessment, within a geographic area. Services should include family preservation and case management services, out-of-home placement, and permanency planning. The service array consists of the network of all local public, private, faith-based, and nonprofit community-based organizations designed to ensure the safety, permanency, and well-being of children, youth, and families.

The service array, including child and family team processes, must be supported by other infrastructure components, as illustrated in the following visual developed by Portland State University.[16]



Resources

See Appendix E for examples of **service coordination processes** used in communities to address the needs of children, youth, and families involved with the child welfare system.

Family to Family/Team Decision-Making

Annie E. Casey Foundation. http://www.aecf.org

Family to Family tools to rebuild foster care. http://www.aecf.org/initiatives/familytofamily/

Implementing Family Group Decision-Making

http://www.aecf.org/initiatives/mc/tarc/peermatch/reports/indianapolis.pdf

National Center on Family Group Decision Making, American Humane.

http://www.americanhumane.org/site/PageServer?pagename=pc_fgdm

Child and Family Teams and Wraparound

Partnership for Children of Essex, New Jersey. http://www.altrue.net/site/pcenjweb/section.php?id=9863

Stark County, Ohio Family Council. http://www.starkfamilycouncil.org/wrap/FamilyTeams_bot.html

Child and Family Teams. http://www.childandfamilyteams.com/world/home.htm

Wraparound process. http://www.cscn.on.ca/WrapAround/wraparound.htm

Wraparound Fidelity Index. http://depts.washington.edu/wrapeval/

Wraparound in systems of care. http://www.wraparoundsolutions.com/

Promising and Evidence-based Practice

Promising Practices Network. http://www.promisingpractices.net

Federal Substance Abuse and Mental Health Services Administration. http://www.mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/practices.asp

Multi-Systemic Therapy. http://www.mstservices.com

Functional Family Therapy. http://www.fftinc.com/index.php

Blueprint. http://www.colorado.edu/cspv/blueprints/model/overview.html

Best Practice Brief, Michigan State University. http://outreach.msu.edu/bpbriefs/

Mental health publications. http://nmhicstore.samhsa.gov/:

Promising practices monographs. http://cecp.air.org/promisingpractices/default.asp

Child Trends data bank *What Works* section. http://www.childtrendsdatabank.org/index.cfm

Kauffman Report on best practices for the treatment of child abuse and neglect.

http://www.musc.edu/cvc/kauffmanfinal.pdf

Chapin Hall Center for Children at the University of Chicago. http://www.chapinhall.org/

The Research Network on Transitions to Adulthood at the University of Pennsylvania (funded by the MacArthur Foundation). http://www.pop.upenn.edu/transad/

The Jordan Institute for Families at the University of North Carolina. http://ssw.unc.edu/jif/index.html

The National Center on Youth Transition. http://ntacyt.fmhi.usf.edu/index2.cfm

The National Governor's Association Center for Best Practices. http://www.nga.org/center/

The Casey Center for Effective Child Welfare Practice. http://161.58.58.2/pr_casey_center.html

Goals

Your community might establish systems of care coordination of services and service array goals such as:

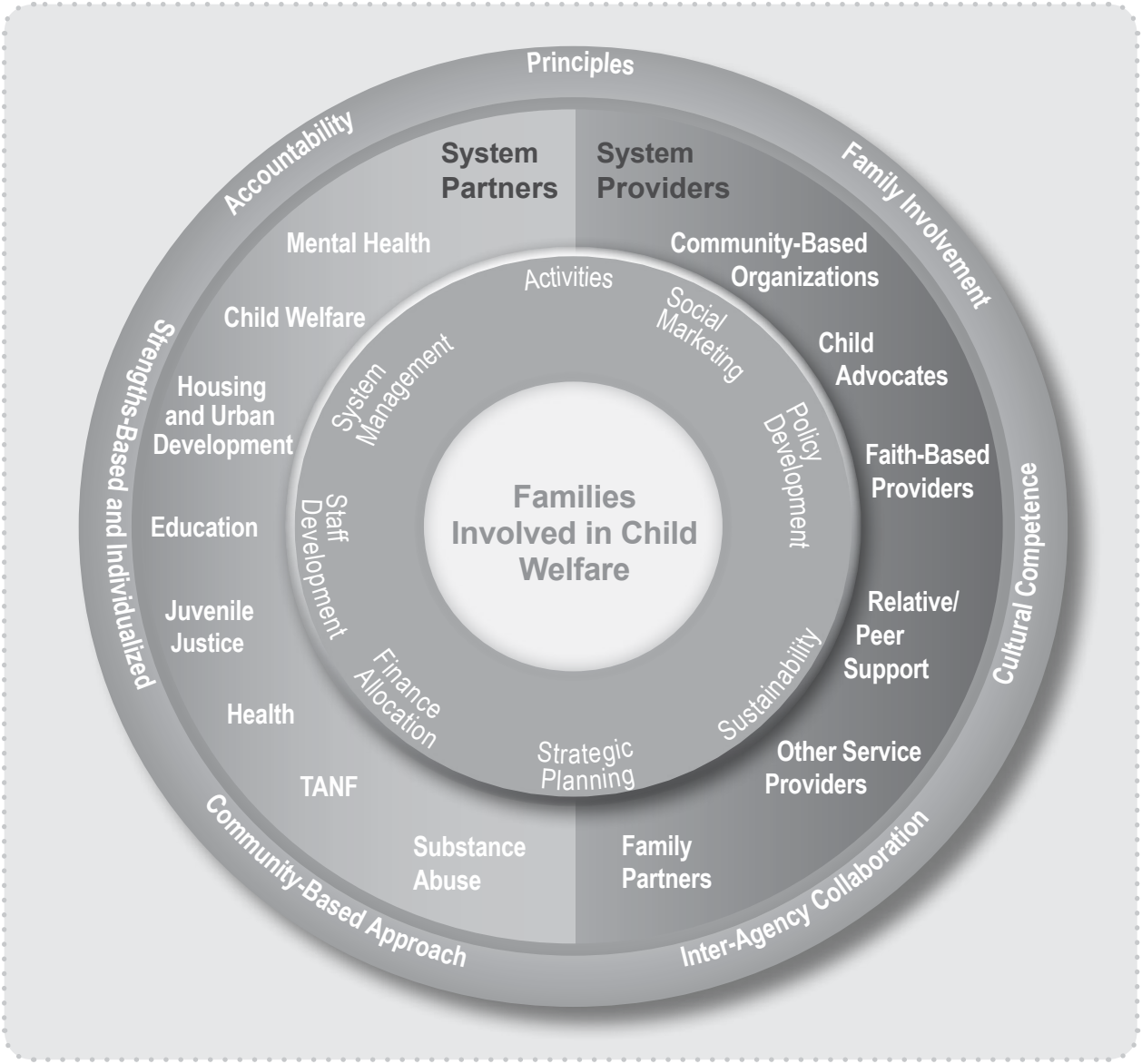
- A comprehensive set of services and supports are available and accessible to the target population.
- The interagency network of service providers works on behalf of all children and families in the target population.
- Each child, youth, and family participates in coordinating services as part of the case plan.
- All children, youth, and families receive a comprehensive, strength-based, family-friendly assessment that is accepted by all participating agencies prior to development of a case plan. Cultural needs are part of the assessment.
- All service providers and the family are part of the service-planning process to produce one individualized, multi-agency, service plan per family, regardless of the number of agencies involved.
- Flexible funds are available to purchase services that meet the unique needs of a child, youth, or family, and may fall outside the normal menu of services offered.
- Services and supports are arranged for a child, youth, or family to optimize efficient and effective delivery.
- Models for coordinating services are recognized as part of the broader service array available to children, youth, and families in the system of care.
- Agencies that fund services allocate revenue to the system of care to support, purchase, or develop services for the target population, including methods for coordinating care.
- Agencies and organizations support the service array and service coordination methods fiscally and through policies and procedures.

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in your community's coordination of services and service array:

- Services and supports directly address the needs and strengths of the child, youth, or family.
- Families and youth take part in coordinating services and developing service plans.
- Culture, race, class, and gender factor into the design and implementation of service or support.
- Service providers use strength-based, culturally competent needs assessments to guide case planning.
- Children, youth, and families are not subject to multiple interviews or invasive, exhaustive questionnaires from multiple sources.
- Individual service plans include service providers who represent diverse agencies and organizations.
- Establishing and using community-based services and reducing out-of-home placements are emphasized.
- When children and youth must be placed out of their homes, placements are in close proximity to their homes, communities, and schools.
- Service outcomes and utilization data are tracked monthly, provided to interested parties, and used to determine if services should be changed, created, or eliminated.
- Service coordination is essential for case planning and service delivery for all children, youth, and families in the target population.
- The community, agency funders, and key leaders support the array of services available and methods for coordinating services.

An example of how systems of care principles are evident in a service array that follows an integrated, interagency community approach is reflected in the following graphic.



Activities and Tasks

Coordination of services and service array activities and tasks in your community might include:

Pre-Planning Phase

- Provide a process for the agency and community to describe the existing community service array and detail the resources and services available.
- Identify the way in which child welfare services are delivered to the target population. (Are they privatized, contracted, or provided by the agency?)
- Identify the methods for coordinating services to the target population (family group decision-making, wraparound, team decision-making).
- Identify service providers to participate in systems of care activities (governance body, committees, planning group).
- Identify service recipients to participate in the assessment and development of the service array, which includes assessment and development of service coordination methods.

- Invite community service providers, agency staff providing services to children, youth, and families, and service recipients to participate in systems of care activities.

Planning Phase

- Outline the process for assessing community needs and resources, assessing child and family needs and strengths, and coordinating services.
- Assess the existing service delivery system and identify service gaps.
- Assess how families receive multiple services.
- Assess service utilization by service type.
- Assess outcomes associated with each service type.
- Develop assessment tools that are used throughout all agencies.
- Address culture, language, and accessibility issues, considering where services are delivered, by whom, for whom, and when they are offered.
- Train service providers, service coordinators, and service recipients in systems of care and service coordination methods.
- Select assessment tools that are comprehensive, integrated, culturally appropriate, and non-burdensome.
- Define integrated or coordinated care, case management, or service coordination.
- Conduct outreach to nontraditional providers of services and support, such as community- and faith-based organizations.
- Develop tools to measure service effectiveness and customer satisfaction.
- Define processes for monitoring and addressing out-of-home placement rates.
- Develop tools for assessing the effectiveness of child and family team meetings (wraparound, family group decision-making, "Family to Family," team decision-making).
- Determine how services will be funded.
- Develop procedures for accessing, using, and monitoring the flexible fund account, if applicable.
- Determine what policies, rules, and regulations need to be created, revised, or eliminated to support changes in the way services are coordinated and delivered.

Implementation Phase

- Create case plans that link strengths and needs with services and supports.
- Continuously assess the quality and accessibility of services.
- Conduct family risk and safety assessments.
- Require service providers to receive annual training in systems of care.
- Consider requiring service providers to receive ongoing staff development and training in systems of care principles and service coordination methods as a condition of employment or funding.
- Implement processes for monitoring and addressing out-of-home placement rates.
- Implement processes for conducting child and family team meetings and developing case plans.
- Implement processes for documenting, monitoring, and tracking child and family team meetings.
- Implement processes for accessing, using, and monitoring flexible funds, if applicable.

Personnel

The people who perform coordination of services and service array duties in your community might include:

- Culturally diverse and competent service providers
- Individuals responsible for coordinating services
- Agency leaders responsible for funding services and making policy
- Directors of agencies responsible for developing services
- Individuals responsible for training service providers

- Supervisors of staff providing direct services to children, youth, and families

Questions to Consider

As systems of care coordination of services and service array evolve in your community, keep in mind questions such as:

- Are all relevant agencies involved in developing and supporting case plans?
- Do case plans address the child's needs at home, in school, and in the community?
- Are staff assigned to ensure the service plan is coordinated, realized, and flexible enough to adjust to changing needs?
- Is the service plan strength-based?
- Was the family a partner in designing the service plan?
- Are case plans culturally competent?
- Do agency decision-makers support services available to the target population fiscally and through agency policies and practices?
- Are there processes to assess the effectiveness of services delivered?
- Are service providers aware of systems of care principles and expectations for service delivery based on those principles?
- How accessible are court-ordered services for parents?
- Are judges, legal system representatives, advocates, and law enforcement personnel involved in identifying service gaps and needs?

Examples from the Field

Site

Medicine Moon Initiative (MMI) to Improve Tribal Child Welfare Outcomes through Systems of Care, Spirit Lake, Standing Rock, Fort Berthold, and Turtle Mountain Reservations, North Dakota

Goal

To develop a culturally competent, locally administered, tribal system of care for child welfare involved families that integrates natural and cultural supports into the child welfare service array and includes cultural well-being as part of the quality improvement process.

Strategy/Approach

What Was Done

To enhance culturally competent services, expand the service/support array, and develop a culturally appropriate, quality improvement process, the MMI conducted seven group interviews with elders and community members from the four reservations and seven tribal groups of Dakota, Lakota, Mandan, Hidatsa, Arikara, and Chippewa tribal people to identify cultural supports, values, and protocols that could improve the cultural appropriateness of services, identify values that can be used to enhance child welfare practice, and identify elements/indicators that can be used as part of the development of a culturally relevant quality improvement process.

Who Was Involved

The approach involved community members and elders from each tribal group from the four reservations, child welfare staff, Native American Training Institute MMI staff, a University of North Dakota graduate and intern, a local community member who facilitated the meetings, and the MMI evaluation team composed of key stakeholders.

Time Frame

The initial conceptualization of the cultural interview process began at the end of the first year of the grant and was finally ready for implementation by the middle of year two. The group interviews were conducted in the latter half of year two. It took approximately 15 months to develop and conduct the group interviews.

Why This Approach Was Selected

- Recognition that cultural well-being and identity are protective factors for Native American youth.
- Many Native American families do not know their cultural values and history, and had identified this on a survey to determine training needs for Native American parents and foster parents.
- There are many Native American youth in the North Dakota State child welfare system; it is difficult to find cultural information and/or cultural supports for these children and the Native American families who are involved in their system.
- Many reservation-based child welfare practitioners, even if they are Native American, do not necessarily know what cultural supports, values, and protocols are in the communities where they reside or practice.

Systems of Care Principles

The principle of strength-based care is incorporated because it recognizes culture as a strength of Native American communities. To be culturally competent, you have to know what those competencies are. It was necessary to involve community members who are knowledgeable about how community-based strengths can be utilized. Accountability to Native American children and families must include identification of issues of cultural well-being. Enhancement of services and supports to Native American children and families that can be sustained over time is also critical to the system of care because they are ingrained and part of the community.

Lessons Learned

Facilitators

There needed to be additional training provided to local community facilitators. It was difficult to stay focused on the purpose of the interview when some of the elders reminisced or had a need to socialize. You need adequate time to discuss cultural issues because sometimes it will be said in a story or roundabout way. There needs to be patience of the group facilitation, selection of competent facilitators with good people and communication skills, and basic knowledge of cultural protocols.

Barriers

While valuable information was gained, the group was not as diverse as they could have been due to all being from the same community and often related. Unforeseen circumstances prevented a large turnout in one group. Initial resistance by some child welfare staff who were involved in the process was a barrier, partly due to divergent perspectives among staff about how to best address issues of cultural well-being.

What Might Have Been Done Differently

The MMI central staff may do another round of interviews and consult with local community members about who should be interviewed instead of relying solely on the local child welfare staff. The first groups were still good in and of themselves, but conducting another round of interviews could be used to validate the findings from the first interviews.

Site

Clackamas, Umatilla/Morrow, and Washington counties, Oregon

Goal

Our goal is to improve permanency outcomes for children in the care and custody of child welfare by integrating systems of care values into child welfare practice, engaging families more inclusively at all levels, and increasing interagency partnership.

Strategy/Approach

What Was Done

While some aspects of family involvement in service planning and interagency cooperation were identified as strengths in the Child and Family Services Review, areas needing attention included improving permanency outcomes for children and increasing the service array. Building on a decade of statewide practice improvement through a strength-based system of care and wraparound implementation in all county branches as well as use of Title IV-E waiver funds, the State Department of Human Services applied for and, once approved, began participating in the Federal grant program, *Improving Child Welfare Outcomes through Systems of Care* in order to pilot new strategies to improve permanency outcomes. This grant program bridges a decade of strength-based practice through family decision meetings with increased attention to child safety through engagement of families and increasing interagency and community involvement through local and State advisory boards.

Local child welfare branches are conducting a 30-day, 4-month and/or 8-month case review to ensure services are appropriate to meet the child's safety, permanency, and well-being needs and that a viable plan is in place. Systems of care funds are used to meet the individual needs of the child (e.g., mediation, adoption preparation services, skills training, and therapeutic supports). Children in substitute or in-home care are eligible for these funds as long as there is funding and the service request meets the safety and attachment, permanency, or well-being needs of the child.

In Washington County, there were gaps in the advisory board membership and in an effort to fill those gaps and enlist new members, the coordinator provided an overview of systems of care principles and child welfare goals and objectives. This put members on an equal footing and raised awareness of our goals. As a result, membership increased from 3–5 participants to 25–30 members. Parent leaders are now sitting on the board for the first time and are more assertive in their role, as are some other community leaders. Members are committed to continuing what is working well in the county and refining areas that need improvement. This collaboration has evolved to discussions of increasing strength-based and family-involved practice.

The development of parent leaders and parent partners in the child welfare system is a key component of the grant. A contract with a local community agency recently was activated to provide consultation and training and support of parent leadership to the sites participating in the grant. Areas of training and consultation include: parent engagement strategies to both project and child welfare staff; presentations for parent leaders at monthly meetings; semi-annual training on parent leadership/shared leadership; and weekly support groups for parent participants in the grant.

Who Was Involved

The State Department of Human Services applied for the grant in cooperation with Portland State University's Graduate School of Social Work as the local evaluation contractor. Paring down the

number of sites participating in the initial pilot to three (Clackamas, Umatilla/Morrow, and Washington counties), the State refocused its effort by hiring county system of care coordinators to develop and improve family involvement, build family leadership in the grant program, and improve advisory board participation in order to maintain and sustain innovations through sustainable cross-agency commitment. Permanency facilitators in each county work to identify internal barriers to permanency and make recommendations for practice changes.

Time Frame

The work began in earnest in the third year of the grant with the addition of systems of care coordinators. Many aspects of the work are ongoing and predated this grant but the coordination and refocusing aspects of the grant program hope to show improved permanency outcomes by the fourth year of the grant.

Why This Approach Was Selected

Child and Family Services Review results provided some impetus, as did other evaluation of State practice and its outcomes. The State desired to integrate previous systems of care practice to increase child safety and demonstrate that increased engagement of families in all aspects of child welfare practice improves child safety, permanency outcomes, and worker satisfaction.

Systems of Care Principles

Systems of care practice encourages family involvement, a strength-based approach to planning and service delivery, and an interagency team approach to service planning, delivery, and evaluation. These values are being integrated into practice by developing family leadership, partnerships at local and State levels, and increasing interagency partnership in county and State advisory boards.

Lessons Learned

Facilitators

A chain of communication and "command" from the State advisory board to the local advisory boards and including staff and families were essential. Our permanency facilitators were initially helpful in identifying strategies to improve outcomes but lacked reporting mechanisms and support and we were unable to demonstrate effectiveness. Practice change must be addressed in policy if it is to be sustained; communication of effectiveness and efficacy are essential to elevate practice improvement from a value to an outcome and eventually into policy and system change.

Barriers

Initially we had too many counties participating with insufficient oversight and lines of communication. We addressed this by refocusing the target of the grant on three sites (four counties), increasing communication and accountability at the State and local levels, and identifying clearer expectations and reporting mechanisms.

What Might Have Been Done Differently

We would have been better served by greater discussion and commitment across line staff, supervisors, and administrators at the county branches and at administrative levels in the State office to ensure that we were all committed to the goals of the grant and knew our individual roles in their accomplishment.

COMMUNICATION

Definition

Communication is a strategic activity to raise awareness, inform, enlighten, and guide stakeholders and key decision-makers in understanding, supporting, and sustaining a system of care. According to Pires,[17] both external and internal communication strategies are important. External communication informs the public about the system of care and generates support, while internal communication ensures ongoing exchange of information among key stakeholders within the system of care, including staff at all levels of each agency involved.

Areas of focus include:

- The service array and coordination of services to children and families.
- Infrastructure components to support systems of care.
- Increased understanding of the needs of the target population.
- The effectiveness of systems of care in improving child and family safety, permanency, and well-being.

Resources

See Appendix F for an example of a s**ocial marketing strategy** used in Kansas as part of its systems of care work.

See Appendix G for an example of a **social marketing campaign** developed in Kansas for its systems of care work.

See Appendix H for an example from North Carolina about the steps it takes to **plan a conference** to inform people about systems of care, and the lessons learned in the process.

System of Care Promising Practice Monograph, *Using Evaluation Data to Manage, Improve, Market and Sustain Children's Services*. http://media.shs.net/ken/pdf/2000monographs/vol2.pdf

Goals

Your community might establish systems of care communication goals such as:

- The community has a greater understanding of the target population and the system, services, and supports needed to address their needs effectively.
- There is increased cooperation among agencies on behalf of the target population.
- The community has increased knowledge of how the system of care addresses the safety, permanency, and well-being of children, youth, and families.
- A demonstrated administrative, policy, and financial commitment is evident to support and sustain the system of care.
- A social marketing and communications plan is developed and implemented.
- Data and outcomes are used to inform the community about the success of the initiative and to encourage fiscal support to sustain it.
- The child welfare agency and interagency partners are committed to supporting and sustaining systems of care for the target population.
- At all levels of the child welfare agency (e.g., caseworkers, supervisors, administrators), staff are aware of and understand the systems of care principles and how they apply to their work.
- Processes are in place to inform agency staff, children, and families about progress in the system of care.

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in communication in your community:

- Communication materials:
  - Are culturally and linguistically competent.

- Reflect the views of stakeholder groups, especially families in the target population.
- Address the target audience.
- Are written to be understood easily.

- Messages:
  - Feature people-people language.
  - Have consistency and articulate the goals and outcomes of systems of care.
  - Contribute to the work's positive reputation, despite changes in leadership or personnel.

Activities and Tasks

Communication activities and tasks in your community might include:

Pre-Planning Phase

- Resources such as revenue, staff, and consultants are identified to support the development and implementation of a social marketing and communications plan.
- A committee or workgroup is established to develop a social marketing and communications plan.

Planning Phase

- Target audiences are determined.
- A plan that focuses on benefits to the target population and results expected from the system of care (market analysis) is developed.
- Structures are developed for communication throughout the system of care and among stakeholder groups and constituents (interagency, intra-agency, internal to project staff and the governance body, external to the broader community).
- An internal communications plan is designed to ensure staff at all levels of an agency (e.g., frontline workers, supervisors) understand the initiative and their role in its success.
- Customer satisfaction surveys are developed.
- Needs assessments are developed.
- Establish culturally appropriate communication protocols.
- Internal (agency) and external (public) focus groups are conducted.
- Community meetings are held.
- Individual and group meetings with stakeholder groups occur.
- Media markets are identified.
- Communication media are identified (newsletters, brochures, print articles, radio, television, flyers).
- A social marketing and communications plan is developed.

Implementation Phase

- Develop media relations protocols.
- Conduct needs assessments.
- Write newsletters.
- Write letters to editors.
- Administer routine customer satisfaction surveys.
- Prepare press releases.
- Hold press conferences.
- Implement marketing strategies.
- Develop relationships with contacts in the media (television, radio, print).
- Listen to and learn from others.
- Consider the tone of communication with families and youth.
- Consider the tone of communication with staff within each agency.

Personnel

The people who perform communication duties in your community might include:

- Communications director
- Public information officer
- Interagency communications committee
- Intra-agency communications committee
- Social marketing consultant or agency (contracted)
- Neighborhood leader

Questions to Consider

As systems of care communication evolves in your community, keep in mind questions such as:

- Is there a communications committee with interagency and family involvement?
- Has a communications plan been developed?
- Are messages developed by soliciting input from stakeholder groups?
- Are data incorporated into messages?
- Are social marketing principles used to develop and target message points?
- Have target audiences been identified, and have messages been tailored to reach them?

Example from the Field

Site

Kansas

Goal

The goal of the social marketing strategy was that the image of child welfare would be changed so it would be seen positively rather than negatively, and that the Kansas Department of Social and Rehabilitation Services, namely child welfare, would be controlling the message that goes out to educate people about the services that are available to keep families together. The big dream is that those working for the department will have a sense of pride in their work for the community and the community sees the agency as an asset.

Strategy/Approach

What Was Done

The first task was "marketing" social marketing to the grant team to get them on board. Educating them about the basics of social marketing and its importance for child welfare were key. They needed to know social marketing basics to develop and implement a social marketing strategy, and the entire grant team had to be able to justify to intra- and interagency partners why social marketing was a good investment of resources. Next, we developed the following.

- **A social marketing concept paper** to help justify putting resources into social marketing versus direct services or staff development/retention and to help people understand the concept, its importance, and its plan. The paper included examples of how others are using social marketing to create good will and good buzz. The site looked to local public healthcare social marketing efforts, examples, and advice, such as when we spoke with the marketing director for other health services (Healthwave) who provided examples that bolstered our claims for including social marketing in the *Improving Child Welfare Outcomes through Systems of Care* effort.
- **A strategic social marketing implementation plan** was collaboratively created by the grant team, with participation from other stakeholders when possible. When someone with marketing

skills is not on staff, either bring someone on with these skills or locate staff who regard social marketing as a good idea.

- **Promotional items**, such as a website, brochures, posters, and giveaways to market systems of care principles and services. Use staff trainings and presentations to educate people about the information and concepts on the promotional items to create more ambassadors for the initiative.

Key Points to Remember:

- Design a plan, including staff assignments, for social marketing and do not assume it will just get done somehow.
- Think big!
- Make learning about systems of care fun.
- Know the culture of your child welfare agency because incorporating this knowledge into marketing plans will help to get them noticed.

Who Was Involved

The grant team was involved in all phases of the social marketing strategy. One team member did the initial research and conceptualizing and brought those ideas and plans back to the grant team for input and approval. Every item in the plan was collaboratively approved by the team. Team members included the project director, assistant program manager, project manager, family service coordinator, and administrative assistant.

Key Points to Remember:

- For the team to buy in, there has to be a plan. The concept paper and strategic plan were crucial and generated investment and ownership by the team.
- The Department of Social and Rehabilitation Services developed the Public Awareness Work Team and Charter, charged with informing legislators and consumers of the department's work and services in order to secure buy-in from legislators and the community.
- There must be good follow-up; consider how to keep people engaged long-term.
- Find ways to operationalize good ideas; a good idea is just the beginning, so be prepared with possibilities for how to turn the idea to reality.
- Leadership must buy in since they have the authority to assign resources to make the plan move ahead.

Time Frame

Work started on social marketing almost from the beginning of the grant when we began planning the logo, website, and other components. The logo was created and approved with considerable input and guidance from the interagency Statewide Steering Committee. In the fall of the second year, we wrote the social marketing concept paper and strategic social marketing plan. To benefit from more voices in the creative development and discussion, we review and update the plan, as well as certain materials such as the website and brochure, on an ongoing basis with input from a diverse interagency work team.

Key Points to Remember:

- Social marketing is a long-term endeavor, not a quick fix.
- Social marketing requires resources.
- The best social marketing involves diverse stakeholders throughout the process.

Why This Approach Was Selected

We recognized that we had to help people see social marketing as a need in the agency versus a luxury. We had to start convincing agency staff that social marketing was a requirement for doing business, including child welfare.

Key Points to Remember:

- Know the agency culture so you can communicate the most relevant information effectively.
- Educate child welfare staff on the ways social marketing is good for the agency and the staff.

Systems of Care Principles

The Department of Social and Rehabilitation Services used social marketing to help people within the agency work collaboratively rather than in silos. The grant team used this strategy and plan to educate people within the department about the comprehensive services they provided, as well as other agencies and community providers to highlight services that could be starting places for collaborative service delivery. The strategy's intent is to have systems of care principles discussed at staff meetings and be incorporated into supervision.

Lessons Learned

Facilitators

Facilitators should engage as many people in leadership, from diverse backgrounds as frequently as possible, as this will assist with buy-in and sustainability; cast a wide net to get multiple perspectives to avoid the "great leader" syndrome—when the leader goes away, everything stops. Developing the skills and capacity of multiple leaders is a pivotal part of the work to keep the process moving forward.

Barriers

Limited monetary resources for social marketing, a child welfare departmental culture that minimizes success and achievement, as well as a tendency in child welfare to avoid marketing until there is a crisis or tragedy to address were significant barriers to our progress. Communication is often reacting to the issues raised by others or in a crisis rather than the agency proactively reaching out as a community resource. The Kansas family-centered system of care addressed these barriers through the development of its social marketing concept paper and strategic plan to justify the marketing approach, the allocation of resources, and its relevance as a complement to the work of the agency. Additionally, presentations within and outside of the agency were integral to the marketing strategy to educate others about the core concepts of systems of care and to get people invested in the initiative.

What Might Have Been Done Differently

From day one, we would have formed a social marketing committee made up of internal and external partners, including family members, with different levels of expertise. They would have been ambassadors in the community for the initiative, as well as enriching the social marketing development process with diversity of opinion and experience.

POLICY

Definition

Policy is defined as a plan or course of action, as of a government, political party, or business, intended to influence and determine decisions, actions, and other matters.[18]

Policies can be Federal, State, tribal, local, or agency-specific legislation, mandates, rules, or regulatory requirements. Policies formalize practice and can be interagency agreements or MOUs/MOAs, or agency-specific for personnel, fiscal issues, administration, or programs. In systems of care, policy supports and sustains the efforts of interagency partners and community stakeholders responsible for the safety, permanency, and well-being of children, youth, and families.

Goals

Your community might establish systems of care policy goals such as:

- Policies of child- and family-serving agencies are aligned with systems of care principles.
- Policies promote interagency approaches to address the safety, permanency, and well-being of children, youth, and families.
- Policies promote family-based practice strategies to improve outcomes for children, youth, and families.
- Policies support service coordination approaches designed to ensure the safety, permanency, and well-being of children, youth, and families.
- Policies reflect systems of care principles as a framework for conducting business and funding and providing services.
- Policies support the application of interagency and intra-agency processes for measuring, analyzing, and monitoring outcomes.
- Policies support the application of data- and results-driven, decision-making and fact-based management processes within agencies involved in systems of care.
- Policies support interagency community-based systems of care.

Resources

State statutes supporting systems of care in California, Connecticut, Minnesota, and Guam. http://www.childwelfare.gov/system-wide/laws_policies/search/index.cfm

Memorandum of agreement used in systems of care work in North Carolina. http://www.dhhs.state.nc.us/mhddsas/announce/moa_state3-31-03_child02-03.pdf

The Finance Project (policy and practice issues relating to children and families). http://www.financeproject.org

The Urban Institute (social policy research organization). http://www.urban.org

The Juvenile Law Center. http://www.jlc.org

Major Federal legislation concerned with child protection, child welfare, and adoption. http://childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm

Center for Law and Social Policy. http://www.clasp.org

Center on Budget and Policy Priorities. http://www.cbpp.org

National Center for Children in Poverty. http://www.nccp.org

State Line (State-by-State politics and policy news). http://www.stateline.org

The National Conference of State Legislatures. http://www.ncsl.org

National Governor's Association Center for Best Practices. http://www.nga.org/center/

The Nelson A. Rockefeller Institute of Government, gateway to State and local government information. http://rfs.rockinst.org

Nevada AB94 for youth transitioning out of foster care. http://www.leg.state.nv.us/71st/Minutes/Senate/GA/Final/1357.html; http://www.leg.state.nv.us/71st/bills/AB/AB94_EN.pdf (Section 14.5, page 14)

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in policy in your community:

- Policy development is guided by desired results and outcomes.
- Policy maximizes family involvement.
- Policy requires involvement of all child-serving agencies including child welfare, education, juvenile justice, behavioral health, mental health, primary health, and substance abuse treatment, as well as representatives of the systems of care target population.
- Policies address the cultural, ethnic, and linguistic needs of the target population.
- Policies support community-based services.
- Policies are aligned across child-serving agencies to support children and families.

Activities and Tasks

Policy activities and tasks in your community might include:

Pre-Planning Phase

- Be aware of other agencies' policies and how they affect systems of care work, and how systems of care work will affect policies of other agencies.
- Identify individuals and organizations key to identification, review, and analysis of existing policy and to development of new or revised policies and procedures.

Planning Phase

- Establish MOUs/MOAs.
- Conduct cross-agency policy analysis.
- Identify licensure (credentials) required of service providers and determine if they need to be revised.
- Examine intra-organizational policies, procedures, and practice (tools, samples, lessons learned).
- Identify policies that impede implementation (confidentiality, data sharing, Health Insurance Portability and Accountability Act, out-of-community placement costs borne by the State).
- Examine PIPs and other agency plans to make sure they do not conflict.
- Determine methods for utilizing data and outcomes, including CFSR data, to inform policy development.

Implementation Phase

- Develop executive orders, legislation, statutes, and governor mandates.
- Modify interagency regulations and policies.
- Create/promote policies that reallocate revenue from out-of-home placement to community-based services.
- Establish contracts with consultants and service providers that reflect systems of care principles.
- Continuously assess the impact of new legislation and funding on systems of care development, implementation, and sustainability.

Personnel

The people who perform policy duties in your community might include:

- Interagency and family-involved committee to recommend ongoing policy needs
- Administrative support position
- System analyst
- Government relations staff
- Legislative staff
- Advocacy organization staff
- Legal counsel, as needed

Questions to Consider

As systems of care policy evolves in your community, keep in mind questions such as:

- Have all relevant policies affecting the system of care been assessed? What are current policy barriers to building, implementing, or sustaining systems of care? How can those barriers be eliminated?
- Is there emphasis on offering community-based services and reducing out-of-home placements?
- Is there thorough understanding of the various kinds of polices that can support systems of care? If not, how will this understanding be developed?
- Are there current policy gaps? What is the strategy to fill them?
- Do policies of one participating agency conflict with those of another participating agency? What strategy can address the conflict?
- Has a stakeholder group been established, including families and elected officials, to address policy issues?
- Does the governance structure or another interagency committee have case plan review authority when a case plan cannot be implemented because of a policy issue, service gap, or funding problems?
- Is there a mechanism within the governance structure to highlight and recommend policy issues and changes based on unresolved case plans?

Example from the Field

Site

Contra Costa County, California

Goal

The goal of the agency is to integrate family participation at all levels of the organization and its service delivery in pursuit of a growing culture of strengths-based practice. It is recognized that involving family members as staff has helped outreach to families entering the system, yet it is still difficult to engage consistently families who are court ordered into the system. Nonetheless, the culture of the organization is slowly changing, as is its perception in the community.

Strategy/Approach

What Was Done

At the governance level, the site included two family members and several youth representatives as participating members on its interagency policy council. At the service delivery level, two family members were hired in full-time positions and several part-time positions were added to help families involved with child welfare navigate the system, understand and maximize their roles and responsibilities in the Team Decision Meetings, and find the resources necessary for their success. At the procedural level, family members participate in co-training of all new staff in order to integrate family involvement and a strengths orientation at all levels of the organization. Parent partners advocate for the needs and interests of families and help the agency ensure that its redesign is as family-centered and strengths-oriented as possible.

Who Was Involved?

Family involvement is integrated into all levels of the child welfare redesign effort, including policy and governance, procedure and supervision of staff, and practice or service delivery. Every effort is made to integrate the value of family involvement at all levels of the organization by having active participation of family members at all levels. Agency leadership initiated the action and supervisors and line staff, as well as partners from other agencies, supported it. There is a significant impact on other public agency partners as they experience parent partners in joint meetings, from policy to service delivery. Child welfare's efforts have encouraged a cultural change across the county. The county's high visibility in the State makes this shift in values, policy, and practices a potential sea change. Finding parent partners willing to work inside the agency was no small feat and took courage on the part of the parents to initiate a new role in a system that had previously exerted considerable control over their lives.

Time Frame

Family members began their work toward the end of the second year of the grant. Child Welfare built upon the work of parent partners in the mental health system to further demonstrate the value and impact of family involvement across all publicly funded agencies. For example, caseworkers have begun to see the value of parent partners in resource development, problem solving, and program success through Team Decision Meetings participation. The work will continue to require ongoing training of all hired staff, as well as constant consideration of roles and responsibilities, as the agency continues its redesign and adjusts to social, cultural, fiscal, and political needs across time.

Why This Approach Was Selected

A role for family members pre-existed this grant due to previous systems of care implementation and was supported as the county's systems of care development effort shifted its leadership from the mental health system to child welfare with the receipt of this grant. The impetus for this action was the grant itself and its requirements, but the values and belief in family involvement were already present in the county and thus are being expanded.

Systems of Care Principles

Family involvement as a foundation of a system of care provided the motivation to move from a theoretical belief in family involvement to a practical implementation through employment of family members and their integration into all levels of the system. The idea of providing co-professional/family member training for all staff helped bring the concept of family involvement into reality for staff at all levels. Building on previous systems of care work among publicly funded agencies through its existing policy council, the child welfare system has opened the door to broader consideration of relevant stakeholders for the policy council, such as faith community and service providers. This will further expand the community's understanding of the pivotal role and importance of family involvement to achievement of their collective goals for community improvement.

Lessons Learned

Parent Partners add an exciting new dimension to the work of child welfare in a number of ways. As parent leaders, parents offer a unique insight and perspective relative to the work. They can tell us, from the parents' point of view, what is working well and what is not. They can point out areas that need attention, and alert us to barriers to family engagement. As parent advocates, they have an unsurpassed credibility to the families with whom they work. Their very presence offers hope. They can say to a family in crisis, "I know what you are going through, but you can do it. I did and you can too. Let me show you how." One of the lessons that we have learned is just how powerful those words can be to the recipient.

Parent Partners also challenge us to "think outside the box." Sometimes we get so accustomed to doing things in a certain way that we forget there may be alternatives. They remind us of the real life issues of the families that we work with, and can bring their reality to our attention if we forget. Parent Partners are extremely helpful to casework staff in a number of ways: they are well connected with the community and its resources. We envision that Parent Partners can be useful in a number of significant ways: they can take the time to help families with everything from getting on a waiting list for services to learning how to manage their time through the use of a calendar. They can attend AA and domestic violence meetings with parents who are reluctant to go alone and need some moral support. They can show parents how to use public transportation. They also remind us to be culturally sensitive to the families with whom we work.

The Parent Partners are also ambassadors for other parents, dispelling the "them and us attitude" we sometimes find. When staff get to know the Parent Partners, they begin to see parents are people, not unlike themselves. They begin to realize the parents that they are working with (and perhaps frustrated by) may have the same potential as the Parent Partners. In this way, the Parent Partners give staff hope as well.

Involving parents was not without challenges. Having parents at a meeting in the office made some staff uncomfortable. They felt that they would not be able to speak as freely, or that the Parent Partners would side with the parents at meetings and "gang up on them." The issues of workplace bias were addressed swiftly and directly. We found that the most effective way of dealing with workplace bias was a clear message from administration that we will be inviting parents to be full participants in the process, and administration invited staff and community partners to welcome parents to the work. We developed a comprehensive Professional Development Plan for the Parent Partners to familiarize them with looking at child welfare through a different lens, and preparing them for meeting professional expectations in the workplace: meetings, speaking engagements, court, Team Decision Meetings, and television and newspaper interviews. These experiences presented the parent partners with unique opportunities to affect families, the child welfare system, the courts, and the community.

Change is always difficult, and we found resistance to change to be problematic. Although, the agency was looking for different outcomes through the use of Parent Partners, staff sometimes found it difficult to accept that we would have to do things differently in order to get the desired results. Parent Partners disturbed the status quo. They made us rethink our approaches to case planning and problem solving. Partnering with parents challenged us in unexpected ways, and as we grappled with these issues the culture of the agency began to change.

Our model has both full-time and part-time Parent Partners. We have been able to get suitable nominees for part-time Parent Partners and train them, but once their training is complete, we seem to lose a large percentage of them. We evaluated the reasons for this, and decided to expand the mentoring model to include the new Parent Partners. We give them enhanced shadowing experiences and greater responsibility earlier on in the process. Each of the experienced Parent Partners takes responsibility for one or more of the trainees and gives them additional one-on-one support. We also invited the Parent Partner trainees to participate in our child welfare orientation sessions and invited some of them to travel to Kansas to participate in the Family Involvement Summit.

FINANCE

Definition

Finance refers to receiving and allocating funds and conducting resource development activities designed to build capacity and sustain systems of care.

Financing systems of care is an intricate process since each participating agency has unique funding sources and mandates, which often specify goods or services to be purchased for a targeted group of individuals. Identifying and coordinating funding sources is crucial to:

- Operate an organized system of care.
- Gain efficiencies in using public funds.
- Decrease duplication of effort.
- Maximize funds that can be used as match to Federal revenue.

Resources

See Appendix I for an example of how a system of care community has structured **management of revenue from multiple sources**.

See Appendix J for information from Michigan about **steps to take** when implementing a refinance initiative.

See Appendix K for lessons learned from Michigan's Integrated Funding Initiative.

The Finance Project. http://www.financeproject.org

Connected by 25: A Plan for Investing in Successful Futures for Foster Youth. http://www.financeprojectinfo.org/publications/foster%20care%20final1.pdf

The Cost of Protecting Vulnerable Children IV: How Child Welfare Funding Fared During the Recession. http://www.urban.org/UploadedPDF/411115_VulnerableChildrenIV.pdf

State Legislation Allowing Community Collaboratives to Pool Funding and Maximize Federal Funds. http://www.ncsl.org/programs/cyf/fund_maximization.htm

Goals

Your community might establish systems of care finance goals such as:

- Increase flexible funding through utilization of a consolidated, independent resource pool with contributions from public child-serving agencies.
- Apply financing strategies to develop optimum service and financial accountability.
- Expand services.
- Develop a flexible fund.
- Reallocate resources for purchasing out-of-home placements to developing services that keep children and youth in their home and local school community.
- The system of care is organized and managed efficiently and effectively.
- Maximize Federal resources.
- Maximize revenue spent on the target population within the State, county, city, tribal community, or neighborhood.
- Monitor expenditures and assess the effectiveness of services funded to support systems of care.

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in the financing elements of your system of care infrastructure:

- Children with multiple needs are able to receive a range of services funded by numerous agencies as part of a global, individualized case plan designed to increase safety, permanency, and well-being.
- Funds pay for services that meet the unique needs of the child, youth, and/or family.
- Child welfare staff has access to a broad set of service options for children and youth in their care. These services are part of the community-based system of care and are accessible, regardless of who funds them, to families and children in the child welfare system.

- Children, youth, and families have access to a full array of services and supports, including a family-based, team process for coordinating services.
- Financial strategies are monitored and analyzed to determine their ability to improve efficiency and meet desired outcomes.
- Agencies that fund or provide services are committed to systems of care principles and values.

Activities and Tasks

Finance activities and tasks in your community might include:

Pre-Planning Phase

- Establish work groups.
- Assess interagency resources available to support the fiscal structure.
- Focus on efficiency and effectiveness in system reform.
- Identify duplication of effort (each participating agency providing similar training to its own staff rather than providing joint training).

Planning Phase

- Develop a sustainability plan based on the community's definition of sustainability.
- Analyze and assess:
  - Funding sources
  - How money is spent
  - How much money is available
  - If there are mandates associated with the money
  - Who controls the money
  - Spending flexibility
  - Funding needs.
- Establish connections with State finance officials (TANF, Medicaid).
- Identify State and local general fund revenue that is not being used to match Federal money.
- Identify and develop creative refinancing strategies (redeployment of existing revenue, submission of Federal waivers).
- Identify and develop methods for efficiently reimbursing service providers.
- Assess existing mechanisms for tracking revenue, reporting expenditures, and implementing sound fiscal utilization.
- Identify non-service expenditures and determine how to sustain what is being purchased (staff development, training, operating and administrative costs)
- Identify and eliminate funding constraints, when possible.

Implementation Phase

- Determine cost effectiveness of services being purchased so revenue allocation is linked to outcomes.
- Identify and eliminate spending constraints and fiscal barriers, when possible.
- Plan for and respond to gaps or changes in services or funding.
- Conduct resource development activities to obtain funding to support and sustain systems of care.
- Determine the effectiveness of submitting waivers (Medicaid, Title IV-E).
- Identify and eliminate duplication in spending.
- Develop and manage the systems of care budget.
- Develop a process for efficiently and effectively managing resources.
- Track and monitor spending and outcomes.
- Implement processes for sharing fiscal information with all relevant constituents.
- Implement activities associated with the sustainability plan.

Personnel

The people who perform finance duties in your community might include:

- Interagency finance committee
- Administrative support
- Agency budget office staff
- Chief financial officer
- Governance body

Questions to Consider

As systems of care financing evolves in your community, keep in mind questions such as:

- Does an interagency and family-involved committee meet to address fiscal issues?
- Are there unmatched general fund dollars that could be used to draw down Federal revenue?
- Do contracts incorporate language that reinforces systems of care principles?
- Is there duplication of effort among participating agencies?
- Has an analysis been conducted of funds spent in out-of-State facilities?
- Has a financial plan been developed to seek funds from a number of sources (Federal, foundations, State, and local) to expand community-based services?

Example from the Field

Site

Oglala Lakota Tribe, South Dakota

Goal

To establish a child welfare system of care composed of private, Federal, State, and tribal agencies that collaborate and blend funding to develop and implement an integrated system of services that includes child protection, child welfare, Temporary Assistance for Needy Families, community development services, adult protection, and other social, education, and community services as needed for children and families. The name of the organization is the Lakota Oyate Wakanyeja Owicakiya Pi Okolakiciye (Lakota People Helping Children).

Strategy/Approach

What Was Done

Taking advantage of multiple funding streams resulted in development of an integrated financing implementation plan that included establishing a State-Tribal Title IV-E Agreement that would outline reimbursement guidelines, contracting child welfare services that are provided by the Bureau of Indian Affairs, contracting with Casey Family Programs for recruitment and licensure of family foster homes, providing training that can be reimbursed by the State of South Dakota under the 45 CFR 1356.60 (b), and accessing Title XIX Social Services Block Grant funding and Bureau of Indian Affairs Public Law 93-638 funding.

Other financing strategies include establishing partnerships and/or contracts with Indian Health Services, Education and Special Education, Mental Health, and Juvenile Justice to expand the availability of core services. Additionally, Casey Family Programs provided funding for a transition team (staff and activities) to ensure there would be a smooth process of transferring services from public, private, tribal, and Federal child welfare agencies into one integrated center. These financing strategies contribute to capacity building as well as sustainability of the system of care.

Who Was Involved

The entities represented in the strategic planning process included parents, community members, traditional healers, tribal child welfare, State child welfare, Bureau of Indian Affairs child welfare, and a private child welfare agency, Casey Family Programs. These entities entered into a partnership to work on the Transformation Project funded by Casey Family Programs.

Time Frame

The work to establish a system of care that was funded by multiple sources began approximately three years prior to the formal establishment of the organization. To transition child welfare services provided by Casey Family Programs, the State, Bureau of Indian Affairs, and tribal child welfare to a tribally chartered integrated child welfare model, the Casey Family committed funding to ensure there was a smooth transition process, which included paying current Casey Family staff to serve as the transition team.

Why This Approach Was Selected

The Federal, State, tribal, and private child welfare agencies concluded they were all doing the same work and helping the same individuals and that there was little communication or interagency collaboration among them. This led to development of an integrated child welfare model that was chartered by the Oglala Sioux tribal government the same year the Lakota Oyate Wakanyeja Owicakiya Pi Okolakiciye was founded. The Pine Ridge Child Welfare Needs Assessment Report conducted two years prior identified barriers related to service delivery, such as lack of coordination and collaboration among agencies across the reservation, lack of culturally competent models, and minimal information sharing and exchange. Resources available to families were not shared readily.

Systems of Care Principles

Systems of care principles and values were the basis for the strategic planning process and for the development of the official guidance documents, including the charter and bylaws. The principles are clearly outlined as the guiding tenets in the charter document, which includes development of services that are comprehensive, community-based, individualized, culturally appropriate, and provided in the least restrictive environment. The governance structure has broad representation from child-serving agencies, elders, parents, and community people.

Lessons Learned

- Understand that integration of financial resources is a critical element of infrastructure development.
- Ensure that the implementation plan clearly defines and describes the governance process, staffing requirements, and legal entity structure, and includes an integrated financial resources pool.
- Partner with tribal government and community leadership from the beginning. Obtain a tribal resolution to sanction the change work with a well documented needs report.
- Identify resources for planning as an essential beginning point and obtain resource commitments from involved agencies and programs to fund specific aspects of planning and development.
- Fund a full-time coordinator to maintain and support group commitment to the process.
- Have a designated community liaison as the facilitator, which is critical. The importance of this person's role in being the point person for the work, managing the project, being a community organizer, leading focus groups, navigating the politics, knowing the protocol, and accessing resources cannot be underestimated, particularly for developing partnerships to blend and/or braid funds. In this case, the community liaison/coordinator's understanding of the vision and commitment to the work was powerful.
- Engage the facilitators and leaders from the natural support system of the culture and community; e.g., establish a Lakota traditional/spiritual leader as a content expert/leader.

Barriers and Facilitators

- Beginning everything with a prayer and the wisdom of the ancestors was powerful in overcoming barriers.
- Effective collaborations were a challenge to establish. Overcoming turf issues in a tribal/rural setting is daunting; however, a skilled community organizer can overcome this.

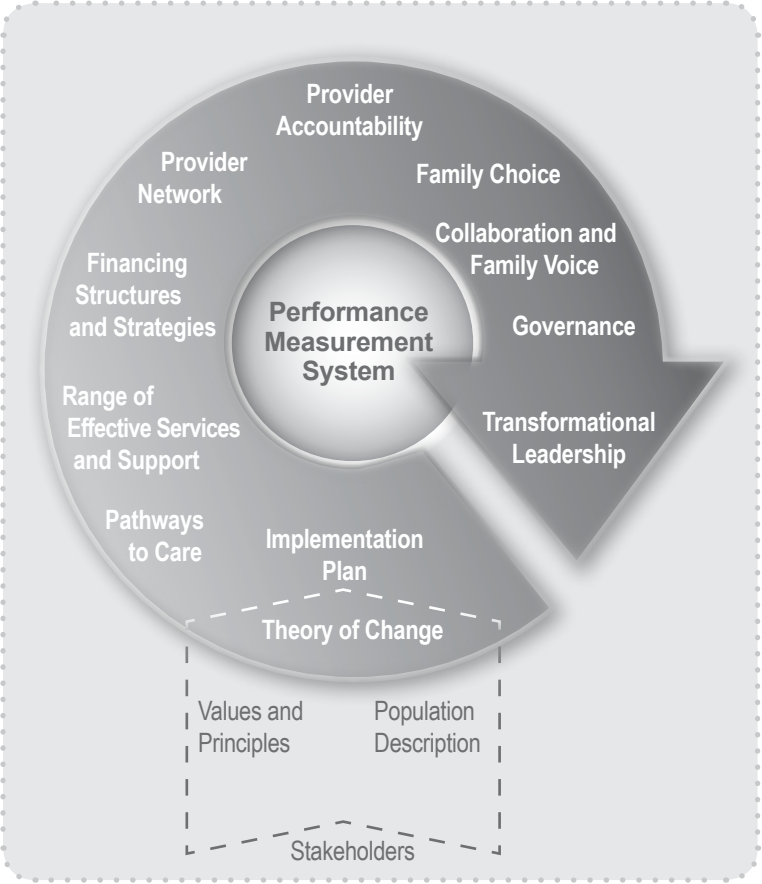
CONTINUOUS QUALITY IMPROVEMENT

Definition

Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. Continuous quality improvement is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.[19]

To implement continuous quality improvement, organizations should form a team that has knowledge of the system needing improvement, define a clear aim, understand the needs of those served by the system, and identify and define measures of success. In addition, organizations can advance toward continuous quality improvement by brainstorming potential change strategies; planning, collecting, and using data for effective decision-making; and applying the scientific method to test and refine changes.[20]

Involving stakeholders, creating a theory of change, and applying a continuous quality improvement framework to infrastructure components and systems of care principles are represented in the following illustration, developed by Robert Freidman at the University of South Florida.[21]



Resources

Quality Assurance Mission Statement, Quality Assurance Flow Chart, Quality Improvement Plan, Quality Assurance Plan, and overview of a Quality Assurance Program for Wraparound Milwaukee, a systems of care effort in Milwaukee, Wisconsin. http://www.county.milwaukee.gov/display/router.asp?docid=10151

Goals

Your community might establish systems of care continuous quality improvement goals such as:

- Create a continuous learning environment.
- Use data consistently to guide fiscal and programmatic decision-making.
- Utilize a management information system that can track data across agencies, when possible, and can produce data to inform decisions.
- Develop a process for monitoring cross-agency data, if a common interagency management information system is not an option.
- Develop evaluations that incorporate systems of care principles.
- Develop processes for using data and outcomes to improve agency processes, procedures, and functions.

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in your community's continuous quality improvement:

- All key stakeholder groups determine measures to be used.
- Processes and instruments gather information on short-term, intermediate, and long-term outcomes.
- Results are used continually to improve systems of care for clients and families, practitioners, administration or governance, and policy.
- Continuous quality improvement activities are integrated into all aspects of systems of care.
- Client outcomes, program performance, and system measures are part of the continuous quality improvement process being assessed.
- Personnel within systems of care have maximum access to data.

Activities and Tasks

Continuous quality improvement tasks and activities in your community might include:

Pre-Planning Phase

- Assess existing agency continuous quality improvement processes that can be enhanced.
- Identify staff and consultants with expertise in continuous quality improvement to assist in developing continuous quality improvement processes within systems of care.
- Identify members who are interested in serving on a continuous quality improvement committee.

Planning Phase

- Establish protocols for sharing information.
- Determine what data are collected, how they are used, who has access to them, where they are housed, and who owns them.
- Establish information system support and management.
- Establish feedback loops for the quality assurance process and monitoring function and include families.
- Diagnose, process, and develop a remediation plan (continuous improvement, management benchmarks, and goals).
- Identify domains to be measured.
- Establish processes for identifying problems and managing the quality improvement process.
- Conduct geomapping.
- Identify resources and gaps in resources.
- Identify other research and evaluation resources.

Implementation Phase

- Identify emerging trends in the environment (population, fiscal).
- Connect to universities and other programs and determine key success factors (what is adoptable versus adaptable, evidence-based practices).

- Monitor service utilization.
- Create an interagency management information system, if possible.
- Conduct training.
- Make sure continuous quality improvement is integrated with the rest of the initiative.
- Integrate national and local evaluations.
- Identify trends.
- Provide support.
- Embrace mistakes as important steps to success.

Personnel

The people who perform continuous quality improvement duties in your community might include:

- Interagency data team
- Data collectors and data analyzers
- Administrative support
- Service delivery staff
- Continuous quality improvement personnel and consultants

Questions to Consider

As systems of care continuous quality improvement evolves in your community, keep in mind questions such as:

- Has a committee responsible for evaluation, data, and continuous quality improvement been established?
- Has a set of measures been developed to determine that current and future investments yield expected results?
- Is the information from evaluation activities used to inform and improve the delivery of services and supports to the target population? Are direct service workers able to view progress?
- Are qualitative and quantitative methods used?
- Has an interagency team been created to determine the ability to purchase and administer an interagency management information system, or discuss other methods to streamline and integrate information about the target population?

Example from the Field

Site

Contra Costa County, California

Goal

The goal of the Systems of Care/Evaluation Team is to track and monitor continuously the activities that were set forth in the strategic plan. Additionally, the team makes adjustments in practice, data collection strategies, and/or reports, and revises implementation strategies based on the continuous feedback from both the program staff and the evaluators. This is the essence of continuous quality improvement, joining evaluation, program, and management personnel to use real time information to review and revise implementation strategies across the areas addressed in the strategic plan. This makes the plan a working document, reviewed and revised at each meeting of the team, continuously updating information, reviewing successes and challenges, and developing strategies to address them. It also creates a shared vision across the team and ultimately across the system of care.

Strategy/Approach

Continuous quality improvement has been a major focus for the Contra Costa County systems of care team since the very beginning of the initiative. Contra Costa County created an evaluation team composed of data managers and analysts working within the county's child welfare system, as well as external evaluators from the University of California-Berkeley. This structure allows firsthand knowledge of the child welfare system's data capabilities, limitations, and reporting structures, while including evaluation expertise from a respected university in the community. The evaluation team provides the information to agency managers, supervisors, and case workers about the progress toward goals identified within the systems of care initiative, as well as to agency partners who sit on the systems of care interagency council, and the community and families we serve and support. These data and their analysis give us the ability to track progress, consider successes, and identify and address barriers more quickly.

Additionally, the county created an evaluation subcommittee called the Systems of Care Evaluation/ Policy Team that includes the local evaluation team, external evaluator, and the program staff. This subcommittee meets monthly, and more if needed, to develop, review, and execute activities to ensure the quality of services provided. Initially, the subcommittee analyzed child welfare data to identify four target populations with the most need within the county child welfare system: multi-jurisdictional youth, transition-aged youth, youth at risk of multiple placements, and youth with three or more placements in a 6-month period.

Not only has the evaluation team identified target populations and shaped other planning activities, it also uses performance measures to track progress toward our goals. Assessments (e.g., to identify children at risk of multiple placements) are constantly being reviewed and revised based on data from the target population. The evaluation team also collects and reports immediate outputs of grant activities. For example, the evaluation team will track several measures that may lead to modifications in the team decision-making process, such as whether the meetings have active participation from all relevant parties, participant satisfaction with the meetings, and whether the meeting assists in linking youth with resources to support the transition out of foster care. The evaluation team will also track outcomes that are relevant to each target population and systems of care activities, such as a reduction in the number of youth who are in three or more placements over a 6-month period, more integrated case planning processes for multi-jurisdictional youth, and more youth linked to needed resources upon emancipation.

Systems of Care Principles

The systems of care principle that guides this approach is that of accountability. In order to ensure that this project stays on track and will be measurable and trackable, the team approach is utilized.

Lessons Learned

Contra Costa County has learned that there is an immense need for a committed evaluation team, and that the team is most effective if it includes both external and internal evaluators. Contra Costa has discovered that establishing continuous quality improvement is a difficult and time-consuming process, but the result of sustaining true change in the child welfare system is worth it.

Facilitators

Contra Costa County used systems of care committed funds to help develop and improve the internal evaluation team, as well as bring in external evaluators. While evaluators helped guide the process, the development of an evaluation subcommittee was also integral to the success of continuous quality improvement.

It is important to have family partners involved in continuous quality improvement from the outset. Their input and participation give the other professionals strategies for how best to report data so that they are meaningful to families and it keeps the language and the process realistic.

It is important to spend time and train all the members of an evaluation team, and/or those addressing continuous quality improvements, in the language of evaluation. The data provided and reported are only as valuable as their ability to truly inform all of those who read it so they can be used to improve performance and assist managers with resource decisions. Additionally, these data are our best marketing tools for telling the story of the success of systems of care. Our partners need this information, our current and potential funders need this information, and the community and families we serve need it too. Joined with the stories of the families we have helped succeed, these data help us tell the story of our success, improve the quality of our services at all levels, and engage agency partners and our community in accomplishing our mission and creating a sustainable system of care.

HUMAN RESOURCES AND STAFF DEVELOPMENT

Definition

Staff development refers to the practice of providing training, workshops, mentoring, or other tasks to employees to inspire, challenge, and motivate them to perform the functions of their position to the best of their ability. Staff development activities provide employees with the tools they need to develop professionally, increase their knowledge, and build their capacity to perform the tasks associated with their position within an organization.

Since systems of care operate within existing human service agencies, it is expected that most human resources and staff development issues such as hiring, benefits, staff recognition, and performance issues would be handled within existing agency human resources departments.

Resources

System of Care Promising Practice Monograph, *Training Strategies for Serving Children with Serious Emotional Disturbance and Their Families in a System of Care.* http://media.shs.net/ken/pdf/1998monographs/vol5.pdf

Goals

Your community might establish systems of care human resources and staff development goals such as:

- Create a continuous learning environment throughout systems of care.
- Make training opportunities available across agencies and departments, to other stakeholder groups, and to families, youth, and other community partners.
- Develop performance appraisal systems that support systems of care principles.
- Hire, promote, and retain culturally, linguistically, and ethnically diverse individuals consistent with the cultural and ethnic makeup of the involved community.
- Hire as employees or consultants, where possible and appropriate, qualified youth and families who have been service recipients.
- Develop consistent personnel practices across agencies involved in systems of care.
- Consistently and adequately fill administrative and program positions responsible for performing activities within the system of care.
- Hire systems of care staff in a timely fashion.
- Incorporate systems of care principles into job descriptions and consultant contracts.

- Develop a performance system that is quantifiable and accounts for continuous professional development.
- Team processes are utilized to complete tasks associated with systems of care.
- A reward structure is developed for employees or contractors who demonstrate an adherence to systems of care principles.
- A strength-based, positive performance approach is used to affect recruitment, hiring, retention, supervision, and professional development.

Systems of Care Principles and Values

The following are just a few ways systems of care principles and values might be evident in human resources and staff development in your community:

- Staff of systems of care agencies and organizations regard children, youth, and families as community responsibilities.
- For certain positions within systems of care, life experience is considered equal to, or in some cases more important than, a degree or other credentials.
- Outcomes are developed that measure and identify changes generated from systems of care principles into human resources and staff development functions.
- A culturally, linguistically, and ethnically diverse and competent staff is evident in human resources and staff development activities.
- Family and youth involvement is evident in positions (employees or contractors) within the system of care.
- An interagency training committee creates a cross-agency training agenda to address staff needs.
- Ongoing staff development occurs across all systems of care partners to enhance performance of interagency teams.

Activities and Tasks

Human resources and staff development activities and tasks in your community might include.

Pre-Planning Phase

- Invite and encourage human resources and staff development professionals to be involved in planning and implementation.

Planning Phase

- Develop job descriptions and performance evaluations that incorporate systems of care principles, values, and expectations.
- Develop an annual training and staff development calendar, accessible to the community and all interested parties.
- Survey service providers and direct services staff to determine their training and development needs.
- Develop mechanisms for interagency training.
- Collaborate with universities and training centers.
- Establish a staff development plan.
- Develop systems of care training centers.
- Establish an interagency training committee.

Implementation Phase

- Conduct training and workforce development activities.
- Conduct leadership development activities.
- Conduct cultural competence training activities.
- Have human resources professionals offer periodic seminars to systems of care staff.
- Teach systems of care in institutions of higher education in social work, psychology, and education programs.
- Coordinate training for multiple agencies.
- Reward and recognize staff for work performance that is consistent with systems of care principles.

- Coordinate training resources (revenue and staff) among systems of care partners.

Personnel

The people who perform human resources and staff development duties in your community might include:

- System of care director
- Cross-agency training coordinator
- Support staff
- Family member recruitment for interagency teams and other activities
- Consultant pool
- Existing human resources staff in partner agencies and departments
- Existing child welfare training center staff
- Agency staff development personnel

Questions to Consider

As human resources and staff development evolve in your community, keep in mind questions such as:

- Is there a training committee that features interagency and family involvement?
- Has systems of care staff been trained in cultural competence?
- Has a yearly training calendar been developed based on needs of staff providing services and support to the target population?
- Are new members of child and family teams routinely trained in systems of care policies and procedures?
- Are staff development opportunities open to all interagency partners, youth, and families?
- Is there a process for providing continuous feedback among administrators, supervisors, and staff?

Example from the Field

Site

Clark County, Nevada

Goal

The goal was to enhance staff skills for facilitating Child and Family Teams (CFTs) and strengths-based case planning, and to develop supervisors' skills as coaches to their staff.

Strategy/Approach

What Was Done

A unit-based approach to training for CFTs and strengths-based case planning was developed and implemented. The five-part plan included: overview of CFT/strength-based case planning; consultant facilitates an actual CFT with supervisor observing; supervisor facilitates a CFT, with consultant coaching; employee facilitates a CFT, with supervisor coaching employee and consultant coaching supervisor; consult based on individual needs of each unit.

Who Was Involved

All child protective services and permanency staff and supervisors received the training. Trainings were individualized to each unit and their supervisor, utilizing the strengths and addressing challenges

of each team. As at least three of the consults involved actual CFTs, families, informal and formal supports, and community providers were also involved in the process.

Time Frame

The initial five-part plan was completed over a 5-month period, with one consult per month for each unit. Ongoing consults are being continued for additional support.

Why This Approach Was Selected

The unit-based approach was developed to enhance staff skills, ensure consistency, and maximize use of staff time. CFTs were being done on some cases and larger group trainings on CFTs had occurred. With new case planning policy calling for CFTs for all case plans, it was essential that a consistent and thorough process be developed. By bringing training to each child protective services and permanency unit, the strengths of each team could be built upon and the challenges of each unit could be better addressed. Not only were skills gained, but team building was also reinforced. As staff has multiple time demands, bringing the consultant to each of the sites and engaging in actual CFTs helped minimize their time away from working directly with families.

Systems of Care Principles

Nevada's PIP adopted systems of care principles to guide PIP activities. To ensure individualized, strengths-based approaches with child and family involvement in case planning, CFTs were written into new policy and procedures. This training approach and ongoing practice of CFTs also helped ensure cultural competence and enhance collaboration among child- and family-serving agencies.

Lessons Learned

Barriers/Facilitators

One of the challenges was the constraints and competing demands on staff and supervisors' time. By taking the training to the units in their neighborhood-based sites, travel time has been reduced and staff is better able to recognize the priority the agency is placing on this approach. Coaching staff with real case planning with actual families has also allowed them to get hands-on experience.

Another challenge was that staff and other providers were sometimes engaging in team meetings that did not always stay true to systems of care principles. By providing consistent training to all staff (and community providers), expectations of the core elements of CFTs and strengths-based case planning are better understood.

What Might Have Been Done Differently

While community providers have participated in CFTs for families they are involved with, some have expressed a desire to have more inclusion in trainings. Plans are in place for future trainings specifically geared toward the involvement of community providers and partner agencies in the CFT process.

CONCLUSION

The infrastructure of an organized system of care must be comprehensive, complex, and ultimately unique to every community that undertakes addressing the needs of children and families in this strategic way. For implementation to be successful, the individuals who will guide the design and development of the infrastructure must be aware of the dynamic and complex nature of leading change. Systems of care leaders also must be patient, innovative, and diligent in pacing change. Change that takes place too quickly will meet potentially enormous resistance while change at too slow a pace risks losing stakeholders who do not appreciate subtle advances.

Scores of communities throughout the United States and around the world have designed, built, and are sustaining successful systems of care. We have the opportunity to learn from them, just as communities in the future will benefit from learning about the challenges encountered and successes marked by today's systems of care initiatives.

Special attention also must be paid to sustainability and policy development. Ensuring that political, personnel, and other shifts do not threaten established systems of care requires incorporating support into policies and procedures as well as revising existing policies to make them compatible with an organized community-based systems of care approach. State statutes, interagency agreements, or MOUs are used by many States, counties, and communities to legitimize, stabilize, and sustain systems of care infrastructure and they reflect a transition from the initial ad hoc nature of infrastructure building to a more permanent and secure working environment that children, families, and agency partners need. Policy development, like strategic planning, is an ongoing activity and should start soon after the systems of care infrastructure design is determined.

More than 18 States now have legislation that codifies various aspects of their systems of care, including defining the target population, the structure of State and local interagency teams, various entitlements for children and families, requirements for individualized plans of care, oversight boards, and the role of family involvement in all aspects of systems of care. For example, both California and Nevada have legislation particularly designed for systems of care that serve populations of children in the child welfare system.

While informed leadership and comprehensive policy development are vital to long-lasting and effectively functioning systems of care, all systems of care infrastructure components discussed in this guide must be recognized as equally important and addressed thoroughly in communities throughout the nation. Communities will enter this work at different points in the development of each infrastructure component. Some will have strong planning mechanisms while others may have a solid governance structure. Communities will approach systems of care development from different perspectives and, ultimately, how systems of care infrastructure is configured will reflect the particular needs of a community's children, youth, and families.

ENDNOTES

[1] Organizations identified reflect affiliations at the time of this document's development.

[2] Stroul, B. A. (2001). *Issue brief: Systems of care: A framework for system reform in children's behavioral health*. National Technical Assistance Center for Children's Behavioral Health, Georgetown University Child Development Center. Washington, DC: U.S. Department of Health and Human Services, p. 5.

[3] Kotter, J. P. (1996). *Leading change*. Boston, MA: Harvard Business School Press, p. 57.

[4] Kotter, J. P. (1996), pp. 59-60.

[5] Kotter, J. P. (1996), p. 66.

[6] Pires, S. A. (2002). *Building systems of care: A primer*. Human Services Collaborative. National Technical Assistance Center for Children's Behavioral Health, Georgetown University. Washington, DC: U.S. Department of Health and Human Services.

[7] Hernandez, M., & Hodges, S. (2003). *Crafting logic models for systems of care: Ideas into action*. Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute. Washington, DC: U.S. Department of Health and Human Services.

[8] Center for Behavioral Health in Schools at UCLA. (2004). *An introductory packet on working together: From school-based collaborative teams to school-community-higher education connections*. Retrieved January 11, 2006, from http://smhp.psych.ucla.edu/pdfdocs/worktogether/worktogether.pdf

[9] Merriam Webster On-Line Dictionary. (2005). *Infrastructure.* Retrieved January 11, 2006, from http://reference.aol.com/dictionary.

[10] U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2001). *National survey of child and adolescent well-being: Local child welfare agency survey: Report*. Washington, DC.

[11] U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2003). *National study of child protective services systems and reform efforts: Review of state CPS policy*. Washington, DC, Chapter 2.

[12] U.S. Department of Health and Human Services, Administration for Children, Youth and Families, (2003), Figure 2-1.

[13] Stroul, B. A. (2001), p. 9.

[14] Iron Cloud Two Dogs, E. (2005). *Discussion on assessing progress in systems of care*. Fairfax, VA: Caliber Associates.

[15] Pires, S. A. (2002).

[16] Bruns, E. J., Koroloff, N., Schutte, K., & Walker, J. S. (2004). *Organizational and system support for wraparound: An introduction*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Behavioral Health, Portland State University.

[17] Pires, S. A. (2002).

[18] Pickett, J., et al. (Eds.). (2000). *American heritage dictionary of the English language* (4th ed.). Boston: Houghton Mifflin.

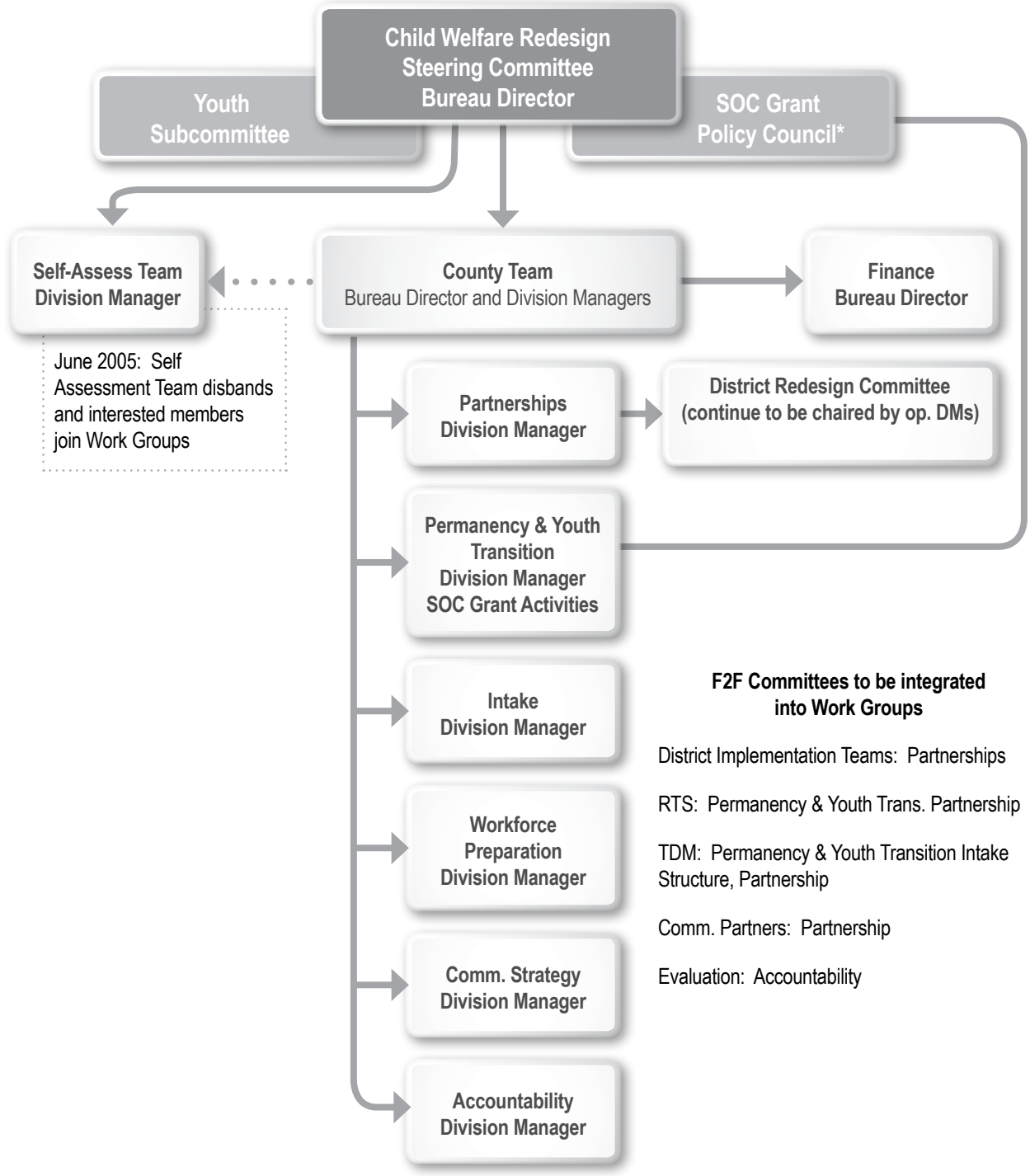
[19] National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs. (2005). *Using continuous quality improvement to improve child welfare practice*. Retrieved December 13, 2006, from http://muskie.usm.maine.edu/helpkids/rcpdfs/CQIFramework.pdf

[20] Iowa State University. (2006). *Continuous quality improvement (CQI)*. Retrieved November 20, 2006, from www.fpm.iastate.edu/worldclass/cqi.asp

[21] Friedman, R. (2005, February). *Effectively serving children with special needs and their families: What does it take?* Paper presented at the 2005 Systems of Care Communities Meeting, Dallas, TX. Retrieved November 15, 2006, from http://rtckids.fmhi.usf.edu/presentations.cfm

APPENDICES

APPENDIX A: GOVERNANCE STRUCTURE FOR CONTRA COSTA COUNTY, CA SYSTEMS OF CARE EFFORT



* Council includes: youth, families, children's mental health, substance abuse services, juvenile justice, child welfare, education, primary health, independent living services, and other community-based organizations and agencies.

APPENDIX B: INTERAGENCY LIAISON/ADMINISTRATIVE COORDINATOR

General Description

Under the supervision of the Project Director of the systems of care project, the Interagency Liaison/ Administrative Coordinator is responsible for the coordination and execution of administrative activities, outreach, clerical and technical support to the interagency governance entity providing leadership to the systems of care project. This position provides the assistance and support required for members of the governance entity to operate efficiently and effectively.

Duties and Responsibilities

1. Establishes and maintains contact with representatives of community groups, organizations, agencies, and other stakeholders serving on the governance body, its committees and subcommittees.
2. Provides clerical and technical support and assistance to members of the governance body, committees and subcommittees.
3. Attends meetings of the governance entity and associated committees and subcommittees, keeping minutes and documenting proceedings.
4. Maintains and disseminates minutes and other documentation associated with meetings of the governance body and all related committee and subcommittee structures.
5. Works closely with the Project Director and Governance body Chair person(s) to coordinate meetings, develop meeting agendas, make logistical arrangements and provide administrative support.
6. Documents contacts with governance body members and systems of care staff.
7. Coordinates meetings, conferences, trainings and other events that are sponsored by the systems of care project.
8. Coordinates and arranges for out of town travel for members of the governance entity, committees and subcommittees.
9. Follows Robert's Rules of Order for meetings.
10. Posts meeting agendas as required for public view (on the internet, local county or State television).
11. Submits invoices from family and youth members of the governance entity, it's committees and subcommittees, for out of town travel reimbursement, food, transportation, child care and other supports necessary to support their involvement.
12. Performs other duties as assigned.

Education and Training

High school diploma or GED equivalent. Training in Robert's Rules of Order, short hand, and proficiency in Microsoft Office is preferred.

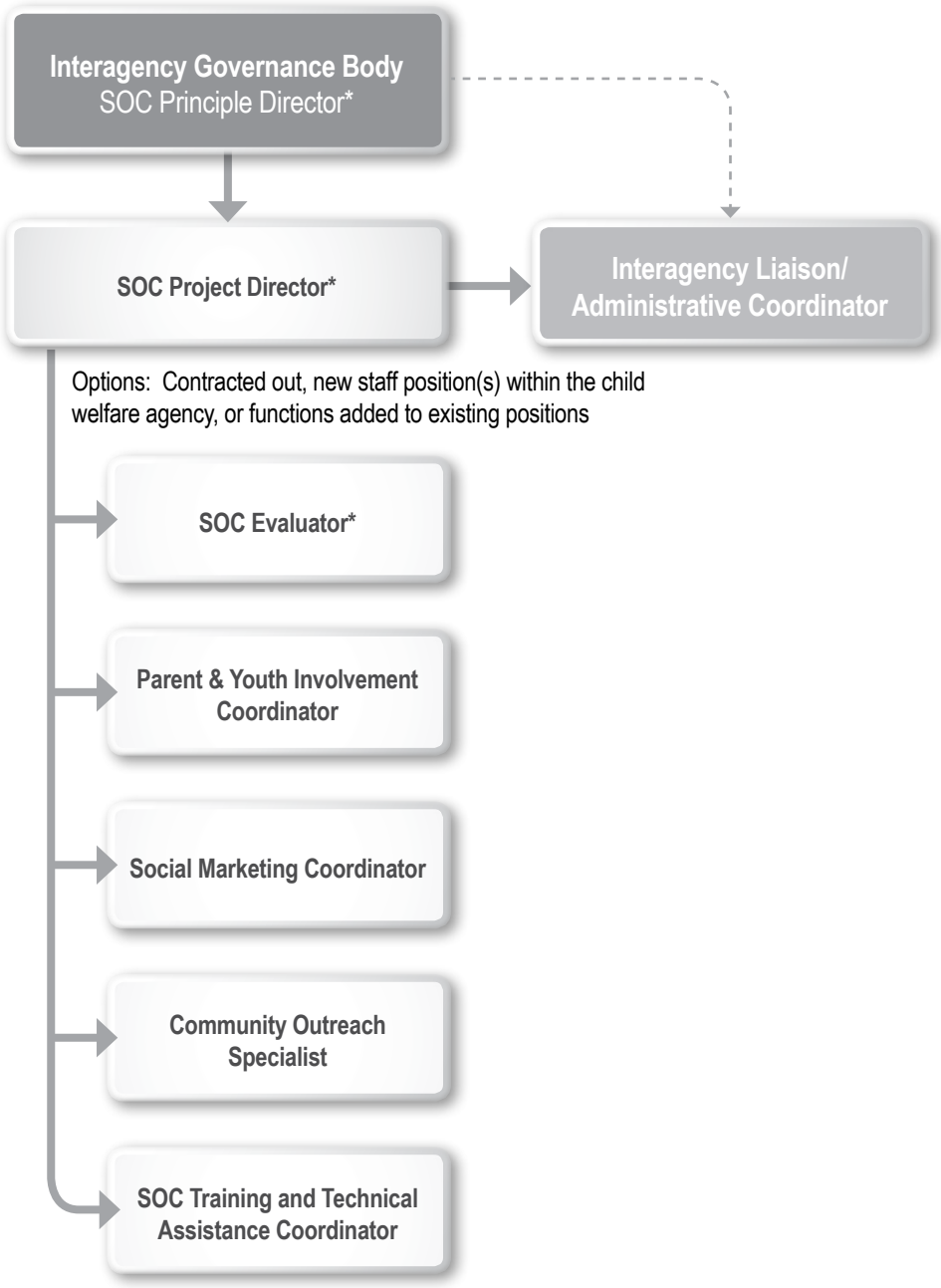
Knowledge, Skills and Abilities

Ability to communicate effectively orally and in writing. Ability to work autonomously. Proficiency in Spanish preferred. Ability to work effectively within a team environment, and demonstrated skills in office management and clerical duties. Demonstrated ability to multi-task, organize and manage time, and work in a fast-paced environment.

APPENDIX C: EXAMPLE OF WHO TO INVOLVE IN A LOCAL SYSTEMS OF CARE GOVERNANCE STRUCTURE (INCLUDING COMMITTEES AND SUBCOMMITTEES)

- Families of children who have, at one time, met the target population criteria for the project (resource families, adoptive parents, biological parents, kin care givers, etc.);
- Youth who have, at one time, met the target population criteria for the project (former foster youth, youth who have been reunified with their family, youth who have been adopted, etc.);
- Representatives from the law enforcement community (county sheriff, city police, etc.);
- Representatives from the judicial/court community (county judges, family court judges, juvenile probation officers, Chief county probation officer, etc.);
- Representatives from the Alcohol and Other Drug Treatment community;
- Representatives from the legal community (District Attorney's office, Guardian Ad Litem, etc.);
- Court Appointed Special Advocates (and other advocacy organizations);
- Foster Parent Association representatives;
- Representatives from organizations addressing domestic violence;
- Representatives from faith-based community;
- Representatives from the primary health care community (pediatricians, public health nurses, children's hospital representatives, medical social workers, emergency room intake workers, administrators, etc.);
- Representatives from the behavioral health community (psychiatrists, psychologists, social workers, therapists, administrators, etc.);
- Representatives from the prevention and early intervention community;
- Representatives from the education community (including Head Start and other early childhood initiatives, and individuals representing local school districts);
- Representatives from the business community, and/or the local Chamber of Commerce;
- Representatives from the public assistance community (Medicaid, TANF, Welfare to Work Coalition, etc.);
- Representatives from the child care community (day care centers, after school programs, etc.);
- Representatives from the Children's Trust Fund, or Children's Advocacy Center;
- Representatives from Adoption agencies;
- Representatives from the independent living and transitional services community;
- Representatives from the service provider community (family preservation services, foster care services, intake and referral services, etc.);
- Representatives from the child welfare agency (Case workers, Supervisors, Administrators, etc.); and
- Representatives from the County Child Welfare Board.

APPENDIX D: EXAMPLE OF THE MANAGEMENT STRUCTURE OF A SYSTEMS OF CARE (SOC) EFFORT



*Positions required by the Improving Child Welfare Outcomes through Systems of Care grant program

APPENDIX E: SERVICE COORDINATION PROCESSES USED IN SYSTEMS OF CARE COMMUNITIES

Communities that have adopted systems of care often develop methods for incorporating existing strength-based, family-centered service coordination approaches as part of the array of services and supports available to children, youth and families with multiple needs. The core values inherent in these approaches are analogous to systems of care principles. For example, core values of family meetings include: 1) all families have strengths; 2) families are experts; 3) families are equals on a team; 4) families can make well-informed decisions about keeping their children safe when supported; 5) when families are involved in decision-making, outcomes can improve; and 6) A team is often more capable of creative decision-making than one individual alone.

The following chart, adopted from a similar table created by the Annie E Casey Foundation, provides information about the key characteristic of family meetings conducted on behalf of families, youth and children involved in the child welfare system. Each of these approaches provides a process for coordinating multiple services, and involving the child, family and community in creating a plan for meeting needs and building on strengths.

	Characteristics shared by all	Team Decision-Making (TDM)	Family Group Decision-Making (FGDM)	Family Team Conference (FTC)	Wraparound (child & family team, care coordination)
Purpose	To provide support to families at risk of or already involved in child welfare, in a strength-based team setting which ensures child safety, permanency and well-being.	To make immediate decisions regarding a child's placement.	To develop a plan that ensures the protection of a child.	To develop a plan that ensures the protection of a child.	To develop a plan that links strengths and needs to services and supports that ensure child safety, permanency and well-being.
Goal	To develop a case plan using a solution-focused, family-driven team approach.	Team, including the family, seeks consensus decision regarding the placement of a child in order to protect the child and preserve or reunify the family.	The family, with the support of others, makes a plan for the child to ensure safety and stabilize the current crisis.	The family, using the expertise and support of team members, develops a plan to address family needs, and build on their strengths, at a variety of critical points.	The team develops a plan that links services and supports to strengths and needs. Team includes family members/caregivers, community members, service providers and agency staff. Family voice is central to the process.
Distinctive Element(s) Distinctive Element(s)	Needs and strengths-focused, culturally appropriate and individualized case plans are developed inclusive of relevant interagency partners and family members. Linkages to continuing supports both natural and traditional.	Held for EVERY placement-related decision faced by EVERY family receiving child welfare services.	Emphasis is on being the fact that the meeting is for the family—rather than the agency. May have 20-30 or more family members in attendance. Private family time is a core element of the process.	Family tells their story. Can be used for prevention purposes with families not yet involved with the child welfare system.	Begins with a family meeting with a facilitator. Family tells their story and identification of needs and strengths begins. Family determines who is on their team. Team members are expected to participate in implementation of the case plan.

	Characteristics shared by all	Team Decision-Making (TDM)	Family Group Decision-Making (FGDM)	Family Team Conference (FTC)	Wraparound (child & family team, care coordination)
Decision Responsibility	Goal is to place the family at the center of decision-making. Ultimately, the Social Worker must approve of the plans made.	The agency maintains responsibility if consensus regarding placement cannot be achieved.	The family develops a plan for the child. The agency must be able to support the family's ideas and incorporate them into the FGDM plan.	The family determines the outcome, except for identified non-negotiable issues.	Decisions are decided by the team but are centered on the strengths and needs of the child(ren) and family. Outcomes are decided by the team but are family and child-centered. Plans are coordinated by the lead agency.
Scheduling	Varies.	Mandatory—meeting is held before any placement or re-placement occurs, or before any initial court hearing in cases of imminent risk of removal from the home environment.	Voluntary—the family plays a major role in when and where the meeting takes place.	Voluntary—the meeting is held only with the family's approval and if scheduled by the family's assigned worker.	Voluntary—the meeting is held only with the family present and with the team members that have been invited. Meetings take place at a time and location designated by the family. Meetings are scheduled whenever changes to the plan need to be made—can be a crisis, change in behaviors or a change in living situation.
Referral	Varies.	Assigned Social Worker is required to schedule when placement-related decisions must be made.	Any professional involved with the family may offer FGDM to the family for their consideration.	Assigned social worker, family or other team member may refer at any time.	Referral is determined by agency policy and procedures.
Preparation	Preparing the family for the meeting is both respectful and important to achieve positive outcomes.	Often limited preparation due to the crisis nature of many placement decisions. Assigned Social Worker invites the family and prepares them for the meeting.	The emphasis is on advance planning, often 20-30 hours, over a 3-4 week period. Coordinator invites and prepares the family and others for the meeting.	The assigned Social Worker has a pre-meeting with the family to determine their goals/ desired outcomes and to prepare the family and identify team members.	The lead agency staff person meets with the family to determine their vision, goals, and outcomes, identify strengths and needs and develop a crisis plan. Team members are identified, invited and given an overview of the purpose of the team and their role.
Team Members	Birth parent(s), extended family, non-relative supports chosen by the family, the child (as appropriate), service providers, assigned Social Worker and involved agency staff.	Neighborhood or other community partners, child's caregiver (if already placed outside of the family), and a facilitator identified as a team member. All who attend have either the family's permission or participate as "treatment team" members.	Family decides, with input from the facilitator.	All family members are encouraged to attend, even if the birth parents object.	Family, relatives, and other support people who are identified by the family. Also includes interagency service providers.
Facilitator	Trained facilitator with strong strengths-based orientation and excellent group process skills.	Immediately accessible, full time agency staff member who, as a team member, shares the responsibility for decision-making. Ideally, the same facilitator works with the family throughout their involvement with child welfare.	An impartial facilitator, often a coordinator, who is responsible for all aspects of the meeting process.	Trained agency staff, often the assigned Social Worker or service provider.	Trained agency staff-shares responsibility for coordinating the plan, and facilitating the meeting. Can be provided by a lead agency, or contract provider.

	Characteristics shared by all	Team Decision-Making (TDM)	Family Group Decision-Making (FGDM)	Family Team Conference (FTC)	Wraparound (child & family team, care coordination)
Length of Meeting	Varies.	One to two hours.	Three to five hours.	Varies.	Varies.
Confidentiality	Privacy and respect are core values and set the tone for the meeting. New allegations of abuse or neglect must be reported.	There is a focus on privacy—the family is told that information may be used for case planning, or in court if necessary.	A signed confidentiality agreement is often used.	A signed confidentiality agreement is used.	A signed confidentiality agreement is used.
Post-meeting Responsibility	Attention to post-meeting safety and emotional issues is part of the discussion. Follow up meetings are typical.	Assigned Social Worker is primarily responsible to implement the decision agreed upon at the meeting. Other participants play supporting roles. Outcome data is collected and used for self-evaluation and planning.	Assigned Social Worker is responsible for monitoring and ensuring the plan is implemented.	The primary Social Worker monitors the Individualized Course of Action plan and makes the necessary adjustments.	The primary worker monitors the plan, responds in crisis situations and makes adjustments to the plan as necessary (with the team). The worker meets with the child and family on a regular basis to ensure the plan is being implemented as expected.
Usage	Growing-and complementary—a continuum of family meeting types provides the opportunity for best practice and positive outcomes for children, youth and families.	TDM is a core strategy used in over 30 Annie E Casey Foundation Family to Family sites, including Denver, CO, Cleveland, OH, Louisville, KY, Detroit, MI, and San Francisco, CA.	Variations of FGDM are in place in several hundred sites across the United States, Canada and Europe.	Used in Community Partnership for Protecting Children sites in St. Louis, MO, Jacksonville, MS, and Cedar Rapids, IA.	Used throughout the United States. Examples include: the State of New Jersey, Wraparound Milwaukee, Milwaukee, WI, The Dawn Project, Indianapolis, IN, and The Medicine Moon Initiative, ND.

APPENDIX F: KANSAS FAMILY CENTERED SYSTEMS OF CARE MARKETING STRATEGY

Family Centered Systems of Care is a state movement that will employ a combination of proven marketing techniques - research, product positioning, brand identification, advertising, direct mail, and public relation - blended with critical grassroots organizing and outreach strategies which will begin in 3 pilot communities (Cherokee, Riley, Reno). The designed purpose is to increase awareness about the need to decrease the number of contacts that children of the state of Kansas have with Child Welfare and to increase community systems capacity to assist and partner with families to strengthen and protect children. To create massive and unprecedented community support and involvement on their behalf. The state of Kansas can be a leader if we promote the 6 principles of SOC when partnering in meeting child welfare outcomes.

When should you run a social marketing campaign?

- When trying to change the behavior of a large number of people.
- When trying to change behavior over a long period of time.
- When resources exist to manage a comprehensive effort.

How do you manage a social marketing campaign?

- Define and understand
- Choose appropriate strategies
- Implement
- Ongoing evaluation

Define and understand

- Define the problem.
- Define the goals of FCSOC.
- Define your audience. All Kansas families and children.
- Understand your audience. (Community Assessments)

Choose appropriate strategies

- Brainstorm strategies
- Decide the amount of time and resources for each subgroup
- Determine if different strategies are needed for each segment, or just different messages and mediums
- Choose specific strategies based on identified needs of your target audience.
- Design messages
- Select channels of communication
- Pretest ideas and messages

Implement and evaluate

- Establish a tracking system
- Continuously modify your work based on results
- Celebrate your accomplishments

1. Deciding to conduct a social marketing campaign

FCSOC seeks to make long term changes in the culture of Child Welfare in Kansas. We seek to infuse this philosophy along with its 6 principles into the everyday policies and practice process that is utilized in partnering with families and children.

2. Identifying targets and agents of change and desired behaviors

Identifying what the people who live in the 3 pilot communities see as their priority is critical. The focus groups (community assessment) conducted involved stakeholders from diverse areas of child welfare. The top issues coming from that community assessment rural poverty, lack of resources to name a few.

For this initiative to be successful, the community must determine the demographic group that they wish to target. It is, however, strategic to involve those who are identified as the usual and unusual suspects who have a lot at stake in child welfare but have different levels of power and influence over the system. The benefits of this initiative will

strive to influence positive change in the culture of the various areas/entities within child welfare.

Who benefits from this marketing strategy/ campaign? A better life for Cherokee county children would be observed as well as Kansas children. Stakeholders would increase their collaboration with one another resulting in tremendous qualitative gains throughout the community and state. The Courts and law enforcement benefits because there are less negative encounters/ contacts, SRS because of the reduction in number of out of home placements and increase in family preservation efforts.

3. Stating the goals and behavioral objectives

The goals of the marketing campaign are four broad goals as identified by the leadership of the initiative. They included: 1) the increased interagency collaboration; 2) the increased involvement and interest of stakeholders in the outcomes of all children within their community; 3) increased family involvement in the development and influence of policy making decisions that affect children and families; and 4) the development of a sustainable infrastructure that supports families and children on the community level and less on the state level.

We must incorporate the brand/logo/title/slogan (through marketing efforts) into the conscious of everyone who is involved in the decisions being made in child welfare at both an individual and business/institutional level. This would happen in any place decisions were made. The price would vary largely depending on the decision to be made. The initiatives logo/slogan should be promoted through multiple media domains (brochures, giveaways at conferences, grant team appearances at conferences, workshops, radio, television, and newsprint ads), faith communities, social agencies, school organizations, and businesses. Stakeholders from area business, civic, and faith communities, school boards and directors of agencies need to be identified, personally contacted by staff, and challenged to promote the vision/mission/ and guiding principles in both their personal and professional lives. They should be encouraged to discuss policy and the merits of change in light of Family Centered Systems of Care.

No one group can be singled out as most likely to make the most difference in affecting the well-being of children. Those in business might influence the establishment of child friendly business practices, those in local government would make decisions affecting public recreational facilities and safety practices, those who were parents, teachers, or after school care providers could directly engage and mentor children. The strength of this marketing strategy is in its recognition that all people and their decisions are interconnected and potentially could affect children's lives.

The benefit in implementing this marketing strategy would be to increase the well-being of Kansas families and children. Increased physical, mental, and social health; increased opportunities for education, growth, and security; and increased success and support in transition to adulthood.

In general, utilizing Family Centered Systems of Care would create an environment in which not only the child but the family's concerns would be a priority.

Potential behavioral objectives

1) increase community capacity 2) increase community collaboration 3) increase community resources 4)increase positive law enforcement contacts 5) increase community awareness 6) increase involvement in after school programs designed for children and families.

4. Engaging potential partners

Potential partners are often the same people targeted for change. We must tap into various spheres of influence, including the faith community, neighborhoods, and business and commerce sectors. A broad spectrum of leadership must be represented, tapping into multiple networks of people through out the target communities. Influential partners were seen as individuals who would spread the message through their networks, provide accurate knowledge and insight into the message of family centered child welfare practice and motivate others to increase their collaboration to assist families and children.

Additional funding to support this campaign could be sought from stakeholders/community partners like the Robert Wood Johnson, Ewing Marion Kauffman, and Kansas Health Foundations.

Once we have agreed upon the marketing strategy and our efforts were more clearly focused, experts in marketing and media awareness could

be consulted to create TV and radio spots targeted at various stakeholders (school, parents, civic leaders, and business)

5. Defining the audience

In order to increase the readiness and receptivity of people in pilot community to the grant's goals, the initiative needed to increase knowledge about family and children's issues and surface the importance of children's and family's well-being to the community and the future. Their behavior would be key to creating an environment in which children's issues and their welfare would be put first by the community.

The marketing strategy could be implemented in 3 phases: first, increase awareness of family centered systems of care (and how it might affect one's community) through advertising; second, challenge stakeholders (business and civic leaders, governing councils, schools and social agencies, and individuals) to commit to applying the 6 principles of FCSOC in making decisions; and finally, model, encourage and reinforce behavior changes that occur or will occur as a result of this strategy.

6. Analyzing key behaviors and environments related to the goal

This initiative wants to increase stakeholder involvement in the lives of Kansas families and children. To increase the number of people influencing policies that affect children and families, and develop community capacity for community partners who want to support families and children but were limited by time and circumstances.

What would be the benefits if such goals were attained? Potential results might include (but are not limited to) improved educational outcomes for children, improved adult-youth communications, decreased youth negative law enforcement contacts, elevation in rates of school success (e.g., high school graduation rates, school activity involvement), increased availability of after-school programs or mentoring programs which link community partners with local families and children, increased usage of outdoor and indoor public recreation facilities, and a decrease in the incidence of child neglect and abuse.

7. Identify core components of the campaign

In order for this marketing campaign to succeed, we must incorporate three tried and true components from marketing research to "sell" the campaign's message: 1) to have a good product; 2) to conduct good market research about issues important to the community; and 3) to have committed financial resources. Advertising would be futile if the product (FCSOC) wasn't connected to and imbedded in the community, so grassroots organizations and faith communities must be engaged, in addition to the efforts made by staff with community leaders, to spread the word.

Family Centered Systems of Care is easy to remember and simple to understand. It can be integrated into every day decisions without setting aside additional time or resources. Moreover, if it were used consistently, it could dramatically increase the awareness of how stakeholder decisions affect the quality of life for children and families within their communities. Advertising in the media will need to include real people from the pilot communities instead of actors, both children and families. Advertisement has to be thoughtful and have a warm tone, with the scripts relaying how each person benefits by the implementation of this new approach in the daily lives of children and families. The people in the ads need to represent multiple racial/ethnic identities and different potential groups of change agents, including business people, leaders of faith communities, school and community action council members, and parents. Prior to any delivery or airing to the media any aspect of the campaign, the images, print ads, commercials must be piloted with community members (steering committee) for the clarity and accuracy of the message.

Incorporating FCSOC into decision making was made easier to do by emphasizing its simplicity and presenting it as not yet another "thing to do", but instead as the next right answer in what we all strive to do in child welfare every day. In addition media spots can encourage listeners and viewers to envision the difference partnering with families would make in the life of the community. The initiative must also educate/inform governing councils to act on and commit to the use of FCSOC principles by publicizing their commitments to their constituents and encouraging their constituents to hold them accountable for their decisions.

We must consistently thank publicly stakeholders who have contributed to the proliferation and emphasis on the use of FCSOC at organizational

functions, like dinners sponsored by community partners (example, the United Way), and through opinion-editorials in local newspapers.

8. Tailoring campaign components

In order to increase the impact of the message the initiative is trying to convey, media spots must be shown at strategic times in order to reach specific target audiences. [For example, air time was bought on the Lifetime channel in order to reach women ages 24-45 years because market research indicated that particular audience was more likely to watch that channel.] In order to reach business and civic leaders, media spots were shown during morning news shows. Although the campaign was aimed at all Kansans, media messages were somewhat created to increase the likelihood of various audiences identifying with certain characters. Audiences would see themselves in the actors and identify with their message. Messages could include representatives from the business community, various faith communities, school and education leaders, and parents in general. The message would be presented simply and succinctly.

9. Pretesting and revising campaign components

Because of the extensive preplanning, we could anticipate little need for revision. Conducting the focus groups within our pilot communities may make it unnecessary to pretest the media spots with the public prior to airing.

10. Implementing the social marketing campaign

The social marketing campaign would begin in the fall of 2005 with the Governor and Secretary taking part in a kickoff. Legislatures and/or community leaders would follow up and take part in local level kickoffs. Television and print ads would run for six weeks, and again the following March and September. Radio spots would continue intermittently through December 2006, encouraging the community to continue to collaborate with one another to keep families and children a priority in their decision making. We would contact all identified stakeholders in Kansas and continue to challenge them to adopt a FCSOC to their private and professional lives.

11. Evaluating the effects

The University of Kansas Work Group on Health Promotion and Community Development could be employed to evaluate the campaign's success at raising awareness and creating behavior change in the 3 pilot communities around issues of children and family well-being. Phone surveys could be conducted in the pilot communities and comparison counties on an annual basis to inquire about people's familiarity with the campaign, their levels of investment in the initiative and if their actions to support community caring for children and families (e.g., volunteering for work teams, policy teams, school board task force teams, writing elected or appointed officials regarding their concerns). A tracking system could be created to assess how awareness and behavior changed in the pilot communities, documenting the community changes and response to the campaign from fall 2005 throughout the final 3 years of the grant.

The community would gain from healthy children growing up surrounded by a caring community with resources available to support and strengthen families.

12. Celebrating and sustaining the effort

A large celebration set for the fall 2005 could be set to kick off the social marketing campaign. Articles could be published in opinion editorials promoting this initiative as the next right answer to advance issues for children and families in their communities.

Long-term sustainability can be elusive, however, because of lack of long-term funding sources and changing leadership. Nevertheless, a grass root effort with maximum community level organizational involvement can increase the likelihood of sustaining the FCSOC approach to child welfare practice in Kansas.

Adapted from the community toolbox at www.ctb.ku.edu

APPENDIX G: STATE OF KANSAS FAMILY CENTERED SYSTEMS OF CARE SOCIAL MARKETING CAMPAIGN

Family Centered Systems of Care

Why Family Centered Systems of Care?

Family Centered Systems of Care address inefficient utilization, funding, and administration of social services available in communities and create uniform outcomes for community providers.

This chart highlights the shifts that the Family Centered Systems of Care initiative is trying to achieve as reform efforts continue on current systems.

FROM	TO
Individualized funding & service silos	Community collaboration & sharing of resources
Gaps in services for children and families	Coordinated and comprehensive service array
Growing cultural awareness	Cultural competence
Limited family involvement	Families as partners and active participants
Problem-focused	Focus on prevention/early intervention
Lack of uniform community-based outcomes	Community-based and results-oriented accountability

Family Centered Systems of Care help prevent out-of-home placements, reduce multiple placements, keep children in their communities, and address the mental health needs of children and their families.

Family Centered Systems of Care
Docking State Office Building
915 SW Harrison, Room 551 South
Topeka, KS 66612-1570
Business: 785-296-4653
Fax: 785-368-8159

Family Centered Systems of Care in the 21st Century

Partnering for the continual growth of families one community at a time

¿Por qué Sistemas de Cuidado Enfocados en la Familia?

Los sistemas de Cuidado Enfocados en la Familia abordan la utilización, el financiamiento y la administración eficiente de los servicios sociales que estan disponibles dentro de las comunidades y crean resultados uniformes para los proveedores de la comunidad.

El siguiente cuadro realza los cambios que está tratando de alcanzar la iniciativa de los Sistemas de Cuidado Enfocados en la Familia, a medida que se continúan los esfuerzos para reformar los sistemas actuales.

DE	A
Financiación & lugares de servicio individualizados	Colaboración comunitaria e intercambio de recursos
Vacíos en los servicios para niños y familias	Gama de servicios coordinados y exhaustivos
Aumento en el nivel de concienciación	Competencia a nivel cultural
Participación limitada de la familia	Las familias actuan como socios y participantes activos
Enfoque en los problemas	Enfoque en la prevención / intervención temprana
Falta de resultados uniformes, basados en la comunidad.	Responsabilidad basada en la comunidad y orientada hacia resultados

Sistemas de Cuidado Enfocados en la Familia ayudan a prevenir la colocación de niños fuera de sus hogares, a reducir colocaciones múltiples, a mantener a los niños dentro de sus comunidades y a abordar las necesidades de salud mental de los ninos y sus familias.

Sistemas de Cuidado Enfocados en la Familia
Docking State Office Building
915 SW Harrison, Room 551 South
Topeka, KS 66612-1570
Negocios: 785-296-4653
Fax: 785-368-8159
www.srskansas.org/CFS/FCSOC

Sistemas de Cuidado del Siglo 21 Enfocados en la Familia

Asociándonos para el continuo crecimiento de las familias – una comunidad a la vez

Family Centered
Systems of Care

Family Centered
Systems of Care

Family Centered
Systems of Care

Principle of the Month "Youth and Family Involvement"

- Youth and Family Involvement is the first of the six Guiding Principles of Family Centered Systems of Care to be featured because it is the most important of all. Interagency collaboration, individualized strengths-based care, cultural competence, community-based services and accountability are not as effective if the process is not family-driven or family-centered.
- Our agency's vision of "Partnering to connect Kansans with supports and services to improve lives" begins with this principle. The "Partnering" of our vision statement begins with the very family and youth we are here to serve. And our agency's mission "To protect children and promote adult self-sufficiency" cannot be truly fulfilled without this principle. We must develop a "nothing about them, without them" attitude.
- Full youth and family partnership is an investment, and essential to the development and provision of any service, program, or policy for the individuals, families and children we serve. This principle requires mutual respect, and the intentional establishment and support of meaningful partnerships between youth, families and staff. It requires us to not only "make room at the tables" where they were not previously invited, but to also consistently challenge ourselves to view the work we do in light of their perspective.
- Points to ponder: How can you further involve the individuals, youth and families in the process of developing the services provided for them? How family-centered and family-driven are the services you are providing?

APPENDIX H: PLANNING A SYSTEMS OF CARE CONFERENCE: LESSONS LEARNED IN NORTH CAROLINA

The birth of an idea

- State Collaborative's newly formed committee to connect with local collaborative groups
- Division of Social Services desire to coordinate a SOC conference
- Division of Mental Health Developmental Disabilities Substance Abuse desire to coordinate a SOC conference

Contributing factors

- Unexpended year one funds that would not be carried over to year 3
- Mecklenburg County's annual conference in initial planning stages and infrastructure was already in place
- Division of MHDDSA survey of local MH Collaboratives

First steps – establish purpose & goal

1. To provide basic and intermediate knowledge about SOC to various collaborative groups across the state
2. Increase communication between the State Collaborative for Children and local collaborative groups
3. Provide an opportunity for local collaborative groups to share successes and challenges with each other

Initial Decisions

- Registration would be handled by Charlotte Area Health Education Center (AHEC)
- Based on AHEC's fee a small registration fee would be required for the conference
- Conference would take place over 2 days
- National and local speakers would be invited to present on SOC
- Departmental Secretaries would be invited to talk about agency specifics and expectations

Initial Decision Continued

- Multiple collaborative groups that focus on children were invited
  - Comprehensive Treatment Services Program Collaboratives
  - Community Child Protection Teams
  - Juvenile Crime Prevention Councils
  - Smart Starts
  - United Way
  - Parent Organizations & Family Resource Centers

Budget

- Majority of the funding from SOC grant
- MH covered the expenses of national speakers and made other in-kind staff contributions
- Other agencies offered in-kind support in planning and presenting
- AHEC registration fee covered some of the lodging and food expense

Planning

- Several sub-groups were developed with Mecklenburg staff and sub-committee members
  - Logistics
  - Agenda & Activities
  - Communications

Logistics

- Location – changed to accommodate 400 participants
- Hotels – through grant funds overnight stipends were offered. Multiple hotels offered a discounted rate
- Volunteers were solicited to help with the on site logistics of the conference

Agenda

- Went through multiple versions – initially there were multiple tracks related to various SOC principles and values
- After discussion with agency partners it was decided that large group presentations were the best avenue to convey SOC and state information, including legislative activities.
- Successful and promising collaboratives from across the state were invited to speak

Agenda Continued

- The final agenda included 5 concurrent break out sessions based on the core SOC principles
- Regional discussions were included to gather information about local strengths and needs. These regions were chosen based on the 9 different AHEC regions.

Media/Communications Plan

- Save the date card was developed by the planning group and sent to all the local collaborative groups identified (approx 800)
- Letters of invitation were sent to Departmental Secretaries and Legislators
- All communications were from the State Collaborative to ensure that no one agency was given credit for organizing the event

Evaluation

- AHEC had developed a satisfaction survey for the conference
- Regional discussions were to provide qualitative information back to the state collaborative

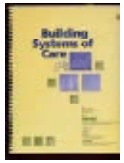
Lessons Learned

- Don’t plan during Hurricane Season
- Have a clear purpose and audience before planning begins
- Have each agency actively involved in planning and funding the event
- Have the folks who can make contacts and influence attendance on board early
- Have multiple communication plans, save the date and a letter were not enough to encourage participation
- Have the local communities help plan
- Be clear about roles, expectation and function at the beginning of the process

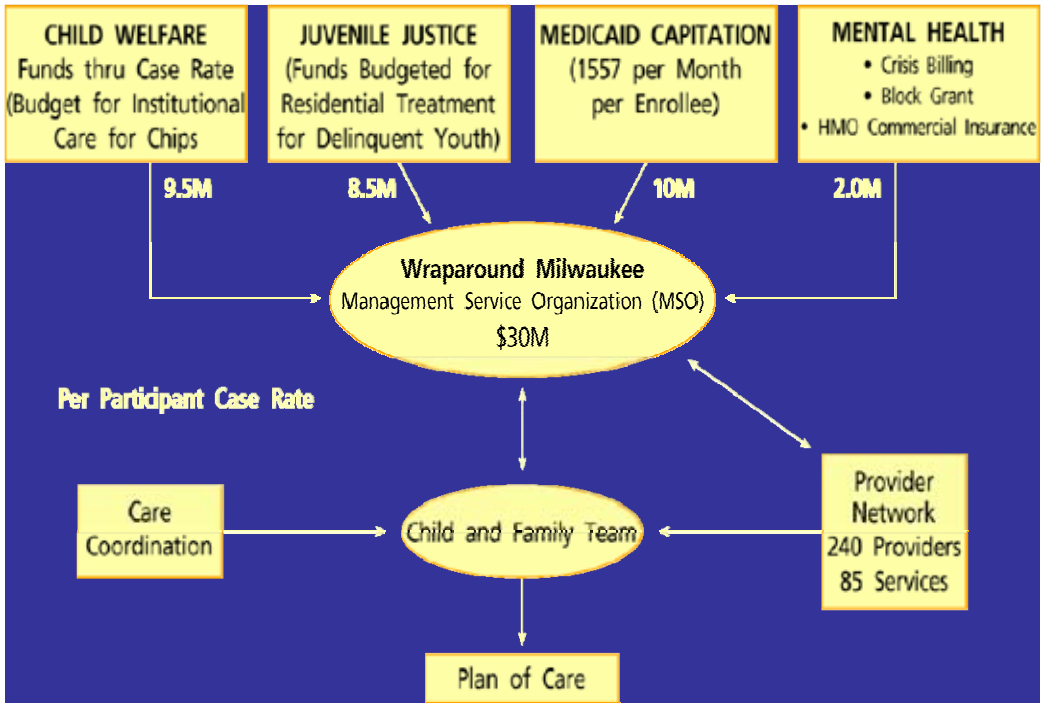
Planning a SOC conference

Questions & Answer

APPENDIX I: MILWAUKEE WRAPAROUND



Milwaukee Wraparound



Wraparound Milwaukee. (2002). *What are the pooled funds?* Milwaukee, WI: Milwaukee Count Mental Health Division, Child and Adolescent Services Branch.

APPENDIX J: STEPS FOR IMPLEMENTING A REFINANCING INITIATIVE

Scope Out The Environment & Do Your Homework

1. Make certain you have the administrative and management support to engage in the work you will be doing to proceed with your idea.
2. Determine a policy agenda and identify key constituents needed to support your work.
3. Assess if the political will is there to proceed. Develop a plan for how to address this issue, according to the political environment in which you will be working.
4. Identify the target goal to address. (Redeployment of out of home placement funds to create more community based services, decrease the cost of out of home care, decrease numbers of custody relinquishment cases, etc.).
5. Identify the population of children you want to target.
6. Cite other initiatives or research that builds the case for what you are trying to do.
7. Develop a key message to market what you seek to do. (Increased fiscal efficiency, decreased duplication of services, increased community based services, etc.)
8. Identify an interagency group with whom you can present your ideas and gain support.

Interagency Group Characteristics

1. Membership is composed of families and agency individuals with the authority to make policy, finance and programmatic recommendations to their agency's Director and/or public policy recommendations to their State or local legislative bodies.
2. A Memorandum of Agreement, legislative mandate or other document authorizes the work of the interagency group.
3. A plan detailing the mission, vision, goals, objectives and strategies of the interagency group has been created and is in sync with the proposed initiative.
4. A set of bylaws or other rules that explain the roles, responsibilities, and decision-making procedure of members of the interagency group and subcommittees has been developed.
5. Relationships between members are built on mutual trust that enables cross-member information sharing regarding budgets and fiscal information.
6. Subcommittees of the interagency group are composed of members that represent varied constituents that focus on specific issue areas.
7. A clear direction has been provided to subcommittees to clarify their charge from the larger interagency group. (Such as a logic model.)

Work of the Subcommittee (or Interagency Group if there is no Subcommittee)

1. Identify desired outcomes.
2. Involve agency fiscal staff.
3. Develop work plan.
4. Assign members to specific roles and tasks. (Chair, co-chair, etc.)
5. Identify target population service utilization in the agencies that purchase their care through contracts with providers. (Child welfare, juvenile justice, mental health, health, social services, education). (EX: children in certain types of out of home care). Can use last 4 digits of SSN to keep information confidential.
6. Identify public and private revenue types used to purchase services for the target population. (State and local General Revenue, SCHIP, Medicaid, United Way, Federal, State and local juvenile justice, mental health, education, child welfare and social service funds).
7. Identify which General Revenue dollars are matching federal revenue and which are not. (For those that are not, build the case to use them to match federal dollars).

8. Determine how much revenue is used to purchase services for how many children over a given period of time. Use this information as part of the development of a message to market what you are doing to key constituents. (Can do point in time analysis or other process such as a sample of children).
9. Conduct care-mapping analysis to determine the pathways in which the target population accesses the services being purchased by the partner agencies. (What is the process for accessing care, what services are currently being used by the target population, what is the average length of stay in the services purchased, how much are the services used costing each of the funders and which revenue streams are being used to purchase what services). (This can help determine the need for increased care coordination, identify where there may be duplication of effort, or provide incentives to change the policies for accessing services across agencies).
10. Determine how to initiate the integrated finance initiative. (Demonstration sites, county based, zip code based, statewide, etc.)
11. Complete a finance matrix.
12. Complete a matrix of providers and services.
13. Develop document (concept paper) detailing the information gained through the subcommittee's work.

Solicit Top Level Support

1. If you are not a Director, strategize about how to involve them. Talk to them individually.
2. Identify interagency group members who will present information to certain key constituents (judges, County Commissioners, City Council members, State legislators, etc.).
3. Present information [concept paper, finance matrix, service matrix, research and other State examples, etc.] with key messages to the Director and elected officials.
4. Educate the community about what you are doing.
5. Include State level budget development, accounting and audit staff. At the county level include finance people from each of the agencies.
6. Involve federal agencies and seek federal approval.
7. Identify advocates and other individuals who can lobby on behalf of the initiative for legislative support and potential State policy.

Other Essential Functions

1. Provide training and technical assistance.
2. Identify who is responsible for making sure things get done.
3. Identify quality improvement processes.
4. Determine method of payment by fund source. (Cost reimbursement, case rate, fee for service, capitation).
5. Stipulate funds to be used.
6. Establish rates for services that will be purchased.
7. Identify how funds will be managed, monitored and allocated.
8. Develop provider network and method for enrollment.
9. Develop contracts with service providers.
10. Develop process for monitoring progress.
11. Develop process for reporting to funders and to all key constituents.

APPENDIX K: LESSONS LEARNED: MICHIGAN'S INTEGRATED FUNDING EFFORT

The following is a list of lessons learned by the individuals involved in Michigan's integrated funding effort:

1. Be clear about your vision and values.
2. Decide early on whether it is to be a multi-system effort or a single system effort.
3. Decide early on whether its purpose is to maximize Federal revenue.
4. Define the target population, even if it is broad to start with.
5. Define your outcomes.
6. Be prepared for a "fear of takeover" and for values conflicts.
7. Understand the differences between agency mandates (child welfare—to protect children, the courts--to protect the community, education—to teach, mental health--to improve functioning).
8. Secure support from the State Department Directors and the Governor's Office when needed. (You must have support from the highest levels and there must be strong leadership at the top.)
9. Involve finance staff from the beginning (don't hire a finance person).
10. Use consultants as experts.
11. Copy the best ideas from other States.
12. Know the systems are always changing (like changing the tires on a moving bus).
13. Separate State departments do not document financial information in similar ways. (This includes how cases are counted, how funding sources are tracked, how services are funded, etc.).
14. Learn everything you can about Federal regulations on Federal funds.
15. Understand the Code of Federal Regulations.
16. Involve the State Medicaid Director.
17. Involve other people who know and understand funding rules and regulations. (Access Federal web sites).

WORKSHEETS

PLANNING WORKSHEET

1. Goals of systems of care planning in my community are:

2. Systems of care values and principles are evident in my community's planning in the following ways:

3. Systems of care planning activities and tasks in my community are:

4. People who perform systems of care planning duties in my community are:

5. Questions my community should consider for systems of care planning are:

GOVERNANCE WORKSHEET

1. Goals for the systems of care governance structure in my community are:

2. Systems of care values and principles are evident in my community's governance structure in the following ways:

3. Systems of care governance activities and tasks in my community are:

4. People who perform systems of care governance duties in my community are:

5. Questions my community should consider for systems of care governance are:

SYSTEM MANAGEMENT WORKSHEET

1. Systems of care management goals in my community are:

2. Systems of care values and principles are evident in my community's system management structure in the following ways:

3. Systems of care management activities and tasks in my community are:

4. People who perform systems of care management duties in my community are:

5. Questions my community should consider for systems of care management are:

COORDINATION OF SERVICES AND SERVICE ARRAY WORKSHEET

1. Goals for systems of care coordination of services and service array in my community are:

2. Systems of care values and principles are evident in my community's coordination of services and service array in the following ways:

3. Systems of care coordination of services and service array activities and tasks in my community are:

4. People who perform coordination of services and service array duties in my community are:

5. Questions my community should consider for systems of care coordination of services and service array are:

COMMUNICATION WORKSHEET

1. Goals for systems of care communication in my community are:

2. Systems of care values and principles are evident in communication in my community in the following ways:

3. Systems of care communication activities and tasks in my community are:

4. People who perform systems of care communication in my community are:

5. Questions my community should consider for systems of care communication are:

POLICY WORKSHEET

1. Policy goals for my community's system of care are:

2. Systems of care values and principles are evident in policy in my community in the following ways:

3. Systems of care policy activities and tasks in my community are:

4. People who perform systems of care policy activities and tasks in my community are:

5. Questions my community should consider for systems of care policy are:

FINANCE WORKSHEET

1. Goals for systems of care finance in my community are:

2. Systems of care values and principles are evident in finance in my community in the following ways:

3. Systems of care finance activities and tasks in my community are:

4. People who perform systems of care finance duties in my community are:

5. Questions my community should consider for systems of care finance are:

CONTINUOUS QUALITY IMPROVEMENT WORKSHEET

1. Goals for systems of care continuous quality improvement in my community are:

2. Systems of care values and principles are evident in continuous quality improvement processes in my community in the following ways:

3. Systems of care continuous quality improvement activities and tasks in my community are:

4. People who perform systems of care continuous quality improvement duties in my community are:

5. Questions my community should consider for systems of care continuous quality improvement are:

HUMAN RESOURCES AND STAFF DEVELOPMENT WORKSHEET

1. Goals for systems of care human resources and staff development in my community are:

2. Systems of care values and principles are evident in human resources and staff development activities in my community in the following ways:

3. Systems of care human resources and staff development activities and tasks in my community are:

4. People who perform systems of care human resources and staff development duties in my community are:

5. Questions my community should consider for systems of care human resources and staff development are: