National Technical Assistance and Evaluation Center for

Systems of Care

Understanding Systems and Organizational Change
Webinar Presentation
June 16, 2010

Welcome

Thank you for your interest in this Webinar. Our telephone lines are maxed at 125 participants. We apologize if you are not able to access the audio portion of the Webinar.

The Webinar will be recorded and transcribed and made available via the Child Welfare Information Gateway (http://www.childwelfare.gov)

Webinar Overview

- Introduce the National Technical Assistance Center for Systems of Care

- Provide an overview of the *Improving Child Welfare Outcomes through Systems of Care* initiative
  - Key findings from the cross-site evaluation

- Highlight the experiences of two grant communities

National Technical Assistance and Evaluation Center for Systems of Care

Integration of technical assistance and evaluation providing:

- Technical assistance to strengthen grantee implementation and capacity

- Evaluation of cross-site implementation and infrastructure change

- Build, generate and disseminate new knowledge about systems change through shared learning
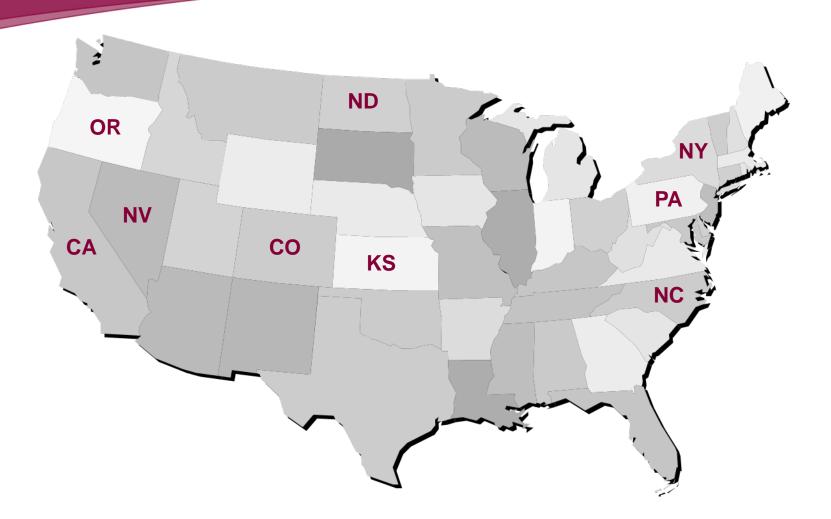
What is Systems of Care?

- 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 systems of care concept provides a framework that States, Tribes, counties and cities can utilize as they develop the infrastructure to support key guiding principles:

  - Interagency Collaboration
  - Individualized, Strengths-based Care
  - Cultural and Linguistic Competence
  - Child, Youth and Family Involvement
  - Community-Based Approaches
  - Accountability

  *DeCarolis, G., Southern, L. and Blake, F. (2008) Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure. US Department of Health and Human Services, Washington, DC.

Improving Child Welfare Outcomes through Systems of Care

- Five-year demonstration initiative
- Operated through 9 grantees in 18 communities
  - Rural, Urban, County, Tribal
- Goals:
  - Engage in **infrastructure development** activities to change the culture of child welfare agencies and the conceptual framework within which services are delivered (systemic change)
  - Work collaboratively with partner agencies in order to assure the safety, permanency, and well-being of children and their families (Child & Family Services Reviews, Program Improvement Plan)
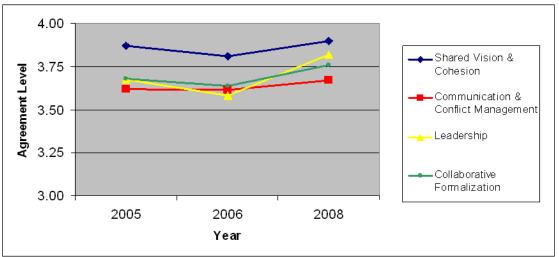
Systems of Care Grant Communities

Summary of Evaluation Findings

- Implementation of the Child Welfare led Systems of Care initiative supported systems and organizational level changes across grant communities

- The initiative facilitated meaningful family involvement and active community engagement across multiple child welfare agencies

Systems Level Findings

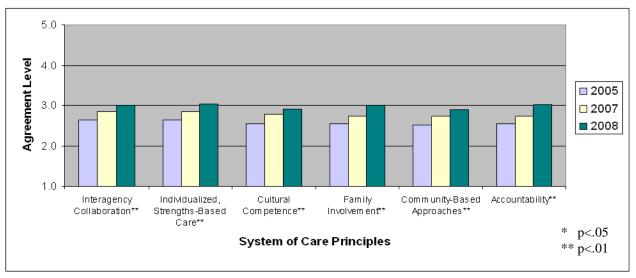- Interagency collaboration increased and/or improved across grant communities

Collaborative Development and Capacity Building*

* Collaborative member survey

- Trajectory of collaborative development was uneven across grant communities
- Stakeholders perceived that their efforts improved child welfare outcomes

Organizational Level Findings

- Principles applied across child welfare & partner agencies and infused in policy and practice

Agency Support for Systems of Care Principles Across Time

System of Care Child Welfare Agency Survey

– Increased support for Systems of Care principles over time
– Improvement in caseworkers' implementation and day-to-day practice

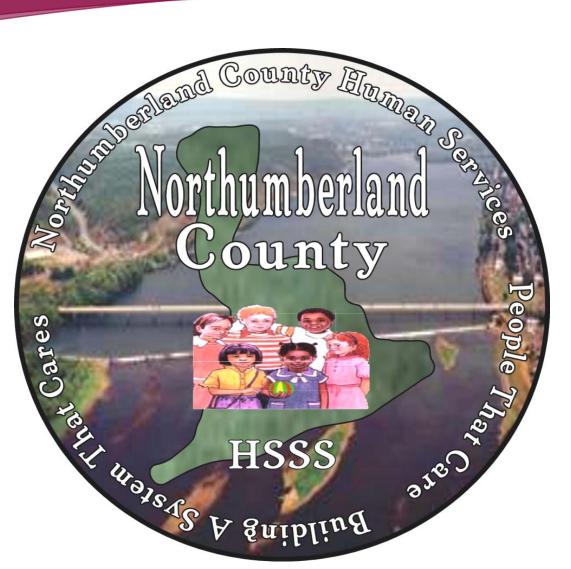# Family and Community Engagement

- Through the grant program child welfare agencies discovered new ways of working with families and the community

  - Community collaboratives created a space and place for family and community engagement

  - Policies and procedures developed to support family-centered practice

A View Into Systems of Care Implementation in Northumberland County, Pennsylvania

Northumberland County, PA
Systems Of Care

Pennsylvania Demographics

- State supervised, county administered state consisting of 67 counties.

- Based on square mileage, it is the most rural state in the United States.

- Since 1985, counties within the state have been actively engaged in the CASSP system.

Northumberland County
At A Glance

- Rural 5th Class County in Central Pennsylvania
- Population is currently at 95,000
- Dropout rate in the county is 3.3% (State average is 1.9%)
- Northumberland County continues to be a leader in the state in both delinquent and dependent referrals
- Northumberland County Prison continues to operate above inmate capacity
- 12,400 people are currently covered by Medical Assistance benefits

Family Group Decision Making

- In 2003, Pennsylvania funded 13 pilot counties.

- In 2006, Family Group Decision Making (FGDM) was introduced to Northumberland County.

- In 2007, the first conference was held in the county.

- Principles mirrored the current CASSP system.

Parental Truancy Awareness Program

- A cross systems collaboration between Juvenile Court Services, Children & Youth Services, local School Districts and District Magistrates

- Mount Carmel Area School District is host to the pilot program

- Truancy and dropout prevention...not solely a school concern

Family Involvement is Critical

- Regularly includes family members as co-facilitators or co-trainers in staff trainings and/or meetings.

- Encourages staff to treat families as partners (including actively engaging them in case planning).

- Provides the resources and infrastructure necessary for staff to actively engage families in case planning.

Family Involvement Continued

- Effective truancy and dropout prevention programs facilitate parent/family involvement in finding solutions to truancy

- Parents/families must be active partners in addressing a student's truant behavior BEFORE it leads to school dropout

Interagency Collaboration

- CASSP was the foundation that helped put the practice of Systems of Care to work.

- Encouraged staff to work with other child and family-serving organizations (in case planning and other activities).

- Provided the resources and infrastructure necessary for staff to work with other child and family-serving agencies and organizations.

Challenges To Doing SOC Work

- Partner agencies do not share a common understanding of what SOC is
- Partner agencies do not have enough time to work together.
- Partner agencies lack resources or incentives to work together (financial, staff, etc.)
- Partner agencies have direct care staff who are overwhelmed by the size of their caseload.
- Confidentiality issues
- Turf issues
- Stakeholders and/or senior managers in partner agencies are not committed to SOC work.
- Conflicting organizational cultures (e.g., child welfare and mental health view the needs of children and families differently)
- Staff turnover
- Lack of accountability among partners.

Support Doing SOC Work

- Partner agencies work well together
- There is strong support from leaders in the partner agencies.
- At the county level, the role of each system partner is clear.
- The right people are involved in creating and carrying out plans
- All of the partners know what their role is if a family has a crisis.
- Partners fulfill their responsibilities.
- Partners have the staff they need to do the work
- Partners have the financial resources they need to do the work
- Partners have time to engage in the work
- Informal resources are available to support the work
- Partner agencies are knowledgeable of informal resources

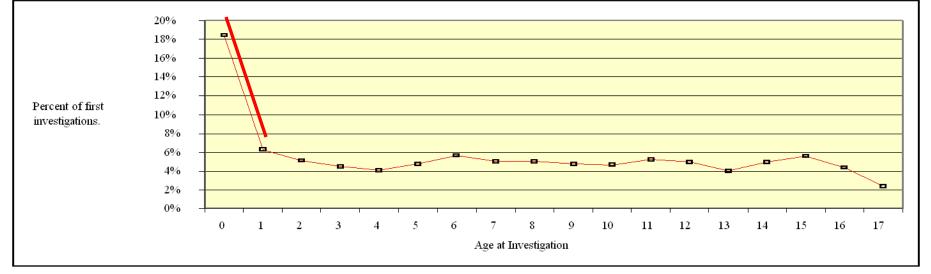# A View Into Systems of Care Implementation in Bedford Stuyvesant – Brooklyn, New York

System of Care for Families in Bedford Stuyvesant

OVERVIEW

The Department of Health and Human Services (DHHS) recognized that opportunities for improvement exist in most State child welfare agencies in terms of ensuring children's safety, finding them permanent homes, and promoting their well-being. It identified nine disenfranchised communities across the country to build home-and community-based Systems of Care that will ultimately improve outcomes for children, youth, and families at risk of child maltreatment. Bedford-Stuyvesant was targeted to demonstrate this systemic change in providing services to infants and their families.

In 2003, CRADLE was born in Bedford Stuyvesant to establish this system of care – a collaboration between community partners, child welfare, and families. CRADLE recognized the need to address the various elements impacting infant welfare and embarked on a holistic approach to minimizing infant maltreatment. Within the first few years, CRADLE had become a necessary change agent for building the infrastructure necessary to facilitate service coordination that will improve the safety, permanency and well-being outcomes for children, with a special focus on infants. However, this was only the first step in a long journey toward minimizing the disparities between Bedford Stuyvesant and communities across the nation.

The CRADLE has laid the foundation for a coordinated system of care that will result in a community in which all families are empowered with the resources needed to ensure infant health, safety and well-being. As a facilitator of community education and partnerships, we are the organization leading the way toward individualized care and service. No other organization within our community has the unique perspective and ability to create inter- and intra-agency collaboration at multiple levels within the child welfare community.

A CRITICAL NEED

✦ Across the country, the state of child welfare is in peril within disenfranchised communities.

✦ High levels of unemployment, teen pregnancy, child abuse, AIDS, serious crime and other problems are far worse in the Bedford-Stuyvesant community than any other around the country.

✦ These realities create unstable and unsafe environments for children, specifically infant heath and well-being.

✦ In our community, infants are most vulnerable to maltreatment – with as many as 18% involved in Child Services investigations by the age of 1.

CRITICAL NEED (cont'd)

- Infant neglect and maltreatment is influenced by many factors, including substance abuse, domestic violence and mental health issues, as well as the socio-economic status before, during and after pregnancy.
- Each year nearly half of the substantiated maltreatment reports involving infants included an allegation of substance abuse and neglect.

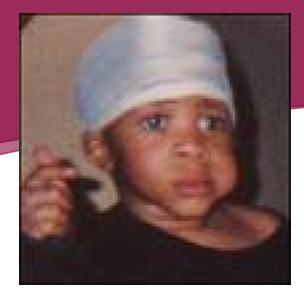|	NYC	Brooklyn	Bedford Stuyvesant
Population 2008	8,000,000	2, 500,000	150,000
Population under 17 2008	2,000,000	660,000	35,000
Population Black Under 18 2008	520,000	230,000	32,000
Abuse/Neglect Investigations 2008	60,000	17, 600	2000
Foster Care Population May 09	16, 700	4,000	660
Foster Care Population Black May 09	9, 404 56%	2, 681 67%	505 76%
# of Placements 2009	7, 122	1983	357

AREAS OF FOCUS AND ACTIVITIES

CRADLE embarked on and engaged in a number of activities in five main areas of focus to ensure partners are educated, work in close collaboration and accountable for outcomes.

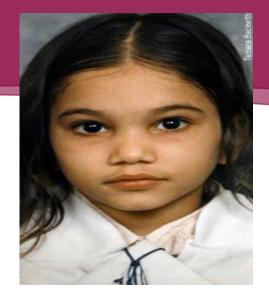| Build Inter/Intra-Agency Partnerships	➢ Community Partnership Initiative ➢ CRADLE/SPA Network Integration ➢ Babies Can't Wait Initiative ➢ Office of Clinical Policy ➢ Office of Advocacy
Engage Local Families	➢ CWOP Partnership ➢ Bed-Stuy Advocates Committee ➢ DOHMH/Consumer Advisory Committee ➢ Faith-Based/Male Involvement Initiative
Enhance Child Protective Staff Practice	➢ Child Protective Office Involvement
Provide Trainings and Resources	➢ Training Institute ➢ Racial Equity/Cultural Competency ➢ Social Marketing Campaign
Service Coordination	➢ Infant Protocol

OUR IMPACT

Significant accomplishments were achieved in a short time, yet there is still work to be done.

Build Interagency Partnerships	➤ Created a collaborative interagency network ➤ Built sustainable relationships with and between community partners
Engage Local Families	➤ Empowered the community to be engaged in decision making process ➤ Increased community awareness of available resources ➤ Created mechanisms for on-going dialogue between community members and ACS
Enhance Child Protective Staff Practice	➤ Increased awareness of existing community-based resources ➤ Produced protocols to address current issues and establish preventive measures ➤ Created mechanisms for on-going dialogue between community members and child protective staff ➤ Established process of data sharing and dialogue
Provide Trainings and Resources	➤ Created awareness of child welfare and other related issues ➤ Provided tools and strategies to create healthy families

A Setback is a Setup for a Comeback!

The death of **Quachaun Browne and Nixmary Brown** in 2006 deeply affected the morale and fortitude of the NYC Children Services staff, especially Child Protective Staff. The aftershocks ran even deeper in Bedford Stuyvesant. Staff were terminated, suspended and/or transferred.

During that period in New York child welfare, the CRADLE had to rebuild and reestablish relationships with our child protection partners and the Bedford Stuyvesant community. As a result, one of the CRADLE's commitments is also to improve the well being of the child protective staff that serve our children and families.

Setting the Stage

Working in a community that is hungry to be engaged in the decision making process = $1 million

Having a child protective leader who understands community and collaboration = $ 1 billion

Having your partnership office located in the community Child Protective Office = PRICELESS

IMPACT in Enhancing Child Protective Staff Practice

Significant accomplishments were achieved at the 185 Marcy Ave, Child Protective Office in Brooklyn

Activity	Impact
Infant to five Case Consultation	➢ Produced protocols to address current issues and establish preventive measures
Lunchbox Spotlight	➢ Increased awareness of existing community-based resources - ➢ Created mechanisms for on-going dialogue between community members and child protective staff ➢ Established process of data sharing and dialogue
CRADLE Day	➢ Created awareness of child welfare and other related issues ➢ Provided tools and strategies to create healthy families ➢ Increased awareness of existing community-based resources

IMPACT in Enhancing Child Protective Staff Practice

Significant accomplishments were achieved at the 185 Marcy Ave, Child Protective Office in Brooklyn

Activity	Impact
Trainings	➢ Produced protocols to address current issues and establish preventive measures
Community Child Safety Teams	➢ Created mechanisms for on-going dialogue between NYCHA, NYPD and Local Hospitals ➢ In the process of developing inter agency protocols
Community Based Site Visit	➢ Created mechanisms for on-going dialogue between community members and child protective staff ➢ Impacted the collaborative interagency network
Family Team Conferences	➢ Increased awareness of existing community-based resources

Barrier and Challenges

- Bringing other key partners to the table (local hospitals and Department of Education). Identify a lead to facilitate the process and coordinate an advisory body to guide decision-making process. Ensures flow and accountability.

- Time sensitive\Community' distrust of initiatives and or projects: The duration of projects are not long enough to yield successful outcomes.

- Change staff culture and the practice

- Reach out to the community via "non-traditional means" if you want to reach true community people.

- Understand that the work of improving the system is difficult and can become all encompassing to the point where the means becomes the end

CRADLE to Community Partnerships

Strengths and Opportunities:

1. Create mechanisms to ensure sustainability of successful activities - must be established early on to ensure their full support

2. Participate in family conferences to contribute to decision-making about the needs, services, and safety plans appropriate to particular families' circumstances.

3. Family, child and youth involvement in all aspects of the system

4. Support existing foster and adoptive parents and recruit new ones in communities where they are needed. Facilitate visits between parents, children and siblings in foster care

5. Actively address racial equity, disproportionality and disparity in the child welfare system.

? ? ? FINAL QUESTIONS ? ? ?

Is anyone better off as a result of what we're doing?

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Additional Information on Systems of Care Initiative, Reports and Products: http://www.childwelfare.gov/systemwide/service/soc/