

PRIMER Hands ON - CHILD WELFARE

**TRAINING FOR CHILD WELFARE STAKEHOLDERS
IN BUILDING SYSTEMS OF CARE**

TRAINING GUIDE

MODULE 10 Other Functions

A Skill Building Curriculum

By Sheila A. Pires

**In Partnership with Katherine J. Lazear, University of South Florida, and
Lisa Conlan, Federation of Families for Children's Mental Health**

**Based on
Building Systems of Care: A Primer
By Sheila A. Pires
Human Service Collaborative
Washington, D.C.**

Sponsored by the National Child Welfare Resource Center for Organizational Improvement, University of Southern Maine, in partnership with the National Technical Assistance Center for Children's Mental Health, Georgetown University, and the National System of Care Technical Assistance and Evaluation Center, Caliber/ICF, with funding from the Administration for Children and Families, U.S. Department of Health and Human Services.

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MODULE 10

Brief Introduction to and Discussion of Other Functions (e.g., Human Resource Development, External and Internal Communication, Training and Technical Assistance, etc.)

Other Important SOC Functions

SLIDE 2 (233)



System of Care Functions Requiring Structure

- Planning
- Decision Making/Policy Level Oversight
- System Management
- Service & Supports Array
- Evidence-Based & Promising Practices
- Outreach and Engagement
- System Entry/Access
- Screening, Assessment, and Evaluation
- Decision Making and Oversight at the Service Delivery Level
 - Services & Supports Planning
 - Services & Supports Authorization
 - Service Monitoring and Review
- Service Coordination
- Crisis Management at the Service Delivery and Systems Levels
- Utilization Management
- Family Involvement, Support, and Development at all Levels
- Youth Involvement, Support, and Development
- Human Resource Development/Staffing
- Staff Involvement, Support, Development
- Orientation, Training of Key Stakeholders
- External and Internal Communication
- Provider Network
- Protecting Privacy
- Ensuring Rights
- Transportation
- Financing
- Purchasing/Contracting
- Provider Payment Rates
- Revenue Generation and Reinvestment
- Billing and Claims Processing
- Information Management
- Quality Improvement
- Evaluation
- System Exit
- Technical Assistance and Consultation
- Cultural and Linguistic Competence

Peters, B. (2002). *Building Systems of Care: A Primer*. Washington, D.C.: Human Service Collaborative.

The *Primer Hands On-Child Welfare* training has covered many of the functions requiring structure in systems of care, but there also are several more that could not be addressed more fully during the two-day session, given time constraints. Particularly important functions that could not be addressed during the two-day session include those discussed in the following pages.

Trainer's Notes

Goals

This is a brief discussion of other important system of care functions that could not be addressed more fully during the two-day session, given time constraints. Each topic area, however, can easily be a full-day training.

Particularly important functions that could not be addressed during the two-day session include: Human Resource Development; External and Internal Communication; Marketing and Media; Confidentiality and Rights Protection; Billing and Claims Processing; Information Management; and, Technical Assistance and Training.

Method

PowerPoint Presentation; didactic; large group discussion

Training Aids

Microphone if necessary; projector, laptop computer, screen; Slides #1-14 (slides #233-245 if utilizing the complete curriculum version with no module cover slide).

Approximate Time

20 min.

Expected Outcomes

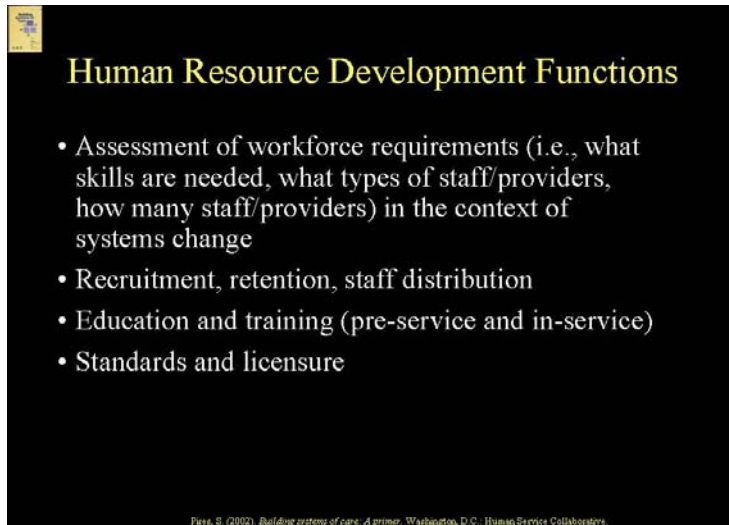
At the end of Module 10, participants should be familiar with:

- 1) Human resource development (HRD) elements
- 2) Culturally competent, family-driven, youth guided HRD strategies
- 3) Staffing approaches for systems of care
- 4) A cross-system training focus
- 5) The importance of external and internal communication structures

Function: Human Resource Development

Human Resource Development Overview

SLIDE 3 (234)



Human Resource Development Functions

- Assessment of workforce requirements (i.e., what skills are needed, what types of staff/providers, how many staff/providers) in the context of systems change
- Recruitment, retention, staff distribution
- Education and training (pre-service and in-service)
- Standards and licensure

Pave, S. (2002). *Building systems of care: A primer*. Washington, D.C.: Human Services Collaborative.

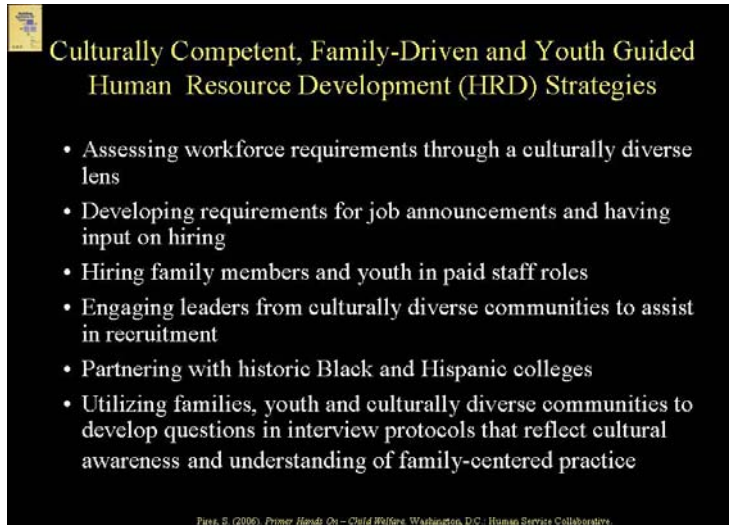
Human resource development (HRD) focuses on a number of elements to ensure adequate numbers of appropriately trained personnel – both in-house and within provider and other stakeholder communities - with the skills, knowledge, and attitudes to work effectively in systems of care. HRD functions include strategic planning with regard to: assessing the amount and types of staff/provider resources needed and available for the system of care; recruitment and retention of staff and providers; distribution of staff and providers throughout the system of care; education and training; and, standards and licensure. An example of an HRD strategy related to recruitment and retention is a loan forgiveness program in which systems will pay back student loans for those who commit to working within systems for a certain number of years.

- 6) The importance of marketing and media
- 7) Confidentiality and rights protection issues
- 8) Information management issues
- 9) The need for a strategic approach to technical assistance and training

Emphasize the importance of human resource development (HRD) functions to child welfare in particular, which struggles with recruitment and retention issues.

Culturally Competent, Family/Youth-Driven HRD Strategies

SLIDE 4 (235)



Culturally Competent, Family-Driven and Youth Guided Human Resource Development (HRD) Strategies

- Assessing workforce requirements through a culturally diverse lens
- Developing requirements for job announcements and having input on hiring
- Hiring family members and youth in paid staff roles
- Engaging leaders from culturally diverse communities to assist in recruitment
- Partnering with historic Black and Hispanic colleges
- Utilizing families, youth and culturally diverse communities to develop questions in interview protocols that reflect cultural awareness and understanding of family-centered practice

Parr, S. (2006). *Primer Hands On – Child Welfare*. Washington, D.C.: Human Service Collaborative

Trainer's Notes

You may wish to share examples from your own experience of culturally competent HRD practices.

Families, youth, and culturally diverse populations need to be involved in the development of human resource development strategies. They are themselves potential resources in staffing arrangements and are directly affected by HRD decisions. Systems of care use a variety of strategies to involve families and diverse communities in human resource development functions, such as involvement in assessing workforce requirements; helping to develop requirements for job announcements and to have input on hiring decisions; hiring family members and youth in paid staff roles; engaging leaders from culturally diverse communities to assist in recruitment; partnering with historic Black and Hispanic colleges and other institutions to train existing and prospective staff in cultural competence; utilizing families and culturally diverse constituencies to develop questions in interview protocols that reflect cultural awareness, etc.

Staffing Systems of Care

Trainer's Notes

SLIDE 5 (236)



There are many different ways of “staffing” systems of care, including redeploying existing staff, contracting out, hiring new staff, and partnering with others for staff capacity. There are pros and cons to all of these arrangements. For example, hiring all new staff or contracting out provides flexibility in choosing staff, but it may disenfranchise staff in traditional agencies whose support is also needed. System builders also have to consider the types of staff needed, such as formally trained staff, paraprofessionals, culturally diverse staff, natural helpers, and family members and youth in staff roles. These decisions have issues attached to them, such as salary equity issues and the kind of training that is needed. The strategic analysis regarding staffing must also take into account the availability of staff, compatibility of staffing decisions with staffing requirements of accrediting organizations, funders such as Medicaid, and licensing bodies. Recruitment and retention of staff in child welfare systems is typically a major challenge, and the system of care must develop strategies to ensure a sufficient staff capacity so that staff are not overwhelmed and families under-supported.

EXAMPLE

For example, some jurisdictions, such as the **District of Columbia**, offer student loan repayment as an incentive to social workers to join the child welfare system.

You may want to share examples from your own experience of effective recruitment and retention strategies.

A Cross-System Training Focus

SLIDE 6 (237)

A Developmental Training Curriculum				
	TRADITIONAL	MODIFIED	INTEGRATED	UNIFIED
SYSTEM	State systems develop training along specialty guild lines – Promotion of stronger specialty focus	State systems independently adopt similar philosophy, promoting Collaboration	State systems begin sharing training calendars Promotion of cross-training; joint funding	State systems pool training staff, merge training events
PROGRAM	Community agencies and universities operate in isolation Disciplines train in isolation from one another Instruction is didactic, “expert” No support for cross-training	Community agencies and Universities begin joint research and evaluation Pre-service training remains separate from the field	Community agencies and universities begin to integrate field staff/families into pre-service training Student field placements cross agency boundaries Cross-agency training gains support	Community agencies and universities collaborate with larger community, e.g. families as co-instructors; curricula reflect practice goals Training geared to system goals

Meyers, J., Kaufman, M. & Goldman, S. (1991). Training strategies for serving children with serious emotional disturbances and their families in a system of care. Promoting Practices in children's mental health. 5. Washington, D.C.: American Institutes for Research.

SLIDE 7 (238)

A Developmental Training Curriculum				
	TRADITIONAL	MODIFIED	INTEGRATED	UNIFIED
PRACTICE	Participation in professional conferences on individual basis within agency boundaries Services are provided within agency boundaries	Staff receive training that promotes collaboration, but receive it within agency boundaries Specialty focus predominant Services remain within agency boundaries	Service teaming is promoted through cross-agency training	Service teams with full family inclusion are the norm Redefined specialty practice roles develop to support professional identity while promoting collaboration

Meyers, J., Kaufman, M. & Goldman, S. (1991). Training strategies for serving children with serious emotional disturbances and their families in a system of care. Promoting Practices in children's mental health. 5. Washington, D.C.: American Institutes for Research.

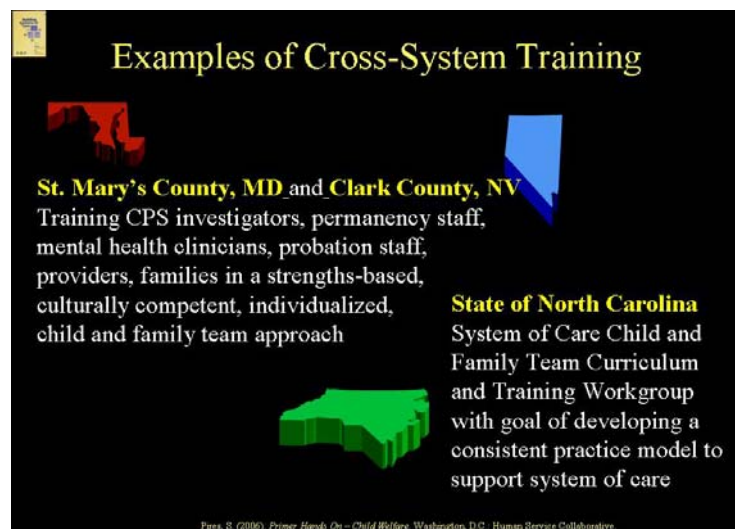
Trainer's Notes

Draw on your own knowledge and experiences to illustrate the effectiveness of cross-systems training, emphasizing the goal of developing a consistent, family-centered practice model.

Besides figuring out how to staff system of care functions, system builders need to strategize regarding the kinds of staff, provider and other stakeholder development, staff support, training, and supervisory structures to implement. For example, staff working in dangerous neighborhoods needs back-up supports, such as “buddy systems”. Workers need to be able to turn to well trained and supportive supervisors for guidance, brainstorming, and encouragement. In traditional systems, each agency tends to develop its own training and staff development agenda, using its own training resources. Systems of care try to develop strategic training and human resource development activities across child-

serving systems. A more traditional approach is when systems, programs and practice operate in isolation, creating separate training agendas and utilizing an “expert model” only. Systems of care take a more unified approach where state systems pool training efforts, and families, youth and the community are integral participants in all aspects of training.

SLIDE 8 (239)



Trainer's Notes

More information about these examples can be found at:

St. Mary's County:

www.somd.com/news/headlines/2007/5782.shtml

Clark County:

www.cup.unlv.edu/projects/Current.htm

North Carolina:

www.dhhs.state.nc.us/dss/systemofcare/soc.htm

EXAMPLE

Clark County, Nevada and **St. Mary's County, Maryland** are two examples of local jurisdictions that are implementing cross-stakeholder, cross-system training in a system of care practice model. They are training, for example, CPS investigators and permanency staff, mental health clinicians, juvenile probation staff, provider agencies, and families in a strengths-based, culturally competent, individualized, child and family team approach.

EXAMPLE

North Carolina, which has a child welfare system of care grant, provides a State example through its formation of a System of Care Child and Family Team Curriculum and Training Workgroup, composed of a cross-section of state and local agencies, several university partners, and family partners; the goal of a cross-agency/stakeholder training agenda is to develop a consistent practice model in implementing a system of care approach. The NC State Collaborative (made up of representatives from all of the major systems serving children, youth and families, community-based organizations, non-profits, university partners, and family members) worked together to obtain additional grant funding from the NC Crime Commission to conduct trainings on system of care principles and the Child and Family team approach. Trainings were conducted by a parent/youth/professional team. They also have pooled resources to develop a cross-agency child and family team curriculum, funding family members to participate on the curriculum development team. They also

are pooling funds to train child and family team facilitators.

Trainer's Notes

Function: Communication

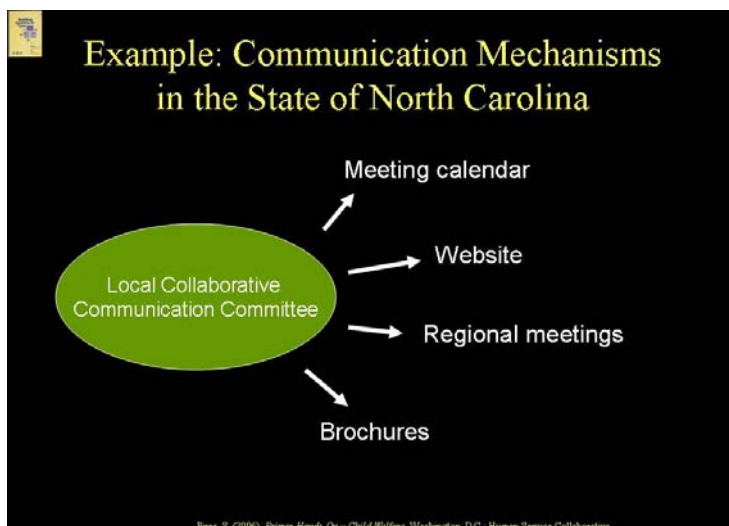
External and Internal Communication

External communication includes structures to inform those outside the system of care, such as legislators and the media, about system of care goals, achievements, and challenges. Effective communication, which is a strategic tool, can be key to sustaining and growing the system of care; on the other hand, it can also lead to greater demands from families, legislators and others on the system than it can handle. External communication must take into consideration the intended audience and the desired outcome of the communication. Social marketing and the media are discussed more fully below.

Internal communication structures are critical to ensure an ongoing information exchange across stakeholders within the system of care so that misinformation, rumors, and gossip do not sabotage the system.

The discussion now turns to the function of communication – both external and internal.

SLIDE 9 (240)



You may want to share examples from your own experience of systems of care that have structured effective internal communication mechanisms.

EXAMPLE

North Carolina, through its child welfare system of care grant, created a Local Collaborative Communication Committee, representing the cross-agency and family stakeholders involved in the system, to plan a variety of ways to ensure communication, such as a website, regional meetings, brochures, a meeting calendar, etc. The State Collaborative pooled resources to finance development of the website, and one of the non-profit agencies participating on the Collaborative serves as fiscal agent for the website.

SLIDE 10 (241)

Examples: Social Marketing

Kansas Family Centered Systems of Care Marketing Strategy Goals

1. increased interagency collaboration
2. Increased involvement and interest of stakeholders in the outcomes of all children in community.
3. Increased family involvement in the development and influence of policy making decisions that affect children and families
4. The development of a sustainable infrastructure that supports families and children on the community level and less on the state level. (www.ctb.ku.edu)

Oregon's SOC Goals and Performance Measures: Goal 8 Public Pride

The public knows about and takes pride in Oregon's record of child safety and permanency.

SOC Activities

- Develop citizen advisory boards for implementing counties

Performance Measures

- Increase percentage of customers expressing satisfaction with SCF service.
- Decrease percentage of cases on which a (formal) complaint about services is filed.

Illinois's Don't Write Me Off: Foster Kids Are Our Kids Campaign

Provided a seminar for Program Ambassadors, Foster Home Recruiters, Communication and/or Development Directors about media opportunities for Illinois child welfare agencies and the placements of billboard, transit and other advertisements of the Don't write Me Off Campaign throughout the state. (bmo@cca-il.org)

Printer Ready On: Child Welfare (2007)

Trainer's Notes

Draw on your own knowledge and experiences in working with communities who have embarked on successful social marketing campaigns. You may also want to share with participants examples of unsuccessful marketing campaigns, stressing the lessons learned.

Other examples of social marketing campaigns can be found in *Building the Infrastructure to Support a Child Welfare Driven System of Care: A Guide for Communities*. Available from the National Systems of Care Technical Assistance and Evaluation Center at Caliber/ICF.

An important system function, which should be part of every system of care's strategic planning process, is social marketing. A social marketing campaign is run when you are trying to change behavior of a large number of people over a long period of time. When system builders for the Kansas Family Centered Systems of Care decided they wanted to make long term changes in the culture of child welfare in Kansas, they embarked on a marketing strategy, stating that their purpose was *"to create massive and unprecedented community support and involvement on their [children's] behalf."*

EXAMPLE

The **Kansas Family Centered System of Care** embarked on a social marketing campaign *"to make long term changes in the culture of Child Welfare in Kansas...seeking 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."* For more information go to www.ctb.ku.edu.

EXAMPLE

One of the goals of **Oregon's System of Care Goals and Performance Measures** was *"Public Pride – The public knows about and takes pride in Oregon's record of child safety and permanency."* Goals and Performance Guidelines included actions to be taken by system of care communities and specific performance measures. For more information, go to: www.oregon.gov/dhs/children/welfare/systemofcare

EXAMPLE

Illinois' Don't Write Me Off: Foster Kids Are Our Kids campaign conducted a seminar with top social marketing experts. The seminar was geared for Don't Write Me Off Ambassadors, Foster Home Recruiters, Communications and/or Development Directors and Executive Directors. It included detailed information about media opportunities for Illinois child welfare agencies and the placements of billboard, transit and other advertisements of the *Don't Write Me Off* Campaign throughout the state. For more information contact Barb Oldani at **bmo@cca-il.org**.

Point out to participants the role that the media often play with respect to the child welfare system. Media attention, typically, is in response to a negative or tragic occurrence in child welfare and may lead to more pressure on the system to remove children from their homes. Point out that it is especially critical for child welfare stakeholders that the system of care pays attention to working with the media to understand system goals and successes.

More information on child welfare and the media can be found at the National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services at <http://www.nccanch.acf.hhs.gov>

SLIDE 11 (242)



While many consider the media something to be avoided, it can be a powerful ally if approached strategically. Any contact with the media, whether proactive or reactive, needs to be strategic. The media are often responding to child abuse and neglect cases and looking for "child welfare stories." Media outlets need quick and useful references, including web-sites, advocacy organizations, and "media-friendly" experts for background and contextual information. Who better to oblige them and meet their needs than a representative from the system of care community, who is prepared to give thoughtful, honest answers? Nedra Kline Weinreich crafted the following media-related questions for the National Clearinghouse on Child Abuse and Neglect Information. Carefully considering your answers to these questions will help you build a strategy for working with media professionals to get your message out to the people you wish to reach.

1. Why do you want the media attention?
2. What is your "news?"
3. What types of media coverage do you want?

4. Whom will you contact in the media?
5. How will you contact the media?
6. What do you have to offer?
7. How will you respond when the media call you?
8. Which media strategy can your available resources support?
9. What other sources of free publicity are available in your community?
10. How will you know if you've been effective?

Trainer's Notes

Function: Protecting Confidentiality

Confidentiality and Rights Protection

Both the privacy and rights of families and youth involved in the system of care need to be safeguarded. Confidentiality need not become a deterrent to service coordination and collaboration, but it needs to be addressed by system builders, and structures put in place to maintain confidentiality. This becomes even more important in light of the stigma associated with child welfare involvement. Similarly, system builders need to address the rights (and responsibilities) of families and youth and put structures in place to allow for fair and timely attention to grievances. Confidentiality and rights protection needs to be seen strategically as part of a system's quality improvement process. It is important that these rights be effectively communicated to all families, which necessitates culturally competent communication vehicles.

You may want to offer an example of effective policies with respect to protecting confidentiality and rights that also support collaboration.

Function: Information Management

Information Management

Systems of care are best supported by management information systems (MIS) that provide "real time" data to support decision-making and accountability. Data are needed to guide child and family teams and care managers, to track service utilization, to measure and assess the quality and cost of care, and to communicate information to key audiences, such as legislators and family members. Strategic decisions have to be made as to how much energy to devote to changing larger MIS systems or to developing customized ones, and there are pros and cons to these decisions.

EXAMPLE

Cuyahoga County, OH is purchasing Wraparound Milwaukee's MIS system, called "Synthesis", to support its developing system of care. "Synthesis" is capable of interfacing with the child welfare's system's MIS.

Technical Assistance and Training

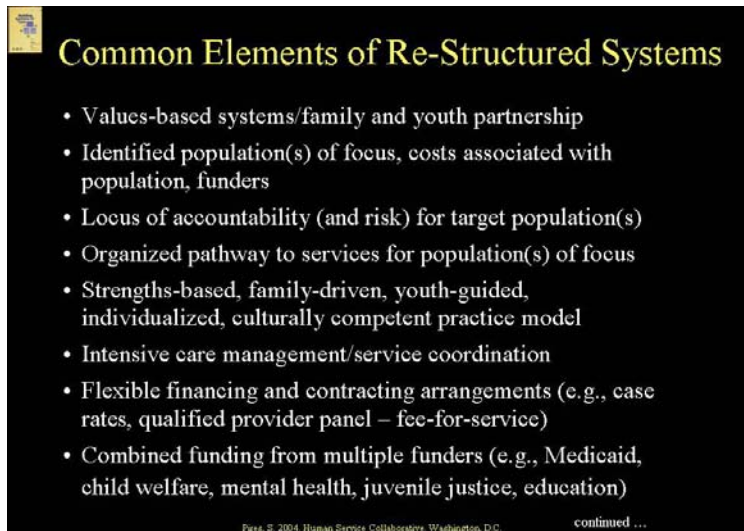
Few system builders or those providing services within systems of care come to the task with all the requisite skills, knowledge, and attitudes. Training structures that are ongoing, tied to system of care principles and goals, and inclusive of key stakeholders are needed. System builders need to be strategic about how to build on and adapt existing training structures, such as those supported by Title IV-E (child welfare) dollars, since dollars for training are often scarce. System builders also need to be strategic in how they utilize consultants and technical assistance providers, recognizing that there are various types of technical assistance, such as local, national, technical skill-building, advice, facilitation, coaching, peer mentoring, etc. Strategies for using various types of technical assistance and training resources need to be tied to the goals and concrete objectives of system builders. There needs to be a coordinated training and technical assistance approach, not one in which various consultants and trainers are operating independently without understanding the broader strategy.

Trainer's Notes

This may be an opportunity for you to talk about how *Primer Hands on-Child Welfare* training relates to an overall training and technical assistance strategy and to the goals of systems reform.

De-Brief; Instructions for List Serve; Wrap Up

SLIDE 12 (243)



Common Elements of Re-Structured Systems

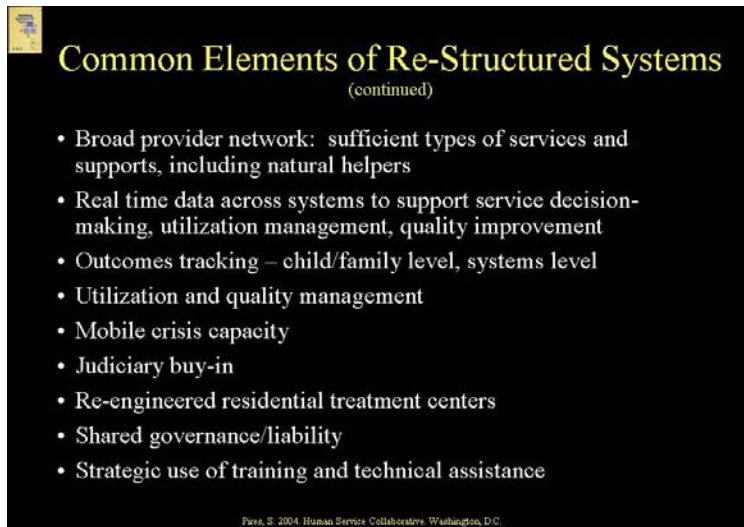
- Values-based systems/family and youth partnership
- Identified population(s) of focus, costs associated with population, funders
- Locus of accountability (and risk) for target population(s)
- Organized pathway to services for population(s) of focus
- Strengths-based, family-driven, youth-guided, individualized, culturally competent practice model
- Intensive care management/service coordination
- Flexible financing and contracting arrangements (e.g., case rates, qualified provider panel – fee-for-service)
- Combined funding from multiple funders (e.g., Medicaid, child welfare, mental health, juvenile justice, education)

Page 8, © 2004, Human Service Collaborative, Washington, D.C. continued ...

Re-cap common elements of re-structured systems of care.

Reiterate that the purpose of *Primer Hands On-Child Welfare* is not to give participants everything there is to know about every function or process variable in building systems of care. Rather, it is to strengthen their capacity to think and operate strategically within their own systems and as leaders and “teachers” of others involved in system building.

SLIDE 13 (244)



Common Elements of Re-Structured Systems
(continued)

- Broad provider network: sufficient types of services and supports, including natural helpers
- Real time data across systems to support service decision-making, utilization management, quality improvement
- Outcomes tracking – child/family level, systems level
- Utilization and quality management
- Mobile crisis capacity
- Judiciary buy-in
- Re-engineered residential treatment centers
- Shared governance/liability
- Strategic use of training and technical assistance

Page 5, 2004 Human Service Collaborative, Washington, D.C.

Trainer's Notes

This closing segment gives participants the opportunity to provide feedback on the two-day session and offer ideas for how they may use *Primer Hands On-Child Welfare* back in their own states and communities.

During this segment, also remind participants that they can be linked to one another and to the trainers via a list serve, and inform them of how to access the list serve.

To re-cap, common elements of re-structured systems of care include:

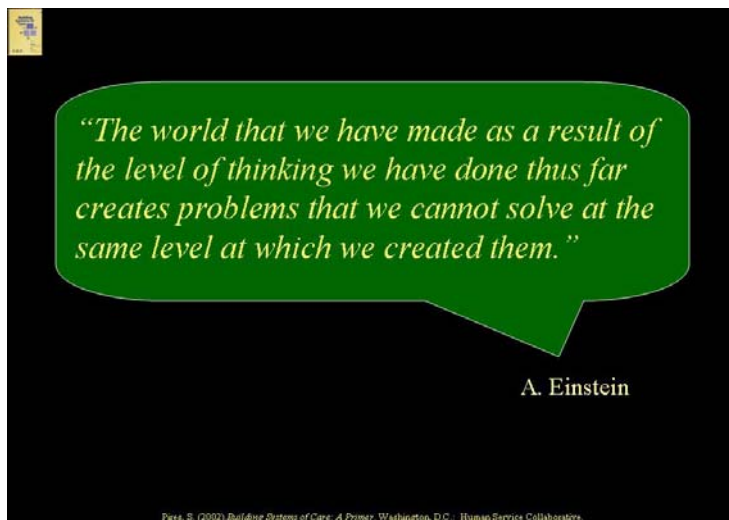
- These are values-based systems that incorporate the concept of partnering with families and youth
- Target population(s) are identified and who controls funds and resources for the population(s)
- A locus of accountability (often with some element of shared risk) is created for children and families that cross multiple systems and services and have intensive service needs
- The pathway to services and supports is clear to families and other system stakeholders
- The system incorporates a practice model that is strengths-based, individualized, family and youth-guided, and culturally competent
- The system includes mechanisms for service coordination and intensive care management
- Flexible and coordinated financing and purchasing arrangements are utilized, such as case rates, blended funding
- The system includes a broad provider network, including both formal services and informal supports
- The system uses real-time data to guide service planning, utilization and quality management
- The system tracks meaningful outcomes at a child/family level and at a systems level, including outcomes related to CFSR/PIP
- The system pays attention to utilization and quality management
- The system utilizes mobile crisis response systems to prevent placement disruptions and use of restrictive levels of care, such as hospitalization
- Efforts are made to educate and engage judges, guardians ad litem, CASA volunteers and those performing assessments for the court

- The system engages residential treatment providers to “re-engineer” their services to provide a continuum of home and community based services and partner with families and other stakeholders
- There is shared governance and liability across stakeholders for the identified population(s)
- Training and technical assistance are priorities and are used strategically to support system builders.

Trainer’s Notes

The purpose of *Primer Hands On-Child Welfare* is not to give you everything there is to know about every function or process variable in building systems of care. Rather, it is to strengthen your own capacity to think and operate strategically within your own systems and as leaders and “teachers” of others involved in system building. This closing segment gives you the opportunity to provide feedback on the two-day session and offer ideas for how you may use *Primer Hands On-Child Welfare* back in your own states and communities. You can be linked to one another and to the trainers via a list serve; instructions for accessing the list serve are in the packets. Please complete the evaluation form that is in your packet before leaving, and feel free to use the sample evaluation form in the packet for your use back in your own community. Thank you, and successful system building!

SLIDE 14 (245)



Ask them to complete the evaluation form that is in their packets before leaving, and point out that there is a sample evaluation form for their use back in their own communities.

Thank them, and wish them successful system building!

For further information, contact:

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Katherine J. Lazear at lazear@fmhi.usf.edu or (202)337-2412

Lisa Conlan at lisaconlan2@aol.com or (401)397-5489

You should list the contact information as well for yourself and your co-trainers.