PRIMER HANDS ON - CHILD WELFARE

TRAINING FOR CHILD WELFARE STAKEHOLDERS IN BUILDING SYSTEMS OF CARE

TRAINING GUIDE

MODULE 3
Process and Structures

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.

Table of Contents

MODULE 3

Process and Structure in System Building

This material is drawn primarily from Section I of *Building Systems of Care: A Primer* (pages 17-21) and Section II (pages 143-191). System building involves both **process**, i.e., how system builders conduct themselves, and **structure**, i.e., what gets built and how.
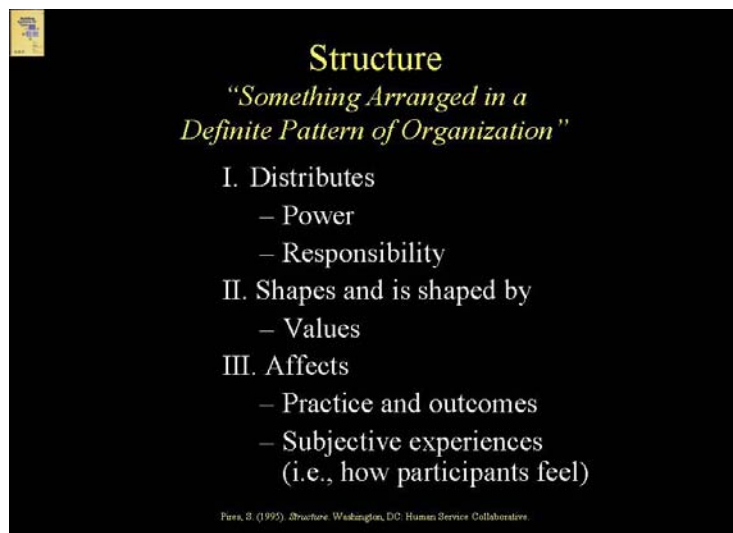
SLIDE 2 (47)

Process
How system builders conduct themselves

Structure
What gets built (i.e., how functions are organized)

Pires, S. (2002). *Building systems of care: A primer.* Washington, D.C.: Human Service Collaborative.
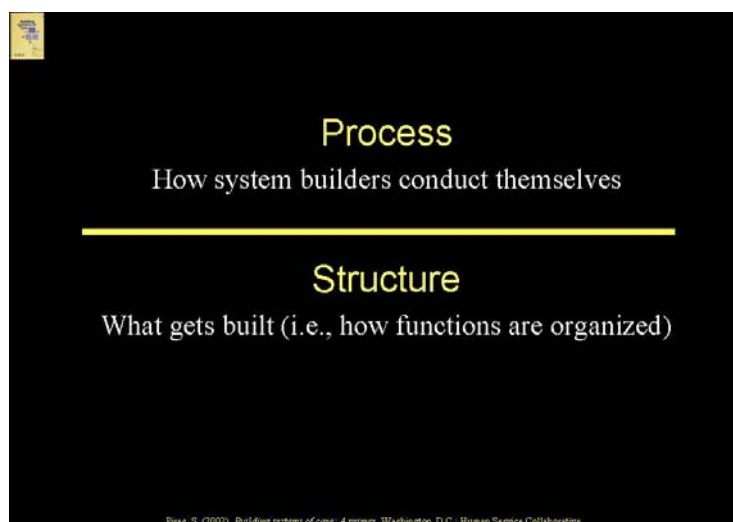
Definition of Structure

SLIDE 3 (48)

Structure
"Something Arranged in a Definite Pattern of Organization"

I. Distributes
– Power
– Responsibility

II. Shapes and is shaped by
– Values

III. Affects
– Practice and outcomes
– Subjective experiences (i.e., how participants feel)

Pires, S. (1995). *Structure.* Washington, DC: Human Service Collaborative.

Goals
This Module addresses *Process* and *Structure* in systems of care. You want your audience to understand that system building involves both <u>process</u>, i.e., how system builders conduct themselves, and <u>structure</u>, i.e., what gets built and how.

Method
PowerPoint Presentation; Didactic; Large Group Discussion

Training Aids
Microphone if necessary; projector, laptop computer, screen; slides #1-18 (slides #47-63 *if utilizing the complete curriculum version with no module cover slide).*

Approximate Time
30 min.

Expected Outcomes
At the end of Module 3, participants should be familiar with:
1) Definition of structure
2) Importance and examples of the impact of structure on the system
3) Functions requiring structure
4) Core elements of the system building process
5) Leadership styles and components of effective leadership
6) Elements of effective partnerships
7) Challenges to and strategies for collaboration
8) Catalysts for reform
9) Elements in managing complex change

This Module begins with a discussion of *Structure* and then moves to the topic of *Process.*

Structure can be defined as "something arranged in a definite pattern of organization". The types of structures that are created (or left standing) reflect and influence values, have very much to do with how power and responsibility are distributed, will affect how stakeholders experience the system of care, and will affect outcomes.

Example of Structure's Impact

SLIDE 4 (49)

This example illustrates how the structures in place for the function of services/supports planning are unlikely to lead to the goal of one plan of services and supports coordinated across systems.

You may have other examples of structures for particular functions that will make it difficult to achieve desired goals.
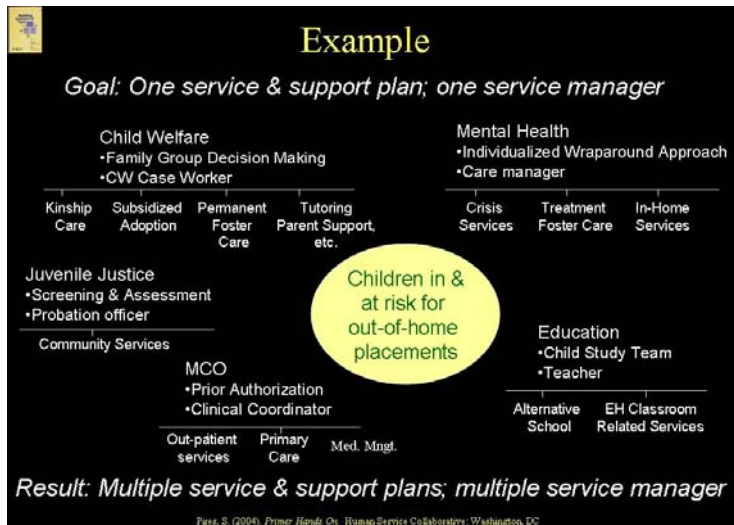
For example, let us say that an important goal of the system of care is one plan of services and supports for children and families involved in child welfare who are also involved with other systems, such as mental health, education, juvenile justice and Medicaid. Typically, each system has structured its own services/supports planning process – e.g., child welfare uses family group decision making, mental health uses a wraparound approach, education uses its child study team, juvenile justice uses an assessment center, and Medicaid uses a managed care plan. Even if most stakeholders agree to the principle of one plan of services and supports, the multiple structures for the same function (i.e., services/supports planning) will make it frustrating to achieve that goal, and stakeholders, such as families, will likely feel overwhelmed. Restructuring is needed.

EXAMPLE	Trainer's Notes

Milwaukee, Wisconsin's *Wraparound Milwaukee* illustrates how restructuring can help to support achievement of the goal of one plan of services and supports. In this case, one entity – Wraparound Milwaukee – serves as the locus of accountability for the development of one plan of services and supports covering all needed services and placements for populations of children, youth and families involved in multiple systems. Child welfare, juvenile justice, education and mental health partner as needed on child and family teams with families and youth to develop one services/supports plan for a given family, and the child and family team recommendations count as "medical necessity" for purposes of accessing Medicaid**.**
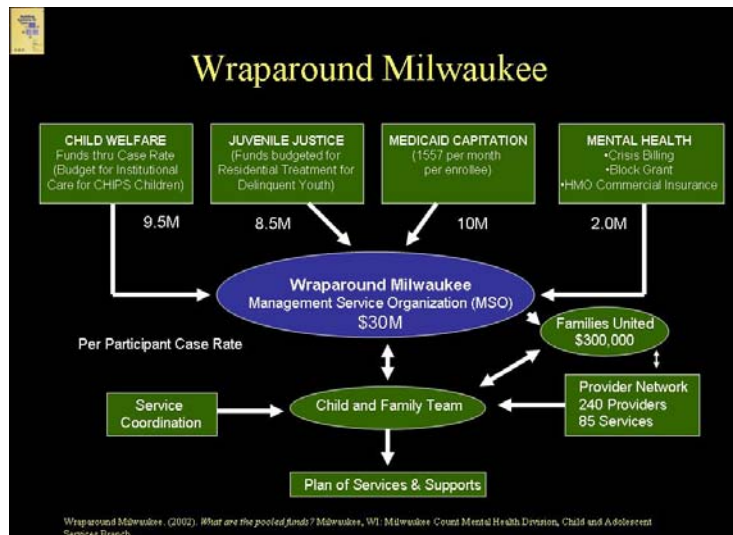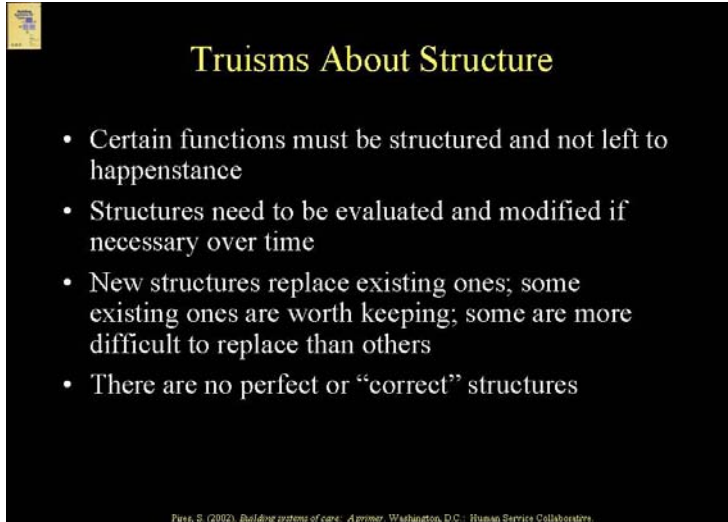
Wraparound Milwaukee provides one example of a county that re-structured its services/supports planning to ensure that children, youth and families involved in multiple systems would have one plan of services and supports coordinated across systems. For further information about Wraparound Milwaukee, see:

www.milwaukeecounty.org/WraparoundMilwaukee7851.htm

You may wish to share other examples from your own experience about States or communities that re-structured certain functions to achieve desired goals.

SLIDE 5 (50)

Important Points about Structure

SLIDE 6 (51)

Several points about structure in systems of care must be made. Specifically, certain functions must be structured and not left to happenstance. For example, if quality improvement is not structured, it is unlikely to occur. Structures need to be evaluated and modified, if necessary, over time. System builders may have to create new structures and demolish old ones, or keep or modify existing ones. The analysis of what structures to keep, modify or destroy is a *strategic* one. It needs to take into account what system builders are trying to achieve, as well as the difficulty involved in creating a new structure or getting rid of an existing one. Considering structural change is a strategic process in which all system builders need to have voice. There are no perfect or "correct" structures, but there are pros and cons to structures that make one more desirable than another. The relative pros and cons will vary in communities, as well as the capacity to undertake structural changes.

EXAMPLE
For example, a rural community decided to structure a Targeted Case Management system incorporating Master's level care managers, based on the belief that Medicaid would require this type of structure. It was impossible for the community to recruit a sufficient number of Master's level care managers, and this critical element of the system of care floundered as a result. The community had to re-structure Targeted Case Management to allow for paraprofessionals (including family members) to be care managers and to have them work under the supervision of licensed staff, which satisfied Medicaid requirements.

This example illustrates the importance of system builders determining the viability of certain structures, (i.e., is it feasible politically, technically, etc.?).

You may have other examples from your own work to illustrate this point.

Functions Requiring Structure in Systems of Care

SLIDE 7 (52)

There are many functions that require structure in systems of care: planning; policy level oversight (governance); system management; service and supports array; outreach and engagement; system entry and access; screening, assessment, including risk assessment, and evaluation; services and supports planning; service authorization; service monitoring; service coordination and management; crisis management; utilization management; family and youth partnership; human resource development; external and internal communication; provider network; protection of privacy; protection of rights; transportation; financing; purchasing/contracting; rate-setting; revenue generation and reinvestment; billing and claims processing; information management; quality improvement; evaluation; cultural and linguistic competence; and technical assistance and consultation. Though daunting, this list is also no doubt incomplete. The reality is that most of these functions already are structured, but they may not be structured in ways that will support attainment of system of care goals. Determining which to tackle over what time period, and how to approach structuring various functions, is part of the strategic decision making process involved in system building.

The two-day intensive *Primer Hands On-Child Welfare* training is not intended to go into depth on each of the functions that need to be structured within systems of care. Rather, the training utilizes several key functions to explore strategic considerations related to system of care structures. The purpose is to give participants a way of thinking about the role of structure and pros and cons of different structural approaches – a way of thinking that can be applied to any particular system of care function.
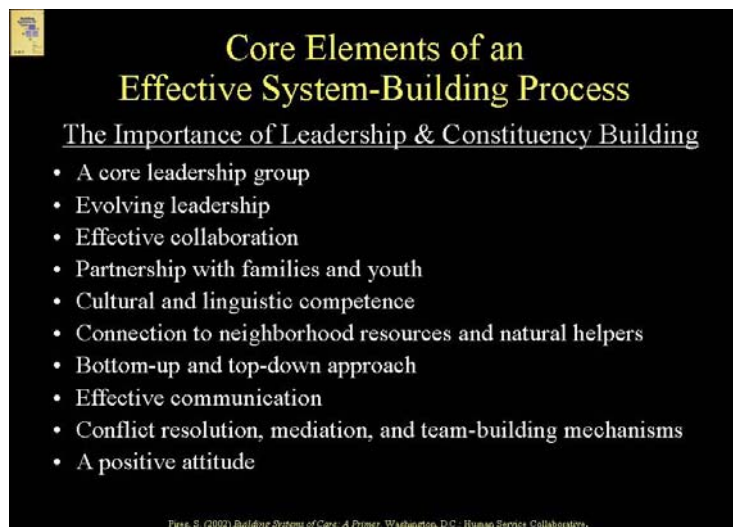
Topical trainings on individual modules can be used to go into greater depth about particular functions.

Core Elements of System Building Process

The core elements of an effective system building process can be clustered under two broad headings: leadership and constituency building and a strategic orientation. The first of these is **leadership and constituency building.**

SLIDE 8 (53)

Core Elements of an
Effective System-Building Process

The Importance of Leadership & Constituency Building
- A core leadership group
- Evolving leadership
- Effective collaboration
- Partnership with families and youth
- Cultural and linguistic competence
- Connection to neighborhood resources and natural helpers
- Bottom-up and top-down approach
- Effective communication
- Conflict resolution, mediation, and team-building mechanisms
- A positive attitude

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

Typically, effective system building processes have a *core leadership group* representing key stakeholders. The group may change over time, but there is consistently a core group of leaders driving the process. *Leadership capacity development across stakeholder groups* also is critical, that is, identifying and building family and youth leaders, judges who will play leadership roles, county managers and state administrators, supervisors, providers, line staff, service coordinators, researchers, evaluators, policy makers, legislators, etc. Such leadership capacity development is essential to the growth of systems of care.

Effective processes also incorporate *effective collaboration* across systems that serve children, youth and families and with families, youth, providers and other key stakeholders. There are many formal systems important to children and families involved in child welfare or at risk for involvement, not just the child welfare system itself and the courts. For example, Medicaid, mental health and substance abuse, housing, domestic violence, child support enforcement, Temporary Assistance to Needy Families (TANF), Early Intervention (Part C) programs, education, Supplemental Security Income (SSI), vocational rehabilitation and employment – to name a few. Strategically engaging these systems is a fundamental responsibility of system builders taking the lead on behalf of populations involved or at risk for involvement in child welfare.

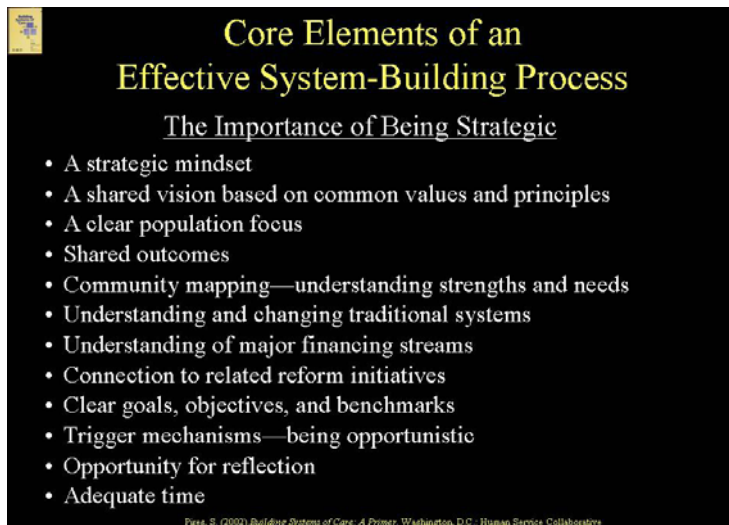Effective planning processes build *meaningful partnerships with families and youth* and are *culturally and linguistically competent*. They also *connect to neighborhood resources and natural helpers*, drawing them into the process. Effective processes include both a *"bottom up and top down" approach*. They build in *communication mechanisms* so that stakeholders know what is going on, and rumors and misinformation can be minimized. Effective processes also build in *mechanisms for conflict resolution, mediation and team-building,* and seek ways of minimizing nay saying and negative attitudes.

SLIDE 9 (54)

The second broad heading under which essential process elements cluster is **a strategic orientation.** These elements can be described as: a strategic mindset; a shared vision based on common values; a clear population focus; shared outcomes; community mapping – understanding strengths and needs; understanding the various roles played by systems serving children, youth and families and how they can be changed; understanding major financing streams across systems and how they can be mobilized; connecting related reforms; having clear goals, objectives and benchmarks; being opportunistic; building in opportunity for reflection; and allowing adequate time for systems change.

Effective strategists look for ways to create *structural change objectives.* Other types of objectives may be worthwhile, but structural change increases the likelihood that change will be sustained. For example, an objective to create a newsletter for families (a non-structural change objective) may be worthwhile, but it does not fundamentally change a system in the way that an objective to require family involvement on service planning teams and on governance bodies would. Similarly, a one-time allocation of monies to create new services may be worthwhile, but it

Point out to participants that, in a strategic approach, knowledge is key: knowledge about the populations of focus, strengths and resources of the community, what traditional systems control and could contribute, etc. The more stakeholders know, the more strategic they can be.

Point out the importance of strategizing *structural change objectives*, i.e., those that will fundamentally change the way that systems do business and are more likely to endure.

does not have as enduring an impact as changing a State's Medicaid plan to incorporate a range of home and community-based services and supports.

Components of Effective Leadership

SLIDE 10 (55)

The 5Cs of
Core Leadership

Constituency (representativeness)
Credibility
Capacity
Commitment
Consistency

Pires, S. (2003). *The 5Cs of core leadership*. Washington, DC: Human Service Collaborative.
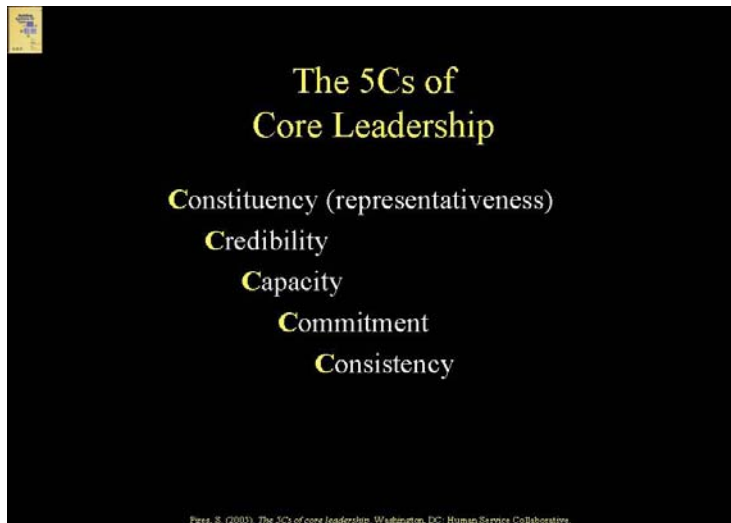
These two broad headings are intertwined because effective leaders are strategic, and operating strategically requires leadership on many different fronts at both State and local levels and across stakeholder groups. Components of effective leadership are illustrated by the five "Cs" -- constituency (i.e. representativeness), credibility, capacity, commitment, and consistency.

The following slides return to the issue of leadership. You might want to use examples from your own experience of situations in which leaders lacked capacity, for example, (e.g., staff, equipment, technical knowledge, etc.) and, therefore, could not lead an effective process. Another common example is when leadership continually changes, and new leaders are not selected based on a commitment to system building (i.e., lack of consistency). Another example is when leadership is seen as representing only certain special interests (i.e., lack of constituency).

Leadership Styles

SLIDE 11 (56)

Examples of Leadership Styles

Charismatic

Facilitative

Managerial

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

There are many types of leadership styles -- charismatic, facilitative, managerial -- and all are needed in system building at various stages. Part of the strategic thinking that system builders need to undertake is to understand the types of leadership needed at different stages, particularly in the context of the leadership that is prevailing, which may or may not be what is needed.

Elements of Partnership

SLIDE 12 (57)

Partnership Involves

• Team Building
• Communication
• Negotiations
• Conflict Resolution
• Leadership Development
• Mutual Respect
• Skill Building
• Information Sharing

Pires, S. (1996). *Partnership involves*. Washington, DC: Human Service Collaborative.

There are many elements involved in partnership across agencies and
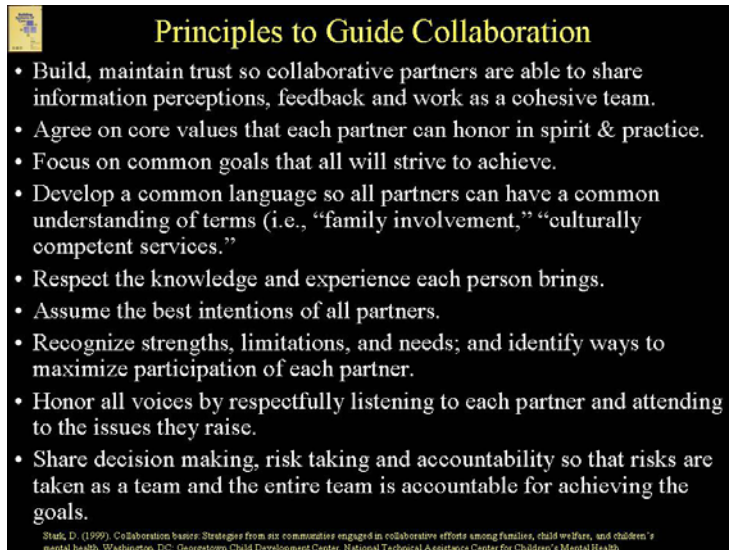
stakeholders, including team building, communication, negotiation, conflict resolution, leadership development, mutual respect, skill building, and information sharing.

SLIDE 13 (58)

Principles to Guide Collaboration
- Build, maintain trust so collaborative partners are able to share information perceptions, feedback and work as a cohesive team.
- Agree on core values that each partner can honor in spirit & practice.
- Focus on common goals that all will strive to achieve.
- Develop a common language so all partners can have a common understanding of terms (i.e., "family involvement," "culturally competent services."
- 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.

Stark, D. (1999). Collaboration basics: Strategies from six communities engaged in collaborative efforts among families, child welfare, and children's mental health. Washington, DC: Georgetown Child Development Center, National Technical Assistance Center for Children's Mental Health

The first hurdle in a collaborative process is getting stakeholders to actually commit to collaboration. The second is for stakeholders to agree on a set of principles to guide their collaboration. Such principles include: building trust to work as a team; agreeing on values that partners will honor; agreeing on goals and concrete objectives; developing a common language so that there is not confusion about important terms, such as family-centered practice or cultural and linguistic competence; respecting the knowledge and experience partners bring, including that of families and youth; assuming the best intentions of all partners; recognizing strengths and limitations partners have; honoring all voices by being respectful; and sharing decision making, risk taking and accountability. These are not simply "nice words". They can actually draw out the best in system building partners if they are adhered to in practice.

It is important to acknowledge the central role that collaboration plays in building systems of care and that it can be frustrating and difficult. It helps when system partners can agree on a set of principles to guide their collaboration. One over-arching principle should be that "collaboration for the sake of collaboration" is damaging; collaboration needs to have a clear purpose, goals, and concrete objectives, which may evolve over time as collaboration matures and leads to systemic change.

Challenges to and Strategies for Collaboration

SLIDE 14 (59)

Challenges to Collaboration "Barrier Busters"

CHALLENGE	BARRIER BUSTERS
Language differences: Mental health jargon vs. court jargon	• Cross training • Share each other's turf • Share literature
Role definition: "Who's in charge?" Mandated service vs. requested services	• Family driven/accountability • Team development training • Job shadowing • Communication channels • Share myths and realities
Information sharing among systems	• Set up a common data base • Share organizational charts/phone lists • Share paperwork • Promote flexibility in schedules to support attendance in meetings
Addressing issues of child and community safety	• Document safety plans • Develop protocol for high-risk kids • Demonstrate adherence to court orders • Maintain communication with District Attorneys • Myths of "bricks and mortar"
Maintaining investment from stakeholders	• Invest in relationships with partners in collaboration • Share literature and workshops • Track and provide meaningful outcomes
Sharing value base	• Infuse values into all meetings, training, and workshops • Share documentation and include parents in as many meetings as possible • Strength-based cross training • Develop QA measures based on values

Adapted from Wraparound Milwaukee. (1998). *Challenges to collaboration/"barrier busters."* Milwaukee, WI: Milwaukee County Mental Health Division, Child and Adolescent Services Branch.
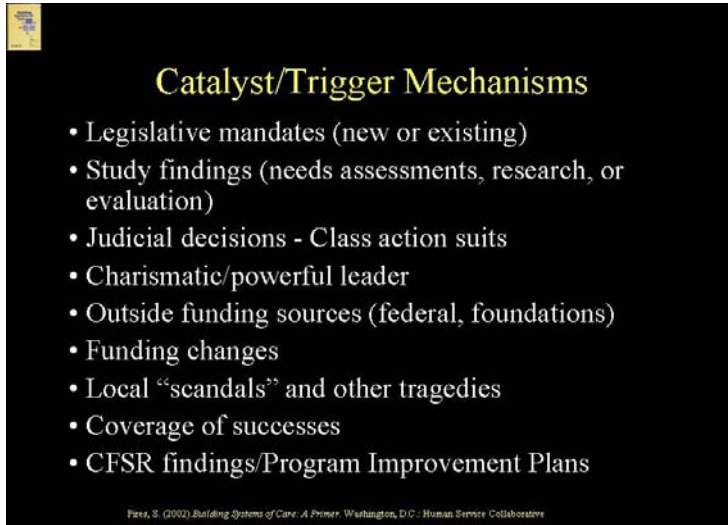
There are obviously numerous challenges to collaboration, but there also are "barrier busters" developed by system builders over time to address these challenges. Time invested in team building, conflict resolution, information sharing, and putting effective communication structures in place is time well spent. On the other hand, collaboration for the sake of collaboration is ultimately destructive as stakeholders lose interest in the process. Collaboration needs to have a purpose and concrete objectives, which change over time as objectives are achieved or new circumstances arise. Part of being strategic is to understand how to use collaborative processes to drive toward concrete systems change.

Catalysts for Reform

SLIDE 15 (60)

Catalyst/Trigger Mechanisms

- Legislative mandates (new or existing)
- Study findings (needs assessments, research, or evaluation)
- Judicial decisions - Class action suits
- Charismatic/powerful leader
- Outside funding sources (federal, foundations)
- Funding changes
- Local "scandals" and other tragedies
- Coverage of successes
- CFSR findings/Program Improvement Plans

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

Often, system building leaders use catalysts or trigger mechanisms to start or jump-start a system building process, either one that needs to be launched or an existing one that has stalled. There are various types of "trigger mechanisms" that can be employed, such as legislative mandates (new or existing), study findings, class action suits, charismatic leaders, outside funding sources such as a federal grant, funding changes such as budget shortfalls or new revenue streams, local scandals or tragedies, such as a child's death, and coverage of successes. A major catalyst in child welfare is findings from the Child and Family Services Reviews (CFSR) and Program Improvement Plans (PIPs).

Point out to participants that there is any number of ways to initiate a system building process (or jump-start one that has stalled). One obvious catalyst is findings from the Child and Family Services Reviews (CFSR).

Managing Complex Change

SLIDE 16 (61)

Strategic system building has to do with managing complex change. Effective strategists are continually scanning the environment looking for opportunities on which to build. Being strategic is both a science and an art, and the list of potential strategic alliances and opportunities is constrained only by limited vision, creativity or capacity to think strategically.

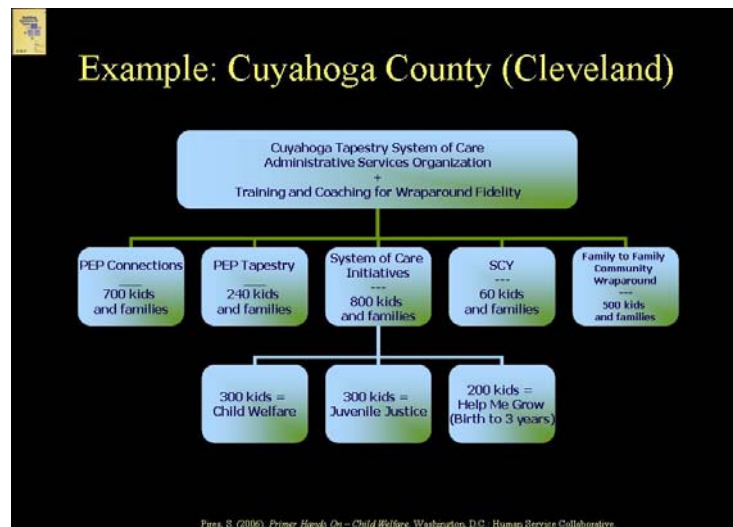| EXAMPLE |
|---|
| **Cuyahoga County, Ohio (Cleveland)** is an example of a system building process supported by a core leadership group operating strategically, which is leading to key structural changes on behalf of children involved or at risk for involvement in child welfare. The Cuyahoga County reform is bringing together related reform initiatives into one system of care approach, including Family-to-Family neighborhood collaboratives that initiated in child welfare with system of care initiatives in mental health and in substance abuse. |

Cuyahoga County provides a good example of a system of care effort with a collaborative process that is leading to structural change. You may have other examples you wish to share from your own experience.

EXAMPLE

At a frontline practice level, **Cuyahoga County, Ohio** is utilizing high fidelity wraparound as a common practice approach and bringing together Family-to-Family community wraparound and clinical care coordinators in co-located neighborhood collaborative settings. At a system management level, the County is creating an "administrative services organization", which is called a System of Care Office, to manage multiple braided funding streams, and at a policy-making or governance level, there is a multi-stakeholder system of care oversight body.

SLIDE 18 (63)