

PRIMER HANDS ON - CHILD WELFARE

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

TRAINING GUIDE

MODULE 4 **Cross-Cutting Characteristics**

A Skill Building Curriculum By Sheila A. Pires

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**Based on
Building Systems of Care: A Primer
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Table of Contents

Table of Contents	4.2
Module 4 – Cross-Cutting, Non-Negotiable Characteristics: Family/Youth Partnership and Cultural/Linguistic Competence	4.3
Exercise Sheet 4.1	4.3
<i>Attitudes Toward Families, Youth and Culture</i>	
Non-Negotiable Characteristics of System of Care	4.5
Defining Family & Youth	4.6
How Systems of Care are Structuring Family and Youth Involvement at All Levels	4.7
Applicability of a Family-Driven Approach to Court-Involved Families	4.9
<i>Milwaukee, Wisconsin: Wraparound Milwaukee</i>	4.10
Addressing Families Capacity and Willingness to Partner	4.11
<i>Jefferson County, Colorado</i>	4.12
Handout 4.1	4.13
The Rhode Island Family Coalition for Family Support & Involvement Family-Centered Practice: <i>How are We Doing?</i>	
Definition of Youth-Guided	4.14
Roles for Youth	4.15
Barriers to Youth Partnership	4.16
Family & Youth Networks of Support & Advocacy	4.17
The Role of Family-Directed Associations and Organizations	4.17
<i>Missouri - Youth Advisory Board</i>	4.19
<i>Texas - Regional Advisory Groups</i>	4.19
Cultural Competence Realities	4.20
Disparities and Disproportionality in Child Welfare	4.21
Theories about Disproportionality in Child Welfare	4.22
Examples of Partnerships to Address Disproportionality	4.24
<i>Iowa - Children of Color Project</i>	4.24
<i>Woodbury County (Sioux City) Iowa</i>	4.25
<i>Texas Community Advisory Committees</i>	4.25
<i>On Disproportionality</i>	
<i>South Dakota - Collaborative Circle for The Well-Being of South Dakota's Native Children</i>	4.25
Positive Outcomes from Addressing Disproportionality	4.26
<i>Wake County, North Carolina</i>	4.26
Cultural Competence Continuum	4.27
Organizational Cultural Competence	4.27
Definition of Linguistic Competence	4.28
Cultural Competence Core Elements	4.29

MODULE 4

Cross-Cutting, Non-Negotiable Characteristics: Family/Youth Partnership and Cultural/Linguistic Competence

This material is drawn primarily from Section I of *Building Systems of Care: A Primer* (pages 22 and 23), as well as other sources. You will begin this Module by completing Exercise 4.1: Attitudes About Families, Youth and Culture.

EXERCISE 4.1

Attitudes Toward Families, Youth and Culture

For this exercise, please fill out the Exercise Sheet 4.1, which reflects certain beliefs about the role of families, youth, and culture in system building and allows you to spend a few minutes, in large group discussion, exploring differences and similarities in perceptions. It is important to spend time listening, rather than immediately responding to what is said. This is a very important exercise and may set the tone for the rest of the training regarding families, youth, and culture. Later, in your team meetings, you will have the opportunity to explore similarities and differences in beliefs more closely among team members. (Exercise 4.1 is available as a separate handout and electronically in Word or as a PDF file.)

Trainer's Notes

Goals

This Module goes into greater depth about two over-arching characteristics of systems of care: family and youth partnership and cultural and linguistic competence. Both of these characteristics are woven throughout the entire training as essential to inform the organization of all system of care functions, rather than treated as "stand-alone" features. However, this Module provides an important context-setting piece about these essential characteristics.

Method

PowerPoint Presentation; Individual exercise followed by large group discussion and didactic presentation

Training Aids

Microphone if necessary; projector, laptop computer, screen; slides #1-28 (slides #64-90 if utilizing the complete curriculum version with no module cover slide); Handout 4.1; Exercise 4.1.

Approximate Time

1 hour

Expected Outcomes

At the end of Module 4, participants should be familiar with:

- 1) Cultural and linguistic competence, meaningful partnership with families and youth, a cross-agency perspective, and state and local partnership as cross-cutting characteristics of systems of care
- 2) The many

Exercise 4.1: Attitudes Toward Families, Youth and Culture

Primer Hands On – Child Welfare

Skill Building in Strategy for System of Care Leaders

Instructions: Circle the degree to which you agree with the following statements:

1. Cultural competence means paying attention primarily to the cultures of racial and ethnic minority families.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
2. Cultural competence means paying attention to the cultures of all families.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
3. Our goal should be to match providers and families that share the same racial and ethnic backgrounds.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
4. Families know what is best for their children and should drive decision-making about service delivery.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
5. Families should be partners in service decision-making, with a role equal to but not more important than that of child welfare staff.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
6. It is very difficult, if not impossible, to implement a family-driven approach with families who are involuntarily involved in child welfare.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
7. Family members should not be employed by the system because it compromises their autonomy to advocate on behalf of other families.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
8. Family organizations can be both service providers with contracts with the system and still play an organizing, education and advocacy role to build a family movement.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
9. Youth should be partners in all system of care activities, including planning, implementing and evaluating services and supports.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
10. Youth-guided organizations should be separate entities from family organizations.	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree

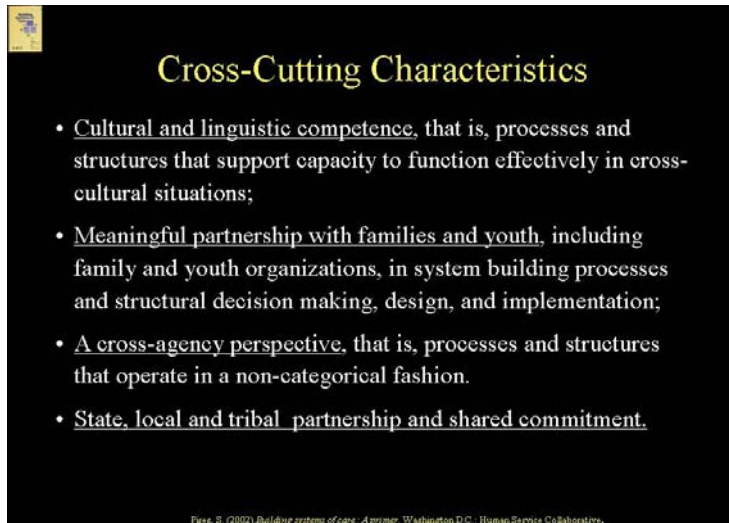
- constellations of families involved in child welfare
- 3) Family/youth/family organization partnerships and roles at all levels
- 4) Applicability of a family-driven approach to court-ordered families
- 5) Definition of youth-guided
- 6) Barriers to youth partnership
- 7) What is cultural and linguistic competence and why culture matters
- 8) Realities of cultural competence
- 9) Organizational cultural competence
- 10) Cultural competence continuum and core elements
- 11) Disparities and disproportionality, particularly in child welfare

Exercise 4.1 begins this section. This exercise has participants fill out a sheet that reflects certain attitudes and beliefs about the role of families, youth, and culture in system building. Give participants 5-8 minutes to complete the written portion of the exercise. You and/or your co-trainer(s) will then facilitate a large group discussion, inviting participants to share their responses and their reasons for those responses.

The *goal* of this discussion is to have participants understand that there is no right or wrong answer, but that the items in the exercise need to be discussed openly. This can be a challenging discussion to facilitate because of the personal nature of the topic. Acknowledge this to the group. Keep encouraging different participants to share their thoughts and feelings and thank them. The large group discussion

Non-Negotiable Characteristics of Systems of Care

SLIDE 2 (64)



Cross-Cutting Characteristics

- Cultural and linguistic competence, that is, processes and structures that support capacity to function effectively in cross-cultural situations;
- Meaningful partnership with families and youth, including family and youth organizations, in system building processes and structural decision making, design, and implementation;
- A cross-agency perspective, that is, processes and structures that operate in a non-categorical fashion.
- State, local and tribal partnership and shared commitment.

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

To be effective, system building processes and structures need to support the ability to operate in cross-cultural situations and to partner effectively with families and youth. Family and youth partnership and cultural and linguistic competence are not “stand-alone” characteristics, but are woven throughout the fabric of system of care processes and structures (as is the characteristic of cross-agency collaboration and state/local partnership noted earlier). Family and youth partnership and attention to diversity, along with a cross-agency perspective and state, local and tribal partnership, are non-negotiable characteristics of effective system building processes and structures. *Primer Hands On-Child Welfare* integrates concepts and examples of family and youth partnership and cultural competence throughout every section of the curriculum, rather than having just a “stand alone” section on these intrinsic characteristics of effective systems of care. The principles of family and youth partnership and cultural and linguistic competence are embedded in the CFSR process and are essential to achieving CFSR (i.e., child welfare) outcomes.

usually takes about 20 minutes.

You may also want to use other exercises that you are familiar with to generate discussion. It is important, however, that you feel comfortable facilitating any exercises and the resulting discussions. For more information about facilitating large group discussions, see Addendum I.

DIDACTIC:

Begin the presentation by emphasizing that, to be effective, system building processes and structures need to support the ability to operate in cross-cultural situations and partnerships with families and youth. Point out as well that these over-arching characteristics of systems of care also are embedded in the CFSR process and are essential to achieving CFSR outcomes.

This section provides a context-setting piece for later discussion of family/youth engagement and cultural/linguistic strategies related to specific system of care functions.

Defining Family & Youth

SLIDE 3 (65)



It is important to define who represents family and youth when building systems of care that support the child welfare population. There are parents and guardians who are at risk and are working with the system of care in meeting their child and family needs to preserve their family. There are many grandparents who have assumed parental responsibility for the children, when the parent is absent. It is important to learn more about kin or extended relatives, including non-custodial or non-resident fathers, who may become involved not only in the child and family's life to promote change, but have valuable information to share in system reform efforts. Foster parents and adoptive parents, who are raising children on a day-to-day basis, have valuable information and experiences that can support outcomes at a child/family level and further system development. Youth who are currently involved or have been involved with child welfare and the interacting child and family service agencies are most powerful when engaged to be involved at all levels of system reform.

A system of care approach, as well as CFSR principles, requires child welfare and its system partners to change the approach to engaging and working with families and surrogate families to one that is strengths-based, seeks to build resiliency, and approaches families with respect and empathy, even in the most troubling situations. This requires new types of engagement and partnership strategies. For example, non-custodial or non-resident fathers may be a resource, but at least half the time, the child welfare system does not try to find them, according to research by the Urban Institute. This is changing through partnerships with other systems, such as adult corrections, child support enforcement, and substance abuse agencies. The Pennsylvania Department of Corrections, for example,

Trainer's Notes

You want participants to recognize that the concept of "family" includes many different constellations, particularly for families involved in child welfare. You also want to stress that youth who have had involvement with child welfare have a particularly valuable and unique perspective and knowledge base to inform system design and practice.

You might want to give some specific examples from your own experience to illustrate points made in this discussion, for example, involvement of fathers or partnerships between birth and foster parents.

launched a “Long Distance Dads” initiative to promote fatherhood and empower fathers, through training and support, to become involved in the lives of their children. CFSR encourages child welfare systems to partner with substance abuse and domestic violence programs, among others, to work with fathers who have substance abuse problems and in families where domestic violence is an issue. National policy confirms the importance of reaching out to and involving fathers. The Adoptions and Safe Families Act, for example, clarified that child welfare systems are not only allowed but encouraged to use the Federal Parent Locator Service (as well as state locator services) to try to find non-custodial fathers. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been funding research with a focus on fathers, with a particular look at non-custodial fathers and child welfare. (For more information on the ASPE-funded work, including the Urban Institute studies cited earlier, contact: www.aspe.hhs.gov/hsp/06/cw-involve-dads/index.htm.)

Child welfare systems also have become more open to involving various family and surrogate family members simultaneously – for example, working with both birth and foster families to determine what is best, which can help to promote permanency outcomes. From a system of care standpoint, the important principle (found as well in CFSR) is that families and youth are more likely to build internal and external supports and experience positive outcomes if they are listened to, respected and engaged as partners; in addition, their experiences with systems gives them unique and valuable perspectives on how to improve systems at a policy and management level as well.

How Systems of Care are Structuring Family and Youth Involvement at All Levels

SLIDE 4 (66)

How Systems of Care Are Structuring Family Involvement at Various Levels of the System	
Level	Structure
Policy	As voting members on governing bodies; as members of teams to write/review Request For Proposals (RFPs) and contracts; as members of system design workgroups and advisory boards; raising public awareness
Management	As administrators; part of quality improvement processes; as evaluators of system performance; as trainers in training activities; as advisors in selecting personnel
Services	As members of team for own children; service providers, such as family support workers, respite providers, service/support managers, peer mentors, system navigators

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

Trainer's Notes

Review Slide 4 (66), and provide specific examples of how families and youth are involved in systems of care at these various levels from your own knowledge and experiences.

Examples to build off could include: How families, as broadly defined, and youth are now participating in the CFSR process and helping to define and implement activities in PIPs. Some states and counties are providing stipends to families to participate on quality assurance boards; monitoring and review boards; Child Protection Teams (CPTs); or attending focus groups to provide valuable input.

A system of care approach holds that it is essential that families and youth have the opportunity and support to partner at all levels of the system – from entry into the system of care where individual and family needs are first starting to be met, to working with service providers and system managers to implement system of care activities, to being part of the oversight and policy structures that define and shape the system of care. Effective systems of care structure family and youth partnerships at policy, management, and service delivery levels. This includes, for example, at a policy level, families having representation on governance structures; at a management level, families being part of quality improvement processes or families being utilized as trainers; and at a service delivery level, families not only being partners on service planning teams for their own children or for children in their care but having roles as service/support managers, peer mentors, or system navigators for other families based on their past experiences and knowledge of their system involvement.

SLIDE 5 (67)



Over a decade ago, the American Humane Association (AHA), in collaboration with many national organizations concerned about children and families in child welfare, hosted the first roundtable on child welfare and managed care and developed a set of “ethical standards” that embrace the concept of family partnership. The AHA principle states,

“Families should have a meaningful role at both the case level – in assessing, planning and evaluating their own needs and services – and the systems level – in setting eligibility criteria, determining service offerings, selecting managed care intermediaries and providers, etc. This will require training and ongoing support for families.”

Trainer’s Notes

Experienced families are now asked to co-train and present their experiences of working in partnership with child welfare workers and other service providers. Families and youth are being sought out to mentor other families and youth to strengthen their own abilities and guide them through the system of care. Mentoring and roles in service delivery will be further described later.

The American Humane Association’s *Ethical Standards for the Implementation of Managed Care in Child Welfare* (1997) can be found at www.americanhumane.org

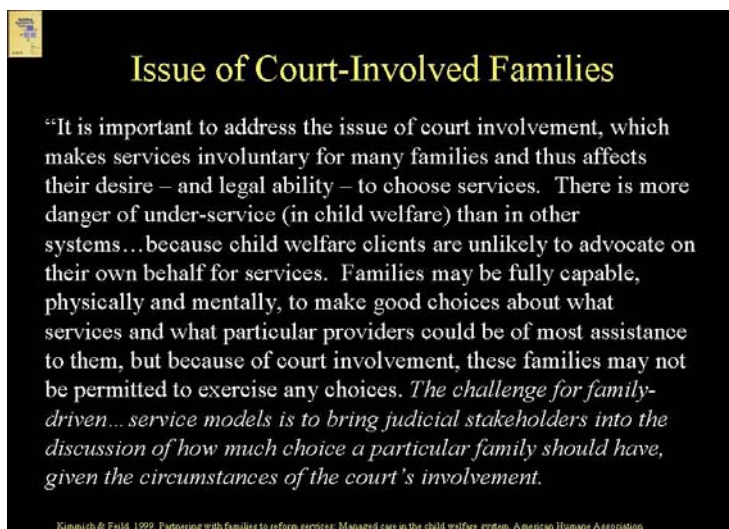
The work of AHA in this area –now ten years old -- creates an important context. The principles related to family partnership in CFSR are built on a longer-standing reform movement in child welfare.

Emphasize the importance of training and capacity building for all partners on the concept of family partnership.

The issue of training and support—for child welfare workers, supervisors, other system partners, and families themselves cannot be overstated. Family and youth partnership is a fundamental practice shift, which requires capacity-building to change attitudes (of both child welfare and other systems partners and of families), build knowledge about how to partner, and teach and coach partnering skills.

Applicability of a Family-Driven Approach to Court-Involved Families

SLIDE 6 (68)



An excellent resource on family-driven care in the child welfare arena is *Partnering with Families to Reform Services: Managed Care in the Child Welfare System: A primer on family-driven managed service systems* by Madeleine Kimmich and Tracey Field and published by the American Humane Association (AHA) in 1999. It addresses the concern about whether a family-driven approach applies to court-involved families --

“It is important to address the issue of court involvement, which makes services involuntary for many families and thus affects their desire – and legal ability – to choose services. There is more danger of under-service (in child welfare services) than in other systems ... because child welfare clients are unlikely to advocate on their own behalf for services. Families may be fully capable, physically and mentally, to make good choices about what services and what particular providers could be of most assistance to them, but because of court involvement, these families may not be permitted to

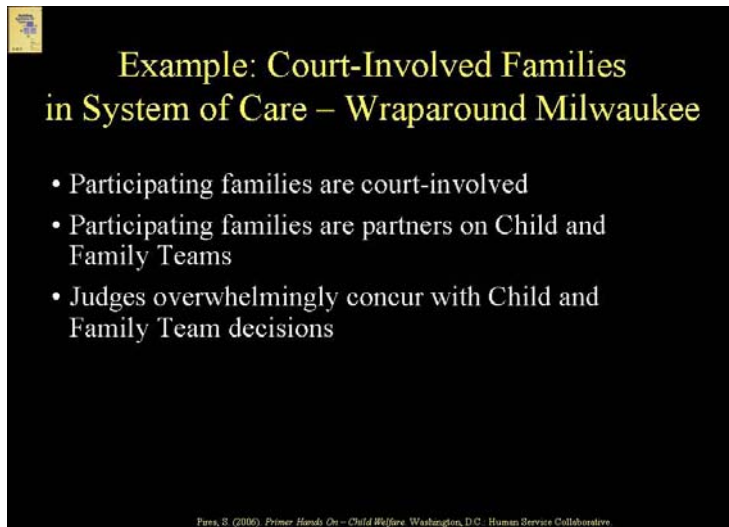
Trainer’s Notes

For more information, see:
Partnering with Families to Reform Services: Managed Care in the Child Welfare System: A primer on family-driven managed service systems by Madeleine Kimmich and Tracey Field, published by the American Humane Association (1999).

exercise any choices. The challenge for family-driven ..service models is to bring judicial stakeholders into the discussion of how much choice a particular family should have, given the circumstances of the court's involvement."

Kimmich, M. & Feild, T. (1999). Partnering with Families to Reform Services: Managed Care in the Child Welfare System. American Humane Association.

SLIDE 7 (69)



Example: Court-Involved Families in System of Care – Wraparound Milwaukee

- Participating families are court-involved
- Participating families are partners on Child and Family Teams
- Judges overwhelmingly concur with Child and Family Team decisions

Peters, B. (2006). Primer Hands On – Child Welfare. Washington, D.C. Human Services Collaborative

Trainer's Notes

Wraparound Milwaukee provides one example of a system of care in which court-involved families play key roles in partnering to make decisions about services and supports and about the system itself. You may want to share other examples from your own experience.

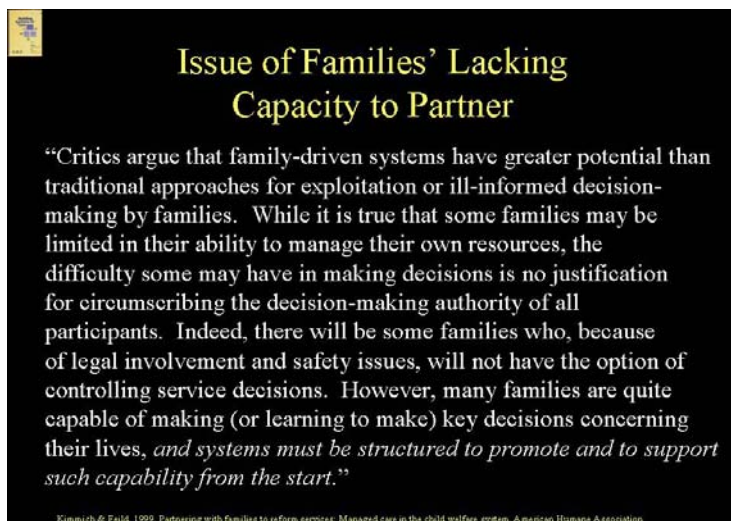
www.milwaukeecounty.org/

EXAMPLE

In **Milwaukee, Wisconsin**, in a system of care such as Wraparound Milwaukee, most of the families involved are court-involved, and Milwaukee's judges predominantly concur with the decisions made through the child and family team process, in which families participate as critical partners.

Addressing Families Capacity and Willingness to Partner

SLIDE 8 (70)



Issue of Families' Lacking Capacity to Partner

"Critics argue that family-driven systems have greater potential than traditional approaches for exploitation or ill-informed decision-making by families. While it is true that some families may be limited in their ability to manage their own resources, the difficulty some may have in making decisions is no justification for circumscribing the decision-making authority of all participants. Indeed, there will be some families who, because of legal involvement and safety issues, will not have the option of controlling service decisions. However, many families are quite capable of making (or learning to make) key decisions concerning their lives, and systems must be structured to promote and to support such capability from the start."

Kimmich & Feild, 1999. Partnering with families to reform services: Managed care in the child welfare system. American Humane Association.

The American Humane Association (AHA) report also addresses concerns that families may lack the capacity to partner --

"Critics argue that family-driven systems have greater potential than traditional approaches for exploitation or ill-informed decision making by families. While it is true that some families may be limited in their ability to manage their own resources, the difficulty some may have in making decisions is no justification for circumscribing the decision-making authority of all participants. Indeed, there will be some families who, because of legal involvement and safety issues, will not have the option of controlling service decisions. However, many families are quite capable of making (or learning to make) key decisions concerning their lives, and systems must be structured to promote and to support such capability from the start."

Kimmich, M. & Feild, T. (1999). Partnering with Families to Reform Services: Managed Care in the Child Welfare System. American Humane Association.

It is important to acknowledge the concerns that may arise about partnering with families and youth – such as families lacking expertise about policy issues or youth and families having too many personal crises to be reliable – and strategize ways to address these issues, such as training, orientation, and coaching (for families/youth and staff) and connecting families and youth to family/youth organizations for supports or putting “buddy” systems in place when crises arise.

Trainer's Notes

Acknowledge many of the concerns that are voiced about family and youth partnership in child welfare, such as those described in “Partnering with Birth Parents, Family Caregivers, and Youth” in the *Child and Family Services Review Technical Assistance (CFSR TA) Package*, developed by the National Child Welfare Resource Center for Organizational Improvement available at: www.nrcoi.org

Some of these concerns include:

- Only people with professional training can do these jobs
- Families and youth slow down the work of decision-making committees because they are not familiar with the issues
- Families and youth have too many personal crises to be counted on for policy-level work or for mentoring other families and youth.

Also, address the fact that parents may feel distrustful and angry from their experience with the child welfare system.

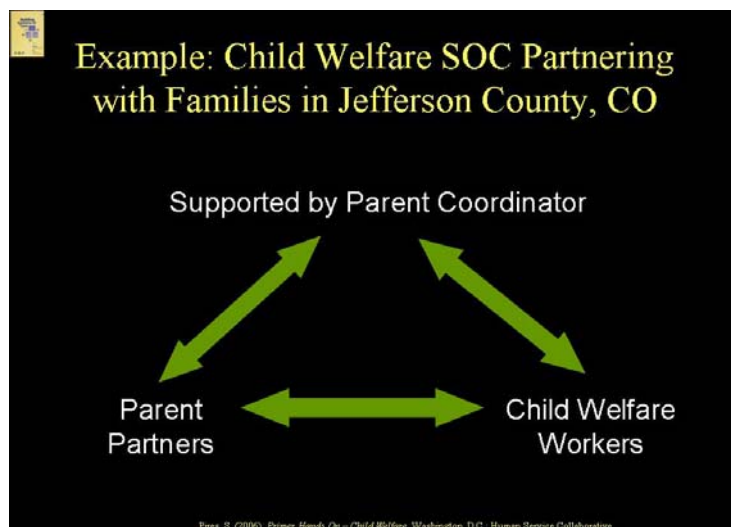
Suggest strategies from your own experience (or from the CFSR TA Package) to address these concerns, such as orienting families and youth before planning meetings occur, connecting families and youth to family and youth organizations for support, and training and coaching for both child welfare workers and families/youth.

Point out to participants that a very basic way to support families is to provide them with information, including

By the same token, it is important for system partners to acknowledge that families and youth may have experienced a system “culture” in child welfare that fostered feelings of fear, anxiety, hopelessness, and powerlessness. As a result, families and youth may feel anger, shame, and distrust, making them reluctant to partner. Again, system builders need to work in partnership to develop strategies to address these issues, such as supporting the organization of parents who have been involved in child welfare, training and capacity building to change the practice culture in child welfare, etc. A resource for helping child welfare systems to change practice and families to have greater voice in child welfare deliberations is: *A Family’s Guide to the Child Welfare System*, available from the Georgetown University National Technical Assistance Center for Children’s Mental Health at: www.gucchd.georgetown.edu/programs/ta_center.

information about the child welfare system itself. An excellent resource in response to this need is: *A Family’s Guide to the Child Welfare System*, available from the Georgetown University National Technical Assistance Center for Children’s Mental Health at: www.gucchd.georgetown.edu/programs/ta_center.

SLIDE 9 (71)

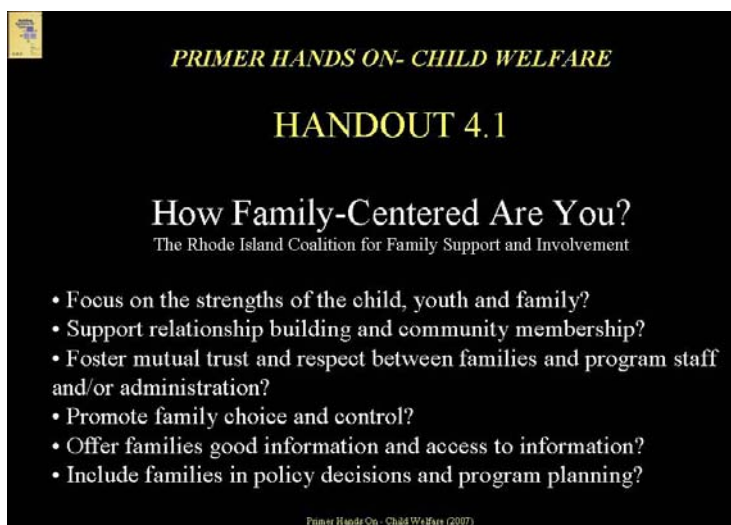


EXAMPLE

Jefferson County, Colorado provides an example of a child welfare system that partners with families to implement a system of care. It utilizes parent partners, who are trained and supported by a parent partner coordinator, who is not a parent but a social worker who helps to bridge relations between parent partners and child welfare workers. The parent partners are parents who have had experience with the child welfare system and are trained and supported to help support other families involved in the system.

You may wish to provide an example from your own experience or ask participants to share an example of partnerships with families and youth in child welfare systems of care.

SLIDE 10 (72)



Handout 4.1

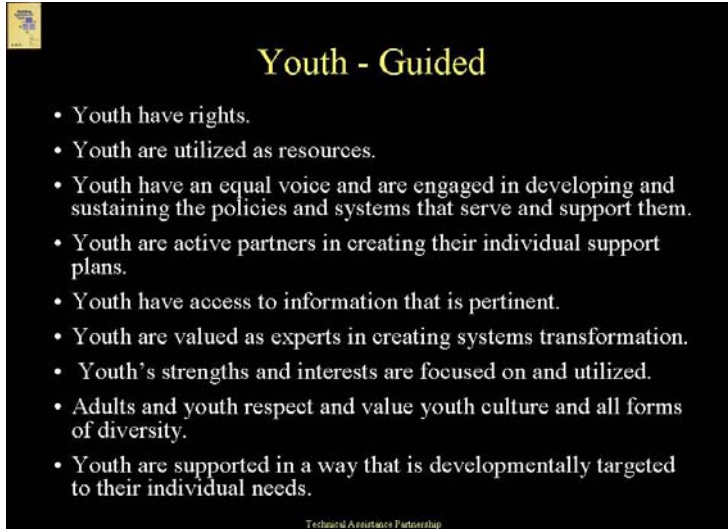
The **Rhode Island** Family Coalition for Family Support & Involvement *Family-Centered Practice: How are we doing?* presents a family- centered rating scale that supports families, policy makers, administrators, service providers, etc. to examine how programs, supports or services are family-centered. Examining the key areas will support the ability to identify strengths and areas that need improvement. These key areas include: Focus on the strengths of the child and family; support relationship building and community membership; foster mutual trust and respect between families and program staff and/or administration; promote family choice and control; offer families good information and access to information; and include families in policy decisions and program planning.

Trainer's Notes

Refer participants to Handout 4.1 and discuss the importance of examining practices and approaches for exemplifying family-centered approaches and practices. Share key areas of assessment and ask participants how these areas are being implemented in their own States, counties, tribes, territories. Discuss the implications for involving the various types of families in child welfare, including birth families, family caregivers, non-custodial fathers, and youth.

Definition of Youth-Guided

SLIDE 11 (73)



Youth - Guided

- Youth have rights.
- Youth are utilized as resources.
- Youth have an equal voice and are engaged in developing and sustaining the policies and systems that serve and support them.
- Youth are active partners in creating their individual support plans.
- Youth have access to information that is pertinent.
- Youth are valued as experts in creating systems transformation.
- Youth's strengths and interests are focused on and utilized.
- Adults and youth respect and value youth culture and all forms of diversity.
- Youth are supported in a way that is developmentally targeted to their individual needs.

Technical Assistance Partnership


Systems of care increasingly have embraced the concept of a youth-guided system, which is defined as encompassing the following principles: youth have rights; youth are utilized as resources; youth have an equal voice and are engaged in developing and sustaining the policies and systems that serve and support them; youth are active partners in creating their individual support plans; youth have access to information that is pertinent; youth are valued as experts in system transformation; youths' strengths and interests are focused on and utilized; adults and youth respect and value youth culture and all forms of diversity; and youth are supported in a way that is developmentally targeted to their individual needs.

Trainer's Notes

You may want to refer participants to the National Resource Center on Youth Development for more resources in this area. Contact: <http://nrcys.ou.edu>.

Roles for Youth

SLIDE 12 (74)



Roles for Youth: Infusing Youth Voice in All Levels!

- Engage youth in the CFSR process
- Include on Program Improvement Plan workgroups
- Youth advisory boards
- Youth group development
- Peer mentors
- Educators/trainers/evaluators

Adapted From: Matos, M., Technical Assistance Partnership & National Child Welfare Resource Center for Youth Development

It is important to have youth who are currently involved with the child welfare system or have been involved in the past take on key roles to support continued system of care development, implementation and evaluation. Different roles for youth in systems of care include: engage youth to participate in the CFSR process; include youth on PIP workgroups; create youth advisory boards and support youth-driven groups; develop youth as peer mentors, educators/trainers, advocates, social marketers; and involve youth in evaluation, policy decision-making, directing activities, and organizing.

Trainer's Notes

Share with participants the different roles of youth and ask them to discuss their knowledge of how youth are involved within their systems of care supporting the child welfare population. Provide examples of where best practices have been implemented. Speak to the importance of adults, who are working within the system, being mentors themselves, and support the youth in taking on these roles and supporting their leadership development.

Barriers to Youth Partnership

SLIDE 13 (75)



Barriers to Youth Participation

<u>As Identified by Adults</u>	<u>As Identified by Youths</u>
•Time	•Ageism/Adultism
•Funding	•Money
•Staffing	•Racism, sexism, homophobia
•Access to youth	•Stereotyping by appearance
•Lack of training (in how to work with youth)	•Time
•Politics	•Transportation
•Parents	•Language
•Adult staff not empowered	•Lack of access to information
•Program evaluation requirements	•Lack of access to opportunities
•Weak leadership	•Lack of support from adults
•Racism	•Few role models
	•Lack of motivation

Politz, B. (1996). Barriers to youth participation. Washington, DC: Academy for Educational Development. The Center for Youth Development.


Some of the barriers to youth participation, such as lack of time and money, are noted by both adults and youth, but there are also some differences in perception of barriers; for example, while both groups identify racism as a barrier, youth also identify sexism, homophobia, ageism or adultism and stereotyping by appearance as barriers. Adults identify as an issue that adults are not empowered to partner with youth, while youth identify the related issue of lack of support from adults. Initiating and continuing a dialogue with youth is a first step in all parties thinking strategically about how to break down barriers.

Trainer's Notes

Point out the importance of both youth and adult stakeholders having the opportunity to identify barriers, from their own perspectives, to partnering with youth – to identify common issues and those perceived by one group over another. Stress the importance of developing targeted strategies to address these barriers.

Family & Youth Networks of Support & Advocacy

SLIDE 14 (76)



Family and Youth Networks of Support and Advocacy

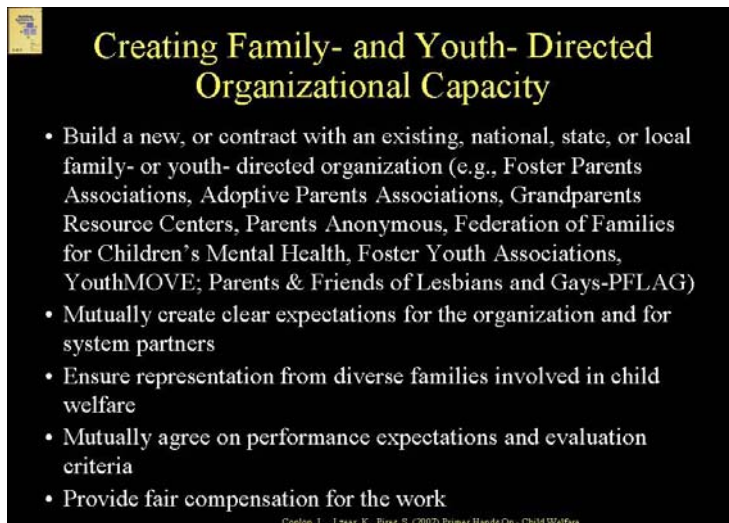
- Information and referral
- Support groups
- Coaching and mentoring
- Training and education
- Community forums
- Advocacy
- Social opportunities

Coolson, L. Primer Hands On - Child Welfare

Family and youth networks of support and advocacy, both formal and informal, are necessary to support involvement, partnership and system reform efforts. Roles of family- and youth-run networks include the following types of functions: working with families (birth, foster, adoptive, and kinship/relative) or youth to provide support to one another by sharing information; holding support groups; providing training; mentoring and delivering family and youth support services; creating opportunities for social interaction; and guiding system reform efforts.

The Role of Family-Directed Associations and Organizations

SLIDE 15 (77)



Creating Family- and Youth- Directed Organizational Capacity

- Build a new, or contract with an existing, national, state, or local family- or youth- directed organization (e.g., Foster Parents Associations, Adoptive Parents Associations, Grandparents Resource Centers, Parents Anonymous, Federation of Families for Children's Mental Health, Foster Youth Associations, YouthMOVE; Parents & Friends of Lesbians and Gays-PFLAG)
- Mutually create clear expectations for the organization and for system partners
- Ensure representation from diverse families involved in child welfare
- Mutually agree on performance expectations and evaluation criteria
- Provide fair compensation for the work

Coolson, L., Lanks, K., Pines, S. (2007) Primer Hands On - Child Welfare

Trainer's Notes

The following slides introduce the concept of family and youth networks, both informal and formal, as critical to development of family and youth partnerships and to supporting families and family members who may feel disenfranchised from or distrustful of child welfare (and other) systems, such as fathers, birth parents whose children have been removed, and racially and ethnically diverse families.

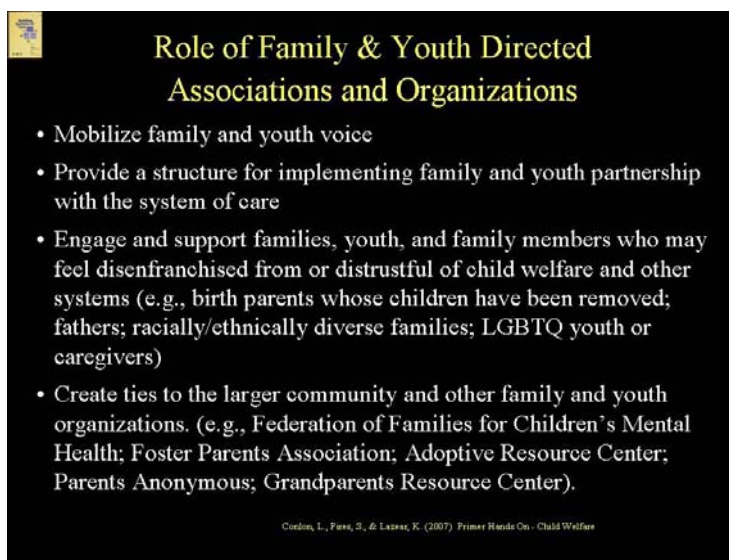
There are many examples of family- and youth-directed organizations, such as: parent associations like Foster Parents Associations and Adoptive Parents Associations; support groups that support at risk families, such as Family Works or Parents Anonymous models; Father Support Groups; family-run organizations that support families as defined broadly and provide services and supports for child welfare-involved families and their children and youth; and youth-run groups, such as Foster Youth Associations and YouthMOVE.

Organizing family and youth networks through the work of a family- or youth-directed organization is a key strategy in systems of care to support family and youth involvement. Strategies include both partnering with existing family and youth associations/organizations and supporting the development of new ones where none exists. These associations or organizations can start as informal networks of support as stated earlier and grow over time.

Some of the considerations in establishing a new family- or youth-directed organization include: identifying and supporting natural family and youth leaders in the community; providing adequate funding; delineating relationships; letting families and youth decide the mission, goals, structure and activities of the new organization; and partnering with families and youth in strategic planning for sustainability. Key elements in contracting with existing family organizations include ensuring that the organization has the following: representation from the culturally and linguistically diverse families currently involved in the child welfare system; strong ties to the community and linkages with other family groups both locally and nationally; clear expectations of what is required; performance criteria and evaluation procedures; and fair compensation for the work to be performed.

A family or youth organization can help to ensure a higher level of accountability from the system of care than individuals working on their own might be able to create, to ensure that families and youth receive the necessary services and supports and that they are involved in meaningful ways as system partners.

SLIDE 16 (78)



Role of Family & Youth Directed Associations and Organizations

- Mobilize family and youth voice
- Provide a structure for implementing family and youth partnership with the system of care
- Engage and support families, youth, and family members who may feel disenfranchised from or distrustful of child welfare and other systems (e.g., birth parents whose children have been removed; fathers; racially/ethnically diverse families; LGBTQ youth or caregivers)
- Create ties to the larger community and other family and youth organizations. (e.g., Federation of Families for Children's Mental Health; Foster Parents Association; Adoptive Resource Center; Parents Anonymous; Grandparents Resource Center).

Cordino, L., Fenn, S., & Lapeere, K. (2007). *Primer Hands On: Child Welfare*

Trainer's Notes

You may wish to share examples from your own experience of states or communities in which child welfare has taken the leadership to support the development or growth of a youth- or family-directed organization or networks.

Through its capacity to develop family or youth leadership and mobilize a family and youth “voice”, an organization can strengthen the strategic approach to family and youth partnership-building within the system of care. Family organizations also can play an effective role in organizing and providing support for families and family members who may feel distrustful of or disenfranchised from the child welfare system (and other systems) because of their experiences – for example, birth families whose children have been removed, fathers who may feel “cut out of the picture”, racially and ethnically diverse families, etc. Family organizations can create a safe space for these families and family members to air concerns and support them to become involved in systems change.

EXAMPLE

Missouri is one example of a State whose child welfare system has created a Youth Advisory Board, which has produced, among other accomplishments, a video describing youths’ experience in foster care, which is used during foster and adoptive pre-service training.

EXAMPLE

Texas is an example of a State that is organizing regional advisory groups comprised of birth parents who have been involved in child welfare.

Trainer’s Notes

Further information about Missouri’s Youth Advisory Board can be found at: www.dss.mo.gov/cd/chafe/esyab/index.htm

Further information about the Texas effort can be found at: <http://www.dfps.state.tx.us/about/renewal/cps/disproportionality>

Emphasize to participants that it is impossible to separate family and youth involvement and partnership from issues of cultural and linguistic competency. A family-centered approach is inherently culturally competent.

During the previous exercise (Exercise 4.1), participants usually have defined culture during the large discussion. However, review the definition on the slide so the rest of the material being presented is grounded in this or another appropriate definition that you want to share.

Ask participants to share any specific family rituals, beliefs or cultural traditions regarding family, health, or general well-being. It is especially important during this presentation that participants are given opportunities to share their thoughts and experiences about culture, race, ethnicity,

Why Culture Matters

SLIDE 17 (79)

Why Culture Matters

Culture can be defined as a broad concept that reflects an integrated pattern of a wide range of beliefs, practices, and attitudes that make up an individual.

It affects...

- Parenting and child rearing
- Coping strategies
- Help-seeking behaviors; Help-giving behaviors
- Expression of symptoms
- Attitudes and beliefs about services; social support; kinship support
- Utilization of services and social support
- Appropriateness of services and supports (i.e., retraumatization)
- Setting priorities

Latshaw, K., (2003) "Primer: Hands On", A skill building curriculum. Washington, D.C.: Human Services Collaborative

Recognizing that different terminology is used across trainers, as well as across the country, we define culture as a broad concept that reflects an integrated pattern of a wide range of beliefs, practices and attitudes that make up an individual. Culture matters because culture affects: attitudes

and beliefs about services; parenting and child rearing; expression of symptoms; coping strategies; help-seeking behaviors as well as helping behaviors; utilization of services and social supports, including kinship support; and appropriateness of services and supports.

sexual orientation, religion, socio-economic class, etc. and be open to discussions about racism, oppression, classism, sexism, ageism, religious intolerance, homophobia, etc.

Cultural Competence Realities

SLIDE 18 (80)



Why Develop Cultural & Linguistic Knowledge and Skills: Realities

- To respond to demographic changes in the United States
- To address issues of disproportionality in child welfare systems.
 - are over-represented in restrictive levels of care child welfare systems and in out-of-home placements
- To eliminate disparities and disproportionality in access to services and supports.
 - have less access to and availability of services
 - are underrepresented in research (e.g., Evidence Based Practice)
- To improve the quality of services and outcomes.
 - are less likely to receive appropriate services
 - often receive a poorer quality of services and supports and less likely to achieve permanency outcomes
- To meet legislative and regulatory mandates.
- To decrease the likelihood of class action lawsuits.
- To achieve Child and Family Services Review outcomes.

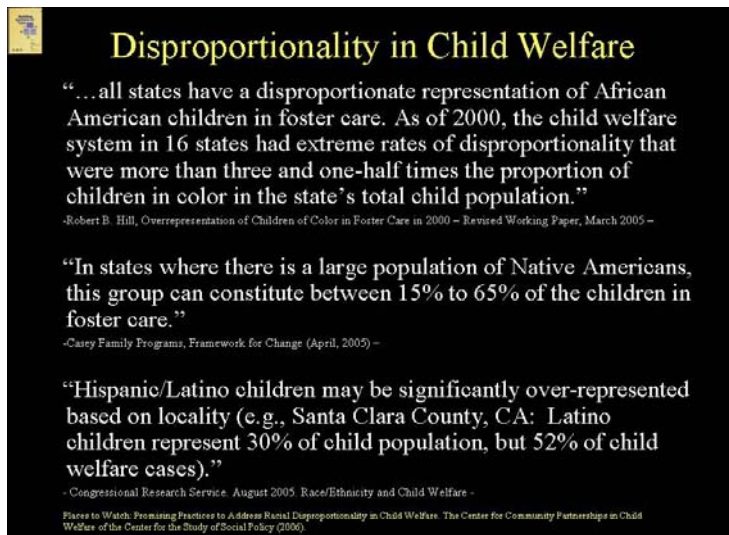
LaParo, K. Primer Hands On - Child Welfare (2007). Adapted from the National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, D.C. & Mental Health, Culture, Race, and Ethnicity - Executive Summary - A Supplement to the Mental Health Report: A Report of the Surgeon General, 2003.

Point out the many reasons why it is critical that systems of care be culturally and linguistically competent. A major reason for child welfare stakeholders is the ability to meet CFSR outcomes.

There are a number of realities as to why system builders need to develop multicultural knowledge and skills, including: to respond to demographic changes in the U.S.; to eliminate disparities and disproportionality; to improve the quality and relevance of services and supports; to meet legislative, regulatory and accreditation mandates; to decrease the likelihood of class action suits; and especially important to child welfare stakeholders, to meet CFSR outcomes. Given the extent to which racially and ethnically diverse children and families are over-represented in child welfare systems, and findings from the CFSRs that outcomes tend to be poorer for these children and families, arguably, it would seem impossible to achieve CFSR outcomes in many areas without paying attention to cultural and linguistic competence.

Disparities and Disproportionality in Child Welfare

SLIDE 19 (81)



Disproportionality in Child Welfare

“...all states have a disproportionate representation of African American children in foster care. As of 2000, the child welfare system in 16 states had extreme rates of disproportionality that were more than three and one-half times the proportion of children in color in the state’s total child population.”

-Robert B. Hill, *Overrepresentation of Children of Color in Foster Care in 2000 – Revised Working Paper*, March 2005 –

“In states where there is a large population of Native Americans, this group can constitute between 15% to 65% of the children in foster care.”

-Cascy Family Programs, *Framework for Change* (April, 2005) –

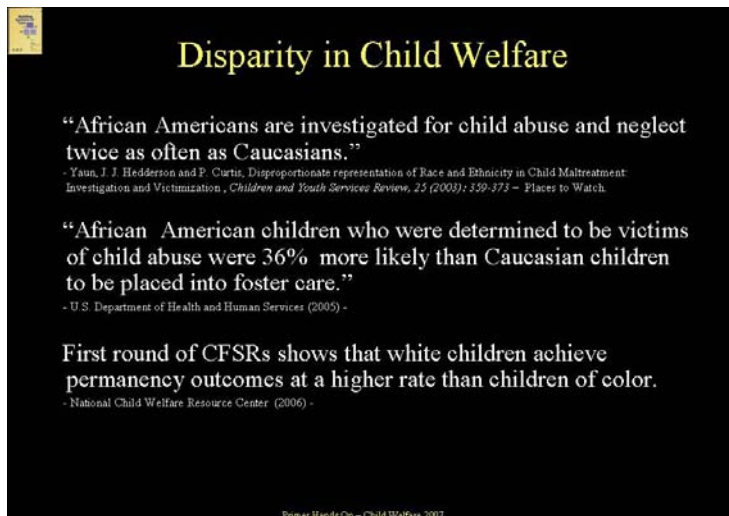
“Hispanic/Latino children may be significantly over-represented based on locality (e.g., Santa Clara County, CA: Latino children represent 30% of child population, but 52% of child welfare cases).”

- Congressional Research Service, August 2005, *Race/Ethnicity and Child Welfare* –

Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare. The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (2006).

In 2005, the Congressional Research Service (CRS) explored the issue of disproportionate representation in child welfare. They found that African American and Native American children are significantly overrepresented in the child welfare system compared to their representation in the overall child population, while Asian and, to a lesser extent, white, children are underrepresented. While Hispanic/Latino children seem to be neither under- nor over- represented in child welfare looking at national data, this can shift dramatically by locality. For example, the CRS report notes that in Santa Clara County, CA, Latino children represent 30% of the overall child population but 52% of the County’s child welfare cases.

SLIDE 20 (82)



Disparity in Child Welfare

“African Americans are investigated for child abuse and neglect twice as often as Caucasians.”

- Yuen, J. J. Hedderson and P. Curtis, *Disproportionate representation of Race and Ethnicity in Child Maltreatment Investigation and Victimization*, *Children and Youth Services Review*, 25 (2003): 359-373 – Places to Watch.

“African American children who were determined to be victims of child abuse were 36% more likely than Caucasian children to be placed into foster care.”

- U.S. Department of Health and Human Services (2005) –

First round of CFSRs shows that white children achieve permanency outcomes at a higher rate than children of color.

- National Child Welfare Resource Center (2006) –

Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare. The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (2006).

Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare. The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (2006).

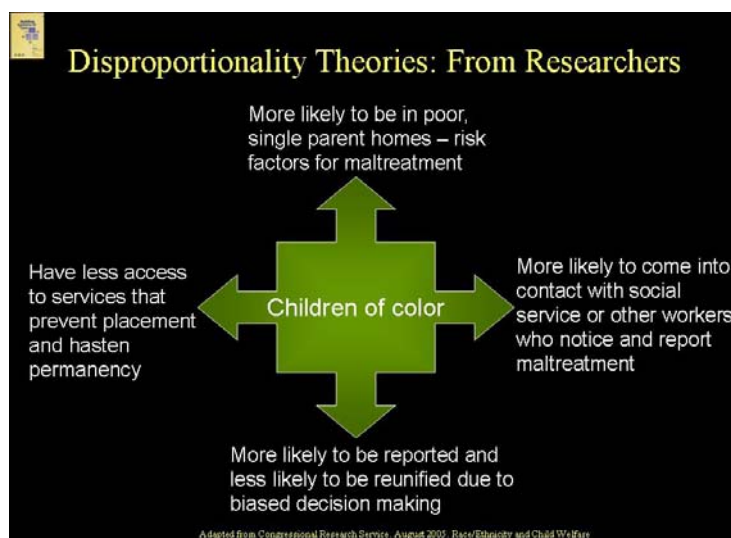
Trainer’s Notes

For more information and examples of community partnerships addressing racial and ethnic disparity and disproportionality in child welfare, read *Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare*, available from the Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy at: http://www.cssp.org/major_initiativesracialEquity.html

With respect to disparities, numerous studies, as well as the U.S. Surgeon General's report in 2001, have documented that racial and ethnic minority children tend to have less access to services, receive a poorer quality of services, and are more likely to be placed into care. Also, the first round of CFSRs shows that white children achieve permanency outcomes at a higher rate than children of color. Research also shows that disparity includes not only children, but families. For example, African American families are investigated for child abuse and neglect twice as often as Caucasian families.

Theories About Disproportionality in Child Welfare

SLIDE 21 (83)



A key aspect of a culturally competent approach is to understand the racial and ethnic disparities and disproportionality issues in one's particular child welfare system. A system may also experience geographic disparities and disproportionality with, for example, rural areas being under- or over-represented in the system. The CRS report identified a number of reasons for disproportionate representation. Theories advanced by researchers in the field, include that children of color are more likely to be in poor or in single-parent homes - both of which are risk factors for maltreatment; more likely to come into contact with social service or other workers who notice and report child maltreatment; more likely to be reported and less likely to be reunified due to biased decision making; and children of color have less access to services that prevent placement and hasten permanency.

Trainer's Notes

Emphasize to participants that the issue of disparities and disproportionality in child welfare, and development of cultural and linguistic competence, needs to be approached strategically. The first step is understanding what factors may be creating disparities and disproportionality in one's state or community.

The following slides pose theories from the perspective of different stakeholders.

SLIDE 22 (84)



Trainer's Notes

Point out to participants that different theories lend themselves to different strategies

The CRS report also described the perspectives of child welfare administrators, supervisors and workers as to why there is racial and ethnic disproportionality. Child welfare stakeholders pose the following reasons: poverty and related issues, such as homelessness; lack of community resources to address a range of issues, such as substance abuse and domestic violence; greater visibility of minority families for reporting of child maltreatment; a lack of experience with other cultures and lack of familiarity regarding what constitutes abusive behavior across these cultures; and media pressure to remove children.

Each of these potential reasons lends itself to collaborative strategies for change. For example, combining resources across systems and partnering with natural helping networks might help to make more services and supports available. Training and coaching across systems and partnering with families and youth might help to reduce biased decision making. Social marketing strategies might help to alleviate media pressure to remove children. The point is that cultural and linguistic competence, like all aspects of system-building, must be approached strategically.

Examples of Partnerships to Address Disproportionality

Trainer's Notes

SLIDE 23 (85)

Examples of Partnerships to Address Disproportionality in Child Welfare

Iowa Children of Color Project
Linking families to neighborhood organizations offering culturally appropriate services/training for child welfare workers

The Collaborative Circle for the Well-Being of South Dakota's Native Children –
Partnership to reduce the number of Native American children in foster care; increase the number of available Native foster homes; and, to achieve better outcomes for Native children and families

Texas/Casey Family Programs -
Community Advisory Committees on Disproportionality

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

You may wish to share examples from your own experience of states and communities that are addressing disparities and disproportionality in child welfare.

Texas, Iowa, and South Dakota are examples of States whose child welfare systems are partnering with community stakeholders to address issues of racial and ethnic disparities and disproportionality.

EXAMPLE

Iowa has launched the *Children of Color Project*, addressing the disproportionality of African American and Native American children in their child welfare system. The project links families and children to neighborhood organizations that offer a range of culturally appropriate services and also assists the State child welfare agency to be more culturally sensitive and responsive in interactions with minority families. For more information, contact: <http://216.38.216.37/adoptusa/diligent.html>

EXAMPLE

In **Woodbury County (Sioux City), Iowa** the 2000 Census shows the Native American population to be .05%, yet 2.2% of the child welfare population is Native American. Most children are removed from their homes due to poverty-related conditions, substance abuse and domestic violence. In 2003, the Iowa Legislation enacted the Iowa Indian Child Welfare Act (IICWA) requiring the implementation of the Children of Color Project in Sioux City. Now called the Minority Youth and Family Initiative, the project is part of the Department of Human Services' (DHS) Child Welfare Redesign Initiative. The key strategies are:

- Create a process whereby relatives are identified earlier and are approved as placement options;
- Review the Interstate Child Placement Compact (ICPC) to increase border state placements in tribes that cross state lines;
- Recruit and retain Native American foster homes; and
- Use Family Team Meetings as the primary service delivery process.

In addition, in 2005 DHS restructured to create a specialized unit to provide services to Native American children and their families. The unit has two Native American staff members who serve as liaisons to the Native American community. You can obtain more information at <http://www.legis.state.ia.us/Legislation.html> or Sioux City Family Resource Center (Sioux City, IA) or *Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare*, a report from the Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy.

EXAMPLE

Texas is partnering with Casey Family Programs to address both disproportionality and disparities in access to needed services by African American children and families and has created Community Advisory Committees on Disproportionality. For more information, contact: <http://www.dfps.state.tx.us/about/renewal/cps/>

EXAMPLE

South Dakota's Collaborative Circle for the Well-Being of South Dakota's Native Children was established because Native American children were so disproportionately represented in South Dakota's child welfare system. Four key stakeholders came together in 2005 and committed themselves to partnering to reduce the number of Native children in child welfare and to achieve better outcomes for Native children and families. The four partners are (1) the nine Sioux Tribes; (2) the State Division of Child Protection Services; (3) birth parents, family caregivers, and youth; (4) and the provider community. Together, they created the Collaborative Circle, and since its creation, there has been a 10 percent reduction in Native disproportionality in child welfare. For more information, contact: <http://dss.sd.gov/cps/icwa/index.asp>.

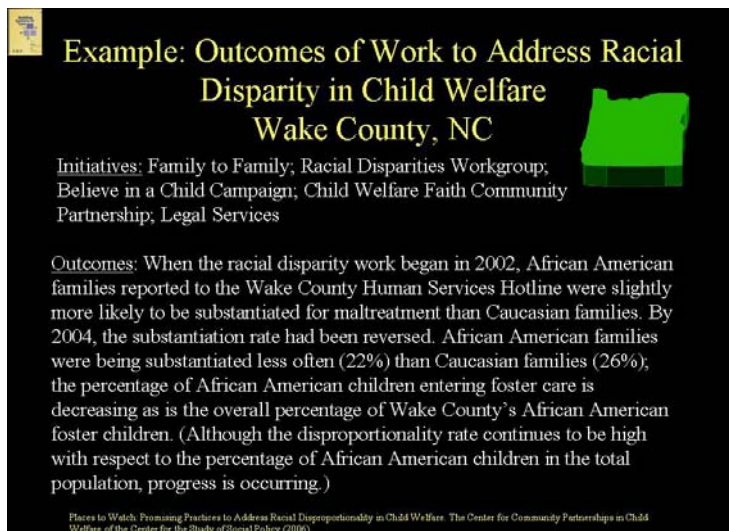
For more information on State-Tribal partnership, the CFSR Comprehensive Training and Technical Assistance Package has a focus area specifically on State-Tribal partnerships. To access the report, go to www.nrcoi.org or www.nicwa.org

Important to trauma-informed work is having Tribal governments as full partners with State child welfare agencies, both to share responsibility for native children, youth and families and to fully comply with the Indian Child Welfare Act. The CFSR Comprehensive Training and Technical Assistance Package has a focus area on State-Tribal partnerships. For more information, go to www.nrcoi.org or www.nicwa.org.

Trainer's Notes

Positive Outcomes From Addressing Disproportionality

SLIDE 24 (86)



Example: Outcomes of Work to Address Racial Disparity in Child Welfare Wake County, NC

Initiatives: Family to Family; Racial Disparities Workgroup; Believe in a Child Campaign; Child Welfare Faith Community Partnership; Legal Services

Outcomes: When the racial disparity work began in 2002, African American families reported to the Wake County Human Services Hotline were slightly more likely to be substantiated for maltreatment than Caucasian families. By 2004, the substantiation rate had been reversed. African American families were being substantiated less often (22%) than Caucasian families (26%); the percentage of African American children entering foster care is decreasing as is the overall percentage of Wake County's African American foster children. (Although the disproportionality rate continues to be high with respect to the percentage of African American children in the total population, progress is occurring.)

Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare. The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (2006)

You may wish to share examples from your own experience of positive outcomes when issues of disproportionality and disparity are addressed.

We are beginning to see some positive outcomes as more communities address the issues of disproportionality and disparity.

EXAMPLE

In **Wake County, North Carolina**, African American children make up 25% of the child population but are 60% of the child welfare population. In the past 5 years, Wake County has implemented several strategies to reduce racial disparity and improve child welfare outcomes. The County's initiatives included A Family-to-Family Initiative, the implementation of a Racial Disparities Workgroup, a Believe in the Children Campaign, a Child Welfare Faith Based Partnership, and the establishment of a small fund to help kinship caregivers purchase legal services to establish custody. The County has reported that the percentage of African American children entering foster care in Wake County and the overall percentage of Wake County's African American foster children have both decreased. For more information, contact: <http://www.casey.org/resources/publications/placestowatch.html>

Cultural Competence Continuum

SLIDE 25 (75)



Some years ago, Terry Cross of the National Indian Child Welfare Association and colleagues identified a “cultural competence continuum”, which still has relevance. The continuum moves from cultural destructiveness to cultural incapacity to cultural blindness to cultural pre-competence to cultural competence to cultural proficiency. This construct provides one useful tool for assessing the cultural strengths and weaknesses of the system of care.

Organizational Cultural Competence

SLIDE 26 (88)



Trainer's Notes

The following slides provide some frameworks and definitions that may be helpful to participants in their efforts to build culturally and linguistically competent systems of care. You may have other frameworks and definitions from your own experience that you wish to share.

Systems of care fundamentally are concerned about organizational cultural competence. This training uses the following criteria to identify culturally competent organizations, adapted from the monograph, *Toward a Culturally Competent System of Care*, by Terry Cross of the National Indian Child Welfare Association, and colleagues:

“Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally*
- Have the capacity to value diversity, conduct self assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve*
- Incorporate the above in all aspects of policy making, administration, practice, and service delivery, and involve systematically consumers, key stakeholders, and communities.”*

Using these and similar parameters, system builders can assess the cultural competence of their systems and develop strategies to address areas needing improvement.

Definition of Linguistic Competence

SLIDE 27 (89)

Cultural and Linguistic Competence: Definitions

A Definition of Cultural Competence

Culture competence is accepting and respecting diversity and difference in a continuous process of self assessment and reflection on one's personal (and organizational) perceptions of the dynamics of culture.

A Definition of Linguistic Competence

Linguistic competence is the capacity of an organization and its personnel to communicate effectively and convey information in a way that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

Lizardi, K. (2006). Human Service Collaborative. Washington, D.C. Adapted from Youth Involvement in Systems of Care: A Guide to Empowerment (2006) and Osode & Jones (modified 2004). National Center for Cultural Competence, Georgetown University Center for Child & Human Development.

The U.S. has become not only increasingly multicultural but also multi-linguistic. The National Center for Cultural Competence at Georgetown University offers this definition of linguistic competence:

“Linguistic competence is the capacity of an organization and its

Trainer's Notes

More information can be found at the National Center for Cultural Competence at Georgetown University Center for Child and Human Development, www.gucchd.georgetown.edu/programs/ta_center

personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competence requires organizational and provider capacity to respond effectively to the health (and well-being) literacy needs of populations served. The organization must have policy, structures, practices, procedures and dedicated resources to support his capacity.”

Trainer's Notes

Cultural Competence Core Elements

SLIDE 28 (90)

Core Elements of a Culturally and Linguistically Competent System of Care

- ✓ Commitment from top leadership; agency resources
- ✓ Data collection: Organizational self-assessment; evaluation and research activities that provide ongoing feedback about progress, needs, modifications, and next steps
- ✓ Identification and involvement of key diverse persons in a sustained, influential, and critical advisory capacity
- ✓ Mission statements, definitions, policies, and procedures reflecting the values and principles
- ✓ Strategic plan; Internal capacity to oversee and monitor the implementation process; targeted service delivery strategies
- ✓ Recruitment and retention of diverse staff; training and skill development
- ✓ Certification, licensure, and contract standards

Isaacs, M., Benjamin, M., et al. (1999-1996). Towards a culturally competent system of care (Vols 1-3). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

This slide summarizes elements of a culturally and linguistically competent system of care. Again, these elements provide a framework for system builders to gauge the cultural and linguistic competence of their systems and strategize action steps for improvement.

Core elements of a culturally and linguistically competent system of care include: commitment from top leadership; organizational self-assessment; needs assessment and data collection relevant to diverse constituencies; identification and involvement of key diverse persons; mission statements, definitions, policies and procedures reflecting the value of cultural and linguistic competence; a strategic plan for cultural competence; recruitment and retention of diverse staff; training and skill development in cultural competence; certification, licensing and contract standards; targeted service delivery strategies; internal capacity to monitor the cultural competence implementation process; evaluation and research activities that provide ongoing feedback about progress, needs, modifications, and next steps; and commitment of agency resources (human and financial) to cultural competence quality improvement.

Module 4 concludes the context-setting overview of *Primer Hands On-Child Welfare*.

If conducting the full version of *Primer Hands On - Child Welfare*, explain to participants that the remainder of the curriculum material is organized into blocs of time devoted to particular functions requiring structure in systems of care. Each bloc of time includes: a didactic presentation to introduce the topic; one hour or 45 minutes of team work; and, forty-five minutes of reporting back from the three teams and large group discussion.