

PRIMER HANDS ON - CHILD WELFARE

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

TRAINING GUIDE

MODULE 5

Planning, Governance, Process, and Instructions for Case Scenarios

A Skill Building Curriculum

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

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MODULE 5

Planning, Governance, and System Management

Organization of Remaining Training Modules

The remaining Modules of the curriculum are organized into blocs of time devoted to particular functions that require structure in systems of care. For Modules 5-8, each bloc of time includes: a didactic presentation to introduce the topic; one hour or 45 minutes of team work; and 45 minutes of reporting back from the three teams and large group discussion. Modules 9 and 10 are designed for large group discussion to follow the didactic presentation.

ORIENTATION TO TEAM WORK

Process Instructions Related to Team Work

Each of you participating in *Primer Hands On-Child Welfare* has been pre-assigned to Team U (Metro City), Team S (Fairview County), or Team A (Heartland Project), responsible for a particular system of care site – urban, suburban or agricultural (rural). Over the next two days, you will work in four team meetings, each of which will focus on particular functions that need structuring (or re-structuring) in the system of care to which you have been assigned. Throughout the rest of the two-day training, as each team wrestles with various structural challenges, attention will be paid not only to content but to process issues as well, that is, the strengths and challenges of your particular team's process. In effect, Teams U, S and A are microcosms of system building processes. Your team must wrestle with content issues (i.e., how should we structure or re-structure certain functions to achieve our system of care goals) and pay attention to your team's process as well (e.g., is everyone being heard, are we staying on task, is our process leading to action steps, etc.) After each of the four team meetings, we will re-convene as a large group for reports from each team on the structural advances, issues and strategic considerations each team made, as well as each team's observations about their group process.

Trainer's Notes

Organization of Remaining Modules and Orientation to Team Work

Goals

This section allows you to explain how the remainder of the training is organized and to orient participants to team meetings.

Method

Didactic; Team Work

Training Aids

Microphone if necessary; Group Process Observation Form; slides #2-3 (*slides #91-92 if utilizing the complete curriculum version with no module cover slide*); Case Scenarios; Questions for Team Work

Approximate Time

15 min.

Explain to participants that, throughout the rest of the two-day training, they will be meeting in teams to address how to structure or re-structure certain system of care functions. Remind participants that we will be paying attention to process issues as well, as each team wrestles with various structural challenges. In effect, Teams U, S and A, to which participants have been assigned, are microcosms of system building processes.

Review with participants their team assignments; each participant has been pre-assigned to Team U, Team S, or Team A. Participants should have read all scenarios prior to the training. Ask participants to review the three case scenarios over lunch, paying particular attention to the scenario that will become their team's "system of care

SLIDE 2 (91)



How the teams conduct themselves in team meetings will reflect the strengths, challenges, and shortcomings of their system building processes. The Group Process Observations form allows you to consider group process behavior and the many different personality types and styles of behavior that influence group work, such as: who is participating; who has influence, who does not; styles of leadership; decision making procedures; task functions; how the process is maintained; group atmosphere; membership; feelings of participants; and group norms. In addition to the observations made by team members, the trainers will also provide their own observations of the group process.

SLIDE 3 (92)



A quote by Henry Ford is relevant to system-building planning processes: "Coming together is a beginning; keeping together is progress; working

site" for the remainder of the training. Remind them as well that they should be familiar with all of the scenarios so that they can contribute to the large group discussions that follow each of the team meetings. Ask them to familiarize themselves with other members of their team, perhaps by joining one another for lunch, and request that, after lunch, participants sit with their respective team members. The tables should be clearly marked at this point with placards designating Teams U, S and A tables.

Refer participants to the Group Process Observation form. This form allows participants to consider behavior and the many different personality types and styles of behavior that influence group work. (For more information, see *The Pfeiffer Book of Successful Team Building Tools*, Elaine Biech (Ed.) 2001 by John Wiley & Sons, Inc.). Refer to Addendum for additional information on providing feedback following the team work.

You may choose to keep this slide on the screen while the participants work in their teams.

together is success.”

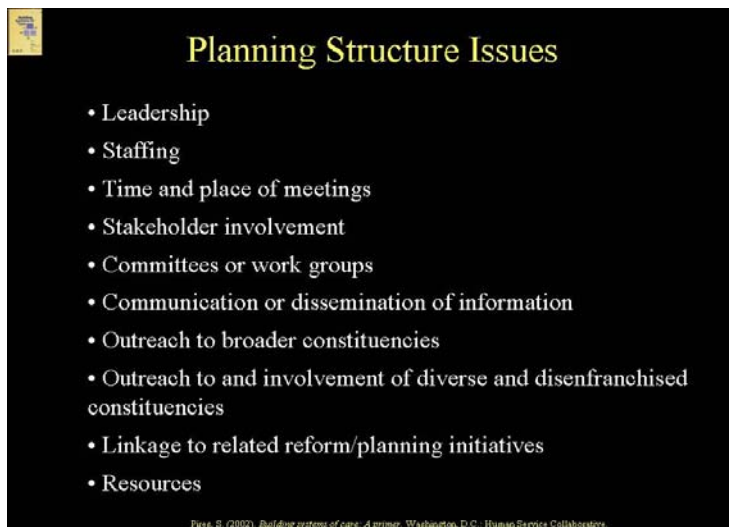
Over lunch, you may review the three case scenarios once again (these were sent to everyone, along with specific assignments, prior to the training). While you need to pay particular attention to the scenario that will become your team’s “system of care site” for the remainder of the two-day session, we would appreciate your being familiar with all of the scenarios so that everyone can contribute to the large group discussions. You also may wish to introduce yourselves to other members of your team, perhaps by joining one another for lunch. After lunch, you must sit with your respective team members (Team U table, Team S table, and Team A table), but the tables are marked now should you wish to join your team members for lunch.

Function: Planning

This material is drawn primarily from Section I of *Building Systems of Care: A Primer* (pages 25-29, 30-34, and 35-39). *The didactic presentation is not intended to teach you everything there is to know about the topic. Rather, it is intended to get you thinking about the topic strategically. You can also refer to the Primer, other referenced materials and other resources for additional information on a given topic.*

Issues for Structuring Planning

SLIDE 4 (93)



Typically, building systems of care involves structuring planning by launching or reinvigorating a planning process (or bringing related planning efforts together). The planning process itself needs to be structured; it cannot be left to happenstance. In time, the planning process must lead to a clear system design, and the process will then become a

Trainer's Notes

Goals

This Module provides a brief introduction to the topics of planning, governance and system management in systems of care, supported by real world examples.

Remind participants that the didactic presentation is not intended to teach participants everything there is to know about the topics. Rather, it is intended to get participants thinking about the topics strategically.

Method

PowerPoint Presentation;
Large group discussion

Training Aids

Microphone if necessary;
projector; laptop computer, screen; Slides #4-22 (slides #93-111 if utilizing the complete curriculum version with no module cover slide); flip chart with markers; Case Scenarios U, S, and A; Questions for Team Work

Approximate Time

2 hr. 15 min.

Expected Outcomes

At the end of Module 5, participants should be familiar with:

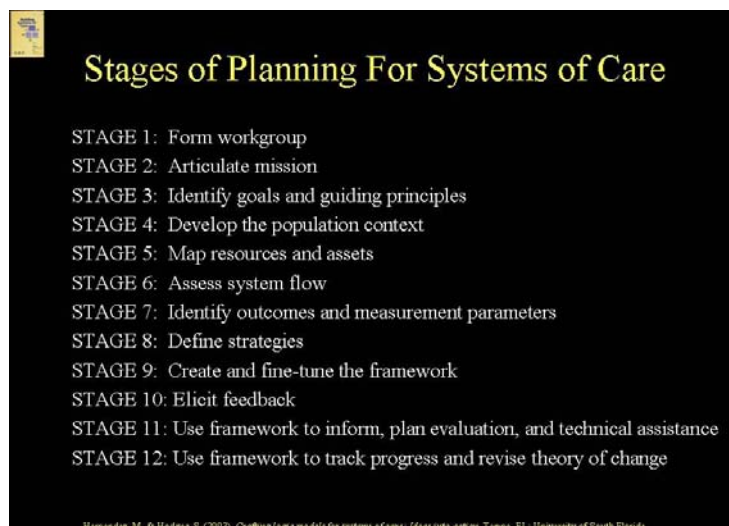
- 1) Issues for structuring planning in systems of care
- 2) Stages of planning
- 3) Elements of effective planning processes
- 4) Strategies for involving families and youth in planning
- 5) Culturally competent planning process
- 6) Definition of governance
- 7) Definition of system management
- 8) Key issues for governing entities
- 9) Types and examples of governance structures
- 10) Key issues for system management structures

planning and implementation process. Planning, in effect, does not really end; it is part of a cycle, in a Continuous Quality Improvement framework, that includes: planning, implementing, evaluating, changing as needed (which usually involves additional planning). There are a number of structural issues that need to be considered related to structuring (or re-structuring) the planning process: who is taking leadership; how will the process be staffed; when and where will meetings be held; how will stakeholders be involved; how will diverse and disenfranchised stakeholders be reached and involved; what structures are needed to involve families and youth; will the process use committees, workgroups, focus groups; how will communication and information dissemination be structured; and how will the system building process link to related reform initiatives.

- 11) Types and examples of system management structures
- 12) Importance of creating a locus of management accountability
- 13) Relationship between governance and system management structures
- 14) Involving families and youth in system management
- 15) Culturally competent system management structures

Stages of Planning

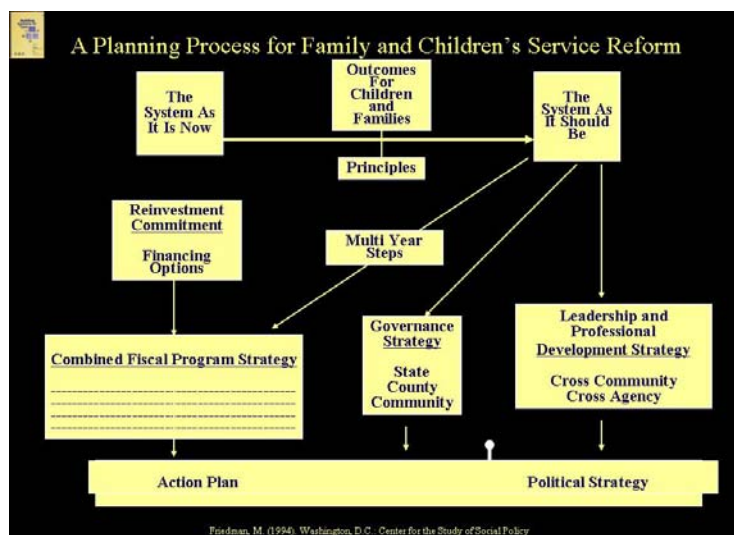
SLIDE 5 (94)



The first two slides related to Planning address issues to consider in structuring planning and correlate the stages of planning to “theory of change” approaches.

The stages of planning have to do with articulating and implementing a “theory” or theories about systems change. A “theory of change” assumes that “if certain things change, certain outcomes will be achieved”. The theory of change methodology tests these assumptions by implementing them (or trying to) and revising them as needed based on an evaluation of whether they are working to achieve intended outcomes. Various stages of planning to support a theory of change include: form workgroup; articulate mission; identify goals and guiding principles; develop the population context; map resources and assets; assess system flow; identify outcomes and measurement parameters; define strategies; create and fine-tune the framework; elicit feedback; use the framework to inform, plan evaluation, and technical assistance; and use the framework to track progress and revise theories as implementation proceeds.

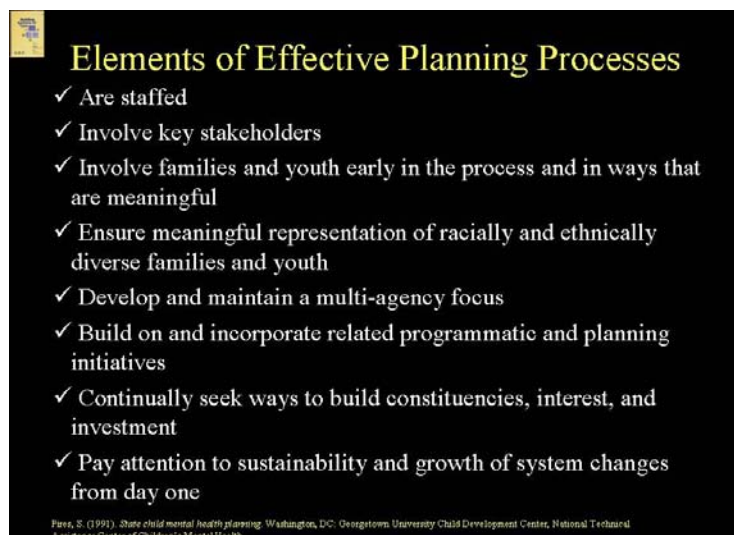
SLIDE 6 (95)



Creating a graphic representation of a planning process for child and family service system reform can be an effective tool in planning.

Elements of Effective Planning Processes

SLIDE 7 (96)



The elements of effective planning processes include that they are staffed; involve key stakeholders; involve families and youth early in the process and in ways that are meaningful; ensure meaningful representation of culturally diverse constituencies; develop and maintain a cross-agency focus; build on and incorporate related reform agendas; continually seek ways to build constituencies, interest and investment; and pay attention to sustainability and growth of planned system changes from day one.

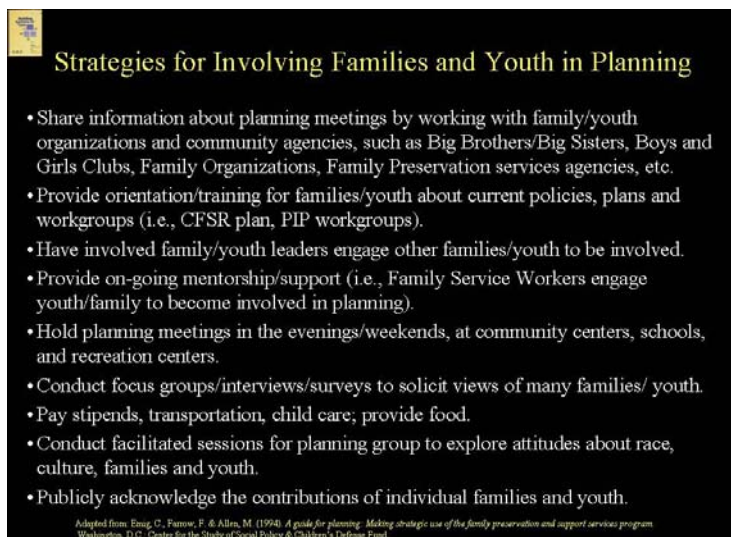
Trainer's Notes

This is an example of a graphic depiction of steps to take in a planning process. Many people (including many adults) are visual learners. The more that system builders can draw the structures they want to put in place, the more many stakeholders will be able to visualize them.

These are elements that have been identified through studying effective planning processes. You may have additional elements you wish to share from your own experience.

Strategies for Involving Families and Youth in Planning

SLIDE 8 (97)



Strategies for Involving Families and Youth in Planning

- Share information about planning meetings by working with family/youth organizations and community agencies, such as Big Brothers/Big Sisters, Boys and Girls Clubs, Family Organizations, Family Preservation services agencies, etc.
- Provide orientation/training for families/youth about current policies, plans and workgroups (i.e., CFSR plan, PIP workgroups).
- Have involved family/youth leaders engage other families/youth to be involved.
- Provide on-going mentorship/support (i.e., Family Service Workers engage youth/family to become involved in planning).
- Hold planning meetings in the evenings/weekends, at community centers, schools, and recreation centers.
- Conduct focus groups/interviews/surveys to solicit views of many families/ youth.
- Pay stipends, transportation, child care; provide food.
- Conduct facilitated sessions for planning group to explore attitudes about race, culture, families and youth.
- Publicly acknowledge the contributions of individual families and youth.

Adapted from: Baum, C., Fawcett, F. & Allen, M. (1998). *A guide for planning: Making strategic use of the family preservation and support services program*. Washington, D.C.: Center for the Study of Social Policy & Children's Defense Fund.

The family preservation literature in child welfare describes a number of strategies that can be adapted for involving families and youth in planning processes including: providing information about planning meetings to family organizations, agencies providing family preservation or family reunification services, and community organizations, such as Boys and Girls Clubs; providing special orientation and training and meeting with families and youth prior to meetings; contracting with community based youth and family-run organizations to develop and support family and youth involvement; working through youth- and family-run organizations; asking agencies that work with families and youth to recommend families and youth for planning process members; paying stipends, arranging for child care and transportation and having food at meetings; holding planning meetings at various times, for example, in the evenings, on weekends, and after school; holding meetings at diverse locations, such as at schools or recreation centers; using a variety of methods to elicit the views of families and youth, such as focus groups and surveys; working with family support groups to tap into informal networks; working with a variety of programs, such as home visiting programs, health clinics, Head Start programs, schools, Big Brother/Big Sisters, etc. to reach out to families and youth; conducting sessions for all planning group members with trained facilitators to explore attitudes about race, culture and attitudes about families and youth; and publicly acknowledging the contributions and strengths of families and youth.

Trainer's Notes

This slide is most effective when presented by the parent co-trainer. Draw on your own experiences to provide examples of communities where a number of these strategies have been successful. This is also a good time to ask participants to share their own experiences with effective strategies for involving families and youth in planning activities. In Rhode Island, the Parent Support Network of Rhode Island, the Rhode Island Parent Information Network, the RI Foster Parents Association, and the Rhode Island Adoption Exchange are taking leadership in these strategies for involving families and youth involved with child welfare.

Culturally Competent Planning Processes

SLIDE 9 (98)



Cultural and Linguistic Competence in Planning

- Conduct on-going assessments of the environment
- Build support for change
- Identify, acknowledge, engage, and partner with formal and informal leadership
- Identify and develop needed resources and enhance leadership capacity
- Articulate values, establish a mission, and set goals
- Plan action steps in partnership with diverse families/youth and communities
- Develop strategies to sanction or mandate the incorporation of cultural knowledge into policy making, infrastructure and practice.

Adapted from Cross, T., Dawson, B., Dennis, K., & Irwin, M. (1999). Towards a Culturally Competent System of Care Vol. 1. © NCCO

Because of issues of disparities and disproportionality, particular attention needs to be paid in the planning process to cultural and linguistic competence. Examples of strategies in planning for cultural competence include: conduct periodic assessments of the cultural and linguistic competence of existing systems serving children and families in or at risk for involvement in the child welfare system; build support for the changes in knowledge, skills and attitudes needed for the system to be culturally and linguistically competent; identify, acknowledge, engage and partner with formal and informal leadership in culturally diverse communities; identify resources and leadership capacity to enhance cultural and linguistic competence for the planning process; articulate values and set goals with respect to cultural and linguistic competence; plan action steps in partnership with families, youth and culturally diverse communities; and determine best strategies for formally sanctioning and mandating, if necessary, the incorporation of cultural knowledge into policy making, system management and frontline practice.

Families, youth and culturally diverse constituencies are critical to the planning process. The planning structure needs to create a safe environment where these key stakeholders can share their points of view without fear of retribution. Often, effective planning structures utilize family leaders or youth to co-facilitate or co-lead the planning process and provide ongoing support to families and youth during planning meetings. Effective family, youth and cultural leaders can help to set the tone with all stakeholders to raise the level of sensitivity to issues of family and youth partnership and cultural/linguistic diversity. Family organizations may play a key role in reaching out to families from diverse communities

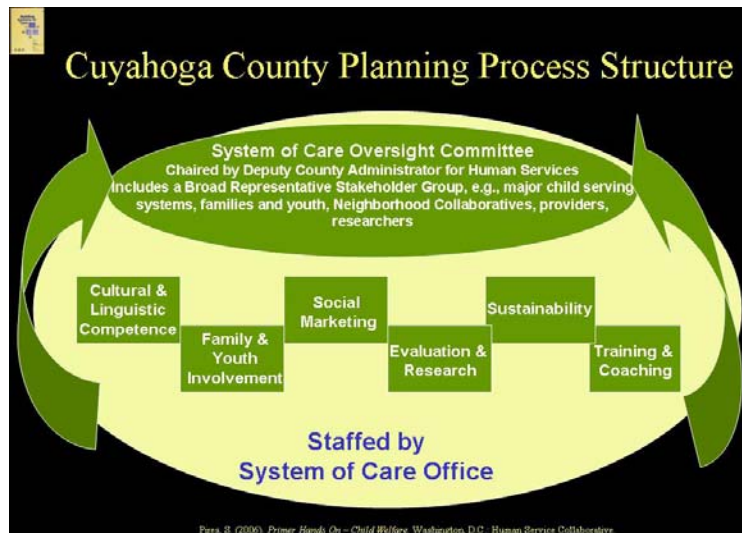
Trainer's Notes

As discussed earlier, involving families and youth and being culturally and linguistically competent go hand-in-hand. These are examples of strategies to ensure that the planning process is culturally and linguistically competent. You may wish to add specific examples from your own experience.

to be involved in planning and other system of care functions. The system's capacity to provide basic support to families and youth, such as transportation, childcare, stipends, and food, has a major bearing on success in partnering with families and youth.

Trainer's Notes

SLIDE 10 (99)



For further information about Cuyahoga County, contact: <http://fcfc.cuyahogacounty.us/services.htm>

You may wish to describe examples of effectively structured planning processes from your own experience.

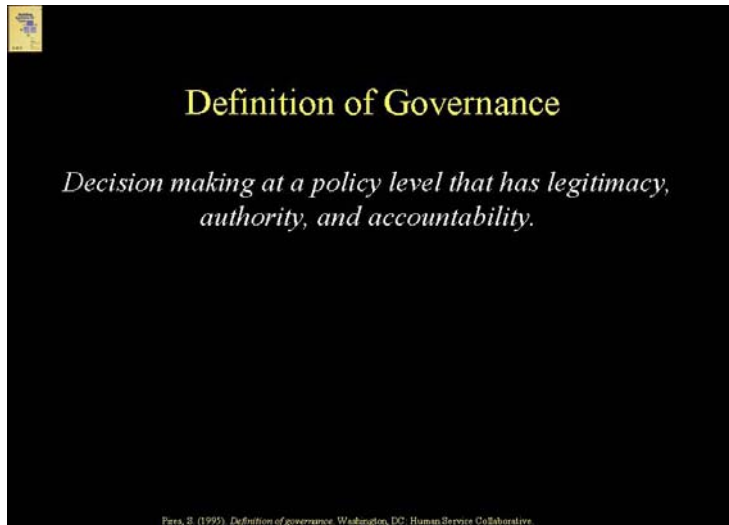
EXAMPLE

We return to **Cuyahoga County, Ohio (Cleveland)** for an example of a structured planning process. There is a *System of Care (SOC) Oversight Committee*, chaired by the Deputy County Administrator for Human Services, which includes a broad representative stakeholder group, e.g., the major child-serving systems, families and youth representing Neighborhood Collaboratives, providers, university partners, etc., with six overarching SOC subcommittees, including cultural and linguistic competence, evaluation and research, family and youth involvement, social marketing, sustainability, training and coaching. This structure for planning and implementation oversight brings together several related reform initiatives into one coordinated planning and implementation approach. It is staffed by a "system of care office" that reports to the Deputy County Administrator.

Function: Governance

Definition of Governance

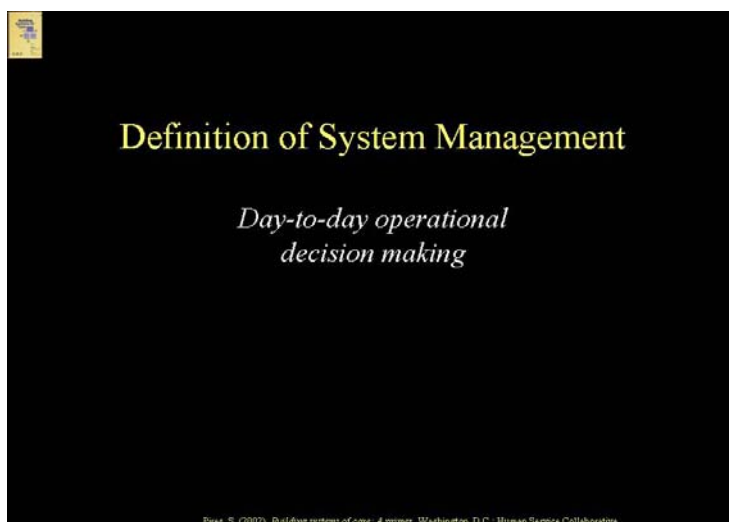
SLIDE 11 (101)



Governance and System Management are two separate functions. Governance has to do with policymaking and oversight and is defined as “decision making at a policy level that has legitimacy, authority and accountability”.

Definition of System Management

SLIDE 12 (101)



System Management has to do with day-to-day operational decision

Trainer's Notes

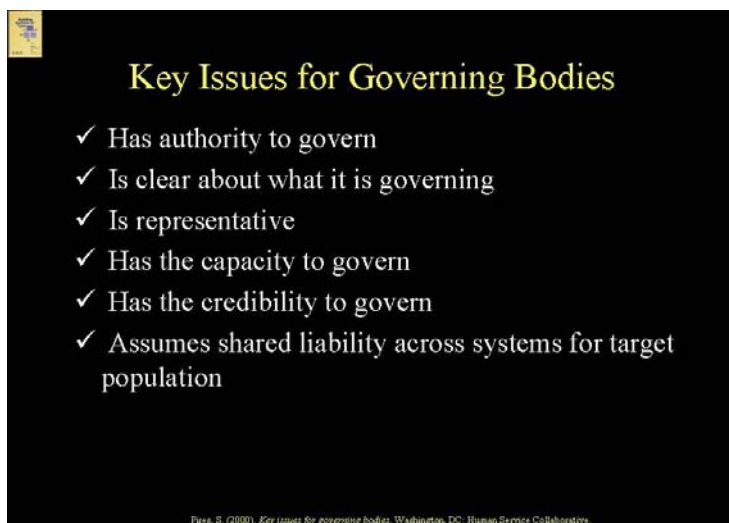
We are turning now to a discussion of Governance, beginning with a definition and distinguishing Governance from System Management (which is discussed after Governance).

making. In some communities, the same entities may be involved in both governance and system management, but in many communities, the players are different – and in either event, these are two separate functions. This is an important distinction to make as some entities may be appropriate for one function but not the other, and if the two functions are confused, the roles of potential stakeholders cannot be clarified. For example, a lead agency may be an appropriate entity to carry out the function of system management, but the agency's management cannot serve as the governance – i.e., policy making - structure for the system of care because system of care governance, by definition, must involve other systems and families and youth. A State-level interagency body can be an appropriate structure for a governance entity, but it cannot serve as a management entity if it lacks the technical and staffing capabilities.

Trainer's Notes

Key Issues for Governing Entities

SLIDE 13 (102)



Key Issues for Governing Bodies

- ✓ Has authority to govern
- ✓ Is clear about what it is governing
- ✓ Is representative
- ✓ Has the capacity to govern
- ✓ Has the credibility to govern
- ✓ Assumes shared liability across systems for target population

Fries, S. (2000). Key issues for governing bodies. Washington, DC: Human Services Collaborative.

This is a discussion of key issues to consider in structuring governance entities.

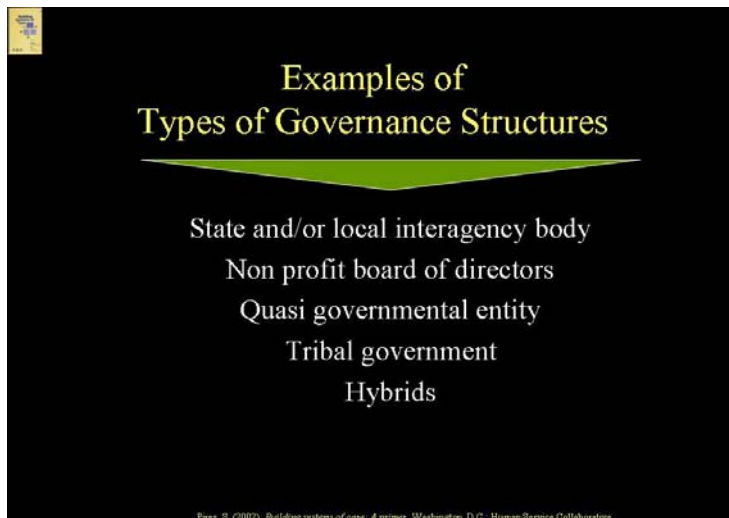
There are several key issues for governing bodies to address, such as: authority to govern; clarity about what is being governed; representativeness; capacity to govern; credibility; and shared liability among partners. The issue of shared liability is especially important for systems, such as child welfare, that have legal mandates to serve children. Families and youth and culturally diverse constituencies need to be represented on governing bodies. Some governance structures that are particularly effective involve families and youth with at least 51% representation. They also involve families as co-leaders of governance processes. System of care policies are more likely to be embraced by those who are being served if there is high-level commitment to their representation on policy-making bodies. Some systems of care contract with family organizations to reach out to families and diverse communities

to ensure full representation in governance (and system management) functions. Some governance structures may include key family or youth members who represent larger constituencies, such as the head of the statewide family network, foster family association, organizations of current and former foster youth and other youth forum representatives. A similar strategy can be employed to ensure representation from culturally and linguistically diverse communities, who may be over-represented in child welfare and other public systems, by reaching out to the leaders in those communities to be involved in governance. Individuals representing specific populations on governance structures must have credibility with those populations for the governing body to be sanctioned by the community and garner grass roots support.

Trainer's Notes

Types of Governance Structures

SLIDE 14 (103)



This is a discussion of types of governance structures. You may wish to share a specific example from your own experience.

The key issues for governing bodies must be settled first before determining the *type* of governance structure. There are several different types of governance structures, such as State/local interagency bodies, quasi-governmental entities, and nonprofit boards. The type of structure and membership on it also is inherently driven by the population focus. For example, if the focus is on the 0-3 population that is in, or at risk for involvement in, child welfare, there may be an existing Early Intervention governance structure in the State or community. It might make more sense to undertake reform efforts under the auspices of this body, with appropriate changes as necessary in its policy focus and membership, rather than to create yet another governance body. Also, the membership of a governance structure focusing on the 0-3 population will look different from one focusing on, say, transition-age youth.

EXAMPLE

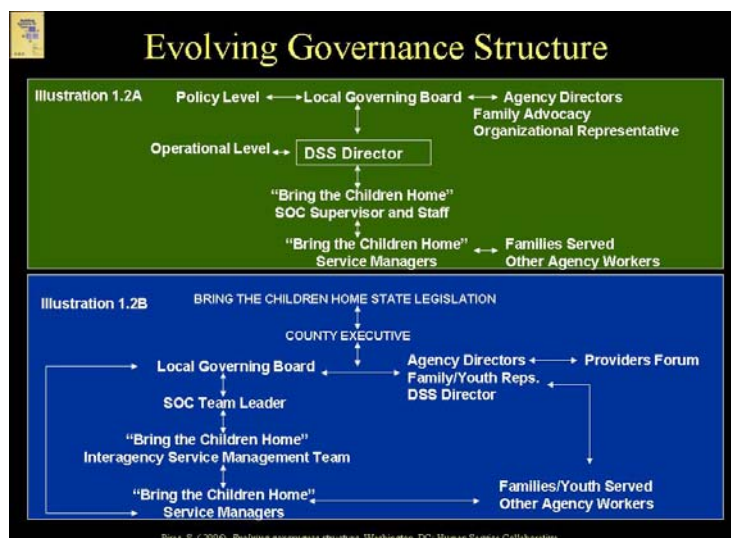
In **Cuyahoga County**, the governance structure is the *SOC Oversight Committee*, which has a very broad representation because it is focusing on many different high risk populations of children and families involved, or at risk for involvement, in child welfare.

Trainer's Notes

Example of an Evolving Governance Structure

Governance structures typically evolve over time as they wrestle with and resolve the key issues described above, as illustrated by the following example of a county-level governance entity.

SLIDE 15 (104)



This example is used to illustrate how a governance body evolved its structure over time to be more effective (going from that depicted in Illustration 1.2A to that shown in Illustration 1.2B). More information about a similar evolving structure can be found on Page 33 of *Building Systems of Care: A Primer*.

You may wish to share an example of an evolving governance structure from your own experience.

Illustrations 1.2A and 1.2B describe the evolving governance structure in a county in which the State enacted legislation requiring counties to reduce the number of children in out-of-home placements. This county lodged its system of care initiative to meet this goal in a lead agency – the child welfare agency (DSS), although it is envisioned as an interagency reform. In Illustration 1.2A, it is not clear from whom the governing body derives its authority. It also is unclear what the governing body oversees since it appears as if DSS actually is in charge. (Indeed, when asked to whom the system of care director reports and who is accountable for expenditures, both the DSS Director and board members responded, “To me/us”.) While the board includes representation from a statewide family organization, it does not include representation from families and youth actually served by the system. Providers seem to have no voice in this structure. The structure seems to suggest that service coordinators “belong to” DSS. There are no feedback loops between the board and staff and families. Those closest to the ground, who often know the most about what is happening – i.e., service coordinators, families and youth – seemed

to be most removed from the board. It does not appear as if the board shares liability for outcomes; it would appear as if DSS is solely liable.

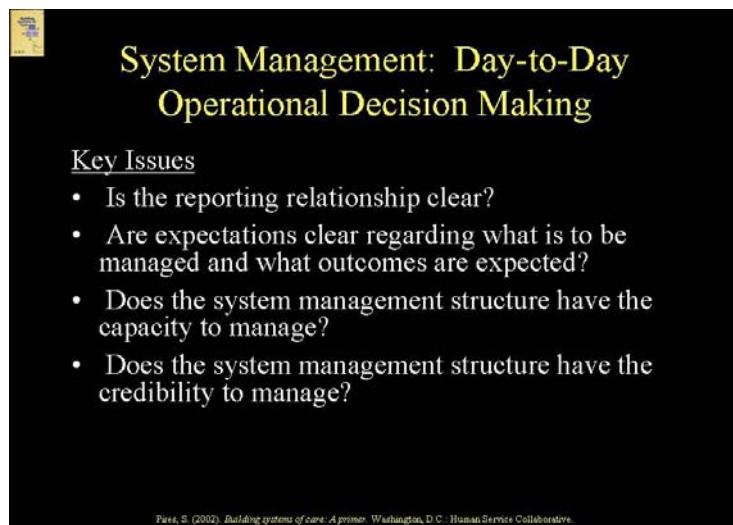
Over time, this governing body re-structured, as shown in Illustration 1.2B. The County Executive drew up an Executive Order to give the board its authority and cited the State legislation. The DSS Director's role became the same as that of other board members. The system of care director reports to the board and meets with the board monthly. Families and youth served by the system are represented on the board. The board created a Providers Forum to elicit quarterly input from providers. The board set up feedback loops; service coordinators and families and youth served by the system but not actually serving on the board meet quarterly with the board. The Executive Order and the board's by-laws make it clear that the board is sharing liability for outcomes.

Function: System Management

We now turn from Governance to System Management, beginning with key issues in structuring system management

Key Issues for System Management Structures

SLIDE 16 (105)



System Management: Day-to-Day Operational Decision Making

Key Issues

- Is the reporting relationship clear?
- Are expectations clear regarding what is to be managed and what outcomes are expected?
- Does the system management structure have the capacity to manage?
- Does the system management structure have the credibility to manage?

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

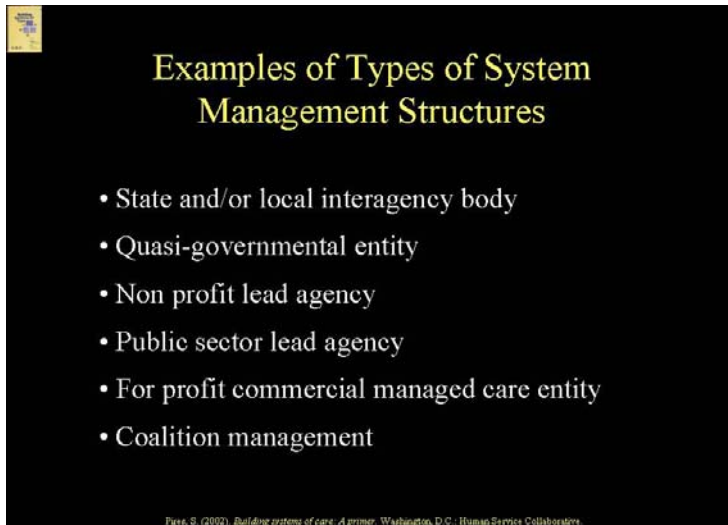
There are also key issues that must be addressed for system management entities: reporting relationships, expectations and outcomes to be achieved, technical and staff capacity, and credibility.

Trainer's Notes

Give participants an opportunity to ask any questions about governance or the material that you have covered thus far. Let participants know that we are now turning from Governance to System Management, beginning with key issues in structuring System Management.

Types of System Management Structures

SLIDE 17 (106)



Examples of Types of System Management Structures

- State and/or local interagency body
- Quasi-governmental entity
- Non profit lead agency
- Public sector lead agency
- For profit commercial managed care entity
- Coalition management

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

There are many different types of system management structures in systems of care, such as nonprofit lead agencies, for profit managed care organizations, and government entities. There is no one right or wrong type of structure, but system builders need to weigh strategically the pros and cons of different structures to determine what is the best fit for their particular system of care.

EXAMPLE

Sarasota County, Florida provides an example of a coalition management structure, in which multiple child welfare providers joined forces with community organizations, families and youth to create the *Sarasota County Coalition for Families and Children*, which serves as the locus of management accountability under contract to the child welfare system to manage service provision, care management and outcomes for all children in the County needing protective services, foster care and adoption services.

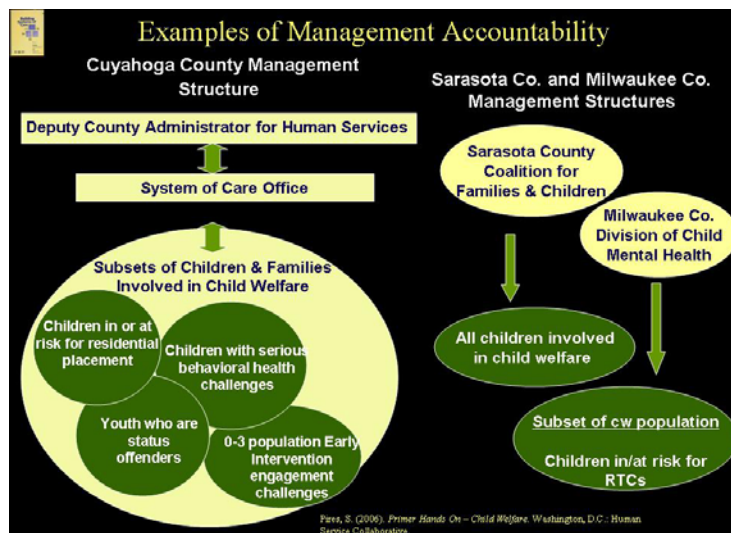
Trainer's Notes

One of the points to make in this section is that deciding how to structure system management and who should manage the system is a strategic undertaking. It involves technical, financial, political and other considerations. What might be viable in one State or community may not work in another.

You may wish to share an example of an effective system management structure from your own experience.

Locus of Management Accountability for Target Population

SLIDE 18 (107)



An important concept in systems of care is the creation of a locus of management accountability for the population(s) that are the focus of the system of care. Accountability and liability at a policy level needs to be shared, as discussed under governance. However, if system management is spread across many systems, it is unlikely the system will be well managed. Indeed, that is basically the structure we have had historically, with multiple systems managing different pieces of the system for the same families. A system of care approach seeks to create one locus of service management accountability that is managing as many relevant pieces of the system as is possible and is deliberately coordinating around the pieces that need to remain with any given system. For example, Wraparound Milwaukee manages virtually everything related to children in child welfare in or at risk for residential treatment, including placements, behavioral health services, and basic supports for families, like transportation; for the pieces it does not manage directly, including physical health care and treatment services for adult family members, it intentionally seeks to coordinate with those systems.

EXAMPLE

In **Sarasota County, Florida**, the Sarasota County Coalition serves as the locus of management accountability for County children and families who are in or at risk for child welfare involvement. For more information, contact: <http://www.dcf.state.fl.us/publications/docs/bpreport/3body1.pdf>

Trainer's Notes

Emphasize that a very important tenet of systems of care is the concept of creating a locus of system management accountability for your population(s) of focus. These are populations of children, youth and families that are involved in multiple systems. If the management accountability is all over the place, then it is unlikely that the system will be well-managed.

These are several examples of communities that have created one locus of management accountability for multi-system involved children and families. You may wish to share examples from your own experience.

EXAMPLE

In **Milwaukee County, Wisconsin** the Division of Child Mental Health Services serves as the locus of management accountability for subsets of children and families involved in child welfare, including those with serious behavioral health disorders and children in or at risk for residential placement, and it has proposed assuming management responsibility, in partnership with a Health Maintenance Organization, for all behavioral and physical health care for children in child welfare.

EXAMPLE

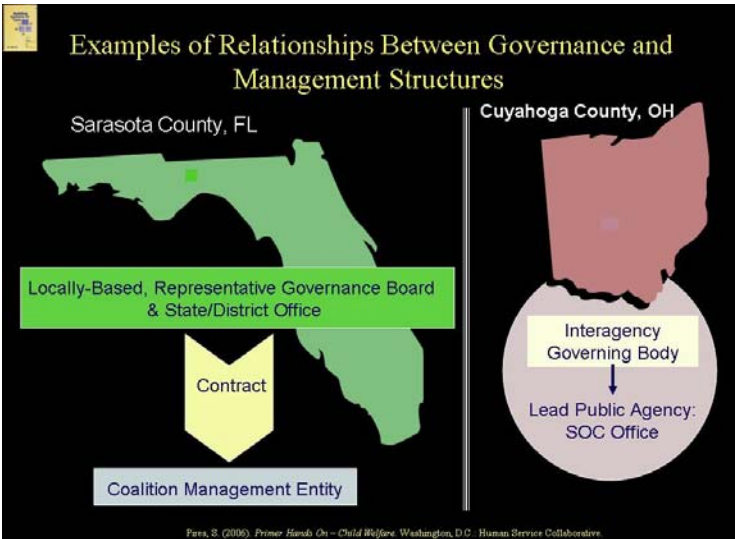
In **Cuyahoga County, Ohio**, the new System of Care Office reporting to the Deputy County Administrator for Human Services will serve as the locus of management accountability for subsets of children and families involved in child welfare, including children in or at risk for residential placement, youth who are status offenders, children with serious behavioral health problems, and a subset of the 0-3 population whose families the Early Intervention Program is having difficulty engaging.

Relationship Between Governance and System Management Structures

There needs to be a clear relationship between governance and management structures. The following illustrations provide two different examples: one in which system management is purchased via contract with a coalition management entity (Sarasota Co.) and one in which system management is lodged within a lead public agency (Cuyahoga Co.).

You may wish to share examples from your own experience that illustrate the relationship between governance bodies and system management entities.

SLIDE 19 (108)



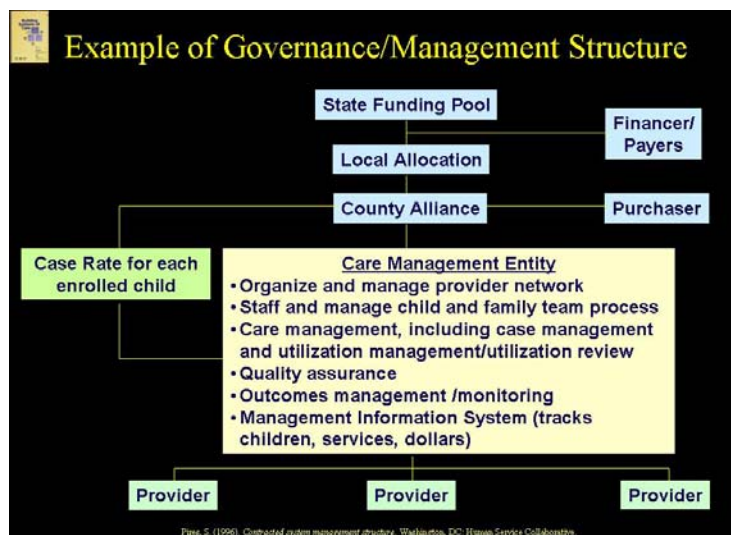
EXAMPLE

Sarasota County has a locally-based, representative governance board and State/district oversight and a coalition system management structure. **Cuyahoga County** has an interagency, cross-stakeholder body as the governing entity and a lead public agency performing system management functions.

Trainer's Notes

The next illustration shows a management structure in which State and local dollars are contracted to a service management entity, such as Maryland is planning in order to re-direct dollars from out-of-home placements in residential facilities to home and community-based services and supports and service management.

SLIDE 20 (109)



You may have an example to share from your own experience of governance and system management structures that mirror the example shown in Slide 109.

There is no one right or wrong governance or system management structure, as long as the structure takes into account the key issues for governance and system management entities. However, there are pros and cons to every structure, which will vary in every State and community. For example, creation of a new nonprofit, 501 (c) 3 entity in the management role may be perceived in some communities as “creation of just another nonprofit that will compete for funds”. In other communities, this may be perceived as the optimal route because there is no existing entity - nonprofit, for profit or governmental - that has the capacity or credibility to assume the management role. Similarly, a for profit company may have the technical capability to be the system manager, but may lack credibility with key stakeholders.

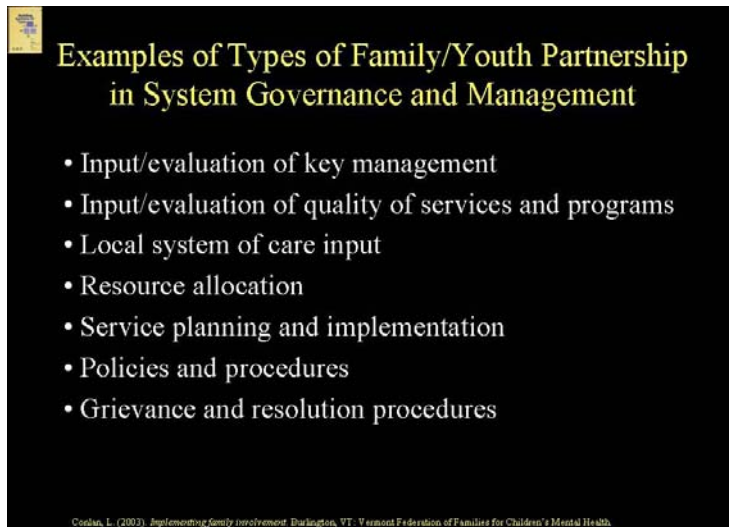
The essential point is that system builders must think strategically about the pros and cons of different governance and management structures. They may not be able to put in place the optimal structures for their

particular communities due to political, technical, economic, or other reasons; however, by thinking strategically, system builders can plan for shortcomings, as well as for future optimization strategies.

Trainer's Notes

Involving Families and Youth in System Management

SLIDE 21 (110)



You may wish to share specific examples from your own experience of how families and youth are involved in governance and system management entities.

Examples of how system management structures can involve families and youth and diverse constituencies include their providing input/evaluation regarding: key management positions; the quality of services and the overall functioning of the system of care; resource allocation decisions; service planning and implementation; policies and procedures; grievance and resolution procedures, etc. Families and youth may be involved in advisory capacities, in management oversight, such as quality improvement (QI) processes, and in management operations, such as personnel selection.

Culturally Competent System Management Structures

SLIDE 22 (111)



Culturally Competent Management Structures

- ✓ Hire from diverse communities
- ✓ Incorporate quality improvement that addresses issues important to racial and ethnic communities (e.g., disparity and disproportionality)
- ✓ Outreach to and engage racially/ethnically diverse stakeholders, other “minority populations”
- ✓ Conduct cultural “self assessments”

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

System management structures may become more culturally and linguistically competent through such strategies as: implementing policies to hire from racially/ethnically, socio-economically diverse communities; incorporating quality improvement measures that reflect the issues facing diverse communities; undertaking concerted outreach to and relationship-building with diverse communities and other “minority populations”; and conducting cultural “self-assessments” to ensure that management operations are culturally competent.

TEAM WORK (Team Meeting #1)

You will now have an opportunity to work within your respective teams to address a number of questions regarding planning, governance, and system management with respect to your case scenarios, which represent your system of care sites. The team meeting is an opportunity for you to apply didactic material from *Primer Hands On-Child Welfare*, as well as your own knowledge and experience, to a strategic analysis of system of care issues and challenges. In the course of your team meeting, you need to designate a recorder and lead “reporter” to report back to the large group after the team meeting. Your team is free to add details and particulars to your case scenarios, as long as all team members agree on them, and they are within the realm of possibility. In some cases, your “system of care” may not yet have a given structure in place, in which case your strategies will be geared toward developing, rather than improving, that structure. Teams need to be creative and strategic as they wrestle with the following questions:

Trainer’s Notes

You may wish to share specific examples from your own experience of system management structures that are culturally and linguistically competent.

Team Meeting and Report Back Session

Method

Team work and Large Group Discussion

Training Aids

Flip charts with markers (one chart for each table); Case Scenarios U, S, A; Questions for Team Work

Approximate Time

1 hr. 45 min. (for both team work and group discussion)

Goals

Participants will work within their respective teams to address a number of questions regarding planning, governance, and system management with respect to their case scenarios, which represent

- 1.) How is our planning process structured? What are the strengths and shortcomings in our current planning structure? How does our planning structure incorporate partnership with families/youth and other systems, and what makes the structure culturally competent? What strategies can we implement to improve our planning process structure? What are the pros and cons of these strategies? *Has our planning process led to consensus on the target population and on a design for the system of care guided by a consensus on values and a practice model?*
- 2.) What is the governance structure for our system of care? What are its strengths and shortcomings? How does our governance structure incorporate partnership with families/youth, and what makes the structure culturally competent? What strategies can we implement to strengthen the governance structure? What are the pros and cons of these strategies?
- 3.) What is our system management structure? What are its strengths and shortcomings? How does the system management structure incorporate partnership with families and youth and what makes the structure culturally competent? What strategies can we implement to strengthen the system management structure? What are the pros and cons of these strategies?

Report Back and Large Group Discussion

The designated reporter from your team reports back to the large group, providing a concise summary of your team's deliberations, how the team answered the questions posed, and your team's observations on your own group process. Each team has 10 minutes for this report. After each team reports, the large group has the opportunity to weigh in with observations that can add to understanding about both the process and the strategic work undertaken by the team. The team meetings and large group discussion provide an opportunity for peer learning and exchange, taking advantage of the collective "best thinking" of participants

their system of care sites.

The team meeting is an opportunity for participants to apply didactic material from *Primer Hands On-Child Welfare*, as well as their own knowledge and experience, to a strategic analysis of system of care issues and challenges.

Each team needs to designate a recorder and a reporter, as team deliberations will be reported back when the large group reconvenes. Each team also might want to choose a facilitator from among their ranks for their team process.

Encourage participants to be creative and strategic as they wrestle with the questions.

In some cases, a team's "system of care site" may not have structured a particular function. Encourage team members to develop appropriate structures in these cases. Also, advise them that they are free to add details to their case scenarios as long as all members of the team agree to them, and they are within the realm of possibility.

Report Back and Large Group Discussion -

Explain that the designated reporter from each team will report back to the large group, providing a concise summary of the team's deliberations, how the team answered the questions posed, and observations on the team's group process.

Each team will have 10 minutes for this report. After each team reports, the large group should be asked to weigh in with observations that can add to understanding about both the process and the strategic work undertaken by

the team. The trainer(s) facilitate this discussion, offering their own observations as well. The team meetings and large group discussion provide an opportunity for peer learning and exchange, taking advantage of the collective "best thinking" of participants.

The following are some of the issues and points that you might want to make sure surface following Team Meeting #1 on Planning, Governance and System Management (Note. As the trainer, you want to give each of the teams the opportunity to surface these issues; you would raise these issues and points -- perhaps as questions -- only if they are not addressed by the teams in their reports or if you want to add something about them. Also, you want to ask other participants if they have thoughts, comments, questions, before you, as trainer, make your points. You are leading a guided discussion, which works best the more that participants themselves can generate key points.)

- This is the first opportunity for teams to describe, and the large group to hear about, the system of care communities so it is helpful if each team provides a basic overview of their SOC community.
- It should be clear what the populations of focus are in each community (e.g., Metro: youth transitioning out of foster care; Fairview County: children and youth in out-of-home placements with a priority on child welfare-involved children; Heartland: families in which methamphetamine

abuse is an issue, whose children are in, or at risk for involvement in, child welfare).

- It helps to orient others if they know how long the system building process has been in place (i.e., Metro: 2 years; Fairview County: 4 years; Heartland: 1 year); teams should have some sense of whether their communities are where they should be in their development process or are struggling.
- Specific issues about Planning: Is there a structured planning process and a plan for system design? If not, has the team come up with strategies for making progress? If yes, where are improvements needed?
- Specific issues about Governance and System Management: Are these organized as two distinct functions? Has the team developed strategies to improve or create governance and system management entities? (For example, is the Task Force in Metro the Governance body? Metro is contemplating a lead agency approach for system management. How can it be further developed? Fairview County has an Interagency Governance Board that also seems to be doing system management, perhaps without fully realizing it or deciding that it wants to or should do this function. Heartland does not appear to have a Governance body and only rudimentary system management capacity. What steps might the team propose to address these issues?).