

Interagency Collaboration in Rural Areas

In rural areas across the country, children and families experience problems accessing a broad range of critical social and health services. This is reflected in the results of the child and family services review process that show many states needing to improve access to services in rural areas. There is increasing recognition of the need to improve coordination and integration of policy and services on the federal, state and local levels (see *Publications: One Department Serving Rural America*).

This newsletter explores two approaches to interagency collaboration in rural areas, and the potential of these collaborations to improve the services available to children and families. First we feature the work of local, community-based interagency groups, and highlight the HERO collaboration and family resource center in Hale County, Alabama. Second, we discuss collaboration between child-serving systems at the state level that support interagency teamwork on the local level, illustrated by the partnerships between child welfare, mental health and local systems of care in Utah. We also include resources on collaboration—from public agencies, resource centers and literature—and our inaugural “Quality Assurance Corner.” Please give us your feedback and suggestions (*see back cover*)!

- Kris Sahonchik

Collaborative Efforts to Increase Services: Hale County, Alabama

Needs

In the early 1990s, Hale County, Alabama hadn't changed much since Walker Evans and James Agee worked there in the 1930s, gathering life stories and photographs for their book, *Let Us Now Praise Famous Men*, which helped raise America's consciousness of rural poverty. The population of just under 17,000 live in deep poverty typical of the region – in 1990, 47% of the county's children lived in poverty. Substandard housing and lack of employment opportunities were also prevalent.

The local juvenile court judge, William Ryan, got frustrated at the fact that there were no services available for teenagers coming through his courtroom until they got into serious trouble. He began to talk about the needs with others in the community, and about what they could do to address them.

Getting Started

These discussions led Judge Ryan to work with others to form the Hale County Empowerment and Revitalization Organization (HERO), which brought together representatives from a broad range of public agencies, including human services, mental health, public health and education, with the courts and representatives from the faith community, businesses, and families. HERO formed a number of subcommittees, including one on children, youth and families (CYF).

In 1994 HERO decided to apply for an Empowerment Zone grant from the US Department of Agriculture and the Department of Housing and Urban Development. The grant required broad based community collaboration, and the county hired a community advocate to work on the grant. She organized local focus groups, which brought together people who had never been in the same room, and people who had never had a voice, to talk about community needs and what could be done about them. The community did not get the grant, but the citizens involved decided they did not want to stop meeting and working together. They continue to work through HERO to develop and enhance local services.

Goals

The HERO organization works to coordinate existing services, and provides a forum for identifying the issues the community faces and coming up with solutions. Early on, for example, representatives from several agencies realized that they were all offering parenting classes, and none were particularly successful. They decided to focus their services and refer families to the appropriate agency, increasing the availability of effective interventions for families needing this service.

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It was clear to the CYF subcommittee that there were not enough resources in the community, and that they wanted to coordinate the ones that did exist and spur development of new ones by starting a family resource center. Due to the lack of public transportation, they felt it was critical to put services in a central location. In 1996, when the first round of Title IV-B, subpart 2 (then known as family preservation and support funds) federal funds became available, the CYF subcommittee organized a collaborative effort to develop a center. They found a perfect location – a building in the center of the county seat of Greensboro, across the street from the Department of Human Resources and walking distance to the health department, the school department, city hall and the library.

The local landlord, a member of HERO, agreed to provide the building at 1/3 of the usual rent, university architecture students did the drawings, a local minimum security prison provided the labor and a local minister, Reverend Moore, agreed to oversee the renovations. The process of opening the center would have taken \$100,000, but donated services allowed it to be completed for \$20,000. The HERO family resource center is an independent, community-based organization that continues to receive Title IV-B subpart 2 funds. HERO and the HERO family resource center seek to empower families to meet their needs and to keep kids safe and healthy.

Responding to needs

The work of HERO and the family resource center have dramatically increased services for families in Hale County. The representatives on HERO, a broad range of partners across agencies and throughout the community, work together to identify needs, and then search out resources and programs to meet

those needs. HERO's vision of empowering families has led to education, family support and workforce development services that provide opportunities for families and children. One of the first services offered at the resource center was a GED program—previously residents had to travel to another county for GED classes.

Around the time HERO was starting, the director of the Hale County Department of Human Resources (DHR), Teresa Costanzo, was conscious of a crisis in housing. With close to 1700 substandard homes, many people and families served by the department were living in unsafe conditions. Costanzo attended a meeting where she met Samuel Mockbee, an Auburn University architecture professor who was interested in starting a service-learning project for architecture students. She asked him if students would be willing to do home repairs for department clients if the department purchased supplies. This was the beginning of an extensive collaboration between the DHR and the Auburn University Rural Studio in which forty architecture students each semester live in the county and perform public service.

Each year, the students build a new home for a DHR client, selected from candidates proposed by the department. They also make emergency home repairs in cases where there is an immediate risk to health and safety. Finally, every year a group of students complete a community project, which have included community centers, a boys and girls club and a chapel.

One year, the students responded to the DHR director's wish for a warm, friendly place to interview clients and to use for supervised family visits by designing and constructing a Children's Center adjacent to the family resource center. Another year students built a playground, and

they are currently working on a child-care building, both located adjacent to the Children's Center. Many of the studio's homes and buildings are noted for their unique designs and innovative use of recycled and donated building materials to keep down costs.

Leaders of the Rural Studio stress the "win-win" nature of collaborations with universities, and the tremendous potential of these partnerships. Students learn about their profession through service-learning community projects that are driven by client's needs. They are exposed to the impact of poverty and listen to and work with their clients to design buildings that meet their needs. Communities gain from the energy, knowledge and labor that students contribute to their projects. Steve Hoffman, an instructor in the Rural Studio, points out that all states have land grant universities whose mission includes outreach, and he and Costanzo challenge public managers and universities to reach out to one another.

Collaborations with education, public health, health, businesses and job training and welfare departments have led to numerous other services to meet needs. Collaborations with the judiciary and the faith community are facilitated by committed leaders from those sectors who have been involved in the collaboration from the beginning. Judge Ryan serves as chair of the HERO board, and Rev. Moore currently chairs the Children, Youth and Families subcommittee.

Services are provided in diverse locations – at the family resource center and the adjacent buildings, at the county's schools and on site through mobile services that go out to local communities and homes. Educational services include early childhood programs for three- and four-year-olds that include a parent component, a van that provides after school tutoring, an alternative GED program for out of school youth, and adult GED and literacy classes.

Other family services include Bright Beginnings, a teen pregnancy program that supports teenage mothers, and a home visitation program for parents of young children which uses an out of service ambulance dubbed the “angel van.” There are other family and parenting education classes offered at the family resource center. In addition, a school-to-career program encourages young people to stay in school and pursue higher education options, and a leadership development program for juniors in high school (with a developing alumni network) promotes commitment to the community.

In addition to these education and family services, HERO focuses on developing human resources. HERO staff have worked closely with local businesses to provide workforce training and welfare to work programs. Many involve creative arrangements where adults are paid for time on the job, trained in work skills, and mentored after they have completed the programs. Through concerted partnerships with local employers, the county had reduced their TANF caseload by more than 50% prior to the beginning of welfare reform. They continue to expand these services, including mobile classrooms that house GED and workforce training programs. Additionally, Rural Studio students renovated an old building on Main Street, now known as the “Knowledge Café,” which serves as the home of the Community Career Resource Center, a welfare to work program.

Value for Child Welfare Clients

The Alabama DHR requires child welfare caseworkers to develop individualized service plans for families receiving services, and have been urging caseworkers to build on family and community strengths. Costanzo recalls trying out this approach in the mid-1990s with a newly trained caseworker. In one of her cases, a young mother who had been neglecting her four children

was connected to a job readiness class at the family resource center, and Rural Studio students made repairs to her home. The mother was reunited with her children, convincing the Director of the value of the services provided through the HERO collaboration. The DHR is located across the street from the resource center, and caseworkers continue to include family resource center services in their case plans, while DHR managers serve on the HERO board.

Outcomes

Specific programs of the resource center have yielded positive results, and overall the services have influenced some indicators of child and family well being in the county. Prior to the Bright Beginnings program, Hale County had the highest infant mortality rate in the United States. By 2001, the infant mortality rate had decreased significantly. Instead of having the highest number of deaths in the state (67th out of 67 counties) the county moved to having one of the lowest numbers of deaths (3rd out of 67). Of the 100 girls who had participated in the program, all had full term babies and only two had gotten pregnant again and two had dropped out of school. The rate of children with substantiated indications of child abuse or neglect dropped from 35.7/1000 in 1990 to 4.1/1000 in 2000. The county also saw a reduction in the numbers of families on TANF and receiving food stamps, along with a reduction in the child poverty rate from 47% in 1990 to 34% in 2000.

Growing as a Collaborative

HERO now owns or leases about 3/5 of a city block in downtown Greensboro, and calls the area a “community campus,” offering opportunities for learning, development and empowerment to everyone in the community. Residents using the campus – including the family resource center, the children’s center, the child care building and playground, the workforce development

trailers and the Knowledge Café – benefit from the ability to walk to and easily access many other services within a block or two of the campus.

Maintaining the programs that are needed with multiple and time limited funding streams is a challenge for HERO. Just as HERO aims to empower families to be healthy and self-sufficient, the collaborative aims to build a stronger community and to minimize dependence on subsidies. To attain this, HERO’s leaders see a need for a regional approach, and for sustained, focused investment in the development of depressed rural areas. The county is participating in one such regional initiative in which the federal Health Resources and Services Administration is providing \$6.3 million to 205 rural counties in the eight states in the Mississippi delta region. The Mississippi Delta Rural Development Network aims to improve health care in the region by funding the development of statewide and local networks that will assess needs and resources and develop plans for improvement.

The collaboration in Hale County has worked effectively with a wide range of partners to assess and respond to community needs and to strengthen local families. To find out more about Hale County:

- The HERO website: <http://www.heroknowledge.net/>
- *Rural Studio: Samuel Mockbee and the Architecture of Decency*, by Andrea Oppenheimer Dean and Timothy Hursley, Princeton Architectural Press, New York, New York, 2002. This book chronicles the work of the Rural Studio in the towns of Hale County, accompanied by illustrative photographs.
- “The Rural Studio,” a documentary film produced by Blueprint Productions. For more information: www.ruralstudiofilm.com or (212) 563-5604

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- Resource Center for Organizational Improvement teleconference, October 4, 2001: "Creating Innovative Partnerships to Drive Resource Development: Hale County's Story". This teleconference featured presentations by Teresa Costanzo, Judge William Ryan and Steve Hoffman with the Auburn Rural Studio. It included advice from Costanzo on creating and maintaining collaboration. Audiotapes and handout packages are available from the Resource Center Clearinghouse at 1-800-435-7543 (\$10 each)

"If you always do what you've always done you'll always get what you've always gotten."

Teresa Costanzo

"It was during this first year of reaching out to partners that I began to get really excited, because I saw things happen for families that had never happened before."

Teresa Costanzo

"Local businesses can be extremely beneficial for communities, especially if you consider non traditional avenues of service delivery."

Teresa Costanzo

"Universities ... are really untapped wellsprings of all kinds of resources, whether they be monetary, simply knowledge or what we call neck down labor"

Steve Hoffman

Cross System Collaboration: Child Welfare and Mental Health in Utah

In Utah, the child welfare agency has been working to implement new practice principles and skills within the agency at the same time that the mental health agency has been involved in building systems of care in frontier regions of the state to better meet the needs of children with severe emotional disturbances. The two systems realized that they were serving many of the same children, and that they were being guided by similar principles. Child welfare and mental health collaborated on developing training on the practice model, and in some areas, child welfare caseworkers and mental health therapists have been jointly trained and are working together on teams.

In 1999, in response to the provisions of a settlement agreement, the Utah Division of Child and Family Services (DCFS) developed the Performance Milestone Plan. The plan details the goals and outcomes the department is pursuing, and the development of a practice model to guide casework. A collaborative process was used to develop the seven principles in the model, and DCFS has identified five related sets of "practice skills." Each of these practice skills is covered in a different module, and all child welfare staff have now received training in all five modules. The modules are engaging, teaming, assessing, planning and intervening. The model reflects a major culture change that DCFS is trying to bring about, where practice will focus on engaging families, children and other essential individuals and pulling them together with others into a team that will be a resource for the family and for the agency.

At the same time, the Division of Mental Health, along with a local mental health center, received a five year grant from the Center for Mental Health Services (under the Comprehensive Community Mental Health Services for Children and Their Families program) to develop systems of care for children and youth with severe emotional disturbances living in rural, frontier areas of the state. Systems of care are child- and family-centered, strengths-based service delivery systems that are multi-agency, collaborative and community-based. This partnership, the Utah Frontiers Project (UFP), has since expanded to another three-county region.

The staff and consultants involved with these two projects realized that they were often working with the same children and families, and that not collaborating had a negative impact on these families. They also realized that they were trying to promote similar principles for practice, even though they sometimes used different language to describe them. A value that both systems shared was that each family should have a team that they get to choose, that involves family members and informal supports, and that is focused on finding solutions to issues within the team. While mental health therapists see the team as a therapeutic intervention, and child welfare staff use a family group decision-making model, the basic idea was the same. Another value shared by both systems is a strengths orientation, which calls for identifying and building on family strengths. Again, this is called different things by the two systems – "assessing strengths" in child welfare and "strengths discovery" in mental health.

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Resources for Collaboration

From Public Agencies...

Child Welfare

Some of the funding sources to support collaboration from the Children's Bureau, Administration for Children and Families, are listed below. More information can be found at www.acf.dhh.gov/cb

- Title IV-B, subpart 2 funds (known as the Preserving Safe and Stable Families funds) provides funds to states to provide family support, family preservation, time-limited family reunification, and services to promote and support adoptions.
- Community-based family resource network grants are provided to states to develop and implement, or expand and enhance, a comprehensive, statewide system of community-based family resource services.

Health

The Office of Rural Health Policy in the U.S. Department of Health and Human Services provides information about potential partners and funding sources for collaborative work to increase access to health care services in rural areas. The federal office:

- supports state offices of rural health. Some states have strong offices of rural health with staff available to help develop collaborative efforts to improve health.
- oversees the rural hospital flexibility grant program. This program allows small hospitals to be licensed as critical access hospitals, which are encouraged to be involved in rural health care collaborative networks.
- manages the rural health outreach grant program. This program emphasizes creative strategies for service delivery, which requires the grantee to form networks with at least two additional partners. Rural communities have used these funds to increase health checkups for children and prenatal care for pregnant women.

More information can be found at the Rural Health Policy website at <http://ruralhealth.hrsa.gov/funding/>

Mental Health

The Comprehensive Community Mental Health Services for Children and Their Families Program is managed by the Child, Adolescent and Family Branch of the Center for Mental Health Services of the U.S. Department of Health and Human Services. Grants continue to be awarded, and grant recipients are working to establish systems of care. For more information see <http://www.mentalhealth.org/cmhs/ChildrensCampaign>

Housing and Community Development

- Information about grant programs of the U.S. Department of Housing and Urban Development can be found at the website: www.hud.gov.
- Other housing and community development funds are available from the U.S. Department of Agriculture: www.rurdev.usda.gov

Publications....

On HHS Policy: *One Department Serving Rural America: HHS Rural Task Force Report to the Secretary*, July 2002. This report examines ways to improve health and human services for rural Americans. The report can be accessed through the rural health policy website at <http://ruralhealth.hrsa.gov/initiative.htm>.

On Promoting Child and Family Well Being: The Child Welfare League of America's project, Making Children A National Priority, includes a Framework for Community Action and a companion Community Implementation Guide, which provides tools and resources to support community efforts to improve child and family well being. More information is on the CWLA website: <http://www.cwla.org>

On Collaboration: Listed below are publications on lessons learned from collaborative efforts involving child welfare agencies. Each highlights collaborative efforts in one or more rural areas:

Collaboration Basics: Strategies from Six Communities Engaged in Collaborative Efforts Among Families, Child Welfare and Children's Mental Health, by Deborah Roderick Stark, September, 1999.

This report describes the successes and challenges of six Partnership for Action pilot sites that worked on collaborations between families, child welfare and children's mental health. The report describes principles and elements of effective collaboration, illustrating each point with examples from the pilot sites. It also provides a suggested collaborative project checklist. Available from the National Technical Assistance

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Publications....

Center for Children's Mental Health at 202-687-5000 or www.dml.georgetown.edu/gucdc (under publications, child welfare), \$7

Cross System Collaboration: Tools that Work, by James Hoel, 1998. This book grew out of a multi-stage project of the Child Welfare League of America to encourage both family-focused practice in child welfare agencies and collaborative partnerships in communities to support family centered practice. This book describes the "toolbox" of effective practices identified through a series of community forums in Iowa, and illustrates these with examples from collaborative projects. While Hoel highlights the critical interpersonal elements of collaboration – such as mutual respect – he also highlights the importance on the state context, the power of structural elements to enhance collaboration, and the critical leadership elements that help to move collaborations forward. Available from the Child Welfare League of America's publications department at (202) 638-2952 or www.cwla.org, \$8.95



From the Resource Center for Organizational Improvement...

The National Child Welfare Resource Center for Organizational Improvement provides resources to help child welfare agencies improve their management and operations. Some services that can help states improve service array in rural areas include:

- Assistance with a statewide planning process that develops program improvement plans and IV-B child and family services plans, and that drops these plans down to the regional and county level for implementation. This process can be used to involve child welfare staff and stakeholders at all levels in working towards established outcomes and implementing program improvements.
- As part of the CFSR process, we assist states in assessing and improving their approaches to stakeholder involvement in the planning and program improvement process. We have helped states develop structures that include stakeholders, conduct outreach sessions, and develop community based networks to provide input and assistance to the child welfare agency.
- Technical assistance on developing or strengthening quality assurance systems to regularly evaluate the quality of services in all regions of the states and to use the information generated to make program improvements (See *QA Corner*)

For example, after Mississippi conducted a pilot CFSR, we assisted the state in developing a strategic plan with outcomes, goals and specific activities that the state would pursue. We also assisted the state in developing county level permanency partnership networks, which are collaborative groups formed to assess and work to improve local services. To find out more about our services, visit our website at www.muskie.usm.maine.edu/helpkid or call us at 1-800-435-7543.

...and from other Resource Centers

The National Child Welfare Resource Center for Family-Centered Practice seeks to enhance the capacity of state and tribal child welfare agencies to plan, implement and evaluate family-centered services and to promote community partnerships. Helpful publications include:

- Fall 2000 issue of the newsletter *Best Practice, Next Practice* on *Community Collaborations* This issue discusses the promise of community collaborations and highlights collaborative efforts in Jacksonville, FL, and Rock Island, IL, and Patch projects in Massachusetts. Information and publications can be found at: <http://www.cwresource.org> or call 202-638-7922

The National Child Welfare Resource Center for Foster Care and Permanency Planning provides training, technical assistance and information services to increase the capacity of child welfare agencies to provide children with safe, permanent families in supportive communities. For example, the resource center provided training to the Choctaw Indian tribe in Mississippi on implementing a wraparound approach to case management that involves families and communities in providing individualized services to families in need. This work is described in the Resource Center's Winter 2002 newsletter issue: *Permanency Planning Today*. For information and publications check <http://www.hunter.cuny.edu/socwork/nrcfcpp> or call (212) 452-7053.



Welcome to the inaugural QA Corner column! My name is Peter Watson and I focus on quality assurance issues at the National Child Welfare Resource Center for Organizational Improvement. I work with numerous child welfare organizations (federal, state, local, nonprofit, and private) throughout the country on a range of QA initiatives, and I would like to use the QA Corner to inform child welfare professionals about successful and innovative quality assurance approaches and practices. The QA Corner will appear regularly in *Managing Care* as well as on the Resource Center's website: www.muskie.maine.edu/helpkids/qacorner.

I am writing from a rural county in northern Minnesota where I have been working with the Minnesota Department of Human Services' External Review team. These committed state reviewers have traveled throughout Minnesota since 1998 to conduct county child welfare reviews, and the current process combines extensive case file reviews with staff and stakeholder interviews. However, this week we are using the federal Child and Family Services Review (CFSR) process and instruments to experiment with a more qualitative and outcome-focused approach to reviewing child welfare cases. Each team of state and county or tribal staff reviews two case files extensively and then interviews some of the key people involved in each case, including social workers, parents, children, foster parents and other key providers.

As a result of an increased focus on outcomes and the implementation of the CFSR process in the past few years, a number of states and counties have begun to explore or implement qualitative case reviews. My recent experience in Minnesota and other states highlights a range of key issues QA staff should consider in developing and piloting qualitative case review systems:

- Consider using the CFSR instruments and process as the foundation for your first pilot review, and then modify them based on the needs of your state.
- Explain the goals of the pilot process clearly to the local office/county that will be reviewed and set realistic expectations for results (e.g., format and timeliness of final report).
- Include state QA and other staff, staff from other counties or local areas, and external stakeholders on the review team.
- Designate a lead person from the county who will take responsibility for critical logistics such as scheduling and sequencing interviews with key case participants.

- Randomly select cases for review and oversample initially since many cases may not be included once local staff check the specifics and attempt to set up interviews with key case participants.
- Designate a site leader who will train the review team, conduct entrance and exit conferences, and lead daily case debriefings as teams complete case reviews.
- Provide training to all members of the review team on the process and instruments before the review.
- Include county data illustrating performance on national standards and any additional state standards that may apply in the review process.
- Provide avenues for county and stakeholder input through a county self-assessment before the review and/or interviews with key county staff and external stakeholders during the review.
- Conduct an entrance conference to orient local staff and review team.
- Conduct an exit conference to provide immediate feedback to local staff and stakeholders at the conclusion of the review.
- Revise the review process and instruments based on pilot.

While these points summarize some broad issues, the Resource Center has developed and collected more detailed information and examples that would help any state, county or other organization develop and pilot a qualitative review process similar to the CFSR. In addition, the QA Corner website (www.muskie.maine.edu/helpkids/qacorner) contains links to materials from other states and organizations that should be helpful.

Please check the website and get in touch anytime by telephone or email if you have questions or need more information.

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Mental health staff and consultants participated in the development of the practice model training for DCFS staff. The mental health partners brought many of these insights about the similarities with systems of care into the discussion. Child welfare and mental health staff have worked on developing a shared training effort and unified service plans. In the UFP areas, a multi-agency administrative team is developing a training curriculum based on the practice model principle and

system of care values that will be offered to all staff across agencies.

In some areas of the state, child welfare/mental health teams have received joint training, and work together on the case level. In the UFP areas, child welfare and mental health have developed a process that the family team uses to decide whether child welfare, mental health, or another person should lead the family team. This has led to collaborative efforts where either mental health therapists or child welfare

caseworkers have led joint family teams. For example, in Cedar City, child welfare caseworkers have asked mental health therapists to come in and lead teams, which have then found solutions for issues in families' lives. As awareness of the similarities between child welfare practice principles and system of care principles grows, workers in the two systems will continue to work together on the local level where services are delivered to families.

We'd like to hear from you!

We continue to produce Managing Care on a regular basis, and would like to know what you think. Did you find this issue to be useful? Do you have suggestions for how we could improve the publication? Are there topics you would like us to address? Please e-mail comments to: patn@usm.maine.edu.

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