

Child welfare matters.

Improving organizations, making a difference



Spring/Summer, 2008

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This issue of *Child Welfare Matters* explores the system of care approach and its value in promoting systemic reform in child welfare. The issue provides some basic information on systems of care—what they are, why agencies should consider this approach, and steps to build these systems. We include interviews with child welfare leaders who are using systems of care and highlight resources and technical assistance that can help agencies move forward to improve their systems. For example, the NRCOI has sponsored the development of a new training and technical assistance resource—*Primer Hands On—Child Welfare*—to guide child welfare leaders and stakeholders in using this approach to build stronger systems and improve outcomes for children, youth and families.

Your goal is to help children and families.

Our goal is to help you.

As always, our goal is to help you serve children and families and we welcome your feedback and questions.

Thanks, Peter Watson

The material in this issue was compiled by Mary O'Brien, with assistance from Jan McCarthy, Sheila Pires, Peter Watson, Steve Preister, Melody Roe, Anne Bernard, Susan Kanak, professional and family representatives from the agencies highlighted and colleagues from National Resource Centers.

Systemic Reform: Using the System of Care Approach

Around the country, child welfare agencies are exploring the system of care approach to systemic reform and to improving outcomes for children, youth and families. A system of care is a set of values and principles that provide a framework for systems reform.¹ The framework helps agencies and their partners build systems and operationalize the values and principles, such as partnering with families and youth and collaborating across systems.² Jan McCarthy, a recently retired national leader in promoting systems of care, believes that systems of care are “about how we work with families, colleagues and community partners—collaboratively and respectfully—to embrace values and principles and build systems that work.” For this issue, we asked Jan to share her perspective on the key features of a system of care approach.

Features of Systems of Care

For 13 years, Jan McCarthy served as Director of Child Welfare Policy at the National Technical Assistance Center for Children’s Mental Health, which promotes building systems of care. The federal Administration for Children and Families (ACF) funded this position to ensure that child welfare issues would be addressed in the system building work of the National TA Center, and to strengthen collaboration between mental health and child welfare.

Values and Principles: Values and principles are absolutely the most important parts of systems of care. I believe that without a common value base, it’s impossible to build a system of care that will work. Values guide the way people work with each other, how they structure the system, the types of services that are offered and how they make decisions. When you come to a bump in the road, going back to common values can help you get over that bump.

¹ Stroul, B. (2002). *Issue brief – Systems of care: A framework for system reform in children’s mental health*. Washington, DC: National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development.

² Many of the concepts in this issue were articulated by Sheila A. Pires in *Building Systems of Care: A Primer*. (2002). Washington, DC: National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development.

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National Child Welfare Resource Center for Organizational Improvement

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Using the System of Care Approach

from page 1.

I believe there are four core values in systems of care: *partnerships with families and youth, cultural and linguistic competence, community-based services and supports, and collaboration.*

- **Partnerships with Families and Youth:** In systems of care, families and youth are actively involved in their own service plans and in making decisions. For example, rather than being viewed only as “clients,” families become resources—for themselves on their own child and family teams, for the system as program evaluators, and for other families as peer advocates.
- **Cultural and Linguistic Competence:** In systems of care, services are intentionally designed to meet the cultural and linguistic needs of the populations of children and families served. Systems of care work proactively to eliminate disparities and reduce disproportionality.
- **Community-based Services and Supports:** Systems of care are based in communities, where efforts are made to offer a wide array of individualized services. Early intervention services are supported and efforts are made to reduce reliance on more restrictive residential care and out-of-area services.
- **Collaboration:** Systems of care are not developed, implemented or controlled by one or two systems. All of the systems that families use become part of *one* system of care. Those who build successful systems share resources and also responsibility for outcomes. They believe that collaboration across systems and with families and youth works.

Cross-system Structures: After committing to these values, a system of care builds cross-system structures to operationalize them. At each level of the system—*frontline practice* (individual child and family), *community*, and *State*—these structures allow agencies and family representatives to talk to each other, and to work, plan and make decisions together. On the *frontline practice* level this structure could be child and family teams. At both the *community* and *State* levels,

governance and mid-level management structures are necessary. A *governance structure* composed of cross-system and family leaders has the authority, resources and power to make decisions and resolve challenges. A *mid-level management structure* does the work to operationalize the system (e.g., identify and then blend or braid funds across systems). At the *community* level the governance and management structures support the work at the practice level. Each State, community and Tribe will need to design structures that work for them. This is not a “one size fits all” concept.

Back to the importance of values once more. I’ve seen cross-system structures put into place that did not achieve their goals, in part because they didn’t endorse the values. They came together, but still conducted business as usual.

Integrated Service Planning: A single family may be involved with multiple systems (e.g., schools, juvenile court, mental health, child welfare, Temporary Assistance for Needy Families (TANF), substance abuse, and/or domestic violence). Each of these systems may do separate planning with the family, but at some point they need to plan together. It is difficult for families to work with multiple systems that focus on different priorities and make conflicting demands. Therefore, systems of care create structures, such as child and family teams, to develop a single integrated service plan with each family. These teams meet at times when families can attend, offer child care, and often include peer advocates for the parents.

Systemic View: People who participate well in systems of care look at issues systemically, not from a single agency perspective. They understand how different systems are interdependent, and how decisions, policies and practices in one system can impact others. Thus, they look across systems. Having a systemic view also means looking at all levels within the system. Top level executives need to operate from the same value base as practitioners, and vice versa.

Building on Strengths: In systems of care both service planning processes with families and system-level planning processes are strength-based. On a system level this may mean, for example, that when children and families in the child welfare system need special mental health services (offered outside the child welfare system), the system of care collaborates to direct resources to the agencies best situated to provide these services; or it may co-locate mental health practitioners in the child welfare agency. The system does not invest resources in the child welfare agency to manage mental health services if they are not its strengths nor part of its mission.

Not a Separate Program: Systems of care provide a philosophy and structure for providing services for all children and families. They are *not* separate units or programs. Although systems of care can be (and usually are) designed to meet the needs of a certain group of children and families, it is essential that the system of care values permeate how we work with *all* families and children.

Primer Hands On – Child Welfare:

Training for Child Welfare Stakeholders in Building Systems of Care

This training and technical assistance resource, available on the NRCOI website at www.nrcoi.org, provides a guide to implementing systems of care for children, youth and families involved in child welfare systems. The modules contain a wide array of information, guidance, tools, examples, case scenarios, exercises, presentation slides and resources. The material is intended to strengthen the capacity of system builders to operate strategically while developing systems of care. It can be used in a variety of ways:

- as a two-day training covering all the modules;
- as separate training sessions on selected modules;
- to support targeted technical assistance efforts; and
- as information that agency staff, stakeholders or workgroups can use to increase their understanding of systems of care, and/or address specific issues.

The topics covered in the ten modules are:

- 1 Overview, Purpose and Organization of the Primer
- 2 Context: System Building Definitions, History, Values, Principles and Characteristics
- 3 The Role of Structure and Process in System Building
- 4 Cross-Cutting, Non-Negotiable Characteristics:
 - Family / Youth Partnership
 - Cultural / Linguistic Competence

KEY FUNCTIONS THAT REQUIRE STRUCTURE IN SYSTEMS OF CARE

- 5 Planning
 - Governance
 - System Management
- 6 Outreach and Engagement
 - Organized Pathways to Service / Supports
 - Screening, Assessment, Evaluation, and Service / Support Planning
- 7 Service Array
 - Financing
- 8 Provider Network, Natural Supports, Purchasing and Contracting
- 9 Service Coordination and Care Management
 - Utilization and Quality Management
- 10 Other Important System of Care Functions
 - Human Resource Development
 - External and Internal Communication
 - Information Management
 - Technical Assistance and Consultation

Wrap Up – Common Elements of Systems of Care
Resources: Acronyms, Glossary and Web Links

The NRCOI can help tailor the *Primer Hands On – Child Welfare* training and technical assistance to an agency's needs, and assist agencies in developing systems of care. We can also help you identify the Training and Technical Assistance (T/TA) Network members who can assist you in meeting your goals. Contact the NRCOI through the "contact us" form on our website, www.nrcoi.org or by calling 1-800-HELP KID (435-7543).

COMING JULY 2008

Building Systems of Care: A Primer for Child Welfare: A companion document to the *Primer Hands On – Child Welfare* training materials. Check the websites of the National Technical Assistance Center for Children's Mental Health (http://gucchd.georgetown.edu/programs/ta_center) or the NRCOI (www.nrcoi.org).

Both *Primer Hands On – Child Welfare* and *Building Systems of Care: A Primer for Child Welfare* were written by Sheila Pires, in partnership with Katherine Lazear and Lisa Conlan. They are based on Pires, S. (2002). *Building Systems of Care: A Primer*.

Why Systems of Care?

There are many compelling reasons for child welfare agencies to consider systems of care:

- **Systems of care are not just for mental health.** The system of care approach emerged from children’s mental health, but it is now being used for other populations that require services from multiple systems. In 2003, the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, provided five-year grants to nine projects under the Improving Child Welfare Outcomes Through Systems of Care Program to test whether systems of care can help achieve positive outcomes for children and families involved in child welfare.
- **The system of care values and principles are similar to Child and Family Service Review (CFSR) values.** Values that are central to the CFSR process are also central to systems of care—family-centered practice, enhancing parental capacity, and community-based, individualized services. In addition, the CFSR process requires extensive collaboration, another core value of systems of care.
- **The system of care framework allows agencies to address many of the CFSR outcomes or systemic factors.** Many of the needs identified through the CFSR process—such as lack of needed services and limited family engagement—can be addressed through systems of care. In fact, most of the CFSR outcomes and systemic factors are addressed by some aspect of the system of care approach.
- **In systems of care, child welfare agencies share responsibility with other systems.** Especially for kids in custody, child welfare agencies are obligated to provide services that kids need, but they don’t control the other service systems. This challenge can be addressed by working collaboratively across systems. Collaboration also brings different perspectives together to solve problems and allows the broader community, rather than one agency, to share responsibility during crises.
- **Family and youth engagement is possible and powerful.** Systems of care call for a fundamental shift from agencies and courts making decisions to decisions being made in partnership with children, youth and families. This can be challenging for court-involved families, but many child welfare agencies are making the shift. They find that building on strengths, and involving and listening to families and youth, leads to more effective treatment plans and offers valuable perspectives on systems reform.
- **Collaboration to build systems of care takes a long time but results in stronger systems.** Pressure on child welfare managers to change and improve services often leads them to develop new, independent programs within the child welfare agency. However, families often have multiple needs and, in the long run, agencies can build stronger, more effective systems by working collaboratively across systems.
- **Many current reforms provide building blocks for systems of care.** Family group decision making, wraparound, differential response, child and family teams, approaches to family engagement, Children’s Cabinets, and the development of practice models are just a few of the current reforms that resonate with the system of care approach. Agencies can make these initiatives part of a systemic approach to working across systems and with families to build stronger systems.
- **Systems of care can produce better outcomes.** Systems of care led by children’s mental health systems have produced positive outcomes, successfully meeting mental health needs and resulting in greater placement stability. In child welfare, value-based initiatives to coordinate a wide array of services and work collaboratively across systems and with families have reduced the recurrence of child abuse and neglect and led to other positive outcomes. For example:
 - In Minnesota, Carlton County works collaboratively to coordinate community-based services for low risk families through Family Assessment Response. Families served have fewer subsequent child maltreatment reports, costs are reduced and families are more satisfied.
(See http://www.co.carlton.mn.us/Departments/Public_Health_Human_Services/Public_Family_Social.htm)
 - Hawaii is collaborating with providers to coordinate care for low to moderate risk families, working with families to meet their needs. This Differential Response System has led to a decrease in recurrence of child abuse and neglect and a reduction in the number of children in out-of-home care.
(See the March 08 edition of Children’s Bureau Express: http://cbexpress.acf.hhs.gov/index.cfm?issue_id=2008-03)
 - The Dawn Project in Marion County, Indiana, serves children at risk of placement in residential treatment centers by establishing teams to coordinate flexible

services and partner with families. Children served are less likely to return to the child serving agencies and have increased functioning and satisfaction.

(See <http://www.kidwrap.org>)

- **Agencies can work systemically to build stronger systems without federal grant funds.** Carlton County, Minnesota is one of many child welfare agencies that has adopted system of care values and structures—such as collaboration, family partnership, and integrated service planning—as a way of operating. Others, such as Hawaii, have been assisted by free technical assistance from the National Resource Centers in the Children’s Bureau Training and Technical Assistance Network (see Resources, below).
- **Tools are available to help child welfare leaders build systems of care.** The National Child Welfare Resource Center for Organizational Improvement (NRCOI) joined with other national organizations to sponsor the development of a training and technical assistance resource, *Primer Hands On—Child Welfare*, for

leaders interested in building systems of care (see page 3). This Primer and other documents on systems of care provide tools to help communities build systems that work.

- **It is the right way to work with families and other partners.** Leaders engaged in building stronger systems of care often say that they partner with families and collaborate across systems because it is just the right thing to do. Their instincts and experience show that it makes sense and that it works better for systems and families.

This article draws extensively on an interview with Jan McCarthy and on the Primer resources described in the box on page 3.

SYSTEMS OF CARE – RESOURCES FOR CHILD WELFARE

Child Welfare Information Gateway: Systems of Care: <http://www.childwelfare.gov/systemwide/service/soc/>

This site contains extensive information on systems of care (SOC) and child welfare, and on the Administration for Children and Families (ACF) SOC grantee sites, including three publications based on their work:

- *Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure: A Guide for Communities.* This guide provides information on developing nine fundamental infrastructure components needed to support a SOC. Each section includes lessons learned by the grantees, for example:
 - **Governance:** Alamance County, NC developed a Children’s Executive Oversight Committee, learning that building relationships takes time.
 - **Continuous Quality Improvement (CQI):** Contra Costa County, CA created an evaluation team and found that establishing CQI is a difficult and time-consuming process but the result—sustained change—is worth it.
 - **Communication:** Kansas implemented a social marketing strategy to educate people about SOC principles and services and learned that engaging multiple leaders is pivotal to keeping the process moving forward.
- *Improving Child Welfare Outcomes through Systems of Care: A Guide for Strategic Planning*
- *Family Involvement in Public Child Welfare Driven Systems of Care and An Individualized Strengths-Based Approach in Public Child Welfare Driven Systems of Care*, first reports in the *A Closer Look* series, spotlight issues addressed by the ACF SOC grantees.

HELP FROM THE NRCs

Members of the Children’s Bureau Training and Technical Assistance (T/TA) Network offer help on specific aspects of building systems of care and on systemic change. To learn about the focus of each of the T/TA Network members, see *Children’s Bureau Training and Technical Assistance Network, 2008*, www.acf.hhs.gov/programs/cb/tta/cbttan.pdf.

Child Welfare Perspectives on Systems of Care

For this issue, we talked with child welfare leaders about how their agencies have used a SOC approach.

NORTH CAROLINA *A continuous focus on systemic reform, complemented by the implementation of an ACF SOC grant, has helped move North Carolina to a statewide practice based on family-centered principles of partnership and systems of care. These principles are communicated widely, and the agency involves families at all levels. Services are coordinated through child and family teams and supported by collaborative structures. We talked with JoAnn Lamm, Deputy Director, and Candice Britt, CFSR Coordinator, from the North Carolina Division of Social Services.*

From your perspective, what is a system of care (SOC)?

JoAnn Lamm: It's a philosophy and a practice model which provides a framework for how we work with families. The principles of system of care are so closely aligned with family-centered practice principles that you can't do one without the other. It all comes together in the heart of what we are doing in North Carolina—child and family teams.

Why do you see SOC as a helpful framework for child welfare?

JoAnn Lamm: Our system, like so many others, had become very prescriptive and adversarial. If you are a social worker at heart, you know that one size doesn't fit all, and that we need to individualize services for families based on unique needs. We also sensed that there was a better way to achieve positive outcomes for families that was strengths, not deficit, based. We looked at the mental health model started back in the early 90s that used a system of care approach, and while most of the funding in North Carolina had ended, we wanted to figure out a way to sustain that work. We saw the need to apply a system of care approach along with family-centered practice. The first CFSR in 2001 gave us an opportunity to move forward on better ways of working with families.

How have you used system of care principles in your second round PIP?

Candice Britt: Our onsite review recognized that our reforms provided a really strong foundation, and when we had true family engagement we developed meaningful case plans. So it made sense to deepen the work we had begun. Four of the five PIP themes are consistent with SOC: child and family involvement; interagency collaboration; individualized, strengths-based care; and cultural competence. The other one—court involvement—is also about interagency work.

What lessons have you learned as you implemented a system of care?

JoAnn Lamm: Decide what you want your system to look like and talk about it in language anyone can understand. Keep the message simple and say it over and over. It is helpful to strategically tailor your message to certain audiences so they can see what is in it for them. For example, when I talked to a representative who was a former sheriff, I talked about our strategy of greater coordination with law enforcement, and I had buy-in.

Candice Britt: We decided to apply family-centered system of care principles to our work. So in every conference room you see posters outlining the principles. When we interview candidates we ask them about the principles of partnership, and we provide training to all employees.

What advice would you give other agencies considering adopting the system of care framework?

JoAnn Lamm: Applying a system of care approach is the right thing to do, and it will enhance and improve outcomes for children and families. In North Carolina we know that families are feeling empowered, and more relatives and service providers are participating in team meetings. Data shows that the probability of a repeat assessment within six months has decreased. Many of the social workers who were opposed to what we were trying to put in place are now our best cheerleaders in North Carolina.

Candice Britt: It is important to involve everybody from the beginning—family members, counties, and other agencies. If you involve people early you can get buy-in and avoid mistakes you might make if you don't talk with everybody. It takes a lot of time and work, and you will have a lot of nay-sayers, but don't give up—and be hopeful in your message.

CUYAHOGA COUNTY *In Cuyahoga County, Ohio, wraparound coordinators based in neighborhood collaboratives serve targeted groups of children through the Tapestry System of Care. Evaluation data shows that kids served under Tapestry are more likely to stay in their families and communities, have increased stability in their living situations, and experience other positive outcomes. We talked with James McCafferty, Director of the Department of Children and Family Services, the county's child welfare agency.*

The local collaborative that applied for the federal system of care grant from the Center for Mental Health Services (CMHS) came to me because they needed help with the required local match. They proposed serving 240 kids with severe emotional disturbances (SED) with their total budget of \$17 million, and I told them that if they wanted to use this as venture capital to create a real system to deal with the needs of larger numbers of kids, then I would be willing to put some money into the pot. I thought, if building wrap teams works for kids with SED, why wouldn't this work for other kids as well? We came up with some additional subpopulations, including kids on their way to residential placement in child welfare.

Some principles and values have to be incorporated as a thread through everything that you do. For example, our agency mission statement is that children are protected and nurtured within a family and with support of the community. But large urban child welfare systems are too big to bring a massive change in everything at one time, so it made sense to target certain populations.

In Cuyahoga County, Family-to-Family has become how we do business. We saw the system of care approach as the evolution of this. It uses the neighborhood concept but involves other systems—juvenile justice, mental health, drug and alcohol prevention—in a more direct way. You have to build relationships across these systems to keep kids safe.

All the public systems that serve families have to talk about what each child and family needs, as opposed to what the system they are in does or doesn't do. For example, for years, just because a kid was in child welfare, they couldn't get Multi Systemic Therapy (MST), which was historically a juvenile justice service. That made no sense to me. A system of care approach allows you to talk about what would benefit this child and family, and bridge the barriers between systems.

Steps to building systems of care

Some child welfare agencies, like North Carolina, are focusing very broadly on developing systems of care for all children in the child welfare system. Others, like Cuyahoga County, have implemented systems of care for more specific target populations. Systems of care can be a powerful approach to strengthening services either across a whole system or for more specific populations that are experiencing poor outcomes.

As agencies move forward to develop systems of care, there are several common steps they need to take. Below, these steps are illustrated by the development of the QUEST case management program in Rock Island and Mercer Counties, Illinois.

THE QUEST EXAMPLE

- **Choose the population to serve:** In the late 1990s, families in Rock Island and Mercer Counties in Illinois had one of the highest rates of repeat maltreatment in the State. The Director of the Department of Children and Family Services (DCFS) decided to target this population and asked the counties to create a system of services and supports to keep these families out of the child welfare system and to serve them effectively.
- **Form a community collaborative:** A child welfare community collaborative was formed, involving every community stakeholder group, including families, providers, community members and public agencies.
- **Adopt values:** The collaborative committed to a participatory, shared process and to involving families and other partners in developing culturally appropriate community-based services.
- **Create structures to provide integrated services and supports:** The collaborative created a new case management program, QUEST, to serve children in the target population referred by DCFS. Under QUEST, family advocates help each family create and manage a child and family team, bringing together family members, friends, community members and providers to create an action plan.
- **Build services and supports:** The collaborative created a network of traditional and non-traditional community-based services and supports that QUEST draws on to serve families.
- **Form collaborative structures to oversee the system of care:** QUEST is governed by an 11-member board, only four of whom are providers. The board leads efforts to support integrated services, such as the case rate that allows savings to be retained and invested.

By linking families to long-term supports in their community, QUEST has been successful in reducing the rate of re-abuse among families served.

SPRING 08 TELECONFERENCES...

June 3, 2008: Building Systems of Care to Improve Child Welfare Outcomes. During this teleconference presenters describe the components of the new curriculum, *Primer Hands On – Child Welfare: Training for Child Welfare Stakeholders on Building Systems of Care*, and discuss efforts to implement these reforms in North Carolina.

June 17, 2008: Enhancing the Service Array in Child Welfare. This teleconference highlights a process agencies can use to bring together a broad group of stakeholders to assess and enhance the array of services available to children, youth and families.

June 26, 2008: Building an Effective Child Welfare Training System. This session provides an analytic framework that a child welfare agency leadership team can use to assess the extent to which its training system produces a range of professional development opportunities, resulting in a positive impact on children's safety, permanency, and well-being.

Download the audio: www.nrcoi.org

FREE!

For complete teleconference descriptions, or to register or download audio files, visit our website at

www.nrcoi.org
or call 1-800-435-7543.

Coming soon...

The NRCOI is developing a Practice Model Framework for child welfare agencies. Coming soon on our website—www.nrcoi.org—is the first section of the document, *An Introduction to the Practice Model Framework*, and we'd like your feedback! Additional pieces of the framework will be released over the next few months.

Tell us what you think.

To keep our services as useful to you as possible, we have posted a quick online survey to our website: <http://muskie.usm.maine.edu/helpkids/survey.htm>

Please take a moment to give us feedback.

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