

## Implementing Program Improvement Plans

Over the past few years, our Resource Center has provided training and technical assistance to states on strategic planning, focusing on the Program Improvement Plans (PIPs) required by the Child and Family Services Review process. The federal monitoring and potential financial sanctions associated with these plans present challenges and opportunities to states. Agencies need to assure that PIPs do not suffer the fate of many plans – after being developed, they sit on a shelf and are not implemented. This issue features interviews with representatives from two states that have implemented their PIPs, moving towards having a living document whose key features are worked on and monitored on an ongoing basis. They discuss essential aspects of implementation and share lessons learned. We highlight some resources on planning, particularly past and upcoming teleconferences on various aspects of implementing PIPs. We hope you find this information useful, and welcome your comments!

– Kris Sahonchik

During October and November of 2003, we conducted interviews with representatives of two states—Vermont and Oklahoma—whose PIPs were approved between March 2002 and January 2003. These agencies both have strong PIPs that have been implemented and are being monitored, and have been able to meet some or all of their goals in spite of budget cutbacks. In the excerpts below, the representatives share their experience with implementing and monitoring their PIPs.

Both have found that their experience points to some common, critical strategies for implementation. These include:

- prioritizing key areas for implementation;
- striving for realistic, “doable” plans;
- engaging local staff and stakeholders in the plan;
- establishing new review processes that focus on CFSR items and outcomes;
- providing data on performance on outcomes and making the data “user-friendly”; and
- integrating the PIP with other plans.

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### VERMONT

*Cindy Walcott is the Policy and Practice Chief for the Social Services Division of Vermont Social and Rehabilitative Services. Vermont's PIP was approved in March 2002. Key to implementation has been having a manageable plan with “reachable” goals, district reviews that require local planning, and “outcomes at a glance” reports.*

**Four Themes:** I feel it's helpful to focus on a few areas that are cross cutting and that have lots of potential to affect all of your outcomes. We were really looking for cross cutting themes that would go deep into our practice, rather than trying to focus on superficial areas that might address a single item highlighted in the final report. As I was listening to the results at our exit conference, and then later when we actually got the final report, several themes really jumped out at me. One was the theme of assessment. We had been talking here in Vermont for some time about the need

to do a better job at assessing needs so that we could target services more effectively. The PIP really gave us an impetus to do some work in this area. One of the other themes is quality assurance. We were in a position at that time of having no formalized quality assurance. We knew that implementing a good quality assurance system would have a good chance of impacting all of the outcome areas. A third theme was foster and adoptive parent recruitment, retention and support. That was a systemic factor that we needed to work on. When you look at that

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in a cross cutting way, it certainly has a huge impact on placement stability, on children's well being, and on their safety. If you have adequate resources so that you can make a good match between a child and a family, then you're going to impact all of those things. Permanency planning and placement stability really kind of go hand in hand, and that was the fourth theme that we chose. Again, I think that when you're looking at permanency planning, you really are looking at safety and permanency and well-being.

Choosing four themes allowed us to think more comprehensively about the work that we wanted to do, and it enabled us to end up with a 23-page Program Improvement Plan that really looked at some fundamental issues. This gave us a workable document that we could use with staff that was readily understandable, that could guide our work, and that focused on things that were important.

**Reachable Goals:** In setting goals it was important for us to identify principles that we would apply. We prioritized safety, so in setting a goal for our outcome data there, we set our goal as the national standard. But in choosing our other goals where we were further away from the national standard, we wanted to make sure that they were reachable goals. We understood that we were going to have to do hard work, and we were going to have to be committed to these goals. But we wanted them to be reachable because, otherwise, you set up a situation where people feel "what's the point of working hard towards this goal which we can't possibly reach."

One of the principles is that we wanted to recognize that Vermont has a well-developed system for avoiding custody as a remedy to family problems. So that means that if a child does enter custody, the family has probably already had a

lot of the services that you would typically think of as reunification supporting services, like intensive family based services or parent education services. So that goal in particular—reunification within 12 months—needed to be looked at through the lens of our Vermont reality. Our federal partners were really open to buying into these principles, and working with us on how we could keep them in mind as we set goals.

We also assumed that we were not going to have additional financial resources or positions made available to us as we were trying to do this work. And that turned out to be a very important assumption because as we were working on our PIP the economy was really going south. We've had budget cuts and position cuts, so we were glad that we had focused on things we could do with existing staff and resources.

**Implementation:** We have a couple of mechanisms that we use to implement our plan. First, we put all of the benchmarks and responsible staff in a spreadsheet. We have a quality assurance coordinator who keeps track of all this. At the beginning of each quarter, she gives a spreadsheet to everybody who has a task that quarter to remind them about what they've got coming up. She then gets back to all of those people at the end of the quarter, to find out what's going on. All of those people know that she's going to be coming back to them at the end of the quarter.

Also, we designed a PIP communications strategy early on because we wanted to figure out a concise way to keep people informed. Keeping the PIP alive for staff and stakeholders is difficult to do, particularly in the second year. So we periodically send out one-page PIP communications which update people on what's going on with aspects of the PIP, such as the development of structured decision-making or our placement stability projects. We've

got a logo, a color scheme, and a particular look and feel that we use to keep the communication going.

**Monitoring:** To monitor the plan, we've got our quality assurance coordinator, who is basically bird dogging all of these people. As far as data goes, we have developed a report which uses Excel pivot tables called "outcomes at a glance." The report has just one page per outcome. We publish it quarterly, and it's attached to our PIP quarterly report. The report shows at a district level how each district is performing during the quarter relative to the goal that we set. Then at the bottom, it shows what district and statewide performance has been over the last three quarters in a bar chart. The beauty of it being a pivot table is that the district director can open the table, and double click on a cell. Let's say the cell is about children who were not safe for the six months following substantiation. It will bring up the child's name and a lot of demographics about them. We've been training folks on using these reports. We're trying to help people make a connection between the numbers, and what they're doing in the district for practice. What's happening in many districts is that they're saying - here are the cases last quarter where we didn't achieve the outcome. Let's look at these cases and try to figure out if there is something that we could have done to avoid this negative outcome. On the flip side, we encourage people to look at those kids where we did achieve the outcome to try to identify practices or resources that increased the chance of success. This has been a good tool for us because it's very simple.

We also looked at the way we provide supports to our field offices in the area of resource development. We reallocated three existing positions from our central office to focus on local systems of care. So each of the three local system of care coordinators has responsibility for a subset of our 12 district offices. Their job

is to work with that cluster of districts on identifying their resource needs, and then to reconfigure existing resources. For instance, maybe a county has contracted with a particular agency to provide a particular service for years, but they're not achieving good outcomes for children and families. Before our district directors didn't have someone whose job it was specifically to help them with those issues.

**District Planning:** We used a great process for developing the QA approach. We had a cross cutting committee of staff that really worked very hard over a period of months to develop the proposal, and were able to get input from a broad range of stakeholders including consumers, all of our staff and our CAPTA board. The quality assurance approach includes district reviews similar to the CFSR. First the district does a district assessment, during which they have to assess their outcome data and their systemic factors. Staff and community involvement is required. We do an onsite review which is very similar to the onsite that we would do in the CFSR, using a version of the CFSR instrument that we have adapted for our purpose. We do a final report, and then the district does a two-year plan. I feel like the quality of planning that's going on at the district level is just like night and day from what it was before. It's based on excellent information, and it's a plan that will be monitored. They will have to do quarterly reports, just like we do

quarterly reports for our PIP.

Due to our division reorganization, we have system of care coordinators, and we also beefed up the position of operation manager. So now there is a team working with the director to support implementation of the district plan.

**Achieving the Goals:** We have made a few minor changes in our PIP. I think it's extremely difficult to lay out detailed tasks and timelines when you're developing a PIP. For instance, we had to adjust our implementation of stage two of our structured decision making because we were not able to achieve the automation as quickly as we had hoped. We expect to implement before the end of the PIP, but things get bogged down for various reasons. I think it's best to keep things on a fairly high level when you're setting goals and laying out activities, so you have the flexibility to roll with changes and challenges as they come along.

One challenge is no one really knows if the strategies they choose will move things in the right direction. The outcomes are so intertwined that sometimes working on one will move that one numerically in the right direction, and it will move another one in the wrong direction. Also, you could do every single thing in your plan to the letter, and still not move your outcomes. I feel that we were lucky to achieve our outcomes. I like to think that it's because we chose the right strategies but I don't know for sure. The tim-

ing of PIPs is such that in my opinion most of the impact is probably going to be felt after the conclusion of the PIP. Many initiatives, like structured decision making, were implemented one year in. The impact on outcomes will not be felt immediately.

I do think that the "outcomes at a glance" reports were key. We shined a light on the issues. We gave people a mechanism to tie the aggregate numbers to real children and families, and then to look at what happened for those children and families: what went wrong? what went well? They can then immediately apply that knowledge to the work that they do, tomorrow, next week, next month.

**Integrating Plans:** During our statewide assessment the issue of court delays came up. We have a pretty active court improvement project – called the permanency planning implementation committee – so we had a functioning vehicle for collaboration in this area. The project administrator in conjunction with the committee developed a court improvement plan with strategies to address court delays. It is their plan, but it has also been incorporated into the PIP.

*For more information on Vermont's Outcomes at a Glance Reports, contact Cindy Walcott at (802) 241-2126 or [cwalcott@srs.state.vt.us](mailto:cwalcott@srs.state.vt.us)*

## ***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](mailto:patn@usm.maine.edu).**

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## OKLAHOMA

*In Oklahoma, Dennis Bean is Program Administrator for the Continuous Quality Improvement Unit of the Oklahoma Department of Human Services. Oklahoma's PIP was approved in January 2003. Critical features of implementation have been case reviews that focus on CFSR outcomes, and required county level planning. A key challenge has been undoing a culture of developing "grandiose" plans that are not implemented.*

**Selecting Priorities:** We wanted to identify the things within this plan that were absolutely non-negotiable, that we couldn't afford to delay, that were imperative for everything else to work. We ended up identifying seven things that fell into that category. Those were the things that we prioritized. Three things – case reviews, county plans and revisions to our treatment plan instrument and process – rose to the very top of the things we saw as most crucial to overall system change.

**Case Reviews:** One of the fundamental findings in our CFSR was that we are faced with inconsistent practice. Our policy manual is about six inches thick; we have a work force that, on the average, had less than two years experience; and our supervisory cadre typically didn't have much more than three years of experience. There was a whole plethora of expectations that were placed upon staff that they weren't able to meet. There was, as a result, a lot of inconsistency in how staff and supervisors would prioritize practice issues to focus on. We saw some things occurring in one part of the state and other things occurring in other parts of the state – and conversely things not occurring. So, we started case reviews that use the same instruments we use in our state CFSR process. One of the principle purposes of using the same instruments was to reinforce a consistent understanding of what is acceptable

and expected practice, and then to establish a common vehicle for measuring that.

Each supervisor completes two comprehensive reviews and four focused case reviews per worker, per quarter. A comprehensive review applies all relevant CFSR items while a focused review only applies those measures that relate to the county's PIP. These reviews rely totally on documentation. In addition, all county directors and program staff use the same instrument to complete one randomly assigned peer review per quarter. Findings from both processes are entered in and scored by programs within Oklahoma's SACWIS, KIDS. Data is aggregated and available for review by any qualified user on the worker, unit, county, area or state level on a weekly basis.

**County Plans:** We have also implemented a second part of our plan that requires counties to prioritize their program needs and, in turn, develop strategies for influencing those areas.

Each county director for our 77 counties was required to develop a Program Improvement Plan, addressing the three most significant service improvement issues as well as the most significant resource need in their community. We started with the premise that it was far more important that people undertake obligations that were doable than to make grandiose commitments that they could not fulfill. We believe that a focus on the three most significant issues will result in more realistic change. Once a county gets those three underhand, they can move on to three others.

County offices have been required to work with local community stakeholders to identify and address priorities. Each county plan uses objectives drawn from corresponding issues in the state PIP. They modify

the base line and target criteria according to their own circumstance, but the objectives are otherwise the same. The idea is to make sure that we are all working from the same master script, but to allow customization to local circumstance. Plans are written in a prescribed format that is the same as a state PIP. County quarterly reports also use the same format as the state.

**Other Strategies:** Another priority was implementing a new service planning (ISP) process that was simpler, more understandable, and did a better job of engaging kids and families in treatment planning. We have developed a new plan based on input from a wide range of stakeholders, including courts, that is far simpler than previous versions. It clearly identifies expectations and tasks of all parties involved with the plan. With the new format has come a renewed emphasis on the participation of all family members, including previously absent parents. It is believed that participation will increase the quality of the plan while the new format will significantly influence the collective memory of and action on the plan.

**Implementing the Plan:** There were hundreds of people that saw and contributed to the plan during its development phase. We tried to keep the design of the plan as brief as possible. We were concerned that if we produced a plan with much more than 30-35 pages, people wouldn't read it. Oklahoma, like many other states, has a history of producing plans that go nowhere. That's been a difficult culture to change. The expectation of many of our staff is that this is yet another plan that we've produced in which the production of the plan is seen as an end in itself.

Toward that end, we have visited many hundreds of staff throughout

the state, around the development of meaningful county plans, how those are integrated into the state PIP, and how change will be monitored and reported. Every worker, supervisor, county director and administrator in the state has participated in a full day of instruction around the CFSR and the PIP.

We've incorporated training on the CFSR and the PIP as part of all new worker orientation, as part of the supervisor academy, and as part of the child welfare academies. It has really infiltrated throughout our system, and we look around at everything we do, all the time, for other opportunities to integrate this as part of a larger whole. For example, our provider contracts are being revised now, so that the expectations for private providers are the same as those for public providers.

**Monitoring Progress:** State-wide progress, in terms of our goals and objectives, is measured from two primary data sources. Our SACWIS system, called KIDS, is a good system to measure objectives that relate to quantity or timeliness. If we are talking about things like the investigations that were initiated timely, KIDS is the place that we go. We are collectively excited about a new generation of WebFOCUS management reports that have been produced to assess performance on each of the federal data indicators as well as several other issues of importance to the state. These reports depict results in both graph and table modes. Data at the state, county or supervisor level, as well as case level data can be accessed by clicking on a cell or a bar. WebFOCUS reports are updated weekly allowing every worker and manager access to contemporary performance reports.

The real challenges, though, aren't so much with measures of quantity, but with issues of quality. For example, worker visitation has been a significant concern for some time. KIDS confirms that we are now achieving 99% conformance with established standards. However, there is no guarantee that these include appropriate attention to safety, permanency and well-being issues.

Our case review system, which basically parallels the federal CFSR, is designed to get to those qualitative issues and allow us to assess not only whether the visits occurred, but whether they were visits of substance. So, on those objectives that relate to quality, we will find ourselves deferring to our case review system.

All the information from the case reviews goes into our SACWIS system, and reports are available to any worker, supervisor or administrator on a statewide, county area, supervisor or worker level for any measure or for any outcome.

We thought that a very lengthy quarterly report would serve the same disservice to our field as a lengthy PIP: people wouldn't read it. We wanted to get the quarterly report to be as straightforward as we could with the idea managers might look at it to get an idea of whether their efforts are achieving results on a statewide basis.

As of the second quarter, we have met criteria for eight goals and 25 objectives. Progress has been seen in a number of specific areas. The things that worked most were developing a common understanding through case reviews, and local planning to work towards a consistent application of these issues in the field and a consistent understanding of practice.

**Integrating Plans:** We wanted the PIP and our five-year Child and Family Services Plan (CFSP) to be identical for several reasons – most importantly to provide a consistent framework for our service improvement efforts. Also, having them be identical would ease our reporting burden. We decided that the state would convert the objectives embodied in the CFSP to replicate those in the PIP. Two years ago, even before the PIP was approved, we either completed or just terminated all of our previous goals and objectives in the CFSP, reporting on their status at the time, and then substituted verbatim the goals and objectives established in the PIP. Our CFSP was actually approved January 28, 2003. We asked for it to be approved retroactively to January 1st so that we could stay on a calendar quarter that would coincide with the CFSP.

We are now working on integrating current initiatives from our court improvement project within the PIP. We've tried to consolidate a number of things so that there's basically one plan and one set of expectations that govern practice in the field.

*For more information on Oklahoma's WebFOCUS reports, see the Continuous Quality Improvement website at [www.okdhs.org/cfsd/cqi/cqi.htm](http://www.okdhs.org/cfsd/cqi/cqi.htm) or contact Bill Hindman, Programs Administrator, Adoptions, Research and Technology Unit, Oklahoma Department of Human Services, at (405) 522-1968 or [bill.hindman@okdhs.org](mailto:bill.hindman@okdhs.org)*

# Resources

## Resource Center Teleconferences

Below are excerpts from two teleconferences sponsored by the Resource Center for Organizational Improvement in 2003 on aspects of implementing Program Improvement Plans (PIPs). Complete audiotapes and handout packages for these calls are available by contacting the Clearinghouse at #1-800-435-7543.

### **April 22, 2003: Measuring Progress on Program Improvement Plans**

*Hosted by Resource Center Associate Director Peter Watson, this session highlighted measurement strategies being developed in the county administered state of North Carolina. Sara Mims, Program Administrator for the Data Management and Review Team of the Family Support and Child Welfare Services Section of the North Carolina Division of Social Services, described how the state modified its review process to focus on the CFSR items and outcomes. Cebyb McCarter from Mecklenburg County presented how the review system is working on the county level. In the excerpt below Sara Mims describes the new review process:*

Since 1993 we have had a biennial review process where we have gone every two years to all 100 counties in our state and conducted a formal case record review. Historically that was based on a set of standards we had developed. We would review a statistically valid sample of cases against those standards and we would issue a report with numerical scores. We had benchmarks for what was acceptable, what was exemplary and what was not acceptable. At the time of our federal review we had in place a staff of seven full time reviewers along with our regional office staff who are consultants to our counties.

As soon as we went through the CFSR, we realized that if this is how we are going to be measured, then this is how we needed to be measuring our counties through the biennial review process. We put the brakes on our reviews. We stopped them in July 2001 and spent July and August adapting the federal instrument and protocol for use in North Carolina. We piloted the first two county reviews in September 2001 and we are going to meet our goal of having done all 100 counties by June 30, 2003.

We are doing interviews, stakeholder surveys, and partnering with county and state staff in doing case record reviews and interviews. We also do some data analysis based on our data outcome measures and we ask each county to do a self-report similar to the statewide assessment. The results of all of that are incorporated into a report that goes to the county, the county manager, the chair of the board of county commissioners, and the social services board. It is public information, and frequently the media will ask for copies. These reviews get a lot of attention so counties put a lot of effort into doing well on them.

### **April 15, 2003: Program Improvement Planning for Systemic Change in Child Welfare Practice**

*This call focused on developing local or regional plans to ensure that the PIP has an impact on practice at the local level. The call featured presentations on developing local plans to support PIPs in Kansas and Oklahoma. Jennifer Wagner, Assistant Director of Quality Assurance for the Kansas Department of Social and Rehabilitative Services, and Dennis Bean, Director of the Quality Improvement Unit for the Oklahoma Department of Human Services, shared what their states have done to develop local plans.*

*In Kansas, the state asked regions to develop action plans to address areas needing improvement identified in the state PIP. In excerpts below, Wagner shared some lessons learned from local planning in Kansas:*

Make sure you have a standard format for your regional action plans and that they include all the critical elements of a plan. If you don't have a standard format and let people create it on their own, you end up getting a lot of information but it is difficult to put together. It is easier to have a standard format so you are comparing apples to apples instead of apples to oranges.

We asked folks to come up with the regional plans before we had finished writing our PIP and before our PIP was approved. It is best to wait to develop local plans until you know specifically what your goals are in your PIP. We had nebulous goals for the regions early in the planning process -like "recruit more foster homes." You get more specific in your PIP and then we would be able to give them a more specific goals, like "recruit 20% more minority foster families."

## **Upcoming Teleconferences**

**NEW FOR 2004: Registration for teleconferences is FREE! Register for these calls by calling 1-800-435-7543 or from our website at [www.muskie.usm.maine.edu/helpkids](http://www.muskie.usm.maine.edu/helpkids)**

**April 8, 2004: Program Improvement Planning: What Have We Learned from the First Year of PIP Implementation?**

**April 13, 2004: PIP Measurement Strategies**

**May 11, 2004: Using Quality Assurance Data and Information at the Local Level**



## Use Your PIP to Help Transform QA to QI

*OK, I admit it. I've been lazy with my language in the past couple of years. Because I got used to using the term "Quality Assurance" long ago, I doggedly stuck with it despite the growing movement in the field towards using the term "Quality Improvement." Beginning today, we'll be calling this article and section of the website the "QI Corner" to reflect the focus on improving outcomes for children and families.*

A quick review of many state Program Improvement Plans (PIPs) reveals a shift in emphasis from traditional, compliance-based QA programs to outcome-based, QI approaches designed to improve practice. At their most developed, these QI approaches use a mixture of quantitative and qualitative data and information to measure and evaluate outcomes. Then they provide regular analyses to agency staff at all levels who use the results to make improvements.

As states like Vermont and Oklahoma (both profiled in this issue of *Managing Care*), demonstrate, implementing a successful PIP depends in part on developing or adapting a quality improvement approach. Therefore, state child welfare staff focused on quality should look at PIPs as opportunities to move their agencies towards more comprehensive QI approaches.

In order to take advantage of the opportunity, QI staff should consider the following lessons based on other states' PIP experiences:

- **Get involved from the beginning.** Sometimes, states assign too much of the PIP development responsibilities to a small group of people. QI staff with a working knowledge of data, information and broad quality initiatives must be involved to ensure a workable measurement strategy. Among the most critical elements are realistic goals, benchmarks and baselines that will reinforce the programmatic strategies in the PIP as well as meet federal reporting requirements.
- **Crosswalk current data and information sources to the Child and Family Services Review (CFSR) instrument.** QI staff should assess their state's capacity to measure CFSR-related outcomes and items with existing data and information. Where gaps exist, new approaches or data sources may have to be developed as part of the PIP implementation.
- **Consider implementing a qualitative review process.** Qualitative reviews, while time consuming to manage and operate, shift the primary focus from compliance to improving outcomes for children and families. Review results will provide targeted information to staff about their practice and data to the state on PIP progress. Also, the review process will provide a mechanism for involving all staff and stakeholders in the overall QI process.
- **Include a QI section in the PIP narrative.** Summarizing the QI approach in the narrative will clarify the state's overall PIP measurement strategy for federal and state staff. In addition, a QI section signals the importance of QI to the agency-wide effort to improve child and family outcomes and provides a vehicle for QI communication.
- **Create baselines that reflect the state's data sources.** States should use the CFSR final report results for their baseline measures only if they have a qualitative review process, or plan to implement one, that will yield comparable information to the CFSR. If not, states should set baselines with data and information sources they will use to measure PIP progress for the various CFSR Items.
- **Develop a proactive reporting strategy.** States must provide quarterly reports on PIP progress to the federal government. QI staff should adapt these for communicating with the entire agency. Proactive reports that explain progress and results to all staff in the agency can become a dynamic part of the QI process, particularly if agency leadership uses the reports and sets the expectation that PIP progress is critical to its overall goals.

These are just a few examples of the way QI staff can support the PIP development and implementation process and shift their approach towards quality improvement. As always, please contact me for more specific information and/or examples if that would be helpful in your work.

Thanks, Peter  
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## Special teleconference

Join us on  
February 12 or  
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[www.muskie.usm.maine.edu/helpkids](http://www.muskie.usm.maine.edu/helpkids)

### Strategic Planning: How to Move Your Agency Toward Improved Outcomes through Strategic Planning

In 2003, all states will be developing a new Title IV-B Five Year Child and Family Service Plan for 2004-2008. This CFSP has been the focus of the Child and Family Service Reviews and has increasing importance for child welfare agencies as a broader strategic plan incorporating the State's CFSR Program Improvement Plans and meeting federal requirements for reauthorization of other funds such as CAPTA and Chaffee Independent Living. This teleconference will focus on strategic planning as a vehicle to move agencies toward their broader VISION and toward improved outcomes for children and families. This call will provide: 1) a brief review of the federal program instructions related to the IVB Five Year CFSP, and 2) an overview of best practice related to strategic planning. State representatives will present examples of how they approached the CFSP and how this process has been integrated with other agency plans including the CFSR PIP.

*Presenters: Vicki Wright, Children's Bureau, Department of Health and Human Services, Washington, DC*

*State Representatives – TBA*

*ACF Regional Office – TBA*

*Lynda Arnold, National Child Welfare Resource Center for Organizational Improvement, Oklahoma City, OK*

*Beth Frizsell, National Child Welfare Resource Center for Organizational Improvement, Jackson, MS*

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