

**A FULL SERVICE ARRAY IN CHILD WELFARE:  
The Continuum of Child Welfare Services**

(Draft: April, 2001)

<b>I. Community/Neighborhood Prevention, Early Intervention Services (1-27).</b>	<b>II. Investigative, Assessment Functions/Services (28-36).</b>	<b>III. Home-Based Interventions/ Services (37-55).</b>	<b>IV. Out-of-Home Interventions/ Services (56-82).</b>	<b>V. Child Welfare System Exits Services (83-96).</b>
<ol style="list-style-type: none"> <li>1. Community Services Information and Referral.</li> <li>2. Cash Assistance, including:               <ol style="list-style-type: none"> <li>a. Food Assistance.</li> <li>b. Utilities Assistance.</li> <li>c. Clothing Assistance.</li> </ol> </li> <li>3. Housing Assistance.</li> <li>4. Child Care Assistance.</li> <li>5. Transportation Assistance.</li> <li>6. Employment Assistance.</li> <li>7. Crisis Stabilization Services.</li> <li>8. Children's Health Insurance Programs.</li> <li>9. Primary Child Health Care.</li> <li>10. Child Dental Care.</li> <li>11. Primary Adult Health Care.</li> <li>12. Educational Services for Children.</li> <li>13. Family Support Centers.</li> <li>14. Neighborhood Service Time Banks.</li> <li>15. Home Visits to Parents with Newborns.</li> <li>16. Parent Education/Parenting Classes.</li> <li>17. Life Skills Training/Household Management.</li> <li>18. Crisis Nurseries.</li> <li>19. Parents Anonymous.</li> <li>20. Head Start/Early Childhood Education.</li> <li>21. School-Based Personal Safety Curriculum.</li> <li>22. School-Based Family Resource Workers.</li> <li>23. Before- and/or After-School Programs.</li> <li>24. Mentoring for Adults.</li> <li>25. Mentoring for Children and Youth (e.g., Big Brothers/ Big Sisters).</li> <li>26. Child Abuse and Neglect Education (mandated reporters, etc.).</li> <li>27. Child and Family Advocacy.</li> </ol>	<ol style="list-style-type: none"> <li>28. Child Abuse and Neglect Report/Hotline.</li> <li>29. Child Protection Services (CPS) Intake.</li> <li>30. Multiple Track Child Protective Services (CPS) Response.</li> <li>31. CPS Investigation, including Safety and Risk Assessments.</li> <li>32. Placement Decision-Making and Permanency Planning.</li> <li>33. Comprehensive Family Assessment.</li> <li>----</li> <li>34. Specialized CPS/Domestic Violence Investigation.</li> <li>35. Domestic Violence/CPS Protective Order Process.</li> <li>36. Child Justice/Child Advocacy Centers.</li> </ol>	<ol style="list-style-type: none"> <li>37. Voluntary In-Home Child Welfare Casework Services.</li> <li>38. Involuntary In-Home Child Welfare Casework Services.</li> <li>39. Case Management Services.</li> <li>40. Family Group Conferencing.</li> <li>41. Wrap-Around Services.</li> <li>42. Placement Prevention Flexible Funds.</li> <li>----</li> <li>43. Homemaker Services.</li> <li>44. Parent Pals/Child Welfare Mentors.</li> <li>45. Behavioral Aides.</li> <li>46. Father/Male Involvement Services.</li> <li>47. Public Health Aides.</li> <li>48. Outpatient Substance Abuse Services.</li> <li>49. Outpatient Domestic Violence Services.</li> <li>50. Outpatient Mental Health Services.</li> <li>51. Child/Adolescent Day Treatment.</li> <li>52. Sexual Abuse Treatment.</li> <li>53. Therapeutic Child Care.</li> <li>54. Intensive Family Preservation.</li> <li>55. Respite Care for Parents.</li> </ol>	<ol style="list-style-type: none"> <li>56. Voluntary Out-of-Home Child Welfare Casework Services.</li> <li>57. Involuntary Out-of-Home Child Welfare Casework Services.</li> <li>58. Concurrent Case Planning.</li> <li>59. Placement Disruption Services.</li> <li>60. Reunification/Permanency Casework.</li> <li>----</li> <li>61. Court Appointed Special Advocates (CASA).</li> <li>62. Supervised Visitation.</li> <li>63. Post-Prison Reunification Services.</li> <li>64. Emergency Kinship Placement.</li> <li>65. Emergency Shelter Care.</li> <li>66. Domestic Violence Shelters.</li> <li>67. Legal Counsel for Children in Custody.</li> <li>68. Legal Counsel for Parents When Children in Custody.</li> <li>69. Child Welfare Mediation.</li> <li>70. Family Foster Care.</li> <li>71. Medically Fragile Foster Care.</li> <li>72. Treatment Foster Care.</li> <li>73. Shared Parenting Foster Care.</li> <li>74. Foster-Adoptive Care.</li> <li>75. Respite Care for Foster Parents.</li> <li>76. Group Home Care.</li> <li>77. Residential Programs for Adolescent Behavior Problems.</li> <li>78. Residential Adolescent Substance Abuse Treatment.</li> <li>79. Residential Adult Substance Abuse Treatment.</li> <li>80. Residential Substance Abuse Treatment for Women with Dependent Children.</li> <li>81. Inpatient Adult Mental Health Treatment.</li> <li>82. Inpatient Child/Adolescent Mental Health Treatment.</li> </ol>	<ol style="list-style-type: none"> <li>83. Pre-Adoption Casework.</li> <li>84. Post-Adoption Casework.</li> <li>85. Independent Living Casework.</li> <li>----</li> <li>86. Adoption Support.</li> <li>87. Adoption Subsidy.</li> <li>88. Post-Adoption Crisis Intervention.</li> <li>89. Guardianship Support.</li> <li>90. Guardianship Subsidy.</li> <li>91. Independent Living Skills Development Program.</li> <li>92. Independent Living Dormitory Services.</li> <li>93. Independent Living Supervised Apartments.</li> <li>94. Job Coaches.</li> <li>95. Post-Secondary Tuition Waiver.</li> <li>96. Foster Care Transition Medicaid.</li> </ol>

## SAMPLE: A COMPLETED SERVICE SHEET

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### Service 1: Community Services Information and Referral Line.

*Description:* A center and/or telephone line where community residents can find out about existing benefits, services, and programs and the procedures for obtaining or using them, and that helps people find other appropriate resources and sources of help.

A. Availability.

Check one:

This service is NOT available in our jurisdiction (county, region, city, neighborhood, state, etc.) or through another jurisdiction. (*If "this service is not available" is checked, go directly to Question D., below.*)

This service IS available in our jurisdiction (county, region, city, neighborhood, state, etc.) or through another jurisdiction.

If you checked that the service IS available, briefly record/describe who provides the service in your jurisdiction OR where it is available to you from another jurisdiction:

The County's United Way handles information and referral for the county. However, its database is made up primarily of its own member agencies. But it is updating the database to include other service providers.

B. <u>Quantity.</u>	Meets None of the Need	Meets Some of the Need	Meets Half of the Need	Meets Most of the Need	Meets All Need
<i>Is enough of the service available to meet needs?</i>	0	1	②	3	4
C. <u>Quality.</u>	Poor	Occasionally Good	Sometimes Good	Often Good	Always Good
<i>How effective; family-centered; culturally sensitive, etc.?</i>	0	1	2	3	④
D. <u>Importance.</u>	Not Important	Would Be Nice	Moderately Important	Very Important	Critically Important
<i>How important to develop/continue this service?</i>	0	1	2	3	④

E. Comments (Record facts or reflections that may be useful later in analyzing the results. Also, in regard to Question C [Quality], identify any independent sources of evaluation of the quality of the service, such as consumer satisfaction surveys, etc.):

United Way has some completed satisfaction surveys from community members who used its information and referral service.

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## **WARREN COUNTY, MISSISSIPPI**

### **Improving the Service Array in Child Welfare: Strategy That Can Be Used in Rural Jurisdictions**

**Tuesday, April 26, 2005, 2:30 p.m. – 4:00 p.m. EASTERN**

#### **Topic**

The Service Array in Child Welfare: A Process for Assessment & Resource Development

#### **Rationale for the Project**

Jurisdictions (states, state regions, counties, cities, neighborhoods) are required to have a continuum of services to meet the individual needs of children and families served by their child welfare system.

#### **Mississippi Involvement**

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services was preparing for the Child and Family Service Review. One area of concern was the state's development of a plan to expand accessibility and improve the quality of the services provided to child and families in the child welfare system. Henceforth, the *Service Array in Child Welfare* project was implemented prior to the review.

#### **Project Homestead Model**

Project Homestead is a statewide initiative funded through the Mississippi Department of Human Services, Division of Family and Children's Service Prevention Unit. The goal of the project is to form community partnerships (county task forces) to help identify resources for *at risk* families and children.

#### **Project Homestead Role**

Since many counties had existing Project Homestead task forces in place, MDHS, Division of Family and Children's Services decided it would be beneficial and less time consuming to utilize the Project Homestead Coordinators and their (active) task forces to help identify participants, organize, and assist with implementing the service array process.

#### **Mississippi Counties Identified by MDHS, Division of Family and Children's Services**

Adams, Hinds, and Warren County

#### **Service Array County Highlight: Warren County, Mississippi**

Chunda Longino, Regional Network Coordinator, Hinds and Warren County (601) 855-5853

# WARREN COUNTY

(Mississippi)

## Community Service Inventory

- ✓ **Key Participants**
- ✓ **Resource Plan**
- ✓ **Time Frames**
- ✓ **Action Step**
- ✓ **Benchmarks**



Project Homestead of Warren County  
Chunda Longino, Regional Network Coordinator (601) 855-5853

## **COMMUNITY STAKEHOLDERS**

### **Key Participants in the Process**

#### **Represented in process:**

- Public and private sector providers of child welfare services**
- Providers of mental health, substance abuse, and domestic violence services**
- Educators**
- Court, legal, and law enforcement officials, including CASA volunteers**
- Representatives of the business, faith, and labor communities**

#### **Not represented in process:**

- Health care providers**
- Consumers (clients, former clients, foster parents, birth parents)**
- Other key providers (housing, food resources, transportation, etc.)**

## RESOURCE PLAN

### Utilize Existing Community Resources

<b>MONTH</b>	<b>PROJECT</b>	<b>SPONSOR</b>	<b>LOCATION</b>	<b>CONTACT</b>
<b>SEPTEMBER</b>	Compulsory School Attendance	Vicksburg/Warren School Attendance	Warren County Court House	Joyce Edmunds (601) 634-4812
<b>OCTOBER</b>	Domestic Violence	Haven House	Haven House	Lark Johnson (601) 638-0555
<b>NOVEMBER</b>	River City Family Festival	City of Vicksburg Project Homestead	Vicksburg City Auditorium	Diane Smith (601) 631-3769
<b>DECEMBER</b>	Christmas and Beyond	City of Vicksburg	To Be Announced	Diane Smith (601) 631-3769
<b>JANUARY</b>	Effective Parenting Skills	Vicksburg/Warren School District	Grove Street Parent Center	Lois Brown (601) 631-2887
<b>FEBRUARY</b>	Date Rape	Vicksburg Police Dept. Warren Co. Sheriff's	Vicksburg High School	Chief Tommy Moffett (601) 636-4512
<b>MARCH</b>	Anger Management	City of Vicksburg Youth Services	King's Community Center	Tyrone Caldwell (601) 634-4546
<b>APRIL</b>	Child Abuse Prevention	Child Abuse Prevention Center	Child Abuse Prevention Center	Shaheena Haque (601) 634-0557
<b>MAY</b>	Teen Pregnancy	Vicksburg/Warren School District	To Be Announced	Shaheena Haque (601) 634-0557
<b>JUNE</b>	Fatherhood Initiative	Vicksburg Family Development	Vicksburg Family Development Center	Rev. Troy Truly (601) 638-1336
<b>JULY</b>	Guiding Youth Potential	Jackson Street Community Project	Jackson Street Community Center	Vickie Bailey (601) 631-3723
<b>AUGUST</b>	Child Support Enforcement	MS Department of Human Services	To Be Announced	Patricia Oluade (601) 359-4875

# PARENTING SKILLS

## Time Frames

**SEPTEMBER**

**Compulsory School Attendance**

**AUGUST**

**Child Support Enforcement**

**JULY**

**YOUTH SPORTS CAMP**

**JUNE**

**Fatherhood Initiative**

**MAY**

**Teenage Pregnancy**

**APRIL**

**Child Abuse Prevention**

**MARCH**

**Anger Management**

**OCTOBER**

**Domestic Violence**

**NOVEMBER**

**River City Family Festiva**

**DECEMBER**

**Beyond Christmas**

**JANUARY**

**Parenting Resolutions**

**FEBRUARY**

**Dating Guidelines**



**ACTION STEP**

**Utilize Vicksburg TV 23  
Public Broadcast: "PARENT TOOLBOX"**



**It Doesn't Take A Lot Of Money**

**To Form Community Partnerships**



**To Assist Families and Children**

## BENCHMARKS

- One of the “easiest” discoveries during the review process was that parents were not able to provide safety, permanency, and well being to their children without the help of community resources.
- Everyone agreed that there was a “wealth” of community resources available in the community. However, many parents were not aware of them, were not comfortable visiting the locations, or simply did not have (affordable) transportation.
- The first objective was to identify critical areas parents needed to improve upon in parenting their children in Warren County, Mississippi. Second, to identify the agency or individual that would be able to provide the services identified. Third, due to the lack of affordable transportation in Warren County, MS, how to make the resource information available to the parent.
- It was decided that members of Project Homestead and their existing community partners would identify agencies and individuals to volunteer to help with educating parents on the community resources available in Warren County, Mississippi. [[Review Resource Plan](#)]
- A schedule was developed to implement resource information on the “critical” issues that were identified. Many of the topics were selected from the basis of national and statewide initiatives already targeted each month. [[Review Time Frames](#)]
- The program initiative was titled “**PARENT TOOLBOX**”. There was pre-advertising done by the program sponsor and community partners. An address, contact person, and phone number was provided at the end of each segment. All participants gave a thorough overview of services provided by their organization.
- Since affordable transportation was a major issue of concern, the City of Vicksburg TV 23 volunteered to (go onsite) and tape a one hour segment of programming. Each program would air on Vicksburg TV 23 for the full month at various time slots to provide parents the opportunity to view the broadcast. [[Review Action Step](#)]
- Many agencies reported that they had received an increase in requests from parents/consumers/professionals in the community seeking further assistance. Also, many more individuals began to visit the agencies personally.
- The “biggest” benchmark is that this program was implemented in August of 2002, and even though it is not currently called the “**Parent Toolbox**”, Vicksburg TV 23 continues to broadcast community programs that help to identify resources for *at risk* families and children.
- As a result of a change in county selections for my region, I have not worked in Warren County, MS for some length of time. However, upon my return in October 2004, Project Homestead has partnered to air “*Blue Ribbon Campaign*” *Artwork Contest Recognition Program*. Youth from Warren Central Junior High produced artwork for posters, bookmarks, and billboards to assist with child abuse prevention awareness for the month of April. *All About Youth* (a teen summit on teenage pregnancy, STD’s, substance abuse, etc.) has been video taped for broadcasting. There will be a program taped on April 12<sup>th</sup> regarding Youth and the Internet (as it relates to child abuse awareness). The Mississippi Attorney General’s office staff will produce the program information.



# Assessing and Enhancing the Service Array in Child Welfare

## How We Can Help Assess the Service Array

The National Child Welfare Resource Center for Organizational Improvement (NRCOI) can help jurisdictions assess and develop a plan to expand accessibility and improve the quality of the services provided to children and families in the child welfare system. The assistance was developed and field tested by staff and consultants of the Resource Center. It is a five-part process:

- ◆ Creating a Community Stakeholder Collaborative or Building on an Existing One
- ◆ Completing the Service Array Instrument
- ◆ Reporting the Results of Using the Instrument
- ◆ Preparing a Resource Development Plan
- ◆ Monitoring the Effectiveness of Plan Implementation

## Rationale for the Service Array Process

The goal of the process is the assessment of current status of a jurisdiction's service array and the preparation and implementation of a Resource Development Plan. The Service Array Process can help jurisdictions determine what services and supports are available for their families as well as what additional services might be needed.

## What Is the Service Array in Child Welfare?

Jurisdictions (states, state regions, counties, cities, neighborhoods) are required to have a continuum of services to meet the individual needs of children and families served by their child welfare system. The array of services includes: preventive and voluntary early intervention services; early intervention services for children who have been identified as maltreated or at risk of maltreatment; services for families and children who become part of the child welfare system, including an individualized plan of services and supports that will ensure that the family's children are safe, that they can remain permanently in their home, and that the family members' well-being is enhanced; as well as services and supports to help the child and family exit the system, including family reunification services, services that help establish permanency for the child with an alternate family when reunification is not possible, and post-adoption services.

The Service Array Process may be used for the following purposes:

- ◆ To create a service directory for the jurisdiction
- ◆ To assist states in preparing for the Child and Family Service Reviews, in conducting the Statewide Assessment of the Service Array Systemic Factor, and/or in developing a Program Improvement Plan around the Service Array
- ◆ To help states receiving Federal CAPTA grants meet the requirement to conduct and submit an annual inventory of services in the state
- ◆ To help jurisdictions understand and improve the adequacy of their child welfare service array
- ◆ To improve collaboration between service providers, or ideally, to create a functioning community stakeholders collaborative as a partner with the public child welfare agency in sharing the responsibility for child safety, permanency, and well-being.

## Community Stakeholders: Key Participants in the Process

For the full process to result in improved child welfare services in a given jurisdiction, community stakeholders must be involved throughout all the steps. Key community stakeholders can include:

- ◆ Public and private sector providers of child welfare services
- ◆ Providers of mental health, substance abuse, and domestic violence services
- ◆ Educators
- ◆ Health care providers
- ◆ Court, legal, and law enforcement officials, including CASA volunteers
- ◆ Consumers (clients, former clients, youths, foster parents, birth parents)
- ◆ Other key providers (housing, food resources, transportation)
- ◆ Representatives of the business, faith, and labor communities
- ◆ Elected officials

The group needs to be committed to the needs of the community's most vulnerable families and be broad enough to ensure knowledge of the jurisdiction's resources. An existing community group, for example, could be a community collaborative or a group of providers who meet regularly. If such a group does not exist, using this process is a way to start a productive, collaborative discussion. Ideally, this collaborative has some authority and legitimacy to change or influence the service array in the jurisdiction.

### **Completing the Service Array Instrument**

The actual service array looks different from state to state and community to community. The Assessment Instrument is organized around a continuum of services required in child welfare—from prevention to exiting the child welfare system.

There are more than 90 services that fall within one of five categories:

1. Community/Neighborhood Prevention, Early Intervention
2. Investigative, Assessment Functions
3. Home-Based Interventions
4. Out-of-Home Reunification/Permanency Services
5. Child Welfare System Exits

No state or community has all of these services, and while all of the services in the array are good strategies, they cannot all be funded. The purpose of beginning with an assessment of the full service array is to define the range of possibilities and create a community-level discussion about the service array.

To complete the instrument, a group of community stakeholders meets and, by consensus, rates each of the services by answering five questions. (A sample of a "Completed Service Sheet" is available from the Resource Center.) This process is an educational experience as participants learn about child welfare services previously unknown to them.

### **Preparing a Resource Development Plan, Implementation, and Monitoring Effectiveness**

The third, fourth, and fifth steps in the process are to describe the strengths and gaps in the service array and prepare and implement a resource development plan to improve availability, accessibility, and quality of services. This resource plan also includes a description of ongoing monitoring of effectiveness.

### **For More Information**

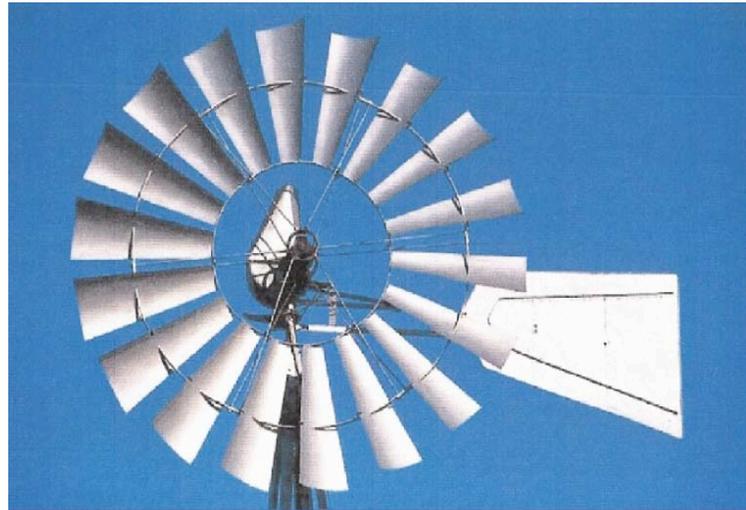
Contact the staff at the National Child Welfare Resource Center for Organizational Improvement.

## **The National Child Welfare Resource Center for Organizational Improvement**

400 Congress Street, PO Box 15010, Portland, Maine 04112

A service of the Children's Bureau, U.S. Department of Health and Human Services

[www.nrc oi . org](http://www.nrc oi . org)



**Nebraska's Panhandle  
Service Array Assessment  
April 26, 2005**

# Nebraska Approach

Nebraska Health and Human Services initiated the process.

**NHHS GOAL:** Assess community based resources as part of efforts to address CPS system needs.

# Demonstration Sites

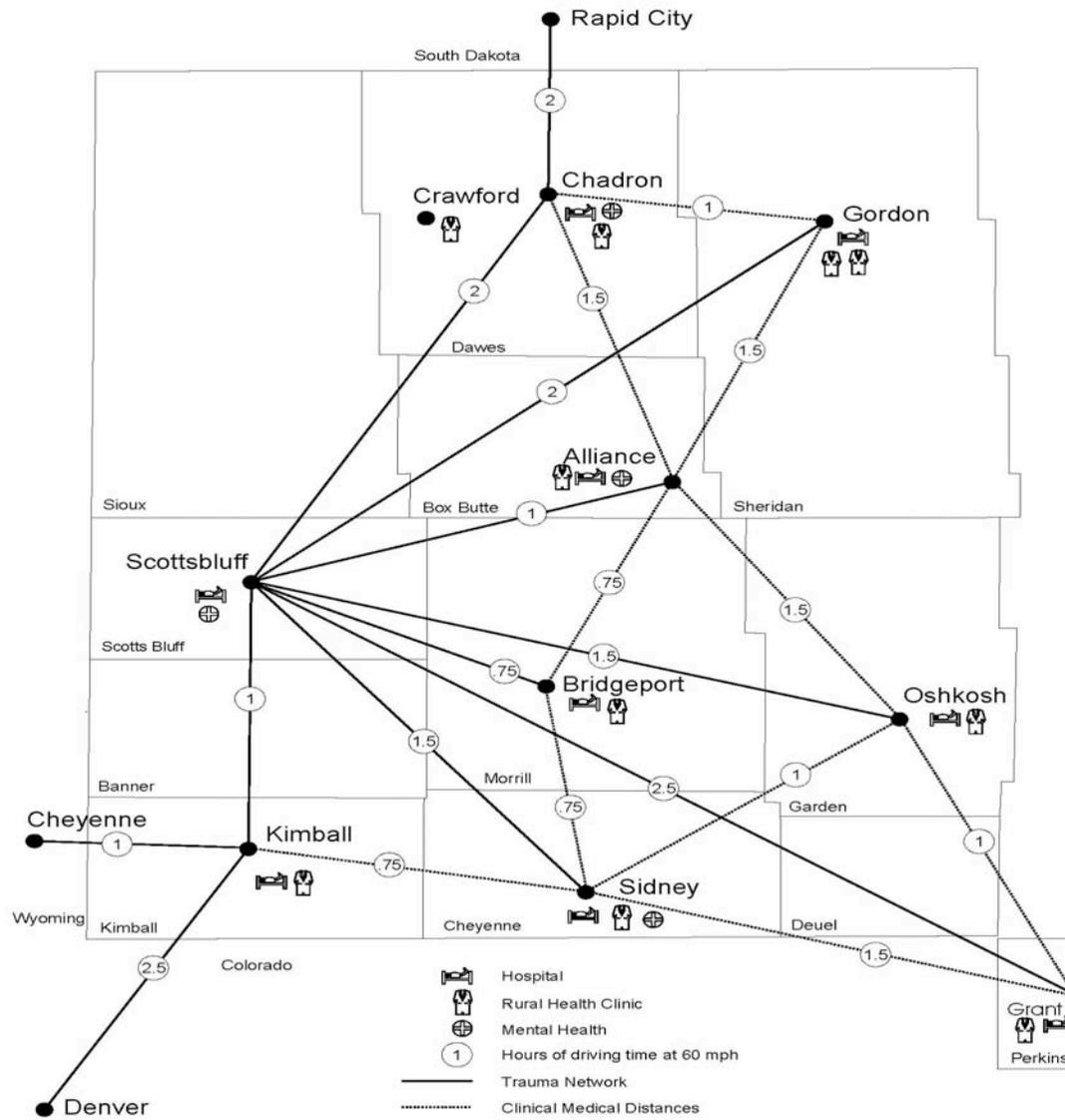
Summer of 2004: Determination was made to pilot Service Array in two areas of the State.

- One eastern area was a single community.
- HHS staff were charged with forming the group and facilitating the discussion.
- There was not an existing collaboration.

# Nebraska's Panhandle

Second Site was Nebraska's Panhandle.

- 11 Rural and frontier contiguous counties in the far western part of the state.
- 90,000+ population
- 14,000 square miles bordered by South Dakota, Wyoming and Colorado.



# Rationale for Panhandle Wide

## **Panhandle Partnership for Health and Human Services**

- NHHS Region
- Many multi county agencies.
- Strong collaboration of over 70 agencies in existence since 1996.
- Formed to address gaps and barriers in serving the region.

# PPHHS

Membership driven 501 (c) 3.

Members include:

ESU's, Head Start, Community Action Agencies, Regional Behavioral Health, Office of Aging, Office of Human Development, HHS, all hospitals/health services, domestic violence, food pantries, homeless programs, public health, youth serving programs, advocacy groups.

# County Prevention Teams

Participants also include county based Prevention Teams:

- Broad spectrum of prevention ( Juvenile justice, Family Preservation, Substance Abuse Prevention).
- 10-20 local people including: members at large, law enforcement, schools, faith, Chambers of Commerce, elected officials.
- Form Prevention Coalition- work together.

# Previous Assessment & Planning

## Community Collaborations for Health and Human Services 2000-2005

- 71 Community Meetings in 1999
- 1700+ participants including parents and youth and minority groups.
- Integrated plan for services in 12 areas: Health Promotion, Protection and Community Safety, Education, Transportation, Housing, Home and Community Support, Employment and Living Wages, Behavioral Health, Health Care, Out of Home Care, Disabilities, and Diversity and Inclusion.

# Previous Planning Cont.

## Panhandle Public Health District Plan

2001

- Broad view of public health including community development.
- Added/updated data elements.
- Logic Model format for outcomes and impacts.

# Service Development Successes

Because of limited resources we have focused on prevention services developed equitably in all counties through cross training existing personnel.

Must be able to be sustained through local resources with measurable impact.

# Regional Service Development

- Children's Outreach Program- 80% of all newborns receive free nursing home visits for the past 7 years.
- Regional Respite services for caregivers.
- Child Health First- partners local schools that have lost school nurses with contracted nursing and enhanced school health screenings.

# Systems Redesign

History of redesigning systems to provide higher quality, effective, efficient services.

- Shared prevention management information system (Service Point)
- Behavioral Health redesign to reduce number of people being sent out of region for care saved NHHS over \$2 million and improved outcomes for people with mental illness.

# Service Array Assessment

- Seen as opportunity to review and revisit and update planning process.
- Appreciated the format for assessing quantity and quality and prioritizing need.
- Viewed as a foundation for prevention planning required by multiple federal and state granting agencies which require collaborative process. ( single – non duplicative process- do it one time.)

# Approach

## **Section I: Prevention and Early Intervention Services**

- Completed in each county with facilitator from another county or entity ( neutral third party).
- Each county has assessment but also a regional report has been written.
- Enhanced local participation in the area the knew best.

# Approach ( Cont)

## **Sections II- V: Investigative Functions, Home Based Services, Out of Home Services, Child Welfare System Exit Services**

- Conducted through regional assessment and planning meetings.
- More likely attended by agencies and resources.

# Additions and Definitions

Benefit of tool is that it is not prescriptive.

Added areas to Prevention and Early Intervention to fit local development, such as:

- Public Health (nutrition programs)
- Employment opportunities ( youth and adults)
- Youth Leadership, Diversion, Substance Abuse Prevention
- Community Collaborations

# Data Collection

Regional data was collected for assisting in prioritizing needs:

- Demographics
- NHHS provided utilization data on in home and out of CPS cases.
- Behavioral health data ( in patient and outpatient)
- Prevention services data ( family support, WIC, MCH, Risk and Protective Factor surveys)

# Data ( cont)

- School: drop out rates, free and reduced lunch, completion
- Youth arrests, diversion, confinement probation.
- Uninsured /underinsured
- Medicaid (Kids Connection) trends last three years.
- Young families at risk and teen pregnancies.

# Outcomes

- Regional prioritized plan, with base line data for addressing systems needs and developments for next 3-5 years.
- Increased common understanding of the NHSS CPS System and the inter-relationship of prevention and early intervention factors.
- Increased community understanding of NHHS definitions for Family Centered Practice and the need to replicate in prevention and early intervention settings.

# Success Factors

- Having HHS staff at table to explain components/changes to the CPS system.
- Despite having worked together for years, the definitions and rationales were needed.
- Previous history assisted in open, honest dialogue for assessing quality of services.
- Past focus on systems redesign and prevention assisted in refraining from identifying every service as high priority

# Lessons Learned

1. Provide more extensive discussion and written definitions for Family Centered Practice philosophy, values and domains by NHHS before completing quality and quantity assessment. There are agencies defining in own ways that do not necessarily reflect same practice.

# Lessons Learned ( cont)

2. Use process as opportunity to educate about inter-relationships of services.
  - Work at definitions to reflect local reality.
  - History of isolated program funding has resulted in people recording program outputs( # of participants, number of contacts) rather than regional outcomes (reduced number of people in-high end services)
  - Begin to talk about costs to high end services.

# Lessons Learned ( cont)

3. Allow more time than identified in process.
  - May have been due to depth of collaboration- we are used to being able to communicate openly.
  - Prevention/Early Intervention assessment required 4-5 hours.
  - Sections II-V required three full days

# Lessons Learned ( cont)

4. Develop a format for actually defining a prioritized plan for next steps.
  - PPHHS uses the Logic Model because it identifies outputs, outcomes and impacts (inter-related systems of care).
  - Can be broad goals to be more specifically defined later but needs to be affirmed by group.
  - This is the value added for communities that must do assessment and planning processes for grant applications.