

Family Involvement in the *Improving Child Welfare Outcomes through Systems of Care* Initiative

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Appendix A:

Discussion Guide

Discussion Guide

Child Welfare Staff

Context

- How did your agency support family involvement prior to receiving the Systems of Care grant?
- What was the decision-making process for conceptualizing the principle of family involvement?

Infrastructure

- What policies and practices has your agency developed and implemented to support family involvement?
 - **Case level:** Are there opportunities for parents and youth to be involved in development of their case plans?
 - **Peer level:** Are their opportunities/programs that allow parents who have been involved in the child welfare system to serve as mentors/partners/resources to other parents? What is the structure of this program? How has the program changed over the course of the Systems of Care grant?
 - **Systems level:** Are their opportunities for parents or youth to participate in coalitions, advisory councils, or other decision-making committees? Are there opportunities for families to serve as trainers or co-trainers for trainings related to family engagement?

Challenges and Strategies for Involving Families

- What factors have facilitated development of family involvement? What factors have hindered development of family involvement?
- How are agency staff informed of the resources available to their clients through the family involvement programs? Are any services offered to support adoption of family involvement by agency staff?
- Did your agency engage in any activities or receive any trainings or technical assistance to build its capacity for family involvement either before or after receiving the Systems of Care grant? Did your agency

provide any training to families to build their capacity for family involvement either before or after receiving the grant?

- How are family members informed of the various family involvement opportunities/ resources? How are parents/youth identified and recruited to participate in the family involvement programs? Have any screening protocols been developed to facilitate this process? Are any support services offered to family members who serve as mentors/partners/resources?
- What financial resources are available to support family involvement?

Outcomes/Impact and Sustainability

- What impact have the family involvement programs had in terms of child and family outcomes? What impact have the programs had in terms of fostering systems changes within your agency and/or between various child-serving agencies? In what ways have the family involvement programs fostered changes in or development of organizational or State policies/protocols?
- What has the agency/State done to ensure the sustainability of efforts of the family involvement programs? Which components of the work are more likely to be sustained and why? In what ways would you like to see your agency further improve its work in family involvement? What modifications would likely need to be made if the innovation is to be adopted in another county?

Lessons Learned

- What are the lessons learned about what works and what doesn't work in developing and supporting family involvement? What advice would you give other communities about this work?

Parent Partners

Background

- How did you first become involved with the family involvement program in your community? How long have you been involved in the program? What is the extent of your involvement in the program?

Infrastructure

- **Case level:** Are there opportunities for parents and youth to be involved in development of their case plans?
- **Peer level:** Are there opportunities/programs that allowed parents who had been involved in the child welfare system to serve as mentors/partners/resources to other parents? What is the structure of this program? How has the program changed over the course of the Systems of Care grant?
- **Systems level:** Are there opportunities for parents or youth to participate in coalitions, advisory councils, or other decision-making committees? Are there opportunities for families to serve as trainers or co-trainers for trainings related to family engagement?

Strategies for Involving Families

- How are family members informed of the various family involvement opportunities/ resources? How are parents/youth identified and recruited to participate in the family involvement programs?
- Are any trainings or support services offered to parents who serve as mentors/partners/ resources? What additional supports/resources would help you in your current role?
- How would you describe your relationship with the child welfare agency's administration and case workers? How would you describe your relationships with the parents whom you mentored through the Parent Partner program? What facilitated and/or hindered those relationships?

Facilitators/Challenges

- What factors have facilitated development of family involvement? What factors have hindered development of family involvement?

Outcomes/Impact and Sustainability

- What impact have the family involvement programs had in terms of child and family outcomes?
- In what ways would you like to see your local social services department further improve its work in family involvement? What modifications would likely need to be made if the innovation is to be adopted in another county/State?

Lessons Learned

- What are the lessons learned about what works and what doesn't work in developing and supporting family involvement? What advice would you give other communities about this work?

Appendix B:

Interview Participant List

Participant List¹

Bedford Stuyvesant, NY

1. Nigel Nathaniel, Project Director, Administration for Children's Services
2. Melissa Plowden-Norman, Founding Member, Bed-Stuy Advocates
3. Christina Richburg, Executive Director, Bed-Stuy Advocates
4. Loretta Williams, Family Engagement Specialist, Administration for Children's Services

Contra Costa, CA

1. Cheryl Barrett, Parent Partner
2. Jill Duerr Berrick, Local Evaluator, University of California, Berkeley
3. Valerie Early, Director, Child and Family Services; Former Principal Investigator
4. Judi Knittel, Family Engagement Supervisor/Parent Partner Coordinator
5. Mary Lopez, Parent Partner
6. David Mason, Parent Partner
7. Neely McElroy, Systems of Care Project Director; Former Project Coordinator

Clark County, NV

1. Adrienne Cox, Community Outreach Program Manager
2. Ramona Denby, Local Evaluator
3. Tiffany Hesser, Systems of Care Project Director
4. Brandy Manuel, Kinship Liaison
5. Tom Morton, Director, Department of Social Services

Dauphin County, PA

1. Sarina Bishop, Systems of Care Project Director
2. Helen Spence, Systems of Care Outreach Coordinator
3. Troy Tate, Member of the Parent Advisory Subcommittee, Family Coach, and Co-Coordinator of the New Beginnings Summer Enrichment Program

Jefferson County, CO

1. Marie Archambault, Parent Partner
2. Olivia Bara-Kee, Supervisor of the Specialized Service Unit and Child Welfare Liaison for the Temporary Assistance for Needy Families (TANF)-Child Welfare Collaboration Project
3. Mary Berg, Director, Department of Human Services
4. Susan Franklin, Systems of Care Project Director
5. Sheridan Green, Local Evaluator
6. Korina Keating, Parent Partner
7. Linda Leeper, Coordinator, Parent Partner program, TANF-Child Welfare Collaboration Project
8. Ashleigh Sedbrook, Systems of Care Training Coordinator

Kansas

1. Sharri Black, Family Engagement Specialist, Department of Social and Rehabilitative Services
2. Angela Braxton, President, Kansas Family Advisory Network (KFAN) and Parent Partner
3. Beth Evans, Systems of Care Project Director
4. Peggie Taylor, Local Evaluator
5. Sherry Tomlinson, Member, Family Advisory Council and KFAN

¹ Interview participant job titles reflect their roles at the time of the interviews and may differ from roles held during Systems of Care initiative implementation.

North Carolina

1. Gary Ander, Project Coordinator, Department of Social Services, Alamance County
2. Rickey Hall, Social Services Supervisor, Youth and Family Services, Department of Social Services, Mecklenburg County
3. Rebecca Huffman, Program Manager, Regional Training Centers, North Carolina Division of Social Services; former Systems of Care Project Director
4. Sonia Johnson, Parent Partner, Bladen County
5. Angela Mendell, Systems of Care Coordinator, Department of Social Services, Bladen County
6. Susan Osborne, Director, Department of Social Services, Alamance County

Umatilla/Morrow, OR

1. Sonja Hart, Administrator for Eastern Oregon Alcoholism Foundation and Member of the Parent Mentor Oversight Committee
2. Woody Koenig, Clinical Supervisor for the Parent Partner program and Member of the Parent Mentor Oversight Committee
3. Linda Olson, District Manager and former Child Welfare Program Manager
4. Joyce Turner, Systems of Care Project Manager
5. Jim White, Local Evaluator
6. Rebecca Woodward, Parent Leader through Project Helping Other Parents Excel (HOPE)

Appendix C:
Glossary of Terms

Glossary of Terms

The following glossary represents the titles used by grant communities to describe family members serving at the peer and systems levels as part of the *Improving Child Welfare Outcomes through Systems of Care* demonstration initiative.

Community Advocates—Community members who led collaborative bodies, engaged and trained agency staff, and served as community support during family teaming meetings and family visits.

Family Leaders—Parents with prior child welfare system involvement who participated in collaborative bodies, conducted community outreach and education, and provided training for child welfare staff.

Family Navigators—Hired staff who helped families understand and navigate the child welfare system, obtain resources, and improve their chances for success.

Family Partners—Parents with prior child welfare system involvement who conducted community outreach, participated in collaborative bodies, served as peer mentors to system- involved parents, and mentored system-involved youth.

Kinship Liaisons—Kin-caregivers who helped other kin-caregivers understand and navigate the child welfare system, conducted trainings on kinship issues for child welfare staff, advocated on behalf of kin-caregivers, and networked and collaborated with community service providers and stakeholders to improve services and supports for kin-caregivers.

Parent Mentors—Parents with prior child welfare system involvement who helped other system- involved parents understand and navigate the system by serving as peer mentors and connecting parents to resources. Parent Mentors also participated in collaborative bodies.

Parent Partners—Parents with prior child welfare system involvement who conducted presentations and disseminated information on policy issues related to family involvement; conducted trainings for child welfare staff; participated in collaborative bodies; and provided guidance, mentoring, and supports to system-involved parents.

Appendix D:

**Bedford-Stuyvesant (Brooklyn), NY,
Family Involvement Profile**

Bedford-Stuyvesant (Brooklyn), NY, Family Involvement Profile

Background

Prior to implementation of the Systems of Care initiative, the ACS in Bedford-Stuyvesant, NY, had not significantly involved family or community members in its delivery of child welfare services. After receiving the Systems of Care grant, ACS made not only family involvement a major focus of its initiative, but also community involvement. This led ACS to hire a Community Outreach Coordinator/Family Engagement Specialist through the Systems of Care grant.

ACS set out to enhance its family engagement efforts by contracting with the Child Welfare Organizing Project (CWOP), a nonprofit organization founded in 1994 to offer birth parents a voice in New York City's child welfare system. CWOP was charged with providing training and support to community representatives; however, it struggled to modify its practices, which historically focused on advocating from outside the child welfare system, to focus on improving the system by working together with system administrators. In addition, according to stakeholders, CWOP believed that only parents who had prior involvement in the child welfare system should serve as representatives on decision-making bodies and in advocacy positions, a position that sharply differed from ACS. As a result of these issues, ACS terminated its contract with CWOP as it related to Systems of Care early on in the initiative.

Implementation of Family Involvement Principle

Following this initial hurdle to incorporate family involvement through its contract with CWOP, ACS began primarily focusing on community involvement. With this broader community focus, ACS did not distinguish between its engagement of parents who were involved

with the child welfare system and those who were not. As such, the agency sought to engage any and all community members with an interest in the system.

Under the Systems of Care initiative, ACS conducted community outreach through advocacy trainings focused on building capacity and empowering community members to become more actively engaged in the child welfare system. Trainings were provided on many different issues, including leadership development, cultural competency, and child welfare policies. During these trainings, Systems of Care staff educated community members on the initiative and ACS' commitment to incorporating community and family involvement in its work. One community member recognized the new approach ACS was taking, saying, "I give ACS a lot of credit for even attempting to try and do something different, for realizing that they have not always done things the right way and trying to find out what the right way is and involving the community." Efforts to recruit community members involved reaching out to schools, churches, and other community-based organizations. Initiative staff also conducted focus groups and surveys with community members to obtain feedback on ACS service delivery.

As a result of these community outreach efforts, a core group of community activists, most of whom had no or minimal prior involvement with the child welfare system, emerged. This group, referred to as the Bed-Stuy Activists, began to regularly take part in Systems of Care activities, and members of the group were invited to join the Systems of Care steering committee to offer a community voice to the initiative. In addition, the Bed-Stuy Activists began meeting monthly to discuss how they could improve and empower their community; a Systems of Care staff member attended these meetings regularly to offer resources and support.

When initial efforts to recruit community members outside the Bed-Stuy Activists proved challenging, ACS modified its approach to community involvement by developing the Community Partnership Initiative (CPI). Established in July 2007, the CPI was originally implemented in three communities, including Bedford-Stuyvesant, which was selected as a direct result of its involvement in the Systems of Care initiative. The CPI is a community collaborative, comprised of 50–60 private and public child-serving organizations, focused on facilitating community engagement efforts. Co-chaired by the Bed-Stuy Activists, the collaborative’s representatives include people from child welfare, maternal child health, foster care, preventive services, and other child-serving entities. While efforts have been made to recruit system-involved birth parents into the collaborative, there are currently no such representatives.

The CPI was established with four primary tasks:

1. Improve prevention and early intervention services by building partnerships between ACS, Head Start, and other service providers focused on prevention efforts.
2. Enhance efforts to recruit new foster care placements within the community.
3. Ensure community representation in Child Safety Conferences² and Family Team Conferences.
4. Increase the quantity and quality of visits between children in foster care and their birth parents and/or siblings by having community members serve as visit hosts.

2 Child Safety Conferences are similar to Family Team Conferences in that they are attended by ACS workers, provider agencies, family members, and the family support network. What distinguishes Child Safety Conferences from Family Team Conferences is that they occur prior to any removal to determine whether to remove a child and/or prior to initiating any type of court intervention; to determine whether to accept a voluntary placement request for a child; develop an in-home safety plan when it is safe to do so; or review decisions immediately after an emergency removal and ensure that appropriate placement is made.

Within Bedford-Stuyvesant, workgroups were organized around each of these four tasks. The workgroups are comprised of community members and agency representatives, and are chaired or co-chaired by at least one community member. They meet once a month and are responsible for ensuring that their individual tasks are realized. During the Systems of Care initiative, workgroup representatives also attended the Systems of Care steering committee, where they provided updates on the progress of each workgroup. Members of the Bed-Stuy Activists originally served on the Child Safety Conferences and Family Team Conferences workgroup; however, their work has expanded and they are now represented on all four workgroups.

Around the same time that the CPI was developed, ACS began mandating that Child Safety Conferences take place before children are placed in foster care, and that Family Team Conferences take place prior to any major placement decision (e.g., placement change, reunification) once a child has entered care. The primary impetus for this decision was a case that involved a child fatality and that received significant media attention. As part of the decision to mandate Child Safety Conferences and Family Team Conferences, ACS began the common practice of inviting community representatives to attend each of these meetings.

Community representatives involved in Child Safety Conferences and Family Team Conferences typically have their first contact with family members 15 minutes prior to the conference, during which time they offer their services to the families. If a family accepts the services, which most do, the community representative explains the purpose of the conference, identifies the key players attending the conference, and discusses any concerns the family might have. During the conferences, community representatives act as neutral parties, serving as community resource advocates for families. While policy does not mandate that community representatives be present, the practice has become

so common that community members are now always present at these meetings.

Prior to becoming community representatives for Child Safety Conferences and Family Team Conferences, community members attend a training program comprised of four independent modules. The first two modules are completed prior to active participation in Child Safety Conferences and Family Team Conferences and are conducted through ACS. The first module provides information on the child welfare system and the conferences, while the second module provides attendees an opportunity to shadow a real or mock Family Team Conference. The third and fourth modules are completed within 12 months of the initial training and focus on issues such as skill building, boundaries, racial equity and sensitivity, and cultural competency.

Under the CPI, community members also serve as visit hosts, providing oversight to visits between children in foster care and their birth parents and/or siblings. During these meetings, visit hosts accompany families into the community to provide a more natural setting, as opposed to an ACS office. According to key stakeholders, by empowering community members to serve as visit hosts and enabling the visits to take place in the community, system-involved families are more likely to participate in family visits on a more frequent basis, while case managers are afforded additional time to complete administrative and other job responsibilities. People interested in becoming visit hosts must undergo a State central registry clearance and attend an orientation on the roles and responsibilities of hosts.

In addition to having visit hosts supervise family visits, ACS holds Parent-to-Parent meetings. These meetings occur 2–5 days after children have been placed in foster care and are an opportunity for foster parents and birth parents to get to know each other and share information.

Bedford-Stuyvesant currently has seven community representatives who participate in Child Safety Conferences and Family Team Conferences and seven people who serve as visit hosts; some individuals serve as both community representatives and visit hosts. Through the CPI, community representatives and visit hosts are compensated through a stipend of \$20 per hour and are reimbursed for some expenses.

Sustainability and Enhancement

Recognizing the important community-building efforts taking place under the Systems of Care initiative, the Bed-Stuy Activists incorporated as a 501(c)3 nonprofit in April 2009, becoming the Bed-Stuy Advocates. The mission of the Bed-Stuy Advocates is to improve collaboration among community members, ACS, and families involved in the child welfare system. As part of this, the group recruits community members to serve as community representatives and visit hosts, while also helping families connect with needed community resources on an informal basis.

To engage the community, the Bed-Stuy Advocates hold monthly forums at local schools and community centers to assess the needs of the community, educate the community about changes taking place within ACS, and correct common misconceptions regarding child abuse and neglect. The Bed-Stuy Advocates also host

“It’s a constant struggle trying to show the relevance of community constituents being part of practice and policy change...Because this work is fairly new you’re always attempting to show the value...You just have to teach, repeat, repeat, teach, and repeat again because it’s new...”

– Systems of Care Staff Member

interagency meetings of the various social service systems, which since the end of the Systems of Care initiative have expanded beyond child welfare to focus on improving all forms of social service delivery in Bedford-Stuyvesant.

The Bed-Stuy Advocates currently have 10 primary members, with many additional community members involved on a more limited basis. Some primary members have personal experience with the child welfare system, while others do not. To become a member of the Bed-Stuy Advocates, an individual must attend the Community Resource Advocates Curriculum, developed by the advocates, and must agree to regularly attend CPI meetings. While the organization is currently trying to recruit new members by attending health fairs, street fairs, and back-to-school events, recruitment has proven to be a challenge due to the cohesion and long-standing relationships between current members.

Housed within ACS, the Bed-Stuy Advocates developed an effective working relationship with both the administrative and direct service staff at ACS. In addition to working next to these people, members of the Bed-Stuy Advocates provide training and technical assistance to case managers on the importance of having community representation at Child Safety Conferences and Family Team Conferences. To expand their outreach efforts, the Bed-Stuy Advocates also provide technical assistance to other neighborhoods in New York City to help support their community and family engagement efforts.

While the Bed-Stuy Advocates were initially funded through Systems of Care, they applied for community grant funding and are now primarily supported through fee-for-service contracts to support social service agencies looking to improve their community and family engagement efforts. For example, under one of their contracts, the Bed-Stuy Advocates work to increase the

attendance of birth fathers at Family Team Conferences. The advocates also rely on significant in-kind service and volunteer support.

Since inception of the CPI, the initiative has expanded and is now partnering with 11 community collaboratives in New York City. This expansion is being directed by the former Systems of Care director, who is ensuring that systems of care principles are fully integrated into the program. Through the CPI, each collaborative receives \$150,000 per year in State funding—ACS plans to increase this amount to \$300,000 in the upcoming year—to fulfill the four tasks described above. As part of this funding, each community collaborative is mandated to fund a Partnership Liaison position to facilitate its activities.

Although the basic model of the CPI is being used across communities, each community's implementation is unique. When discussing the ability of this model to be implemented in various settings, one community member noted:

The biggest challenge with [ACS] is that it's just such a big system in New York...And our commissioner, even though he brought a wonderful model, the Family-to-Family model, from Cleveland to New York...with the system the size of New York's it's very hard to take a system that's dealing with 10-million-plus [and implement a model] that was meant for a million...It would really be difficult to implement it exactly how it was in Cleveland. My dream is that one day all of us will get on the same [page]...but for right now it's good enough that the child welfare system in New York understands they can't do it without the community.

According to key stakeholders, with the significant expansion of the CPI, Bedford-Stuyvesant remains the most successful community in effectively engaging the community. Systems of Care staff members say this can

be attributed to implementation of the initiative and the trust that was built between community members and ACS agency staff.

In 2010, ACS plans to introduce a fifth task into the CPI. Given that most of its referrals for child abuse and neglect originate in the school system, ACS would like to enhance its collaboration with the system. The hope is that through greater collaboration, ACS can provide better training to school personnel on mandated reporting and increase the presence of school representatives at Family Team Conferences.

Appendix E:

Clark County, NV, Family Involvement Profile

Clark County, NV, Family Involvement Profile

Background

In Clark County, NV, DFS implemented the Systems of Care principle of family involvement by focusing on engagement of kin-caregivers, a preferred placement option that received little support before this initiative. As one key stakeholder noted:

Nationally, in child welfare, relatives probably don't get equivalent levels of service [when compared to] foster families. I really believe in relative placements. I believe you have to support relative placements and you have to treat them with equity. This effort was a way to support relatives raising children.

Implementation of Family Involvement Principle

Given the many kin-caregivers in Clark County, DFS chose to implement its kinship program in partnership with PEP, a local nonprofit agency that offers support programs to families with children with serious emotional disturbances. PEP was selected as a partner due to prior experience implementing systems-based family involvement programs under the SAMHSA systems of care initiative in Clark County.

Through its partnership with DFS, PEP employed four Kinship Liaisons, all of whom were prior or current kin-caregivers. Kinship Liaisons were hired to serve on decision-making committees, including the Citizens Advisory Committee. As members of this committee, which was also attended by former foster youth, relatives, and parents, Kinship Liaisons offered a kin-caregiver perspective on key decisions.

During the initial years of the Systems of Care initiative, evaluators at the University of Nevada Las Vegas worked with PEP and the Kinship Liaisons to conduct a needs assessment of kin-caregivers in Clark County. Although

the initiative was focused on kin-caregivers involved in the child welfare system, the needs assessment took a broader focus to look at the needs of all kin-caregivers, regardless of system involvement. Relative representatives and Kinship Liaisons on the Citizens Advisory Committee helped develop and edit the needs assessment. Once the assessment was successfully pilot tested with focus groups, Kinship Liaisons recruited about 800 kin-caregiver participants. The needs assessment examined several issues affecting kin-caregivers, including:

- Common conditions that result in the need for kin-care.
- Caregiver motivations and sustaining factors, caregiver perceptions and experiences.
- Service needs and community resources.
- Caregivers' perceptions of children's needs and well-being.
- Family involvement and social support.
- Family characteristics.
- Permanency intentions.

With an analysis of this needs assessment, kin-caregivers identified the need for a peer mentoring program. As a direct result, PEP's Kinship Liaisons began providing one-on-one mentoring and support services to active kin-caregivers. While PEP strived to serve 100 kin-caregivers every year, its status as an outside agency with limited capacity and no prior relationship with the child welfare system caused it to have difficulty recruiting kin-caregivers for the mentoring program. Early in the program, PEP also struggled to accurately identify appropriate referrals, referring to the program kin-caregivers who are not involved in the child welfare system.

According to key stakeholders, PEP's strong focus on serving families with children with serious emotional disturbances hindered its ability to focus more generally

There's never going to be a template for how this works...I think our growing pains and our bumps along the way are what made us stronger and I think each community has to face those in their own way...You just really have to have a certain tenacity to do this... To have our entire effort turned upside down and started over halfway through the grant, and I know other Systems of Care communities did the same thing at different points in their projects—some of them scrapped and started over in the very beginning of the project, some of them had major changes near the end—ours was kind of in the middle...Maybe it's just kind of an expected part of the process; you're going to have to fall off the horse and get back up a couple of times. It's very difficult to implement this kind of programming. It's a paradigm shift for agencies, for families, and for workers.

– Key Informant

on all system-involved families. In addition, PEP was founded as an advocacy agency that had historically advocated for parents from outside the child welfare system; under the Systems of Care grant, PEP struggled to modify its practices to partner effectively with DFS and work from within the system.

Initial attempts to evaluate the Kinship Liaison Program³ under PEP were hindered as a result of the limited number of kin-caregivers participating in the program. Despite these barriers, evaluators were able to identify

³ The program was referred to as the Kinship Connections Program under PEP and was later referred to as the Kinship Liaison Program under DFS; for consistency and to recognize that these names refer to the same program, albeit at different stages in its development, this case study uses the term Kinship Liaison Program throughout.

implementation challenges. Specifically, evaluators noted that:

1. Parents were not regularly being assigned mentors.
2. Educational classes were not occurring as scheduled.
3. Other program elements were not being carried out as originally intended.

In addition, the program was experiencing significant turnover in Kinship Liaison positions.

Because of these challenges, DFS leaders relocated the kinship program to the child welfare agency in 2007. The decision to bring the Parent Partner program into DFS resulted in both benefits and losses for the kinship program. According to key stakeholders, relocating the program under DFS led to greater morale among Kinship Liaisons, which in turn led to improvements in service delivery to kin-caregivers. In addition, the decision to relocate legitimized the importance of family involvement and transformed it into a regular practice within the child welfare system. One of the major losses that occurred as a result of the relocation was the opportunity to work in collaboration with a community organization to support kin-caregivers. Key stakeholders expressed some concern that over the long term, if issues arose with the program, it might be harder for Kinship Liaisons to advocate from within the system.

As part of the program's transition to the agency, DFS elected to maintain the three Kinship Liaisons who were working under PEP. This continuity of staff ensured that the newly structured program was staffed with highly motivated and dedicated liaisons who were familiar with the purpose of the program.

Under DFS, the Systems of Care Project Director provided direct oversight and supervision to the kinship program. The Project Director helped create the infrastructure for the program and focused on providing training, resources, and support to kin-caregivers.

Kinship Liaisons attended the DFS new employee orientation to better understand the expectations and mandates of the child welfare system. Recognizing both the benefits and dangers of having Kinship Liaisons who might over-relate to the kin-caregivers they were serving, the Project Director provided additional training and resources on boundaries and mediating challenges.

To integrate the kinship program into the larger DFS service structure, the Systems of Care Project Director, along with Kinship Liaisons, met with agency departments to educate case managers and supervisors about the program, the role of the liaisons, and the resources they provided to kin-caregivers. Kinship Liaisons also trained new case workers on the kinship program through the DFS new employee orientation.

Understanding the important role leadership can play in effectively implementing systems change, the Director of DFS spoke about the kinship program at various staff and agency meetings. According to the Director, Project Managers “often aren’t in a position to really be a key integrator of that project into the larger vision of the leadership of the organization. So...it comes back to the organization’s leader to have a concept of how all the parts fit together and work together. Otherwise...you can end up with a project that remains a project.”

When asked about the role of agency leadership in the success of the Parent Partner program, one key stakeholder pointed out, “I think it has to be headed up by folks who really truly do believe in it. I think if you don’t have a champion within [the organization] it’s never going to happen.” These initial educational and outreach efforts helped dispel misconceptions about the program and address case workers’ and supervisors’ concerns and questions.

Within months of the kinship program’s relocation, case managers began regularly referring kin-caregivers to the program. In 2008, the program received more than 500 referrals for services. The program receives

referrals for relatives who are current kin-caregivers, as well as for relatives who are potential placement options. In fact, according to one Kinship Liaison, the courts are now increasingly referring relatives who are potential placements so they can receive the services and resources necessary to support children prior to their placement.

In addition to referrals, Kinship Liaisons receive relative placement lists on a daily basis that alert them to any new kin-caregivers entering the child welfare system. Liaisons reach out to new kin-caregivers through phone calls and provision of orientation packets. Orientation packets include kin-caregiver resource guides entitled *Raising Your Relative’s Kids: How to Find Help*⁴ and introductory letters written by the Kinship Liaisons. Liaisons also hold one-on-one meetings with kin-caregivers to help them better understand the child welfare system, the resources and financial assistance available to them, and issues involving permanency. During these meetings, liaisons help kin-caregivers complete paperwork related to placement, and provide them additional services and support on an as-needed basis. Under the restructured program, the three Kinship Liaisons are located in different Neighborhood Care Centers, which are one-stop service centers. This structure enables DFS to make referrals on a geographic basis, allowing kin-caregivers to receive services close to their homes.

Recognizing that most placement disruptions involving kin-caregivers occur in placements where kin-caregivers are not licensed, DFS developed a kinship training curriculum, portions of which are derived from the Child Welfare League of America’s *Tradition of Caring* curriculum. The first class, taught by a DFS trainer, is an orientation and provides an overview of the child

4 The kin-caregiver resource guide was developed through the DFS Community Outreach Program and is based on input from DFS personnel, community representatives, and kin-caregivers. It is intended to help all community kin-caregivers, not just those involved in the child welfare system.

welfare system. The second class, taught by a Kinship Liaison, discusses relative care-giving, challenges, family dynamics, grief and loss, and other issues often experienced during kinship placements. The third and fourth classes focus on teamwork and discipline, respectively. Kin-caregivers are required to complete all four classes as part of the kin-caregiver licensing process; kin-caregivers must be licensed before they are eligible for financial assistance.⁵ Once kin-caregivers have completed these classes they may attend advanced classes focusing on different aspects of the kinship care-giving experience. In addition to providing important resources, the classes often serve as support groups for kin-caregivers.

Evaluation of the Kinship Liaison Program identified the kinship training curriculum as an important aspect of the program's success. Caregivers overwhelmingly reported great satisfaction with the program. In addition, the training program resulted in significant knowledge gains among kin-caregivers, with the average percentage of correct answers increasing from 67 percent on the pretest to 76 percent on the posttest. Over the 5-year grant period, the proportion of foster parents who were kin-caregivers rose from 28 percent to 38 percent (Denby, 2009).

The kinship program provides ongoing support services to kin-caregivers on an as-needed basis, as requested by the kin-caregivers. Prior to moving under DFS, Kinship Liaisons provided individual mentoring services to kin-caregivers; while DFS hopes to offer mentoring services in the future, under the current program structured support is offered to kin-caregivers in more of an as-needed, resource-based format.

Through these ongoing services, Kinship Liaisons often help kin-caregivers understand the legal issues

surrounding permanency and adoption. As a result of these services, 70 percent of kin-caregivers reported they were aware of the various permanency options available to them, and 93 percent indicated they intended to care for the children on a permanent basis if they could not return home to their parents (Denby, 2009).

Kinship Liaisons also support kin-caregivers through their participation in child and family team meetings. Although Child and Family Team meetings existed prior to the Systems of Care initiative, there was no streamlined definition for what constituted a meeting or when they were to take place. Through Systems of Care, DFS put policies and procedures in place regarding Child and Family Team meetings and better defined what constituted a meeting. DFS also began an intensive, unit-based training curriculum to provide Child and Family Team meeting training to all case workers. The five-step curriculum combined instruction with a hands-on practical experience. According to one stakeholder, the training curriculum proved to be so successful that it was later adopted into State policy.

At the request of families, Kinship Liaisons attend Child and Family Team meetings; however, families may also request meetings outside of case planning schedules when challenges arise in their cases. As part of the Child and Family Team meeting process, Kinship Liaisons support kin-caregivers and advocate for available services. One stakeholder commented that in addition to enhancing family involvement in case planning, Child and Family Team meetings have brought transparency to the kinship program, enabling case workers to see what services Kinship Liaisons are providing to their cases.

Although caseloads can vary, Kinship Liaisons can support up to 60 kin-caregivers at a time. This is due, in part, to the fact that liaisons never close cases; kin-caregivers whose cases result in adoption or reunification can continue to receive support services.

⁵ Due to the high demand for licensing, DFS has established an expedited licensing program unique to Clark County, which allows it to prepare and license kin-caregivers prior to children's arrival, creating a smoother transition process for kin-caregivers and children.

For example, in cases of reunification, kin-caregivers are offered services to help them cope with any grief or loss they might experience.

Kin-caregivers receiving mentoring reported that as former kin-caregivers, Kinship Liaisons understood the challenges of kin-caregiving and were able to hold them accountable, ensuring the safety and well-being of the children under their care. In fact, during the grant period, the proportion of alleged re-abuse cases of children placed with kin-caregivers decreased from 13 percent in 2005 to 4 percent in 2008 (Denby, 2009).

In addition to providing case-level support, Kinship Liaisons continue to serve on several decision-making committees. They also actively reach out to engage and partner with other programs that offer additional resources to kin-caregivers.

DFS provided significant support to the development and sustainability of the kinship program. In particular, DFS began implementing “diligent searches” within the child welfare system, an approach that helps identify relative placements within 24 hours of children being removed from their homes. Stakeholders credit the kinship program with increasing the number of children placed with kin. For example, at the beginning of the grant, in 2004, 16 percent of the children in foster care were placed with kin-caregivers and by 2008 that number had risen to 32 percent (Denby, 2009).

Sustainability and Enhancement

Recognizing the importance of sustainability, DFS decided to continue the kinship program beyond the Systems of Care grant. As one key informant noted:

There is a tendency for projects to remain projects, and I think from the very beginning you really have to begin to think about how you are going to make this effort organic within the system so that it doesn't remain an attachment like a lot of projects tend to do. We all talk about sustainability, but a lot of times sustainability is about funding a project more so than moving what is a project into an organic part of an operating system.

As part of the effort to ensure the sustainability of the kinship program, DFS hired the three Kinship Liaisons into the position of family support workers. As a previously established position within DFS, Kinship Liaisons receive salaries and benefits comparable to other county workers serving in these positions. It is important to note, however, that as a classified position within DFS, the agency is no longer able to mandate that Kinship Liaisons be kin-caregivers as a requirement of the position. In addition, as a nonmandatory position, there is some concern about the ability to maintain these positions in the current economic environment.

While Clark County experienced significant challenges in its implementation of family involvement, key stakeholders noted the program that was ultimately developed has become an integral part of their child welfare system. The kinship program has been so successful within DFS that in 2008 the county expanded its efforts to serve kin-caregivers who are not caring for system-involved children. With the support of DFS, six community agencies have come together to form Kinship Connectors, a group dedicated to serving nonsystem-involved kin-caregivers. While this group is relatively new, they began speaking out about the resources needed by kin-caregivers and actively distributing the kin-caregiver resource guide.

Appendix F:

Contra Costa, CA,
Family Involvement Profile

Contra Costa, CA, Family Involvement Profile

Background

Family involvement was a significant focus of the Systems of Care initiative in Contra Costa, CA. As part of the effort to enhance family involvement in the child welfare system, Contra Costa's CFS hired a Parent Partner Coordinator to exclusively focus on implementing the principle of family involvement. This person was charged with developing, managing, and overseeing all aspects of the Systems of Care initiative related to family involvement.

Implementation of Family Involvement Principle

At the case level, CFS greatly enhanced the use of Team Decision-Making meetings by expanding their use to include youth at risk of placement change and all youth in care reaching age 17. The agency also hired two additional Team Decision-Making facilitators to ensure that more families and youth can participate in the process and inform development of their case plans.

In addition to Team Decision-Making meetings, Contra Costa implemented icebreaker meetings where birth parents and foster parents can become acquainted and exchange pertinent information regarding the children in care. Attendees of these meetings include social workers, parents, and foster parents. Icebreaker meetings are scheduled to take place at or right after placement has occurred. They are voluntary, although almost all parents select to have them. Icebreaker meetings are only held if they are in the best interest of the children, and are often not offered in cases involving sexual abuse or heavy drug use. Parent Partners, a program discussed in more detail below, work with parents prior to icebreaker meetings to explain the purpose of the meetings and answer questions or concerns. In addition, most parents

invite their Parent Partners to attend the meetings and provide additional onsite support.

Most CFS family involvement efforts have been concentrated at the peer level through the Parent Partner program. Prior to starting the program, the Parent Partner Coordinator conducted significant research on existing mentoring programs being offered in other social service settings, such as mental health. The coordinator also looked into mentoring models from nonsocial service settings, including models used in the business community. To identify the unique needs of the Contra Costa community, the coordinator sought feedback from parents and former child welfare clients on what they thought was needed for an effective Parent Partner program. Based on the findings from these efforts, the Parent Partner Coordinator developed and implemented a unique program model.

Contra Costa's Parent Partner program provides individualized mentoring to new parents involved in the child welfare system. Parent Partners provide parents with resources and educate them about their rights and responsibilities in the system. The program is voluntary and available to all families who enter the Contra Costa child welfare system. To initiate the referral process, case managers fax copies of court petitions for child removal to the Parent Partner Coordinator, who then assigns each case to a Parent Partner based on geographic location.

Parent Partners often have their first contact with families when they arrive at court for their initial detention hearings. At this time, Parent Partners introduce themselves and the Parent Partner program. If a parent expresses interest in receiving services through the program, which most do, the Parent Partner will offer same-day support helping families prepare for and understand the hearing process. While Parent Partners are available to offer services and information

at hearings, they are not active participants. In cases where Parent Partners are unable to attend initial court hearings, they make every effort to either attend the second court hearings or families' Team Decision-Making meetings to offer their services and support.

Following the initial contact with the family, Parent Partners continue to provide support by calling parents on a regular basis; attending and preparing parents for icebreaker meetings, Team Decision-Making meetings, and mediation meetings; helping families connect to community resources; and providing other support as needed. Parent Partners also developed resource libraries for families in the two courthouses. These libraries contain resources that can be given to families in need of services.

Parent Partners found that most parents require substantial assistance and support at the beginning of cases; however, once parents begin to access needed services, such as substance abuse treatment, they tend to only require additional support when crises arise. Parent Partners continue to check in with parents on a weekly or biweekly basis depending on case needs. The Parent Partner program never officially closes cases, but rather, cases go on inactive status when parents no longer need services. It should be noted that while the Parent Partner program primarily works with birth parents and occasionally kin-caregivers, CFS does have a liaison on staff who works directly with kin-caregivers and foster parents.

The Parent Partner program also offers the Navigation Orientation, a training cofacilitated by a Parent Partner and a social worker. This orientation is offered to parents and community members to provide them with information on navigating the child welfare system. The Parent Partner program is currently working on getting clearance to offer the orientation inside county jails, since Parent Partners are currently not able to enter the jails due to their criminal records. By bringing the Navigation Orientation into the jails, the Parent Partners

are hoping to reach a larger audience, educating them about the child welfare system as well as their rights and responsibilities within the system. Currently, Parent Partners provide services to incarcerated parents by attending court appearances and corresponding through letters. Through these outlets, Parent Partners provide information to parents about the program and encourage them to get involved in the various programs offered within the jails, such as rehabilitation programs, to show good faith and begin to set a positive pattern for themselves.

At the systems level, CFS engages families by appointing Parent Partners and foster parents to serve on decision-making and meeting-planning bodies, such as the Systems of Care oversight committee, which is the oversight and governance entity for the Systems of Care initiative, and its subcommittees. CFS also created a Parent Partner Leadership Council, a committee internal to CFS that is comprised of staff at all levels of the organization as well as Parent Partners, which focuses on building the Parent Partner program and integrating family involvement with service delivery. This internal committee helped gain agency support and buy-in at all levels of CFS early in the Systems of Care initiative.

In addition to serving on decision-making bodies, Parent Partners have conducted numerous trainings and presentations for case managers, attorneys, court personnel, foster parents, social work students, and other community members on the issue of family involvement. They have also presented information about the Parent Partner program and provided technical assistance to States and counties interested in implementing their own programs.

Strict requirements have been developed for parents interested in becoming Parent Partners. Most Parent Partners are recruited through the recommendations of case managers. All partners must be former child welfare clients whose cases have been successfully

closed for at least 1 year. Successful case closure does not necessarily mean a case resulted in reunification, but rather that it closed in the child's best interest. In addition, to become a Parent Partner, parents must be clean and sober for at least 2 years. Parents who meet these requirements and are interested in becoming Parent Partners are interviewed by the Parent Partner Coordinator as well as current partners. Through the interview process, parents are asked to assess their experiences with the child welfare system. This is done to see whether they can recognize the roles they played in their cases and ultimately to see whether they view their experiences with CFS in a positive light. Parents are also assessed to see whether they are good fits for the program and can effectively engage and interact with a diverse array of people. Having current Parent Partners participate in the interview process enables the program to assess potential partners on a peer-to-peer basis. This helps ensure that only parents who are at stable points in their lives are invited to participate as Parent Partners.

Prior to becoming Parent Partners, people must attend an intensive training curriculum to ensure they are prepared to engage parents before being assigned caseloads. This training curriculum was designed by the Parent Partner Coordinator and addresses issues such as mandated reporting, boundaries, court processes, presentation and communication skills, and crisis management. In addition, Parent Partners are invited to attend any of the CFS trainings offered to case managers.

Parent Partners also receive regular supervision from the Parent Partner Coordinator. Each month the Parent Partners come together for a half day to attend group supervision. Individual supervision takes place on a bimonthly or weekly basis depending on the needs of the Parent Partner. During individual supervision, Parent Partners discuss the cases they are working on and the challenges they are facing. The importance of

self-care is emphasized throughout group and individual supervision. The Parent Partners have also developed an informal support system among themselves. They often call on each other when they need assistance, advice, or support on their cases or in their personal lives. Conflicts between Parent Partners are handled through group meetings in which the Parent Partner Coordinator acts as a neutral facilitator.

Historically, Contra Costa's Parent Partner program has been comprised of six Parent Partners, two full-time and four part-time. Recognizing the importance of having full-time Parent Partners who are able to make the time commitment required of the job, CFS modified its structure and now employs three full-time and one part-time Parent Partner. The program tries to maintain a caseload of 25-30 families for each Parent Partner; however, caseloads have reached as high as 60. To protect client confidentiality, Parent Partners do not keep notes, records, or files. In addition, CFS was able to establish an MOU with the local courts that protects Parent Partners from being called to testify against their clients in court.

Contra Costa is one of two Systems of Care grant communities to have successfully recruited and maintained a male Parent Partner. While this Parent Partner is assigned to a specific geographic area, he is often called on by the other Parent Partners when they are having difficulty engaging fathers. When a father is successfully engaged, the male Parent Partner returns the case back to the original Parent Partner for further service delivery. Having a male Parent Partner has increased Parent Partner and case managers' recognition of the need to engage fathers. Judges are also recognizing the importance of fathers and have begun to more actively engage them in court proceedings.

Sustainability and Enhancement

Parent Partners were initially hired as independent contractors by CFS. While CFS wanted to hire them as employees of the county, their criminal records precluded this. In 2007, however, CFS was forced to let go of its independent contractors as a result of budget constriction. To maintain the Parent Partner program, CFS established a collaborative partnership with CAPC, a nonprofit organization focused on preventing maltreatment of children. Under this new structure, the Parent Partner Coordinator as well as the Parent Partners are fiscally housed under CAPC. The coordinator serves as the conduit between CAPC and CFS, and supervises some CAPC staff, thereby ensuring the sustainability of the position within CAPC. As CAPC staff, the full-time Parent Partners are compensated through salaries and mileage reimbursement. The part-time Parent Partner is contracted and receives an hourly rate for services. In addition, the full-time partners are eligible for benefits they did not receive as independent contractors, such as vacation, medical leave, and paid holidays. The full-time partners have also been offered medical and dental benefits through CAPC; however, the cost is significant, and none of the current partners has opted into the program. Despite being CAPC staff, full-time Parent Partners are each stationed within local CFS offices, where they sit alongside case managers.

The close physical proximity has helped facilitate positive relationships between Parent Partners and case managers. Parent Partners often provide informal advice to case managers through casual conversation. In addition, Parent Partners provide training on the Parent Partner program to new case managers through the case manager orientation training. Once a month, Parent Partners host family engagement meetings, where they meet with supervisors in the various CFS departments to discuss what is working and what is not in terms of the Parent Partner program.

Overall, family involvement in Contra Costa has received significant agency support. While there were some initial concerns among case managers and supervisors, Partner Partners were able to build trust within CFS. The Parent Partner Coordinator also conducted advocacy within the agency to gain support and buy-in for the program, and agency leaders worked with the coordinator to ensure the program's success.

Appendix G:

Dauphin County, PA,
Family Involvement Profile

Dauphin County, PA, Family Involvement Profile

Background

Understanding the importance of family involvement, Dauphin County's SSCY began integrating Family Group Conferences into its child welfare case practice. Following receipt of the Children's Bureau Systems of Care grant, SSCY worked to enhance family involvement on a larger scale.

SSCY's initial steps to enhance family involvement entailed hiring a Systems of Care Community Coordinator to engage families and community members and build their capacity to become more actively involved in improving the child welfare system. The coordinator said she operated from the premise that "if you want community people to share their expertise, you have to treat them like their expertise is just as important as yours, because it is. They are the experts on their families and community."

Implementation of Family Involvement Principle

The Systems of Care Community Coordinator, Systems of Care Project Director, SSCY representatives, county judges, county commissioners, and other service providers began holding forums with church members, members of grassroots organizations, foster parents, kin-caregivers, birth parents, and other community members. During these forums, the Community Coordinator shared information on the Systems of Care initiative and principles, and on the county's interest in enhancing community and family involvement in child-serving systems. The coordinator also solicited feedback from attendees regarding what changes were needed and what role they wanted to play in helping to realize those changes. The goal was to build grassroots engagement that would be led and embraced by community and family members. One Systems of Care

leader noted that the Community Coordinator "allowed [community and family members] to guide the process. She would always put things back on them; she really relied on them to take ownership." According to this stakeholder, "When you're getting strong messages from community members and parents it's really difficult for the formal system to ignore. They're doing it from the ground up and they're informing our practice."

Based on the information shared during the forums, community and family members formed five Systems of Care subcommittees focused on the following issue areas: faith-based involvement, community-based involvement, cultural competency, parents and guardians, and youth. Subcommittees met on a monthly basis, often at night to accommodate the work schedules of attendees, and included regular participation by the Community Coordinator. The chairperson of each subcommittee also served on the Systems of Care oversight committee and provided monthly updates on activities and progress to agency and State representatives. Community members as well as individuals whose families had been involved in the child welfare and other formal systems were represented on all the committees. While there was some representation from birth parents, it was limited and inconsistent. In addition, the youth subcommittee was primarily comprised of youth, many of whom were involved in the child welfare or juvenile justice system.

The parents and guardians subcommittee took the lead on efforts to enhance family involvement in the child welfare system. The subcommittee was primarily comprised of foster parents and people who had relatives involved in the child welfare system. To help birth parents better navigate the system, members of the subcommittee began attending triage and other meetings held to avoid placements or effectively plan for reunification in particularly difficult cases. Dauphin

County requires that triage meetings take place before any child is removed from his/her home and put into placement (exceptions exist in cases where there is imminent danger). These meetings are attended by case managers, supervisors, administrative staff, family members, court personnel, and other agency and community partners, and are aimed at identifying resources and supports available to families and developing plans to help families avoid placement.

Members of the parents and guardians subcommittee also began attending Family Group Conferences. Dauphin County's policies mandated that the conferences be offered as a planning tool to all children involved in the child welfare system. In addition, use of Family Group Conferences was expanded beyond initial case planning to include followup conferences as an approach to better meet the needs of children and families. In 2006, Dauphin County received additional funding from the Office of Juvenile Justice and Delinquency Prevention to further expand use of Family Group Conferences.

To offer more one-on-one support, members of the parents and guardians subcommittee began offering support and resources to birth parents on an informal basis. In addition to providing individualized support, community and family members developed a resource guide to help birth parents navigate formal child- and family-serving systems.

The Systems of Care faith-based subcommittee created the Network of Faith, an initiative in which the faith-based community provides services that government agencies do not have the time or resources to provide. As part of this, members of the subcommittee worked directly with SSCY staff to develop a database of the services available in the community that case managers can use when families have needs that cannot be met through SSCY. Examples of resources provided through the network include counseling, babysitting, handiwork, and other supportive services.

The faith-based subcommittee, with the assistance of all the other subcommittees, also worked to support system-involved families, as well as other families in the community, by developing the Summer Enrichment Program for youth ages 9-19. The program was developed to offer activities and education to keep youth engaged and off the streets during the summer, as well as provide support for birth parents, foster parents, and kin-caregivers who need to maintain regular work schedules in the summer. As part of the program, youth perform *Be Smart, Don't Get Smart*, a skit for youth on how to build better relationships with law enforcement, speak to key decision-makers about the importance of having youth be part of decision-making as it relates to their lives, and participate in an end of summer showcase where they demonstrate what they learned over the summer and the array of partnerships involved. In 2008, the Summer Enrichment Program served 300 youth, about 65 percent of whom were presently or previously involved in at least one child-serving system.

Sustainability and Enhancement

To sustain the work of the various subcommittees beyond the Systems of Care grant period, subcommittee members in 2008 incorporated as New Beginnings Youth and Adult Services. New Beginnings is a 501(c)3 nonprofit created with the financial support of individual and corporate donors, such as Capital Blue Cross, as well as through contracts with various child-serving systems to provide family support services in Dauphin County. One such partnership allows members of the parents and guardians subcommittee to act as family coaches, who provide one-on-one personal mentoring to families involved in the child welfare system, including children in independent living programs. Currently there are about 40 trained family coaches, almost all of whom have personal or familial experience with the child welfare and other child- and family-serving systems. While

there are no specific additional requirements for birth parents who want to serve as coaches, everyone with substance abuse problems must be clean and sober, and trained in strength-based practices.

People interested in becoming family coaches undergo background checks and are reviewed by the New Beginnings' Board of Directors. Once accepted into the program, family coaches attend intensive trainings on issues such as strength-based service delivery, Family Group Conferences, drug and alcohol use, and other issues impacting families. In addition, coaches attend a 10-module family development credentialing program and may participate in some relevant training offered to case managers within SSCY.

New Beginnings receives referrals for the Family Coaches Program from SSCY and other contracted agencies. Family coaches are matched with families based on experience (e.g., a family where there is a problem of drug abuse is matched with a family coach who has also experienced drug abuse). Typically, family coaches first encounter parents during Family Group Conferences, where they provide support and guidance and often remain in the room while the families develop their case plans. Each family coach provides services to up to three families at a time, providing at least 5 hours of service to each family they mentor and working up to 20 hours per week. Family coaches are compensated for their services at rates of \$12-\$15 per hour. Supervision is conducted by a trained therapist, and individual supervision is conducted on a weekly basis, with group supervision taking place monthly.

Dauphin County is one of the few Systems of Care grant communities that has successfully recruited and retained male family coaches. While stakeholders are not sure why recruiting and maintaining male coaches is so challenging, they hypothesize that men might be more resistant to joining and being part of "the system."

In addition to developing the Family Coaches Program, New Beginnings developed a peer-to-peer mentoring model for youth. Currently there are 10 youth mentors, each of whom provides one-on-one mentoring to a young person his/her age or younger who has had similar life experiences. While there are no specific requirements for youth to become mentors, every effort is made to only accept those who are living in stable environments and without drug issues. To prepare them for their roles, the Family Coaches Program trains youth mentors on Family Group Conferences, in addition to 2 days of intensive skill-building training.

The youth Summer Enrichment Program is now operated by New Beginnings, which has employed the youth subcommittee to operate three working groups to focus on the issues of family, crime and violence in the community, and school issues. Each group meets once a month, and the three groups meet collectively every month. During the sessions, youth discuss issues they and their community are facing. While adults provide support, the groups are governed and facilitated by youth. Participating youth also present at local and national conferences, discussing the effect Family Group Conferences have had on their lives. Locally they conduct workshops on the conferences' impact with staff working in juvenile probation.

As an incorporated entity, the subcommittees that make up New Beginnings continue to meet on a monthly basis, and meetings are held quarterly with SSCY representatives. Family coaches serve as representatives on each of the five subcommittees. In addition, coaches continue to serve as a family voice on state advisory committees and in decision-making meetings. They have also spoken at national conferences and provided training on family involvement to juvenile probation and children and youth case managers. New Beginnings is working to establish an advisory board comprised of the child

welfare system representatives who participated in the Systems of Care Steering Committee, with the hope that the board will further enhance collaboration with agency representatives.

Within the various system agencies, SSCY continues to work on efforts to improve family involvement. In 2008, SSCY began the Family Finding Program. Through this program, individuals are trained to actively identify and locate family members of children at risk of becoming or who are currently in placement.

Appendix H:

Jefferson County, CO, Family Involvement Profile

Jefferson County, CO, Family Involvement Profile

Background

Prior to the Systems of Care initiative, workload analyses of Jefferson County's Department of Human Services (DHS) showed that case managers were spending significant portions of their time on the computer performing administrative duties, and that case aides often had the most direct interaction with system-involved families. To mitigate this and enhance family involvement in the child welfare system, DHS began implementing the Family-to-Family model. One of the major initiatives DHS undertook as part of the model was piloting Team Decision-Making meetings.

Given that DHS was still in the initial stages of implementing the Family-to-Family model when it received the Systems of Care grant, it took significant effort to integrate the two initiatives and build on its existing family involvement efforts. This integration was facilitated by regular meetings between the Systems of Care Project Director and the Director of the Family-to-Family program. In addition, these directors, along with team members from each of the programs, began conducting presentations together to educate case managers about the programs' similarities and collaborative efforts. Ultimately, these initiatives were merged in a way that enhanced DHS family involvement and child welfare practices as a whole.

Implementation of Family Involvement Principle

One of the initial steps by DHS to implement the principle of family involvement under the Systems of Care initiative was its development of a Parent Partner program. Through the Systems of Care grant, DHS hired a Parent Partner Coordinator to oversee the program and supervise the Parent Partners. At the systems level, parents serving as Parent Partners participated

in committees, including the county's Systems of Care Steering Committee, and attended decision-making meetings to offer a parent voice on key policy and practice decisions affecting the child welfare system. DHS also began conducting surveys to gather more feedback from parents about their experiences with Team Decision-Making meetings and the system in general. "Any time you have a consumer of a service, it's important to hear consumers' feedback in order to improve your service," one agency leader said.

In addition to sitting on decision-making bodies and providing feedback through surveys, Parent Partners began reviewing, editing, and providing feedback on client forms developed by DHS. This feedback was then integrated into the interview process for new case managers to ensure that family voice was part of the hiring process for new case workers.

DHS also developed a peer-to-peer mentoring program for parents involved in the child welfare system. Through the program, Parent Partners served as mentors to other system-involved parents. Parent Partners provided resources and support to parents, attended court appointments, conducted home visits, helped families advocate for themselves, and attended Team Decision-Making meetings. While the meetings had been piloted prior to the Systems of Care initiative, their implementation was greatly enhanced under Systems of Care. DHS hired more Team Decision-Making meeting facilitators, trained more staff, involved Parent Partners, and began conducting meetings on a more consistent basis. In addition to Team Decision-Making meetings, Parent Partners attended option meetings, in which case managers, community members, family members, and appropriate-age youth discussed placement options for children in need of more care, such as day treatment and residential treatment facilities. Through participation in option meetings, Parent Partners

engaged in advocacy on behalf of families and helped them advocate for themselves.

Initially, DHS primarily relied on referrals from case managers to identify potential child welfare cases or families who might benefit from the peer-to-peer mentoring offered through the Parent Partner program; however, fully engaging case managers in this process proved challenging due to their heavy workloads. Case manager referrals increased after several Parent Partners spoke with managers on an informal and individual basis, while also presenting their own experiences in the system and the importance of the Parent Partner program. When asked about working with case managers, one Parent Partner noted, “I kind of feel like I’m helping [case managers] out, because I can talk to the parent if it’s something not life threatening... [Parents] can call me instead [of their case manager].”

Case managers were also employed to identify people who might serve as Parent Partners. People so identified completed a readiness tool, and based on their responses, the Parent Partner Coordinator ensured that candidates met all designated requirements. These requirements included:

- Closed child welfare cases.
- Positive recommendations from case managers or the case manager supervisors.
- Sobriety at the time of becoming Parent Partners.
- Successful background checks, meaning no outstanding warrants and all court situations resolved.
- Signed release forms allowing DHS to speak with any systems that parents were still involved in, such as Alcoholics Anonymous.

Parents who met these criteria were then interviewed by the Parent Partner Coordinator.

At the beginning of the Systems of Care initiative, DHS attempted to require that Parent Partners’ cases be closed for at least 1 year; however, due to the

lack of referrals and other challenges in maintaining active Parent Partners (e.g., frequent relocation of clients), DHS relaxed the requirement and began accepting parents whose cases had been closed for less than 1 year. Given this, the number of Parent Partners fluctuated between four and seven. Changing the requirements also created other challenges. In particular, people with recently closed cases often continued to have stressors in their lives, such as challenges obtaining daycare, housing, work, and maintaining sobriety, which affected their ability to mentor other parents. In addition, despite DHS’ emphasis that the Parent Partner program was considered volunteer work and not a job, some parents with recently closed cases became Parent Partners in hopes that it would provide enough financial support to sustain them and their families. However, Parent Partners often only worked 5–6 hours a week, and the compensation they received—\$10 per hour in gift cards for their time serving on committees and \$50 per month for serving as a mentor⁶—was not sufficient.

Before becoming Parent Partners, candidates attended a three-level leadership training that addressed issues such as confidentiality, gaining respect, appropriate appearance, resources for families, assertiveness, and dealing with personal feelings and emotions. They also attended the child welfare orientation, which helped them understand the child welfare system as a whole and recognize that their role as Parent Partners was to focus on the overall system and not just their individual cases. Parent Partners interested in serving as mentors attended a specialized training on mentoring that addressed issues such as boundaries, setting limits, and roles and responsibilities. In addition to attending these trainings, people interested in serving as mentors had to first work with the Parent Partner program on various other activities and complete an assessment.

⁶ Parent Partners requested that the program provide them with gift cards instead of cash so the compensation would not affect their eligibility for government benefits.

All Parent Partners were invited to attend all the DHS trainings available to case workers.

Parent Partners received regular support through monthly group supervision. While partners were supposed to also receive monthly individual supervision, adherence to this policy varied depending on the Parent Partner Coordinator, of which there were three during the grant period.

Although Jefferson County made significant efforts to implement the Systems of Care principle of family involvement, it faced many challenges, including high turnover in the Parent Partner Coordinator position. The turnover was primarily due to inconsistencies between the individual's career goals and the position's roles and responsibilities; this was especially true for the first two coordinators who were former case managers. The third coordinator was a former Parent Partner. Key stakeholders indicated that this person became overwhelmed with having to balance her responsibilities as a Parent Partner with the bureaucratic and administrative requirements of the coordinator position.

[Transitioning From Family Involvement Under the Systems of Care Initiative to Family Involvement Under the TANF-Child Welfare Collaboration Project](#)

In fall 2006, Jefferson County received a 5-year demonstration grant from the U.S. Department of Health and Human Services' Administration for Children and Families to support collaboration between the child welfare system and the Temporary Assistance to Needy Families (TANF) program in Jefferson County. The TANF-Child Welfare Collaboration Project, also referred to as Jeffco Community Connection, provided support services to families receiving TANF or involved in the child welfare system in the articulated area of Edgewater in Jefferson County. The target population for this grant was child welfare cases at the stage of early intervention or reunification. In addition, families entering the system through TANF could be invited to

participate in the demonstration project if they were at risk for child abuse or neglect.

Under the TANF-Child Welfare Collaboration Project, families are randomly assigned to one of three groups. Families assigned to the first group receive a comprehensive family assessment; families in the second group receive a comprehensive family assessment and participate in Family Group Conferences; families in the third group receive the assessment, participate in conferences, and receive peer support from a Parent Partner.

The TANF-Child Welfare Collaboration Project grant funded four positions, including a Parent Partner Coordinator. Upon being hired, the coordinator worked closely with the Systems of Care Parent Partner Program, shadowing that Parent Partner Coordinator for nearly a year and engaging in activities, such as attending Parent Partner supervision meetings and supporting partners' speaking engagements at local and national conferences.

During this time, the TANF-Child Welfare Parent Partner Coordinator also conducted informal research through case reviews and focus groups to assess the strengths and weaknesses of the Systems of Care Parent Partner Program. These efforts were aimed at learning from and building on the lessons learned from that program. This research indicated that Parent Partners were not being held accountable for their actions, and that they often struggled to balance working with case managers and their fear of appearing too loyal to DHS in front of parents. The research also indicated that Parent Partners were often not viewed as part of the treatment team by case managers.

In regard to the Parent Partners, the TANF-Child Welfare Parent Partner Coordinator found that when accommodations were made to increase the quantity of Parent Partners at the expense of quality, it resulted in acceptance of parents who were not at points in

their lives where they could serve as effective Parent Partners. Key stakeholders reported that some Parent Partners with histories of substance abuse used the program as a recovery mechanism without developing the outside support required to maintain their sobriety. These practices led to many substance abuse relapses among the Parent Partners. In addition, Parent Partners often confided personal and sometimes damaging information to DHS case managers. When Parent Partners did relapse, these same case managers were often called to testify against them in court; therefore, in addition to causing disruptions in the Parent Partner program and in the lives of families they were serving, relapses among Parent Partners often placed DHS and its case managers in challenging situations.

Based on findings from the initial research conducted by the TANF–Child Welfare Parent Partner Coordinator, and recognizing that the TANF–Child Welfare project would offer similar mentoring services to those provided under the Systems of Care initiative, DHS decided to discontinue its Systems of Care Parent Partner Program and provide services to child welfare involved families under the TANF–Child Welfare project.

Concerns over the number of substance abuse relapses also led DHS to temporarily halt recruitment of Parent Partners from the child welfare system during the initial year of the TANF–Child Welfare Collaboration Project. Key leaders at DHS were committed to implementing family involvement in their work, but they wanted to ensure that their efforts resulted in improved outcomes for the children they served. As one key leader noted:

It was very important that we didn't just do it because it looked and sounded good...It was more important that we were doing a service to our families...You can have the best program on paper or out there in the community, but if it doesn't produce outcomes it's really not the best program.

To address DHS' concerns, the TANF–Child Welfare Parent Partner Coordinator used the findings from her research on the Systems of Care Parent Partner program, feedback from case managers and Parent Partners, and a review of case files to develop a plan to provide more oversight and support to the TANF–Child Welfare Parent Partner program. Based on the research findings, the coordinator identified training as a key element to preventing substance abuse relapse and recidivism among Parent Partners. While partners received training under the Systems of Care initiative, it was inconsistent depending on the Systems of Care Parent Partner Coordinator and averaged just 6 hours per Parent Partner. To improve the training curriculum, the TANF–Child Welfare Parent Partner Coordinator developed an intensive 9-week, 25-hour program that focused on communication, boundaries, leadership, self-care, relaxation, sobriety maintenance, and mental health.

The TANF–Child Welfare Collaboration Project also significantly enhanced the supervision provided to Parent Partners. Under the demonstration project, the TANF–Child Welfare Parent Partner Coordinator provides 2 hours of group supervision and individual supervision on a monthly basis. Parent Partners who serve as mentors receive individual supervision on a more consistent basis, bimonthly or weekly, depending on the needs of each. The TANF–Child Welfare Parent Partner Coordinator also consistently asks for feedback from staff working with the Parent Partners, and addresses concerns or challenges during the supervision sessions with the partners. In addition, a clinical therapist is available on a part-time basis to conduct trainings on mental health issues and provide clinical supervision to Parent Partners.

In addition to enhancing training and supervision, the TANF–Child Welfare Parent Partner Coordinator, in conjunction with the Butler Institute at the University of

Denver⁷, developed a formal tracking system to better evaluate the collaboration's Parent Partner Program. Parent Partners reviewed the evaluation instruments and provided feedback, which helped ensure that they were both comprehensive and appropriate. Information obtained through these formalized tracking systems was regularly shared with DHS to facilitate open communication and alleviate any concerns regarding effective parent involvement.

Under the TANF-Child Welfare Collaboration Project, Parent Partners serve a wide variety of roles. A key component of their job function is to provide one-on-one mentoring to select families. Parent Partners are matched to families based on their experiences and the experiences of the families. For example, if a family is subject to domestic violence, the program tries to match the family with a Parent Partner who has also dealt with domestic violence. Through the mentoring program, Parent Partners provide resources and support, often accompanying families to court appointments or attending family group conferences at families' requests.

As of October 2008, 21 families had been selected to be matched with mentors under the TANF-Child Welfare Collaboration Project, 5 of which declined to be involved in the mentoring program. Because of these numbers, there is currently not enough data to assess the effectiveness of the program.

Within the TANF-Child Welfare Collaboration Project, Family Group Conferences serve as the primary vehicle for case planning. Participants in the conferences include DHS case workers, TANF case managers, parents, support systems as defined by the families, and representatives of other systems in which families are involved, such as probation or substance abuse. Family Group Conferences are convened by

the TANF-Child Welfare Family Group Conference Coordinator, who schedules the meetings and ensures that all participants understand the purposes and their individual roles. During the conferences, all participants engage in initial discussions, where they identify what needs to occur for successful case outcomes as well as the various resources available to the families. Following these discussions, families and their support systems meet to develop case plans that are presented to the other Family Group Conference participants for review. While the child welfare case manager has final approval of the case plan, workers are encouraged to support plans with different structures as long as they help families successfully resolve their cases. Because DHS also conducts Team Decision-Making meetings, families involved in the demonstration project may have also participated in meetings prior to their involvement in the TANF-Child Welfare Collaboration Project.

At the systems level, Parent Partners under the TANF-Child Welfare Collaboration Project serve as representatives on committees and conduct trainings on family involvement. The local evaluator for the TANF-Child Welfare Project has also engaged Parent Partners in supporting the evaluation efforts by training them to administer comprehensive family assessments, which assess various topics, including services received, family support systems, parenting skills, and strengths and needs of the families. Parent Partners administer the assessment through group sessions, where child care is provided, and by home visits.

Under the TANF-Child Welfare Collaboration Project, Parent Partners are able to select how they want to be involved in the Parent Partner program; they may serve as mentors or participate on committees. The program currently has 15 Parent Partners, 6 of whom serve as mentors. While there is no time requirement for Parent Partners, they are reimbursed for their services and participation in trainings through gift cards valued at \$10 for every hour of service. In addition, meals and

⁷ The Butler Institute at the University of Denver serves as the local evaluator for both the Systems of Care initiative and the TANF-Child Welfare Collaboration Project.

childcare are offered at all meetings and trainings attended by the partners.

Parent Partners are recruited through referrals as well as advertisements in government buildings and on community bulletin boards. The TANF-Child Welfare Parent Partner Coordinator also holds parent information nights.

To be eligible to serve as a Parent Partner under the TANF-Child Welfare Collaboration Project, a person must have a closed child welfare or TANF case, positive recommendation from his/her case manager or the case manager's supervisor, completed readiness assessment form, participation in the mandatory training, and sobriety for 1 year in cases where substance abuse is an issue. Parent Partners serving as mentors must be clean from substances for 2 years. In addition, a person must serve as a Parent Partner for a certain period of time before being eligible to serve as a mentor⁸; this is done to ensure that mentors are at stable places in their lives prior to engaging with system-involved families.

Eligible people interested in becoming Parent Partners are interviewed by a panel attended by the TANF-Child Welfare Parent Partner Coordinator and other Parent Partners. As a result of these new standards and the increased support provided to Parent Partners, the long-term retention rate of partners has reached 70 percent. One Parent Partner reported that the program has "taught me to be a better person and to empathize

"Seventy or 80 percent of us are recovering addicts or alcoholics. I definitely say a year of sobriety [is needed] before starting as a Parent Partner...We're addicts; we shouldn't be trying to help other people get clean and through the court system, and bring up all those emotions when we're just trying to get clean ourselves... Some people might relapse or get overwhelmed from that...Get your life together first and then you can help other people."

- Parent Partner

with people. It makes me feel good to help people...I have learned so much through this whole thing. I've seen families come back together...I've learned that if you have support and you have people that love you, you'll do better."

Sustainability and Enhancement

DHS is interested in continuing its Parent Partner program beyond the 2011 end date of the TANF-Child Welfare Collaboration Project. The agency is examining avenues to sustain the program, either through additional TANF funding or through a partnership with a local nonprofit.

8 This requirement varied by individual Parent Partner.

Appendix I:

Kansas Family Involvement Profile

Kansas Family Involvement Profile

Background

Under Kansas's privatized child welfare system, the Department of Social and Rehabilitation Services (SRS) conducts all Child Protective Services investigations, and in situations where families are interested in family preservation services or children are removed from their homes and placed in out-of-home care, a private provider is then contracted to provide followup and ongoing case management services.

Prior to the Systems of Care initiative, SRS' efforts to involve families who came in contact with the agency in service delivery focused on inviting them to attend case planning meetings. While parents were asked to be present during these meetings, they tended to not have active, participatory roles in developing their case plans. Generally, case managers directed development of the case plans as well as identification of families' strengths and weaknesses.

When SRS received the Children's Bureau's Systems of Care grant, its systems of care staff worked to educate themselves on effective family involvement. In particular, participation in the Systems of Care grantee kickoff meeting enabled staff to become more educated about the initiative, especially the principle of family involvement. They also reached out to State staff involved in Kansas's mental health systems of care efforts, Kan Focus, which seeks to develop a coordinated network of community-based services and supports for children with serious emotional disturbances.

SRS also hired a Family Involvement Coordinator to focus on implementing the principle of family involvement within the agency and the two pilot communities, Cherokee County and Reno County. The person hired to fill this position had a background in social work and had personal experience with the child

“We developed a vision that we needed to significantly enhance how family involvement worked within our State system in regards to policy, procedures, [and] practice...and show value in family participation at all levels of the system....We tried to do it on a State level and then we tried to do it on a local level...In order for the pilot counties to be successful, they needed the structure and support of a State system too.”

– *Systems of Care Staff Member*

welfare system. This involvement and understanding of the system greatly facilitated the coordinator's ability to effectively integrate family involvement into the State's systems of care efforts. Her experience also helped her understand the perspectives of case managers and parents alike, enabling her to serve as an effective mediator and advocate for the Systems of Care initiative. Once hired, the Family Involvement Coordinator conducted an intensive Internet search of effective consumer involvement practices. Although little information existed regarding involvement in child welfare, the research on general consumer involvement practices provided a foundation upon which SRS built its family involvement program.

Systems of Care staff made significant efforts to educate SRS program administrators and child welfare supervisors about the initiative, and how to implement its principles to gain their support. Systems of Care staff appreciated that SRS personnel believed they were already providing family-centered services; however, Systems of Care staff also recognized these efforts could be enhanced. As a result, they asked SRS program administrators and child welfare supervisors to develop a plan to strengthen their current family-

centered work based on the systems of care principles. Specific examples of action items in the subsequent plan included: working with families to identify their strengths and weaknesses, with a particular focus on the families' strengths; being more proactive in identifying what community resources could be available to families; and recognizing the cultures of families and trying to maintain them for the children.

Implementation of Family Involvement Principle

At the direct service level, parents attend case planning meetings; however, under Systems of Care, these meetings were modified to encourage families to play more active roles in developing their case plans and identifying their strengths and weaknesses in partnership with case workers. In addition, SRS workers began to make concerted efforts to maintain families' unique cultures in foster homes and to place children in homes located in their communities. When this is not possible or when family placement is a better option, children are placed with relatives in other communities. Historically, SRS workers and case managers⁹ did not prioritize involvement by fathers or kin in the placement or case planning process; however, under Systems of Care, these family members were given more active roles, and policies, procedures, and forms were modified to reflect the change.

SRS supported parents whose children were taken into placement by developing procedures that called for initial visits to take place within 24 hours. The visits typically included parents, children, foster parents, SRS

workers assigned to the cases, and privately contracted case managers. During these visits, parents were able to reconnect with their children, meet the foster parents, share information with the foster parents about their children, and develop plans for ongoing communication. In addition, the meetings allowed time for the SRS workers to transfer cases to the case managers. After receiving preparatory training from social workers prior to the initial meetings, foster families were encouraged to serve as resources to birth parents depending on their comfort level. They were also asked to play larger roles in visitation by dropping children off at the birth parents' homes or letting birth parents pick children up at their homes, and encouraging birth parents to attend their children's activities. This helped create a collaborative environment where everyone was working together in the best interest of the children.

The Systems of Care initiative also supported family involvement at the case level through its customer service program.¹⁰ Systems of Care staff managed complaints from parents and relatives by working with families to identify proactive approaches to resolving their problems. By staffing the customer service program, Systems of Care staff, including the Family Involvement Coordinator, were able to gain a broader understanding of the issues concerning birth parents, foster parents, adoptive parents, and kin-caregivers.

In 2007, Systems of Care staff dedicated a portion of the Systems of Care grant toward development of a family navigator pilot program that offered peer-to-peer assistance in pilot communities. Each pilot community hired a family navigator, a person with previous involvement in the child welfare system, to provide support to parents on a referral basis and reduce the fragmentation of care. This position was part-time at 30 hours per week, and family navigators carried caseloads

⁹ Under Kansas's privatized child welfare system, SRS staff manage child abuse and neglect investigations and in-home service cases. Family preservation, foster care, reunification, and adoption services are provided through Child Welfare Community Based Services (CWCBS) contracts. Upon case referral, a CWCBS agency assumes full responsibility for case management and provision of all necessary services. SRS then monitors the agency's performance and ensures adherence to contract requirements.

¹⁰ The SRS customer service program responds to all customer service issues that are brought to the attention of the SRS Central Office. Issues are either addressed onsite or referred to the appropriate regional office for review.

of 7-10 active cases. While this program was successful in providing peer-to-peer support to parents, it is unclear to what extent the program will be sustained following the end of the Systems of Care grant period.

At the systems level, SRS updated its policies, procedures, and forms to include more family-centered language and policies. Family involvement, along with other Systems of Care principles, was also integrated into Kansas's Child and Family Services Reviews process and Program Improvement Plan; in fact, family members from the State Family Advisory Council were invited to participate in the Child and Family Services Reviews and Program Improvement Plan development process. In addition, families involved in the child welfare system rewrote the SRS *Family Handbook*, which was written by practitioners and had not been updated in more than 10 years. The handbook, which is provided to parents at the time of child removal, is a guide to help them navigate the child welfare system. Kansas thus ensured that the handbook was written from a parent's perspective, in plain language, and contained information and suggestions that parents would find useful.

Family members also influenced development and implementation of policies and procedures by serving on a variety of committees and councils, including the Systems of Care Statewide Steering Committee, Child Safety and Permanency Council, Quality Assurance Council, and State Family Advisory Council.

The State Family Advisory Council, comprised of birth, adoptive, and foster parents; kin-caregivers; community members; Systems of Care staff; and representatives of the local Systems of Care communities, played an integral role in implementing the principle of family involvement. In addition to assisting with rewriting the *Family Handbook* and convening a national summit that focused on family involvement in the child welfare system, members of the council participated in the Customer Service Enhancement Project. Through the

project, family partners assessed the customer service of various child-serving agencies across Kansas (e.g., agencies' waiting areas, staff responsiveness, and other customer service elements) and completed assessment forms that were used to develop improvement plans to enhance each agency's customer service.

While birth parents, foster parents, adoptive parents, and kin-caregivers were all invited to serve on decision-making bodies, birth parents were required to have child welfare cases that had been closed for at least 6 months to 1 year. Most family members sitting on decision-making bodies were identified through customer service contacts, recommendations from private social service organizations, and from Statewide Steering Committee members. Kansas anticipated receiving additional referrals from family partners once they were involved in the initiative, but such referrals were infrequent.

“A lot of child welfare agencies believe that they’re doing family involvement and they’re really not, because inviting someone to the table to sit there means nothing. It’s when you listen to that voice and you take some of their suggestions and use them and try to apply them to the changes you’re trying to make.”

– KFAN Staff Member

Family members who expressed interest in serving on decision-making bodies were interviewed by Systems of Care staff to ensure their focuses were on improving the child welfare system as a whole, not their specific cases. Upon acceptance into the program, family members participated in one-on-one orientations where they learned about the Systems of Care initiative and developed skills to increase their capacity to serve on decision-making bodies.

Family partners serving on such bodies were compensated with \$10–\$25 gift certificates. Their compensation also included child care and mileage reimbursement. Compensation for participating family partners was identified as a critical element for successful family involvement. When asked to provide advice to other communities interested in implementing family involvement programs, one family partner suggested, “Really look at the compensation piece. Do everything you can to try to make that compensation piece available. Without it, people will continue to struggle [to be involved], because a lot of times it’s not that they don’t want to participate, it’s that they do not have the financial ability to participate.”

Sustainability and Enhancement

Early in the grant process, family partners on the State Family Advisory Council understood the importance of sustaining family involvement efforts beyond the initial Systems of Care funding. As a result, during the grant period, the council developed its own agency, the Kansas Family Advisory Network (KFAN), and in November 2008 it obtained its own 501(c)3 nonprofit status with the assistance of Wichita State University’s Self-Help Network.

KFAN’s mission is to facilitate family engagement in child welfare and promote collaboration and partnerships among all relevant stakeholders. KFAN is a membership organization of more than 180 people who pay annual dues. Members are primarily family partners who pay the annual \$10 membership fee or provide 2 hours of service per month. The organization is comprised of family members; family partner groups, which are organizations where at least 51 percent of members are family partners; community partners; and community agencies. KFAN recently nominated a team to enhance its recruitment efforts. Anyone interested in becoming a member of KFAN may join; however, the responsibilities given to birth parents depend on where they are in their cases and in their recoveries.

KFAN is operated by a voluntary staff and board of directors consisting of three birth parents, two adoptive parents, one relative caregiver, and three agency partners. While board members rotate on a regular basis, KFAN’s bylaws require the board to be comprised of at least 51 percent family partners, of which two members must be birth parents. According to one staff member, KFAN is based on the belief that

the only way for workers to really understand the family experience is to have families be part of the process—to inform policies and procedures [from the beginning]...[Having practitioners] write up something and having an advisory council of families review it, give input, and give feedback—that’s not true, meaningful family involvement.

SRS provides most of KFAN’s funding to support effective and active family involvement in the child welfare system. The agency develops and distributes literature and supports existing and new local family advisory councils across Kansas. KFAN members serve as family representatives on policy development groups, and conduct trainings and workshops to educate providers and community members on the importance of family involvement. KFAN also continues to facilitate reimbursement of family partners serving on advisory committees.

In addition to its SRS funding, KFAN receives support from an adoption incentive grant that provides funding to set up family advisory councils across Kansas. As of December 2009, there were two local councils in the Systems of Care pilot communities, with two more councils in the process of development. Stakeholders noted that the councils in the pilot communities have continued to thrive despite the fact that the overarching Systems of Care steering committee is no longer operational. According to one key stakeholder, the continued active engagement of the family advisory councils is due largely to the support they receive from KFAN. The organization supports the councils by

providing funding to help them build their recruitment efforts and develop their infrastructure.

KFAN also receives financial support through its partnership with Kansas University. The partnership enables KFAN to provide a family voice to the university's National Child Welfare Workforce Institute, and conduct presentations about the importance of family involvement to students enrolled in the university's School of Social Work.

Envisioning the development of KFAN, members of the State Family Advisory Council developed the Partnership and Leadership Strategies (PALS) training curriculum as a financing strategy to support KFAN's sustainability. PALS was initially launched through a 6-month pilot program that included six trainings. As of December 2009, KFAN members had conducted another 10 PALS trainings¹¹ on a fee-for-service basis. KFAN conducts PALS trainings under the direction of the Children's Alliance, a membership organization that provides training to foster parents and staff at all the privatized service providers.

The PALS curriculum is offered as a 2-day training that brings parents, practitioners, and community members together to ensure that everyone receives the same message regarding the importance and structure of the family involvement program. The training, cofacilitated

"I feel like [SRS] has been extremely open to the family voice and have made changes in their policies and procedures because of that family voice. We've had a lot of struggles, but overall I think we've made a huge difference."

- Family Partner

by a parent and practitioner, is designed to help case managers, parents, foster parents, and community leaders learn how to work with each other more effectively. It addresses issues such as fear, trust, and follow-through. The goal is to show participants that the concerns of parents and practitioners often mirror each other. For example, parents and practitioners alike have concerns about the other following through on their commitments, which greatly affects their ability to trust each other. In addition, the training helps practitioners understand that family involvement only means advocating for reunification with birth parents when it is in the best interest of the children.

In terms of long-term sustainability, KFAN continues to have regular statewide meetings, and its leadership is committed to continuing to build and strengthen the organization to ensure that family voice continues to be actively integrated into the State's child welfare system.

¹¹ The number of people participating in the trainings was not available at the time of this report.

Appendix J:

North Carolina Family Involvement Profile

North Carolina Family Involvement Profile

Background

Prior to the Children’s Bureau Systems of Care initiative, NC DSS developed and implemented the Multiple Response System (MRS), comprised of seven separate strategies designed to enable county DSS offices to tailor services to meet families’ needs through family-centered practice.¹² Specifically, MRS includes use of Team Decision-Making meetings and Family Group Conferences, referred to as Child and Family Teams throughout North Carolina. This system, as well as the State’s experience implementing family involvement efforts through a SAMHSA systems of care grant, served as an important impetus and foundation for implementing the principle of family involvement.

Implementation of Family Involvement Principle

At the State level, initiative leaders integrated family voice into their Systems of Care efforts by inviting Parent Partners to join the North Carolina State Collaborative for Children, Youth, and Families, a preexisting entity that served as the oversight body for the State’s Systems of Care activities. Current family-centered practices had not been fully put into practice and there was no consistency in terms of models or approaches across the State. To address this, State Collaborative leaders engaged agency staff, youth, and parents to develop a statewide cross-system definition of Child and Family teams:

Child and Family Teams are family members and their community supports that come together to

create, implement, and update a plan with the child, youth/ student, and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams.

To ensure uniformity across counties, NC DSS developed an entire chapter in its *Child Protective Services Manual* dedicated to implementation of Child and Family Teams. The manual was also revised to include policies and forms to facilitate identification of strengths during family assessments and incorporation of these strengths into Child and Family Team case planning. The State Collaborative (with funding from DPI¹³ and NC DSS) created a cross-agency/cross-systems training curriculum, written from families’ perspective and delivered by a professional trainer in conjunction with parent and youth partners, to train service providers on use of Child and Family Teams. Given the important role that supervisors can play in integrating family involvement into child welfare practice, NC DSS also developed specialized training for supervisors on how to implement and support their case managers in family-centered practice.

Families United, a parent support and advocacy organization and active participant in the State Collaborative, enhanced the streamlining of family involvement efforts at the local level by developing a common definition of family partners and the *Systems of Care Family Handbook* to provide information on Systems of Care to families involved in the child welfare system.¹⁴

¹² The MRS practice strategies include assessing families from a strength-based model, use of Child and Family Team meetings, implementation of shared parenting meetings in placement cases, and coordination among multiple agencies and community organizations that provide needed services to families.

¹³ DPI used funds from the McKinney-Vento Act to support development of the cross-agency training curriculum and make training available for school personnel who participate in the school-based Child and Family Support Teams.

¹⁴ According to the definition, a *family partner* is a youth or adult who partners with families and adheres to the Systems of Care values and principles. A family partner has received services or is the caregiver/parent of someone who has received services. This definition was only recently agreed on and some of the counties identified individuals who would now be referred to under a different title as parent/family partners.

In Alamance County, the Systems of Care Coordinator, in partnership with the DSS Director, convened a team to conduct an internal assessment of how agency frontline workers engaged families. Based on findings from this evaluation, initiative leaders conducted internal retreats with each of the units within DSS to discuss the systems of care principles, including the importance of family involvement.

Initiative leaders then began to build on the existing collaboration in the county by combining several collaborative groups into one to oversee implementation of Systems of Care. To support family involvement in the Systems of Care Collaborative, DSS created a training curriculum to prepare and build the capacity of families to become active participants and contributors. Initiative leaders were able to successfully engage a core group of about seven family representatives in various aspects of the initiative, while several other representatives participated on an ad hoc basis. These individuals participated on various committees, subcommittees, and Systems of Care-sponsored cross-agency trainings.

At the Alamance County DSS office, the Systems of Care initiative supported a Parent Partner Coordinator to oversee family involvement efforts. The coordinator held a part-time position and was responsible for conducting direct advocacy, coleading parent education groups, and participating on several committees. Although the coordinator engaged in these activities and successfully recruited families to participate in Systems of Care through her work on committees and subcommittees, initiative leaders acknowledged that family involvement was largely limited to families' participation in the Child and Family Team decision-making meetings. They attributed the lack of success to several factors:

- The coordinator was overwhelmed by the responsibilities and part-time status of the position, and did not have the time or resources necessary to develop the program. Despite her best intentions,

she was unable to coordinate the program while simultaneously participating in all the activities required of her position.

- The concept of a Parent Partner, as a manifestation of viewing families as part of the solution, was met with significant resistance from agency staff. According to initiative leaders, "There was resistance because people did not know what it meant. It asked that they give up control and they didn't know how to give up control." In retrospect, initiative leaders believe they should have conducted more structured and comprehensive training and engaged in conversations with agency staff to get their buy-in and support before launching the program.
- The program was hampered by a lack of engagement of families in the initiative. Although initiative leaders developed training to engage families, the effort was not viewed as comprehensive enough to address the barriers that keep families from becoming engaged. As one stakeholder noted, "Because families are not used to having much of a voice, not only at an individual level but at a larger policy level, they are often leery of the system. It is important to build trust, engage, and work with folks before bringing them together." Initiative leaders are building on the lessons learned through the Parent Partner Program as they move forward with their efforts to infuse family involvement into the agency's culture.

In Bladen County, the Systems of Care Coordinator developed the Family Advocacy/Parent Partner Program to help families involved with child welfare and other child-serving agencies navigate those systems. The Systems of Care grant enabled DSS to fund a part-time Family Advocate/Parent Partner for the program, which later became a full-time position as a result of financial support from the Local Management Entity (LME).¹⁵ Because the program is voluntary, the

¹⁵ The LME is the agency responsible for providing mental health, developmental disabilities, and substance abuse services in the region.

agency developed consent forms that families must sign to allow its staff to provide contact information to the Family Advocate/Parent Partner, as well as a consent and release form that gives service providers permission to discuss families' cases with the program.

Similar to Alamance County, implementation of the Family Advocacy/Parent Partner Program proved challenging for Bladen County's DSS office. Specifically, initiative leaders had difficulty identifying family representatives with previous involvement in the child welfare system who made sufficient progress to serve as role models to other parents. In addition, when family representatives were identified, they were not always the right fit for the position. Throughout the initiative, the DSS office hired several people who did not remain with the program because they were unprepared for the roles or responsibilities of the position, had a relapse in their substance abuse, or became interested in other positions within the agency.

In addition to the challenge of recruiting someone for the Parent Partner position, the notion of a Family Advocacy/Parent Partner Program met resistance from DSS case managers in Bladen County. First, the concept of a Parent Partner was foreign to case managers and they were skeptical about a former child welfare client's ability to serve in this capacity; the substance abuse relapse of a Parent Partner exacerbated their beliefs. Second, stakeholders noted that case managers were unclear about the goals of the program and the role of the Family Advocate/Parent Partner in relation to their case work, which led to unfounded concerns about increased workload among case managers. Finally, the turnover in the position made workers distrustful of the Parent Partner.

Mecklenburg County's decision to involve existing staff as the primary implementers and coordinators for the Systems of Care initiative enabled the DSS office there to use Federal grant funds to support other initiative-related activities (e.g., hiring facilitators for the Child

and Family Team decision-making meetings and Family Partners to serve as advocates and resources for families). At the peer level, Mecklenburg's Family Partner Program, supported by mental health and Children's Bureau Systems of Care funds, provides services, support, advocacy training, and education to participating families. Specifically, the Family Partner agencies recruit and train community volunteers to participate and serve as supports to families in the Child and Family Team decision-making meetings. Although the people who serve as Family Partners have not been involved with the child welfare system, they live in the same communities and are very familiar with the resources available there to meet families' needs.

These peer-level efforts were supported by MeckCARES, a partnership among local child-serving agencies, families, and the community funded by the SAMHSA systems of care program. MeckCARES created the Mecklenburg County Systems of Care Training Institute to deliver trainings on the six Systems of Care principles, including the principle of family involvement. The trainings are developed and cofacilitated by service providers and parents who have been through the child welfare system and target different constituencies, including frontline workers, supervisors, judges, and lawyers.

Sustainability and Enhancement

In terms of sustaining the progress of North Carolina's family involvement efforts, following the second Federal Child and Family Services Reviews, NC DSS submitted a Program Improvement Plan that focused on enhancing MRS through application of family-centered practice within a system of care approach. The Program Improvement Plan was grounded in the systems of care principles, including child, youth, and family engagement, and further reinforced the State's commitment to infusing the systems of care framework into agency policies, procedures, and practices.

Grants have also been secured at both the State and county levels to sustain the progress of these efforts. At the State level, NC DSS received a 1-year grant from Casey Family Programs to fund Family Partner positions in Pitt and Mecklenburg counties. The partners will work closely with families to help the local DSS offices reduce the number of children in care, with a particular focus on reducing the disproportionate number of African American children in care.

Similarly, Alamance County's DSS office secured two important grants that will continue to support its family involvement efforts. In 2007, the agency received a 5-year Children's Bureau grant to use Comprehensive Family Assessments to improve the safety, permanency, and well-being outcomes of children in the child welfare system. The grant will fund a facilitator within DSS to serve as a coach for family-centered practice and motivational interviewing with families. The agency also received a grant from SAMHSA to develop a comprehensive early childhood system of care for children up to age 5 with serious mental health needs and their families.

Demonstrating its commitment to family involvement, DSS used SAMHSA systems of care and Comprehensive Family Assessment grant funds to re-establish its Parent Partner program. Building from its experience, DSS developed a job description for a Parent Partner Coordinator that clearly articulates the

responsibilities and expectations of the position, put in place the resources needed to support the program, and developed a process to engage and gain the buy-in of case managers. DSS is in the process of identifying a nonprofit organization to operate its family involvement program. The agency is also investing resources to fund six Parent Partners with experience in the child welfare system to support and mentor families in the system. These people will be independent from DSS, hired by the Partnership for Children, but will work side by side (onsite) with CPS workers. By placing Parent Partners within it, initiative leaders hope to change the agency's culture to one that is more inclusive and accepting of Parent Partners as resources for case managers and families who come in contact with the child welfare system.

In Bladen County, DSS and its collaborative partners have agreed to pool agency funding to maintain the Children's Bureau Systems of Care Coordinator position. At the same time, the regional LMEs have agreed to blend funding with other child-serving agencies to continue to support the cross-system trainings and fund the Parent Partner position in hopes that it will remain a full-time position.

The future of family involvement efforts in Mecklenburg County is less clear; however, the new DSS Director has shown a commitment to sustaining the work of the Systems of Care initiative.

Appendix K:

Umatilla/Morrow, OR,
Family Involvement Profile

Umatilla/Morrow, OR, Family Involvement Profile

Background

In 1995, a legal settlement between the Juvenile Rights Project and Oregon DHS resulted in DHS adopting a Systems of Care approach to improve the quality and effectiveness of its child welfare services.¹⁶

The system reform was phased in across the State in 1995–2003. Therefore, when Oregon received the Systems of Care grant from the Children’s Bureau in 2003, several counties, including Umatilla/Morrow, a rural community, worked to integrate the two systems-based initiatives.

Implementation of Family Involvement Principle

An important component of the Systems of Care initiative was implementation of the principle of family involvement. In 2003, DHS leadership staff in Umatilla/Morrow implemented the principle through development of the Parent Leader Program. The program was overseen by a clinically licensed therapist and comprised of system-involved parents in Umatilla/Morrow who had been successfully reunited with their children. To bring structure to its family involvement efforts, DHS began Project Helping Other Parents Excel (HOPE), a weekly support group for parents currently and previously involved in the child welfare system. Project HOPE allowed system-involved parents to identify and discuss issues they face while they are involved in the child welfare system. Overseen by the Systems of Care Coordinator, the meetings’ objective was to facilitate grassroots family involvement in a safe and supportive environment. In addition, Parent Leaders who had been involved in the child welfare system

ultimately served as support systems to those currently going through the system.

To provide system-involved parents with additional support to enable them to take more active roles in their cases, Parent Leaders conducted trainings for parents whose children were at risk of entering or who were already involved in the child welfare system. This training focused on empowering parents through education by helping them better understand and navigate the system. These trainings used *A Family’s Guide to the Child Welfare System*, a resource book developed for family members, and published by the Georgetown University Center for Child and Human Development.¹⁷

Parent Leaders also recognized that it was important for agency personnel to have a better understanding of the experiences of system-involved parents. To improve this understanding, Parent Leaders conducted trainings for DHS staff, Systems of Care advisory board members, and partner agencies to educate service providers on the importance of family voice and the multiple demands put on parents involved in child welfare and other systems. According to case managers, this training resulted in greater collaborative case planning among social service agencies.

The Parent Leader Program grew to 15 members; however, maintaining continuity of involvement among leaders proved challenging. Key informants indicated that the decreased participation of Parent Leaders might have been due partly to personality conflicts. In addition, Parent Leaders struggled to generate significant attendance at their trainings. In 2008, the low participation among leaders resulted in the child welfare agency disbanding the program.

¹⁶ While this approach was based on many of the principles of the SAMHSA systems of care initiative, it was not federally funded.

¹⁷ The resource book is available electronically at <http://www.tapartnership.org/docs/familyGuideToChildWelfare.pdf>.

Demonstrating its commitment to family involvement and supporting system-involved parents, DHS developed the Parent Mentoring Program in early 2008 as an outgrowth of the Parent Leader Program dedicated to providing one-on-one mentoring to system-involved parents.¹⁸ The program is designed to help parents better navigate the DHS system, and tends to focus on supporting parents in cases where there is a possibility of reunification and where there is an issue of drug and/or alcohol use/abuse.

To better inform development of this program, key Systems of Care leaders visited the Systems of Care programs in Contra Costa and Jefferson County to obtain information and guidance on how best to implement a parent mentoring program within a system of care. During the initial phase of the program, the Umatilla/Morrow Systems of Care Project Manager slowly introduced the idea of a parent mentor program to DHS case managers and supervisors. As the project manager noted, “We are working with families. They have strengths and we need to build on those. [Case managers] need to hear that from managers and supervisors...but it also has to come structurally through policy and procedure...With both of those things we can involve parents.”

After receiving training and technical assistance from other Systems of Care grant communities, Systems of Care leaders in Oregon met, in conjunction with Parent Leaders, to discuss how to implement a parent mentoring program in Umatilla/Morrow. Based on lessons learned from the other communities, especially Contra Costa, and adaptations to facilitate implementation in a rural community, Umatilla/Morrow developed its own Parent Mentoring Program.

One of the issues that the county DHS office needed to address was how to employ parents who could serve as mentors. In particular, because many of these parents had criminal histories, DHS could not hire them as county employees. To address this challenge, DHS partnered with EOAF to implement the Parent Mentoring Program. The partnership was supported by EOAF’s 20-year history of working with DHS to meet the needs of families in the county. Through the partnership, EOAF houses the Parent Mentoring Program, but Parent Mentors operate out of offices adjacent to the child welfare office.

In preparation for the Parent Mentoring Program, EOAF reached out to the Parent Mentor Program in Multnomah County for training and technical assistance. The Multnomah County program is operated out of Parents Anonymous, with funding from the Multnomah County DHS office. (Parents Anonymous is a national network of 267 accredited organizations and local affiliates providing research-based programs dedicated to preventing child abuse.) The program matches parents who are in recovery to serve as mentors for parents coming into the child welfare system as a result of addiction.

The Umatilla/Morrow DHS office also developed an oversight committee to help oversee implementation and operation of the Parent Mentor Program. The oversight committee is comprised of the Systems of Care Project Manager, Systems of Care Coordinator, an EOAF administrator, and two community partners, both of whom sit on boards and commissions related to child welfare. The committee engages in monthly meetings to review the program and address problems, and conducts all hiring interviews for Parent Mentors.

The oversight committee solicited referrals for potential Parent Mentors from DHS case managers. Requirements for the Parent Mentor position include prior involvement in the child welfare system as well as experience addressing issues of alcohol and/or drug abuse;

¹⁸ The interviews conducted for this case study did not specify why DHS felt the need to disband the Parent Leader Program and develop the Parent Mentoring Program. We were not able to interview all key stakeholders who could speak to this particular issue.

successful case closure, defined as reunification; and 2 years of sobriety during which time candidates lived independently (i.e., not in drug treatment centers). Systems of Care leaders noted that, based on interviews conducted by the oversight committee, three part-time Parent Mentors were hired through EOAF, including one Spanish-speaking mentor. Parent Mentors work up to 30 hours per week and are compensated at about \$11 per hour.

During weekly staff meetings, case managers are encouraged to refer parents to the Parent Mentoring Program. Mentors are typically matched with parents based on personality and availability. Parent Mentors work closely with case managers, and as such, parents are asked to sign release forms to facilitate discussions between mentors and case managers without the breach of confidentiality. Parent Mentors also have dedicated space at DHS, which allows them to work next to case managers for a few hours every week, facilitating cross-communication. As one key informant noted, “[Parent mentor programs] are promising programs that can have very direct benefits fairly quickly with clients and help overburdened case managers.”

With caseloads of three to four clients at a time, Parent Mentors are often able to provide the time, direct feedback, and one-on-one support to parents that case managers cannot, according to stakeholders. In addition, case managers noted that sometimes Parent Mentors are aware of additional services and resources that they themselves are not aware of because the mentors have sought these services for themselves.

Another support service offered by Parent Mentors is appointment and court accompaniment. Because Umatilla/Morrow is a rural community and has no public transportation, Parent Mentors are required to have active driver’s licenses, access to cars, and liability insurance so they can transport system-involved

“The reason [case managers and Parent Mentors] do this work is because they believe in it and they want to make a difference, and they want to work with families...It’s meaningful and important... [Having case managers work directly with Parent Mentors] has re-energized staff...It has allowed staff to see that changes do get made and people do move forward.”

– *Systems of Care Leader*

parents to meetings. Mileage reimbursement is provided to compensate mentors.

Beyond mentoring, Parent Mentors participate in community speaking engagements and trainings to raise awareness about the importance of family involvement and the Parent Mentor Program. As part of the training, mentors share their personal stories and information about the program. Mentors also provided such training to case managers and supervisors within DHS.

Parent Mentors receive operational supervision through the Addictions Recovery Team Outreach Worker at EOAF, and weekly group and individual clinical supervision by the Systems of Care Coordinator, who is a licensed clinical social worker. According to key stakeholders, clinical supervision helps ensure that inappropriate transference does not occur by allowing Parent Mentors to continue to work on their own issues as they provide mentoring to other parents. Mentors also receive ongoing training on issues such as ethics and boundaries through an MOU between the local DHS office and Parents Anonymous.

By gradually introducing the Parent Mentoring Program and continuing to emphasize the importance of family voice, DHS was able to facilitate buy-in and allow case managers and supervisors to adapt to the idea

of working in partnership with parents who had prior involvement in the child welfare system. In addition, the program's success can be attributed to the fact that it was built on lessons learned from the Contra Costa Parent Partner Program. In other words, the structure of the program was formalized to incorporate specific eligibility requirements for hiring Parent Partners and clear definitions about the focus on one-on-one mentoring versus an informal process of providing support to systems-involved families.

Case managers and others report that through the Parent Mentoring Program, mentors have received support, training, and skills development that they previously did not have. Many of these people identified the growth that they have seen among the Parent Mentors as important successes of the program.

The Parent Mentoring Program recently experienced its first substance abuse relapse of a Parent Partner. Key informants noted that the clinical supervision provided

by the Systems of Care Coordinator was critical to helping the other partners process their feelings and maintain their engagement in the program. The structures of the program and oversight committee were also critical to identifying and successfully hiring a new Parent Partner.

Sustainability and Enhancement

Since the conclusion of the Systems of Care demonstration initiative, DHS is continuing to fund the Parent Mentoring Program through Oregon's IV-E Waiver. The agency is also considering expanding the program into the surrounding tribal community. Such an expansion would not only provide additional funding to the Parent Mentoring Program by blending funding sources from DHS and the tribe, but would also help support system-involved parents in the local tribal community.