

Understanding Systems and Organizational Change Webinar Transcript June 16, 2010

Presenters:

- Aracelis Gray, Project Director, National Technical Assistance and Evaluation Center for Systems of Care
- Maryrose McCarthy, Director, Child Welfare Training Program, University of Pittsburgh, School of Social Work
- Judy Davis, Administrator, Mental Health/Mental Retardation, Northumberland County, Pennsylvania
- Andrea Richardson, Practice Improvement Specialist, The Pennsylvania Child Welfare Training Program, University of Pittsburgh, School of Social Work
- Nigel Nathaniel, Director, Office of Community Partnership, NYC Administration for Children's Services
- Derrick Hinds, Deputy Director, NYC Administration for Children's Services

Aracelis Gray [1:33:48]: Understanding Systems and Organization Change, I just want to give a brief introduction and let folks know that we actually have had quite a bit of interest in the Webinar and so I just put this slide here for folks who may perhaps not be able to join the phone line. We are limited to 125 participants for the phone version of the Webinar and so there may be folks who will not be able to join us and I'm hoping that they will see this information. Know that the Webinar will be recorded and transcribed and made available via the Child Welfare Information Gateway. So please feel free to share this message and share our apologies for the inconvenience with those folks who aren't able join us today.

Also for folks who are joining as we're going through this process. Wanted to let you know we are going to place the participants in a listen only mode throughout the Webinar to minimize the background noise. So we're going to use the chat feature of the online portion of the Webinar. Save questions and comments at the end. We will have 15 minutes for questions and answers at the end of the Webinar where you will be able to type in your questions and then we will have the presenters respond to those questions.

I just want to provide a quick overview of what we want to accomplish during the next 90 minutes or so. Really wanted to provide you with a very brief introduction of the National Technical Assistance and Evaluation Center for Systems of Care and I am Aracelis Gray, the Project Director of the Center. I want to provide you with a brief overview of the Systems of Care Child Welfare initiative and some brief findings from the National Evaluation.

I think the primary goal and I think what people really are interested in hearing is about the implementation of the initiative from the perspective of the folks who actually were on the ground. And so we have representatives from Northumberland County Pennsylvania and Brooklyn, New York who will be sharing their experiences with implementation.

The National Technical Assistance and Evaluation Center was established by the Children's Bureau in 2003 to support a number of grant communities that received funding to implement what we call the child welfare Systems of Care initiative. The center itself was established and has taken an integrated approach to technical assistance and evaluation and so the goal was to strengthen grantee implementation and capacity to implement the initiative and also to conduct a national evaluation of the implementation and the infrastructure changes that evolved from that implementation. And finally, to disseminate the learnings and the findings from the implementation and evaluation with folks in the child welfare field.

[1:30:24] The goal was to generate and disseminate new knowledge about system change and organizational change through shared learning. And this Webinar is a part of that process and what we're hoping to accomplish in this portion of the Webinar.

In terms of the initiative itself, I just want to give you a brief overview of what Systems of Care is for those of you who may not know of it. It is an initiative that incorporates a core set of principles that combine and are really intended to meet the diverse needs of children, youth and families. Systems of Care as an approach had its origins in the mental health field to address the multiple and complex needs of children with serious emotional disturbances and their families. It is an approach that has been applied across other service systems including child welfare, education, and juvenile justice. For child welfare, Systems of Care provides the framework that states, tribes, and counties and localities can utilize as they develop the infrastructure to improve child welfare outcomes through the implementation of key guiding principles of interagency collaboration, individualized and strengths-based care, cultural and linguistic competence, child youth and family involvement, community-based approaches and accountability for meeting the outcomes of safety, permanency, and well-being.

In 2003, the Children's Bureau decided to really take this system of care approach and award a 5 year grant through cooperative agreements to nine child welfare agencies. The initiative was really implemented across a variety of very diverse communities, 18 communities in total and these communities represented a diverse mix of rural, urban, county and tribal communities. And so really a good understanding of what it takes and what works to implement systems change in those localities and hopefully today you'll hear about some of those experiences.

The grant program was explicitly designed to develop the infrastructure for improving child welfare outcomes. And through that process to achieve systemic change and address a lot of the issues that were, that had evolved and that came out of the first child and family services reviews process in wanting to see both systemic changes being implemented and incorporated into states programming improvement plans.

This is just a map to give you a sense of where the communities are located. In terms of the evaluation itself just a quick summary of the findings. The evaluation was designed primarily to examine the effect of systems of care at the systems and organizational level. So we wanted to understand from a systems perspective what changes were going to take place in terms of collaboration and partnership development within child and family serving agencies. At the organization level wanting to understand the extent to which child welfare agencies were incorporating those principles into policies, procedures and practices. The cross-site evaluation, national evaluation suggests that the implementation of this principle-driven approach does have merit in helping communities to develop the infrastructure needed for systems and organizational change.

Through this initiative and through the implementation and evaluation of the demonstration initiative we also learned that the initiative really helps to transform and augment the role of family and community involvement and the role of family and community members in the work of child welfare.

[1:26:30] So just to give you summary and now a quick overview of those findings. At the systems level what we found is that interagency collaboration increased and or improved across grant communities. So we have in the initial planning year grantees focus their efforts on bringing together a variety of public and private representatives to jointly plan for the implementation of the initiative. The collaborative group was a vehicle for increasing collaboration and partnership among child serving agencies as well as supporting the integration of those systems of care principles into the work of child welfare.

But I think what's more important about this finding is that as this graph shows here the process of collaborative development was really not linear across communities and so what you have is what is shown here is an uneven trajectory of collaborative development. As part of the cross site evaluation...these collaborative groups really went through, I guess a normal process...as most collaboratives go through. You have...what you see is some increases and decreases in cohesion and communication going up and down as stakeholders learn more about one another. As they begin to develop relationships and begin to trust in the work of the collaborative and begin to see varying points in time the impact or the effect that the collaborative work is having on child and family outcomes and agency structure.. And I think importantly the collaborative development was also affected by changes in leadership within these varying communities.

Besides those ups and downs we...in talking and interviewing stakeholders...we have found that stakeholders perceived that their efforts and being together and being part of these collaboratives were helpful to improve child welfare outcomes. So the perception was that they were helping to improve outcomes for children and families by coming together through this collaborative process. So in a few more minutes we'll hear about the ways in which interagency collaboration evolved in the two communities that will be presenting today as well as the opportunities and challenges that arose in going through that process.

At the organizational level...again we were interested in understanding to what extent the principles were being integrated into agency policies and practices. And so what we find that support for the systems of care principles did increase across time. So there was increased support but as the graph also shows there was quite a bit of variability in child welfare agency staff's perception of the sense of which support for the principles was evident or was taking place in their child welfare agency. So although in general support for the integration of the principles increase you see that there were some principles for which there was a little more...I'd say probably more challenges. So for cultural competency is one where there wasn't as much of an increase in support for the principle or in the perception that that principle being integrated into the agency.

On the other hand, family involvement we see an increase and significant changes in that particular area. In general, support for the principle was evident at the leadership level of the organization. We see agency heads...child welfare agency heads make resources available to ensure the staff have opportunities for training, for professional development, for bringing together or coming together with other child and family serving agencies to understand the work of those agencies and how they can do a better job of coordinating and collaborating.

And also...for some reason I'm getting the message that the slides are not advancing on your end and I hope that is not the case for everyone as I'm advancing the slides on this end. I'm not sure how to address that technical issue...

[[[talking back and forth about how to fix the slides]]]

[1:18:32] Thank you all and my apologies. So you have the presentation, it will be made available. We'll be happy to email that as soon as possible for folks that don't want to wait until it's posted on the website. And for all intents and purposes I'm going to continue so that the presenters will have a chance to really talk about their work since that really is the most important part of this presentation.

[[[talking back and forth about what slide she will begin on]]]

I just want to finish this up to say there's definitely a lot of evidence of support for the systems of care principles and again that varied across communities and some work being more difficult than others in some of those areas or some of those principles...so family involvement being one where there was a lot of work, there was a lot of progress made, and a lot of investments made, and we're going to hear about that some more today and in future Webinars.

Ok, hopefully folks can see that slide.

For family and community engagement we...I think that one really important finding is that the initiative really helped to change the way child welfare agencies work with families and with the communities. Those community collaboratives provided an opportunity for child welfare agencies to bring family members and community leaders and community members to the table to really help inform the work of child welfare agencies. And there was a lot of effort put into developing policies and procedures to ensure that that the work that was taking place in child welfare and other child and family serving agencies were supporting family-centered practice and that type of approach to the work.

So with that I want to turn it over to our first group of presenters from Northumberland County, Pennsylvania. They include Maryrose McCarthy who is currently the Director of the Child Welfare Training Program at the University of Pittsburgh and prior to that position she served as the Northumberland County Children and Youth Administrator and oversaw the systems of care grant while it was in existence. Andrea Richardson is another presenter who is...was at the time the Project Manager for the Pennsylvania Systems of Care Project at the State level and now works also with the University of Pittsburgh Child Welfare Training Program as a practice improvement specialist. And then finally, Judy Davis, who has for the past 12 years served as the Northumberland County Mental Health/Mental Retardation Administrator and was a key stakeholder in the implementation of the systems of care initiative in Northumberland County.

[inaudible]

[1:15:08] I want to give an opportunity for those folks to present and to share their stories with you and just as a note...the phone lines are un-muted again in order for those folks to present so if you could, from your end, mute your phone lines to minimize the background noise, we'd greatly appreciate it.

So Maryrose, Judy, Andrea, please go ahead.

Maryrose McCarthy: Ok, we'll take it from here. Thank you. Thank you for the opportunity to be able to share our experience. It's good to be back in Northumberland County, not much has changed and Judy was just reminiscing about all the good opportunities we had here. One of the things that I think we need to help you understand is what our county, which is in the state of Pennsylvania looks like. Very rural, we have significant poverty issues and as you can see in the slide, Pennsylvania is state supervised county administered in 67 counties. We have since 1985, I think it's important to note, 8 counties committed to the CASSP¹ principles which are under the mental health systems, behavior health systems. Northumberland County in particular was one of the first CASSP counties and had the first CASSP in Pennsylvania. So basically what Judy and I would like to say is that we were raised in an integrated services concept. Really help promote that. But one of the things that I think was important to note is that when child welfare...when we had the opportunity to join the systems of care grant...one of the first things I did was to call Judy over at MH/MR to say, what do you think? And at the time that we were...that the opportunity came up...we were in significant financial strain in the county and were facing bankruptcy. And I'll never forget her comment to me, she goes, 'my God, we need to do this but we're so busy trying to save programs...and we're actually closing some of the children's programs...that it was very fruitful for us...as well as the chief juvenile probation officer...we were anxious to have the opportunity.

Again, as you can see we're a fifth class county in Pennsylvania with a population of 95,000. Drop out rate in the county for schools is 3.3 %, which was a major issue that we actually embraced [inaudible]. Northumberland County had very high numbers in both delinquent and dependency referral and of course, as we said, I think the poverty rate, domestic violence rate, all of those things impact the human services within Northumberland county. Can you advance Aracelis?

Aracelis Gray: Yes

Maryrose McCarthy: Again, I was saying when we had the opportunity to join Systems of Care certainly [inaudible] significantly as a county as a whole. So we were very anxious as a human services group to be able to have an opportunity, to have some support, to really move forward in improving our service delivery system. One of the things that I found as an administrator was that we really struggled with really having family and youth leadership. It was foreign to child welfare. And me coming from MH/MR system, mental health system, it was not foreign. And instead of reinventing the wheel, we were able to partner with Northumberland County Mental Health Family Advocacy Program and both Judy and I presented to their board and asked them to take on representing the children and youth and families that we serve. The other thing that we had the opportunity in Pennsylvania was to have family group decision making which really helped promote and provide the framework for [inaudible].

Aracelis Gray: Folks if you could please put your phones on mute that would really help. It's hard to hear people. Sorry Maryrose

Maryrose McCarthy: That's ok. It really helped for both the practice and framework for caseworkers to really be able to partner and empower families. The most important part of family group decision making practice that we embraced in the state of Pennsylvania was the opportunity for private family time. And we are significantly committed to that throughout

¹ The speaker is referring to the Child and Adolescent Service System Program, a grant program established to develop the infrastructure necessary to make available a comprehensive mental health system of care for children, adolescents and their families.

Pennsylvania and the opportunity for the Training Program² which is the organization that has been able to support family decision making growth across Pennsylvania. So the implementation team for family group decision making was the first opportunity to pull together in addition to what already existed. And it was our partners in mental health and juvenile probation that actually supported children and youth to be able to move forward in really implementing the group decision making. We had no money and it was through the generosity of our fellow counties, our neighboring counties, that we were able to get the training and technical assistance to be able to really promote the practice. And again it became the practice of how child welfare was delivered in Northumberland County which really promoted true partnerships with families.

So as a result, one of the things that we were challenged in child welfare was to sort of try to address the issues that we face which were significant. And as we stated earlier, truancy was one of our major problems in this county. And as a result we pulled together, seeing how bad that was, and we ended up having a collaborative effort of juvenile court, mental health, mental retardation, but particularly the schools as well as the District Magistrates that actually have the authority over the children and families that have the significant truancy record. And we were able to develop a program that was very much targeted toward families as well as youth. Be able to identify the root causes of the truancy. And in order to get families...promoted to participate, the District Magistrates were willing to waive the fines that were being implemented. The fines were not impacting, I mean people just really ignored that. One of the things we learned in the first implementation of the Parent Truancy Awareness Program was that you needed to do much earlier intervention with the kids that had significant numbers of truancy. The other major, major lesson that we learned was that the more parents we could have involved in the delivery of the actual program, the much better outcomes we had, the much better participation we had in terms of families feeling comfortable to becoming engaged with services that were already available to them. So it really...I think clearly demonstrated the values, the systems of care values and really promoted and encouraged staff. And of course when you have those successes it encourages staff then too, I think, demonstrate the principles throughout all the work they do as well as the other agencies, as well as family members seeing good results.

It's important that...I firmly believe that the systems of care really provided child welfare the opportunity to become much more...promote the partnership of families as other categorical programs have done for years. And as a result, we had regular family members as co-facilitators and co-trainers in all of our family group decision making conferences as well as our training. We had [inaudible] families of partners actually calling them for consultation and a resource and as a result, it actually increased the infrastructure necessary for staff to actively engage families in case planning.

The effective truancy and drop out programs facilitated family involvement and its solutions to truancy were acknowledged and schools started seeing good results. Started putting schools in a much healthier relationship with their families, and as a result schools then became better partners with the human services agencies to be able to address some of the more...greater problems that we all face as systems. And parents again became a real resource in that solution.

² The speaker is referring to the Pennsylvania Child Welfare Training Program at the University of Pittsburgh's School of Social Work

Judy Davis: One of the areas that Maryrose emphasized was on the family involvement. If you could take us to the next slide please. [[[talking about the slides not moving]]]

So Maryrose referenced the involvement of families and as we noticed it was very much a part of the MH/MR...mental health/mental retardation system in Northumberland County and had been for a very long time. And one of the reasons that that was so significant was because of the CASSP principles that we had embraced [inaudible]. One area where we needed to get stronger was to work collaboratively with and encourage our staff to work collaboratively with each other as well as families. So we started, as Maryrose referenced a little bit, having joint staffing among all the human services agencies cross systems. That would be juvenile justice, mental health/mental retardation, children and youth, and that was occurring probably to start out on a weekly basis where folks would get together and we would have integrated team meetings with staffing and things like that, which proved to be very beneficial. What was significant in that process was the fact that there was a family member embedded into that team meeting. Families would come if they had, if they were the family that we were working with or a family advocate along with the family would come. So that was critical to the success of our systems of care project and the fact that families had now had a voice and were being heard as to what was in their best...that they were deciding what was in their best interest.

Andrea Richardson [1:03:22]: This is Andrea. A lot of what Maryrose talked about really reflects a lot of the...consisting of challenges that we've had in terms of implementing a system of care in Northumberland County. First [inaudible] there's a common understanding around systems of care. It really does tend to be a philosophical view and unless you have something like a practice, like family group decision making, that mirrors the principles, it's really hard for caseworkers and supervisors to really grab their hands around what are you asking them to do. Another challenge that we had was just around kind of the "what's in it for me?" So for caseworkers and supervisors that's a really important consideration and something that we really grappled with. How do we get folks involved in this work if they can't see sort of the benefits? Not only for the families that they are charged to support but also themselves in doing the work that they're doing professionally.

So within that there are issues around time. You know, with large caseloads it's really hard to kind of figure out how am I going to get this all done. And then just general resources and kind of incentives to kind of move forward. Those were challenges that people had and really had to think through in order to move this particular practice forward. Additionally when you're looking at having agencies work together there's always that challenge of kind of the "turf" you know, this is what I do and this is what you do. And that kind of silo perspective and so really bringing people to the table and being ok with having that tough conversation around "how can we benefit each other", "how can we work together", "how can we benefit the families that we're working with". And ironically a lot of the times I think pushing forward we're having families at the table who said, "hey, you know, get over the red tape, move forward, and move us forward." So those were challenges that we had.

In addition, when you're looking at working with agencies, you're looking at that organizational culture so when we recognize that agencies, number one, have been around for many, many years and two, have their own cultures, the way they work together, the way they're structured, the way they do business is different. The way that they even relate to families can be very different and so that was a challenge for the group in terms of finding out how can we even that out a little bit, how can we have a common vision and a common goal in the way that we do business. And family group definitely helped with that. Having parents involved absolutely helped with that because they didn't see the barriers that agencies saw.

Lastly, the challenge that we had was really around leadership. So we had a change in leadership during the implementation of this grant and so that was difficult for staff because you had great, clear vision, very clear movement forward, and when you have pieces missing in that vision, when people come out of those positions, it then leaves people to think “well, are we still going to move forward?” and kind of getting adjusted to that change can be difficult for folks.

[59:34] So, what we found interesting in Northumberland County is that we actually had a lot of support for the systems of care work, like Maryrose and Judy were talking about CASSP were the big pieces that we had in Northumberland County that definitely helped support where Systems of Care was going. We also had a clear understanding of family group as more people got involved with implementation of family group, more agencies were involved, more community partners were involved. So we were able to shift then from saying, ok we're doing family group to now we have the system of care that will help that, people had a better ability to be able to make that shift because the principles are very similar.

In addition we also had as a state, we also had the Integrated Children Services Plan which also again mirrored Systems of Care so people are starting to kind of to get the lingo for what the work you were trying to do. At the county level in Northumberland County, like Judy and Maryrose were talking about, we had parents that were full participants in every meeting that was going around in the county. So not only did that even kind of the playing field in terms of accountability and support and involvement of not only the agencies but also the families but the conversations were much more richer because you had people who would be very honest in saying, “ok, this is how it works for me.” Which, led to conversation around how do we kind of look at barriers, how did our system work, how were challenges resolved. It's the process we had, is it really as family friendly as we hoped?

So those are big pieces in terms of support for this project.

Aracelis Gray: Andrea and Maryrose and Judy, I was wondering if you could talk a little bit about what changes... and this is some of the things you talked about but maybe other things that you think are important or relevant...but what changes have resulted from the implementation of Systems of Care, so as we think about what difference it has made in terms of how agencies work together or you've talked quite a bit about how families are treated and served by these systems. Any particular nuggets there for the participants/listeners about where sort of this work has moved the agencies or the community?

Andrea Richardson [56:54]: I think that the implementation of family group as a practice has really become just sort of the way that people work together. It's supported by the agency's vision, the partner agency's vision in terms of putting people first, being strengths based. So what's happened is that that type of mindset and practice has become more of this...is a day-to-day way that we work with folks. And so, by doing that now you have that structure...that practice in place that supports the structural change because what we found is that a lot of folks here...if you're trying to change the way their system of care is structured, people get upset because they've invested time and see the benefits of it. So you have almost kind of a stop gap to when changes are happening as changes do in a county. You have that support that will hopefully be embedded enough that it will continue to move forward in the future.

Maryrose McCarthy: And again, this is Maryrose, I think the interesting thing about family group is that it really, really promotes empowering family. They're in charge of their plan and it promotes developing community integration and community resources. And the one thing that

is truly true that for most child welfare agencies is that the child welfare agency is not going to keep kids safe. It takes a true community to keeping that child safe. When the community becomes much more aware of your practice model they then have a much better ability to support it. And they then become much better engaged in supporting, providing resources, and being part of the solution.

Aracelis Gray: In terms of...so thinking about those changes that have taken place. How do you, what do you see in terms of how the work is continuing to evolve...or in terms of both...obviously that the distance you've come in day to day practice, this is the way agencies see their work but as you think about the evolution of that work. Whatever the next level might be and also thinking about the sustainability of that work, what are your thoughts around that in terms of where the resources, where the needs might be, and how do we think about moving that forward in Northumberland and in other communities?

Maryrose McCarthy: Well, I've got a very strong attitude about that. Northumberland County was picked then to go through the CFSR review for the state of Pennsylvania in 2007. There were three counties and Northumberland County did fairly well. The best out of all three and not because of any heroic or brilliant programs, I can guarantee you it was because we did not have the best resources by any means because the county was on the brink of bankruptcy. But we had much more inclusion of family members being true partners and again the community providing the resources, and as a result, you end up having least restrictive intervention and much better outcomes for folks.

Now supporting family...true family partnership is not considered one of the real mandates that are funded and I think leadership on a national as well as a state level needs to make the commitment to funding true family and youth partnership in the service delivery system.

Aracelis Gray: Anyone else...Judy or Andrea...any thoughts?

Judy Davis: I don't think so.

Aracelis Gray: And again folks on the phone we're going to...we do have time set aside for questions but we want to move the presentation through so I hope that you are jotting down questions you have so that when we get there, hopefully, you can have those answered and if you haven't heard something that will be an opportunity to ask. But I want to turn it over to our next presenters from Bedford-Stuyvesant in New York. First we have Mr. Nigel Nathaniel who was the Director for the Systems of Care initiative from 2005 to 2009. And we also have Mr. Derrick Hinds who is, and was at the time, the Deputy Director with the Administration for Children's Services (ACS) which oversees child welfare as well as other programs, but in particular he oversees the child protection program that cover two particular districts in Brooklyn, New York and the two districts include Bedford-Stuyvesant and Williamsburg. So with that I'm going to turn it over to Nigel and Derrick for their portion of the presentation and please let me know if you don't see the slides moving.

Nigel Nathaniel [51:40]: Good afternoon everyone, I'm Nigel Nathaniel as Aracelis just said and I'm presently the Director of New York City Office of Community Partnership and Derrick...

Derrick Hinds: Hello everyone this is Derrick Hinds and I'm the Deputy Director of Bedford-Stuyvesant and Williamsburg.

Nigel Nathaniel: And I would like to thank Judith, Maryrose and Andrea from Northumberland County for their presentation. One of the things that listening to their presentation I said, "there are a number of similarities between what we are working with in this child welfare system." This is something that Martin Luther King, Jr. said, "Life moves the systems [inaudible], what are you doing for others?" And that's a question that Derrick, myself and the people that we work with constantly and consistently ask. What are you doing for others? So like the other states...like the other 8 system of care grantee sites...in 2003, the U.S. Department of Health and Human Services Children's Bureau awarded a System of Care demonstration grant to New York's Administration for Children's Services for its work in the community of Bedford-Stuyvesant. The primary goal of the CRADLE Project, as it came to be known, was to build community-based systems of care that reflects the six core principles: interagency collaboration, individualized, strengths-based services, culturally competent services, child and family and community involvement and community-based service responsibility. [inaudible] These directed the efforts toward improving in safety and permanency outcomes for infants. Such as the reduction in the rate [inaudible] of state in care, placement in care, [inaudible] [inaudible – music playing].

Aracelis Gray: If you could mute your phone lines that would help...someone's phone is ringing. If you could mute your phone lines it would help our presenters. Nigel...

Nigel Nathaniel: The project was also concerned with a question of how the system of care could address infants' physical, emotional, and developmental needs. Over the years the CRADLE group became large and diverse network of agents, provided staff organization to constituents. So then...the network...the CRADLE drew on several innovative strategies to recruit members. Five network opportunities to leverage partners' motivation to come to the table.

[48:12] In the process, the state succeeded in proven and improving communication and referral mechanisms among child protective staff and local providers. In addition, service agencies working with the CRADLE, created roles for community constituents to help engage families throughout the case planning process.

This presentation describes years of work in 23 minutes that may be applied to similar initiatives in the future. Among them are, tie-in from agency leadership, this is key, this is something that both...mentioned by Northumberland...buy in from agency leadership is key to pushing implementation activities forward. The professional development and training for our community constituents force them to success with the system. While we are training professionals, it's equally important to train and develop our community constituents that we are working with. And another thing is, all stakeholders that can tailor their messages to diverse audiences, the more they can successfully recruit partners within and across systems. And I think most importantly, but some of the time, it is equally as important, relationships take time to develop. And on a shared mission and a clear realistic objective, the program builds trust and a commitment to the work. A lack of progress can weaken trust and decrease our partners' willingness to participate in this work.

Another significant element to the story...must also be put in the context of its transition to the Bedford-Stuyvesant Community Partnership. [[discuss moving slides]] Through the Bedford-Stuyvesant Community Partnership, we created governance and leadership structures that remain in place. So sustainability and transition is something that we started thinking about very early on. We made a connection in our system's 6th year, so that's important. And even with that, and all that we did accomplish the creative work to improve outcomes with systems, when

the System of Care grant ended, the project transitioned to the Bedford-Stuyvesant Community Partnership. Bedford-Stuyvesant is a community within Brooklyn, New York, with a population of over or around 150,000 people. Many people remember that in the 1980s', Spike Lee's movie, *Do the Right Thing*, was shot in Bedford-Stuyvesant, and even more recently, Chris Rock's TV show *Everybody Hates Chris*, had Bedford-Stuyvesant as a background. So that's just to put it in context for people who watch the movies and watch TV to know that Bedford-Stuyvesant was the background and the set for those particular movies and TV show.

Derrick Hinds: Socioeconomically, Bedford-Stuyvesant is not a very rich community in the city. As a matter of fact, it is the poorest community, not only in New York City, but in the country, and you all know that socioeconomic factors are some of the primary contributing factors to child abuse and neglect. So the system of care was very well needed in Bedford-Stuyvesant. In 2008, Bedford-Stuyvesant had about 60,000 of the number of child abuse and neglect reports that were made in New York City. In 2009, I believe that that number has increased. In 2008, we actually had the second or I think the third largest number of removals in New York City. So it speaks to the fact that Bedford-Stuyvesant is a community that needs to have a very strong child protective services and also very strong community organizations that work well with child protective services.

Nigel Nathaniel: And just looking on this slide, this is something that we focused on with our six principles through the system of care, was racial equity and disproportionality and you will see from that slide that Blacks are represented disproportionately in the child welfare system and in Bedford-Stuyvesant and I think that this is something that across the country, we have taken a lot of focus on trying to reduce racial disproportionality in Bedford-Stuyvesant and throughout New York City.

Derrick Hinds: And I think we will speak more about this as we go along but one of the important things from our system of care is that we are much more culturally sensitive, the discussion among the staff, as a matter of fact between the staff and the community, between the child protective services staff and the community representatives, are much more open with respect to the disproportionality of race and culture in child welfare, meaning that minorities are far more disproportionately involved in child welfare and in placement, both in community placement and out-of-community placements.

Nigel Nathaniel: So this slide focuses on our activity over the six years of the grant in terms of building infant intra-agency partnerships, engaging local families and the community, enhancing child protective staff practice, providing trainings and resources and service for the nation. So these are the many activities that we did from 2003-2009.

Next slide...so I guess I'll touch three of the impacts that we had on those activities. I think the first one is building interagency partnerships, and that is an important piece because as I mentioned at the beginning, the CRADLE story has to be taken in context of our transition to the Bedford-Stuyvesant community partnership. So together with the Bedford-Stuyvesant, there are 11 Community Partnerships throughout New York City, that include families, concerned community constituents, community-based organizations, our child welfare agencies and other stakeholders that explore innovative community-based strategies that can positively impact child welfare outcomes for New York City children. The partnerships are forums where members share resources, share ideas, relevant information and referrals, so yes, there is an opportunity to share all of these things. The participants engage in joint planning, service coordination, training and advocacy with our community constituents, and participate in family themed conferences, they recruit foster parents; they coordinate visits between parents and their

children in foster care. Visits occur in what we call non-traditional locations, so they may occur in the local park, in McDonalds, in a museum. Also, there is a coordination of service delivery between our child care and Head Start program and the community service providers increase referrals and [inaudible]. In terms of engaging local families and communities, this was a very important piece, similar to our partners in Northumberland County. And what we found was the [inaudible] and patience in a community for all aspects of the system, including practice and policy were very important. So you have to be patient and persistent when doing this.

We engage the community constituents to participate in family themed conferences, sometimes within child protection those family themed conferences and home child safety conferences with regards to decision-making about the needs and the services and the plans appropriate to particular families' circumstances. We also encouraged our community and families to be involved in a position to exercise leadership. So not only being involved in the community, being in the family themed conference, but we wanted our community constituents to see how to exercise leadership. And that was established in one of our Bedford-Stuyvesant advocates who was in both of the CRADLE and is now the chairperson of our partnership in Bedford-Stuyvesant, so the Bedford-Stuyvesant Advocates, which now has established their own 501(c)3 as an independent organization, is one of our most important legacies that we have, with regards to involving the community in our work. In engaging the community, what we've found over the six years, and it took us a little while to realize that, is that it required a change of heart, that the way we were doing business had to be changed and it finally occurred to us that when we worked outside of our scope of work, when we work differently, then we were better able to engage the community.

And the other piece which provided trainings and resources, with regards to racial equity, disproportionality...working with our partners within the six years did the undoing racism community organizing workshop. The workshop was facilitated by the Institute for Survival and Beyond, and within our larger system in New York City, we are continuously attempting to apply, as Derrick mentioned, as we mentioned earlier, apply the racial equity lens through all the work that we do. I must admit, right, that this element, and I think it was mentioned by Pennsylvania also, that this element, at least for me, is one of the most partially element of the work that I engage in. It's the most painful, it's the most sensitive; it's one of the most slow moving components of what we are doing. But I think that after six years we still engage in trying to bring that racial equity to the work that we are doing in child protection and one thing I would offer is that we have to be comfortable in managing contradiction and conflict because when we are doing this, we'll get a lot of contradiction and conflict and people often talk about what difference between ensuring safety but still looking and the racial equity lens but part of our job is to work through those contradictions and conflicts as we do the work.

And the other important piece that we are going to spend the most time on today is the work that we did working together with our child protective staff and how can we as a community enhance practice in our dealings with ACS and child protection.

Derrick Hinds: We mentioned Quachaun Browne and Nixmary Brown, and they are not related, by the way, but we mentioned them because these two fatalities that occurred within 2006 provided my colleagues an unfortunate benchmark that told us that we needed to do things differently. As we speak to the CRADLE and the Systems of Care Initiative, we realize that these two children were involved with multiple systems yet we failed them. And when I say we, I mean we as a child protection agency, we failed them which led to their tragic deaths. This provided us an opportunity for us to change. It provided us an unfortunate opportunity for us to change the way we were doing business. And we decided that we would strengthen our internal

practices, because that was critical to making sure that we ensure the safety of all children who come to our attention, but we also needed to work much better with the community and with the other systems that we interact with and that our children interact with. So we decided that we needed to message to our staff differently, because the staff needed...the child protective staff are the key stakeholders in all of this. Without them, nothing would happen. The community members are the key stakeholders. So we decided that we needed to focus initially on making our internal practice. And we needed to message differently to the staff to show them that the old way of doing things, meaning where we would, as a child protective agency, we would go out into the community, we would investigate, we would come back, we would make decisions, if we decide children were unsafe we would tell the parents what they need to do. We needed to change our assessment so that we could create a distinction between safe and unsafe but we also needed to change how we plan with the parents to keep their children safe. And we believe that the community members were key to helping us plan with the parents. For the first time Bedford-Stuyvesant had a high non-treatment rate and it speaks to the fact that we may not have been doing as much as we could have in the past to help keep children safe. So we needed to change our practice.

Nigel Nathaniel: So setting the stage, and we mentioned earlier in one of the slides that in New York City there are 8 million people. In Brooklyn, there are 2.5 million people, and in Bedford-Stuyvesant, the area we were focused on, there are 150,000 people who you are working with. And within Bedford-Stuyvesant, there are about 35,000 children. So what we found out is that we had to engage our partners, we had to be sure that we had partners. So working in the community we ensured that we had partners, and that was equal to \$1 million dollars. When this tragedy happened with Quachaun Browne and Nixmary Brown we were fortunate that Derrick had been working in the child protective office. Not because Derrick is next to me, I always say that many of the times that having key leadership at these times is important, so having someone who understood the importance of the community, the forces at work and working with child welfare was so important. And then one of the things that we realized that doing the systems of care was [inaudible] work in the actual child protective office. And that was priceless that our staff in the system of care from the CRADLE were able to interact on a daily basis with the child protective staff. It's one of my favorite slides but it's so important that you have to ensure that you have partners; you have to ensure that the leadership is in tune with what you are doing, and then location, location, location, that your workers are interacting with the child protective staff.

Derrick Hinds: The main message, and quite often in child protection, the message that we want is to keep children safe. I think based on the tragedy that occurred and rather, as a result of the tragedy occurring in 2006, we had to look at how we were motivating the staff and take a different approach to motivating the staff. Child protection staff across the country, I'm sure you are aware that after a tragedy we tend to get somewhat de-motivated because of the fact that we work so hard to ensure safety and at times we don't do as good of a job as we would hope. So we had to motivate the staff and of course, Nigel mentioned the fact that we wanted to have the community in the office. As managers, we had to model for the staff that we are comfortable with the community. And we have the staff see us working with the community, meeting with the community members in our office and we are treating them as partners. I think that was key to making the community members feel very comfortable working with us and also making the staff feel comfortable interacting with the community. The CRADLE plays a very important role in this because of the fact that they would bring in the community members and they would arrange the meetings for community members to meet with us. Initially, throughout the ice breakers, they were a critical bridge because there was an awful lot of distrust, there was some discomfort when we first started meeting with the community members and it goes back to the fact that we

were operating primarily in silence, doing our investigations without much interaction, without as much interaction as we should have with the community.

Once the staff became somewhat comfortable with the community we needed to have a clear plan as to how we would get the best that we could from the systems of care. One of our goals was to reduce the number of children under one who were coming into care so we would focus on getting alerts on the number of cases that had children under five. We said despite the fact that we were focusing primarily on children under one, we realized that children under five, as a matter of fact, young children are very vulnerable to abuse and neglect. So we put the process in place where we would have case consultations on all cases with children, all cases that involved infants and toddlers. And we would use these case consultations to try and change the mental model of the staff and we had quite a few staff that had been with the agency for a significant amount of time and who were vested in practice that didn't necessarily meet the criteria we wanted to meet at that time. So we tried to change the mindset of staff so that they would understand the need to change their practice. Now we decided that we needed to have more involvement between child protection and our community-based organization because Bedford-Stuyvesant is rich in community-based organizations. We as a child protection agency in Bedford-Stuyvesant were poor in our involvement with these community-based organizations so we decided we needed to have much more involvement with the community-based organizations, similar to the approach that we were taking to get the staff to interact and understand better the members of the community, we wanted them to interact more with the community-based organizations betting that it would increase their knowledge and increase the utilization of community-based organizations. We had a *lunchbox spotlight* where we would have community-based organizations come in and, of course lunch is always the great motivator, the lunch was free, so almost all the staff would turn up for the lunch, and along with the lunch would be told about the community-based organizations and meet the partners from the community-based organizations. Because of the fact that we believe that, well my assessment was that the staff was not as invested as they could be in utilizing the benefits of the CRADLE and the systems of care because they did not know as much as they should have about what the CRADLE provided. We would have CRADLE day, and again refreshments was the great motivator. We said the CRADLE would provide these incentives and the staff would go to the CRADLE and they would hear more about the CRADLE.

We had ongoing training where we would speak to specific protocols that needed to be adhered to and where the protocols were not addressing the practice needs that needed to be addressed...and not all protocols addressed the practice needs that are needed. We would speak with the staff to get them to understand that within the protocol they need to work on improving the practice and while we work on seeing whether or not the protocol could be changed.

You had a community child safety team and this was critically important. One of these things that we were looking at was having a safety net for the children inside our offices. These are the children who come to our attention, but we also wanted to have a safety net in the community. And this again speaks to the need for greater collaboration on the [inaudible] systems. So we decided that we would work for greater involvement with members of the community and historically, the other community stakeholders don't necessarily come to us so we decided that the best approach would be to go to them. CRADLE was instrumental in linking us to the communities, work, and build partnerships with the local precinct, the NYPD. They went into our public housing where we would meet with the officials, we would also meet with the community members who lived in these public houses and we worked with the hospitals. Now historically, and to some extent we're still troubling with building our partnership with the hospitals. We

thought that this was extremely important because of the fact that many of our clients come through these hospitals so we decided to meet with the hospitals on a monthly basis where we would work on our collaboration with the cases that come to our joint attention and how the hospitals can work as preventive measure for cases that are not coming to our attention.

The community site visits, I think I spoke to that briefly, where we would visit a number of different housing complexes...we would have events in the community; as a matter of fact, we had events in the community where we would get the hospital involved. Quite recently, and this was a spin-off from the CRADLE, we had an event where the hospitals were fully involved, we had the doctors out, we had dentists, we had other CBO's involved and we went into the housing complex and had a fair where they actually provided services for the members of the community and the feedback from that was that we needed to do it again.

Now the family team conferences, that's very successful and equivalent to the conferences that are being held in Northumberland County, but we decided that we would, prior to the family team conferences being citywide in New York City, that we needed to get the community much more involved in these conferences. We have difficulty engaging the parents, not that they are difficult to engage but we don't necessarily find the right way to engage them so we have a lot of parents, especially who are repeat maltreatment cases, who we have difficulty engaging but we found the community members' advice in helping to engage these parents and we are still working on it and this again is a spin-off from the CRADLE.

Nigel Nathaniel: So the barrier and challenges are very similar to what was mentioned by Northumberland County. It's time sensitive, the communities' distrust of initiatives or projects, and then duration of the project isn't long enough. Even though we had a five year grant, it took us at least three years before we began to get really focused on what we were doing. And then we found out that we had to reach out to the community in non-traditional means. The regular way of doing business wasn't proper so we had to do things differently.

A lot of the barriers that we saw were similar, and then the strength and opportunity were again that family, child, and youth involvement in all aspects of the system, that's so important. I think that Maryrose or Andrea mentioned child welfare cannot do this work alone, we have to involve our community constituents in helping us serve and save the community. And also I think that families participating in family conferences with the child is so important, and the fifth one is actively addressing racial equity, disproportionality, and disparity in the child welfare system.

Derrick Hinds: I think we are out of time, but I just need to add that it's so important that when we are working with the community, when we have any new initiative, that we look at measuring how effective it is because one of the things that we wanted to look at was to see whether or not we were just having this great relationship with the community...we had model change with the staff, but was it having any effect at all? I think that we can see now that it has had a profound effect on our overall practice.

Nigel Nathaniel: I must include our evaluation team because normally we have to address and deal with the data and deal with evaluation, so I have to acknowledge that having a good evaluation team, willing to provide technical assistance, is so important and at the end of the day, we always ask the question, "is anyone better as a result of what we are doing?" and Derrick and myself and the rest of the community, we believe the children are better off with the work that we've been doing for the past five to six years, and we hope it continues having it's impact on our children and families here in Bedford-Stuyvesant. Thank you.

Aracelis Gray: Thank you both [opens up for questions].

QUESTIONS [15:39]

Participant: This is Gerry with the Minnesota with the Department of Human Services, I have a question that Mr. Nathaniel referenced when he talked about his passion for this specific piece of the process and I think that he was referring to the outreach or making contact with the communities that are difficult to engage. And I'm wondering how he did that? How were you all able to do that...to go into this community where there's this distrust? What were some of the non-traditional approaches that you took?

Nigel Nathaniel: Some of the non-traditional approaches, we went to locations...we went to the local Laundromat, into where child welfare doesn't usually go. We spoke to local businesses, we spoke to the other systems and once we found one community constituent that believed in what we were doing, we utilized that person to recruit other community constituents. Derrick...

Derrick Hinds: And I think that is key. We found that it is much...as a matter of fact when we first go into the community we expected hostility and we got hostility but we were aware that this is necessary in order for us to engage members of the community. But the key was to find community members who believed in what we were doing and they served as a bridge to the larger community.

Nigel Nathaniel: You know, I think the first three years of the project we had one or two or three community constituents and then in the fourth, fifth and sixth year I think we had a total of 25 constituents that engaged in the community. It takes a while because they distrust what we are doing and once we found them, we would have them stand next to us and present them together in the community.

Derrick Hinds: And it's interesting that we've been to housing complexes where they, members from the complex or indeed the residents, they were very hostile and they, community partners, as I call them, they would respond without even giving us the opportunity to respond. They would respond and speak to the changes that they've seen in how we practice, to how much we invested in involving the community and our decisions. But again the key was to get one or two of those key stakeholders who believed in us and work with them to get the general, more general population.

Aracelis Gray: Thank you. Other questions from anyone else on the phone?

Renee Giordano [12:00]: I have one online. This is Renee.

Question: Can we get the evaluation and development tools that were used at these sites?

Aracelis Gray: I'm sorry that question...the evaluation and development tools that were used at the sites? Not sure if that question is about the local evaluation. As Nigel and Derrick mentioned there are local evaluators or if that's for the national evaluation.

Participant: The question was about the local evaluations.

Aracelis Gray: Ok, thank you.

Nigel Nathaniel: We have some...we were involved in a lot of process evaluation. But still we have tools that we use as we work with the child protective office. We have an infant protocol, we have a hospital protocol that we would be caught up in. So for the most part with our evaluation team...there was a lot of...it was a qualitative evaluation and they provided technical assistance on the process and gave us feedback on what we were not doing and what our goals were and if we were reaching those goals.

Renee Giordano: I have another question from online.

Question: Were the family co-facilitators and advocates compensated for their work in your system of care and are they still employed?

Maryrose McCarthy: In Northumberland County we had a separate agency called "Parent to Parent" which stood along a 501(c)3. The different categorical programs had offered funding, as well as the fact that they were eligible for other types of revenue resources. So yes, they were paid. Now the facilitators that were developed...that were trained and developed in the other categorical, this was another beauty about systems of care. The mental health programs as well as the juvenile probation folks allowed their staff to be able to facilitate and not get paid but they were reimbursed through compensatory time. As a result, there was some initial concern over whether or not that would impact their work but we had enough folks step-up to the plate that it really leveled out the playing field and did not cost much. But the Parent to Parent organization that was the 501(c)3 stand alone parent advocacy, those folks...they were paid through that agency.

Nigel Nathaniel: Here in Bedford-Stuyvesant we are very careful...and even in New York City, we are very careful not to use a language of salary and paid. I think we use the word reimbursement because it's a very touchy subject of yet, we reimburse our community constituents being involved in the conferences. Some of our community constituents, members of the BedStuy Advocates are now going by a foster care agency. But we still continue to, through our Community Partnerships, to reimburse them for cab fare, for child care payments. It's important because we often say that we are professionals. From 9 to 5, from 9 to 7 or whatever time that we are working, so we have to show some type of respect. And this is the only way of showing respect, so we have to reimburse our community constituents for the time that they put into the system. So the answer is "yes", we do reimburse them to the best of our ability.

Derrick Hinds: One of the challenges that that presents though is that we don't want...necessarily...reimbursement to be the primary incentive for their involvement. And I think that's something that we look at very carefully. I do know and Nigel referred to it briefly, that we have two different groups, we have a community rep that attends multiple child safety conferences. We also have another group and this is a direct result of the work with the CRADLE. And these are called the BedStuy Advocates. And they are not reimbursed for their involvement. Now the child safety conferences in New York City are the highest level conferences that are likely to result in parental rights. We have a lower level conference which we tend to have when we see that there are risks that may be elevated in the future. And we have the BedStuy Advocates who volunteer to attend these conferences and to help us to engage the parents and they then volunteer to follow up with the parents. So I strongly believe, especially in these economic times, they do need to have some form of reimbursement. Particularly when they have to take...many of them have to take cabs to our conferences. We don't want that to be the primary incentive for their involvement.

Aracelis Gray [6:31]: Just to say, we...as part of this Webinar series...we will have a Webinar in September...September 21 where we will talk more, more in-depth about family involvement and how that sort of was implemented across grant communities and we will have representatives from other grant communities besides Northumberland and Bedford-Stuyvesant that talk about their work around family involvement for anyone that maybe interested in more information about that.

Melissa Plowden-Norman: Hello?

Aracelis Gray: Yes

Melissa Plowden-Norman: Good afternoon, my name is Melissa Plowden-Norman of BedStuy Advocates, I am a community member and advocate. And I just wanted to confirm things that Nigel and Derrick were saying concerning the community. We have built a great relationship and look forward to working with them more and more. There have been [inaudible] going on in BedStuy and we're very proud of it.

Nigel Nathaniel: And we didn't pay Melissa to say that. Thank you, Melissa.

Aracelis Gray: Thank you.

Nigel Nathaniel: We didn't tell Melissa to say that, thank you Melissa.

Laughter

Aracelis Gray: Any other questions.

Participant: Hello, my name is Jean, I work with the Highbridge CPI. And I just wanted to say that its invaluable...for just what Nigel had said...that we make sure that people...we respect people with payment. I know that it's not...you know we said we are professionals and things of that sort. We will never be able to actually pay people for the invaluable work that they're doing. The community reps understand that they're...they are volunteering but they are being ... how can I say it, supplement some money just to show an amount of respect and I think that the work is invaluable with the community involvement.

Aracelis Gray: Thank you very much. We can take one more question and then we'll close up...wrap it up.

Renee Giordano: I do have another one on line.

Question: Did the evaluation have a cost -effective component and did more than one of the partners use the evaluation findings for their own particular organizations measure of success?

Aracelis Gray: Again, if that person is still on the line it would be helpful to know if the question is specific to the national or local evaluation.

Participant: Hi, this is Gwen from Florida. We are with the University of South Florida and I'm talking about the local evaluation of those partnerships, those systems of care, locally.

Aracelis Gray: Thank you.

Maryrose McCarthy: This is Maryrose. In child welfare, we were able to implement family group decision making within the children and youth agency because we were able to support families in a much more family empowered and receptive way, our outcomes improved, we were able to reduce the number of kids in care, we were able to reduce the number of caseworkers that retained ongoing cases and we were actually able to move those financial resources into building a whole family or decision making unit of coordinators.

Nigel Nathaniel: Yes the evaluators and evaluation team, they were paid from the system of care grants for the evaluation and in terms of it being used I can't say concretely yes but the findings are being used as we build our system and build our community partnerships throughout New York City. Because for me, being the Director of the CRADLE and not being Director of New York City's Community Partnership...the lessons that I've learned through the evaluation is now being shared and duplicated throughout New York City. So that information is invaluable and the work of our evaluation team was very invaluable.

Aracelis Gray: Thank you. I want to thank the panelists for taking the time to join us today and to present and share with all of us their experiences in implementing systems of care. And in particular, Nigel and Derrick and Maryrose, Andrea and Judy, thank you very, very much. This has been a wonderful session and I apologize for the technical difficulties at the onset but in the slide you have my email it is agray@icfi.com. Feel free to email me if you would like me to send you a copy of the presentation but just note that the Webinar is being recorded and transcribed and that all those files along with the presentation will be posted on the Child Welfare Information Gateway website. If you're interested in additional information on the systems of care initiative and products and reports that we have and will continue to develop, feel free to visit childwelfare.gov for more information there as well.

Thank you all for taking the time to participate in this Webinar.