Welcome

Thank you for your interest in this Webinar. Our telephone lines are maxed at 125 participants. We apologize if you are not able to access the audio portion of the Webinar.

The Webinar will be recorded, transcribed, and made available via the Child Welfare Information Gateway: http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm
Webinar Overview

• Introduce the Panel
• Provide an overview of the necessary infrastructure components built within the Child Welfare Outcomes through Systems of Care initiative
• Highlight the experiences of the North Carolina System of Care – State, County and Evaluation
Format for Webinar

- Twenty minute presentations and five minutes of questions after each speaker
- Jot down your questions as the speakers are presenting
Introduce Panelists

• Candice Britt, Coordinator, Child and Family Services Reviews, North Carolina Division of Social Services

• Liz Snyder, Research Scientist, Duke University

• Gary Ander, Director, System of Care, Alamance County Department of Social Services
Improving Child Welfare Outcomes through Systems of Care

• Five-year demonstration initiative
• Operated through 9 grantees in 18 communities
  • Rural, Urban, County, Tribal
• Goals:
  • Engage in strategic planning and infrastructure development activities to change the culture of child welfare agencies and the conceptual framework within which services are delivered (systemic change)
  • Work collaboratively with partner agencies and families in order to assure the safety, permanency, and well-being of children and their families (Child & Family Services Reviews, Program Improvement Plan)
System of Care Principles

- Interagency Collaboration
- Individualized and Strengths-based Care
- Cultural Competence
- Youth and Family Involvement
- Community-based
- Accountability
What is Systems of Care Infrastructure?

• The underlying basic framework that you will build your system of care upon.
  • Strategic Planning Guide
  • System of Care Infrastructure Monograph
  • Nine System of Care Infrastructure Toolkits

• The nine child welfare led system of care infrastructure components include:
  • Planning
  • Governance
  • System Management
  • Coordination of Services and Service Array
  • Communication
  • Policy
  • Finance
  • Continuous Quality Improvement
  • Human Resources and Staff Development
Planning

Strategic planning is the dynamic process of gathering information from stakeholder groups, including youth, parents, provider organizations, public and private agencies, and the community at-large, to develop a shared mission and vision for children and families specifically within the systems of care infrastructure, or within any child- or family-serving system in general.

The information gathered is used to formulate a strategic plan to guide infrastructure development activities. Agreed upon indicators of system, organization, and individual child and family outcomes are critical to success.
Governance refers to the interagency entity and operating structure authorized to make decisions and set strategic direction for activities, tasks, and functions associated with building, implementing, and sustaining systems of care, and providing oversight for their implementation. This body is responsible for developing interagency solutions to address the needs and challenges of a specific target population and/or geographic area.

The governance body is composed of local, county, State, tribal, or neighborhood administrators, family members, program specialists, and service delivery staff. For the infrastructure to operate effectively, members must demonstrate a commitment to systems of care principles and develop rules, procedures, roles, and expectations for members, committees, staff, and other individuals involved in the systems of care effort.
System Management

System management refers to conducting or supervising day-to-day operations associated with developing, implementing, and sustaining a system of care. The management structure developed to support systems of care features positions responsible for carrying out activities, tasks, and functions that promote the vision and mission. In addition to personnel, the management structure includes operational functions that advance systems of care.
Coordination of services refers to the centralized process by which multiple services and supports, often provided by multiple agencies, are synchronized to address the needs and strengths of each child, youth, or family. This process commonly follows a strength-based child and family team approach to develop a service plan.

Coordination of services for families involved with child welfare may occur through methods such as family group decision-making, team decision-making, wraparound, case management, and care coordination.

Service array refers to the range of service options, including methods for coordinating services available to address holistically the individual needs of children, youth, and families, as determined by a thorough assessment, within a geographic area.
Communication is a strategic activity designed to raise awareness, inform, enlighten, and guide stakeholders and key decision-makers in understanding, supporting, and sustaining a system of care. Both external and internal communication strategies are important (Pires, 2002). External communication informs the public about the system of care and generates support, while internal communication ensures an ongoing exchange of information among key stakeholders within the system of care, including staff at all levels of each agency involved.

Areas of focus include:

- The service array and coordination of services to children and families
- Infrastructure components to support systems of care
- Increased understanding of the needs of the population of focus
- The effectiveness of systems of care in improving child and family safety, permanency, and well-being.
Policy is defined as a plan or course of action, as of a government, political party, or business, intended to influence and determine decisions, actions, and other matters. Policies can be Federal, State, tribal, local or agency-specific legislation, mandates, rules, or regulatory requirements. Policies formalize practice and can be interagency agreements, Memoranda of Understandings/Memoranda of Agreements or agency-specific agreements for personnel, fiscal issues, administration, or programs. In a system of care, policy supports and sustains the efforts of interagency partners and community stakeholders responsible for the safety, permanency, and well-being of children, youth, and families.

Finance

Finance refers to receiving and allocating funds and conducting resource development activities designed to build capacity and sustain a system of care. Financing a system of care is an intricate process, since each participating agency has unique funding sources and mandates which often specify goods or services to be purchased for a targeted group of individuals. Identifying and coordinating funding sources is crucial to:

• Operating an organized system of care
• Gaining efficiencies in using public funds
• Decreasing duplication of effort
• Maximizing funds that can be used as match to Federal revenue.
Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational and/or system culture that is proactive and supports continuous learning. Continuous quality improvement is firmly grounded in the overall mission, vision, and values of the agency/system. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency/system, children, youth, families, and stakeholders throughout the process (National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs, 2005).

To implement continuous quality improvement, organizations should form a team that has knowledge of the system needing improvement, define a clear aim, understand the needs of those served by the system, and identify and define measures of success. In addition, organizations can advance toward continuous quality improvement by brainstorming potential change strategies; planning, collecting, and using data for effective decision-making; and applying the scientific method to test and refine changes (Iowa State University, 2006).
Staff development refers to the practice of providing training, workshops, mentoring, or other tasks to employees to inspire, challenge, and motivate them to perform the functions of their position to the best of their ability and within standards set by local, state, tribal, federal and licensing organization guidelines. Staff development activities provide employees with the tools they need to develop professionally, increase their knowledge, effectively work with families and build their capacity to perform the tasks associated with their position within an organization.

Since systems of care operate within existing human service agencies, it is expected that most human resources and staff development issues such as hiring, benefits, staff recognition, and performance appraisal issues would be handled within existing agency human resources departments. Although there are many systems of care that have developed recognition and award programs for individuals who have exceeded expectations in their system of care efforts.
Improving Child Welfare Outcomes through Systems of Care: North Carolina
North Carolina Division of Social Services

- System of Care is driving North Carolina’s Program Improvement Plan
- Implementing Multiple Response System, a system-wide reform based on family centered practice
- System of Care incorporated in policy manuals and training
- Monthly webinars/conference calls with opportunity for peer networking
Data and Sustainability in North Carolina

- Blending larger child welfare system reform (Multiple Response System with System of Care)
- Multiple Response System reformed the entire child welfare system from intake to permanency
- Duke University’s Center for Child and Family Policy conducted both the System of Care and Multiple Response System evaluations
- 3 System of Care Counties = 3/10 Multiple Response System Pilot Counties
- Discussions around how we could look at differences among System of Care counties and non-System of Care counties
System of Care Principles and Values
Support Multiple Response System

- By unifying operations at the
  - Practice & service level (through Child & Family Teams)
  - Community program level (through Community Collaboratives), and
  - System & policy level (through local and State Policy Collaboratives)
From 2005-2007, Child & Family Team facilitators in the three System of Care counties were asked to:

- Record key information about each meeting they conducted.
- Administer brief surveys to all participants who attended the meeting.
- The 18-item survey addressed four key measures:
  - Fidelity to the Child & Family Team model;
  - Participation by participants in the Child & Family Team meeting;
  - Satisfaction with the Child & Family Team meeting; and
  - Knowledge of personal role in the Child & Family Team
Child & Family Team Surveys – Who is at the Table?

- Parents: 1088
- Children: 329
- Foster Parents: 787
- Relatives: 199
- Informal Supports: 1648
- DSS: 717
- Service Providers: 359
- Community Partners: 188
- Other: 0

National Technical Assistance and Evaluation Center for Systems of Care
Family Phone Interviews – Multiple Response System Evaluation

• Approximately 260 phone interviews completed with families in various phases of the assessment/investigation and case planning process
• System of Care Counties: 26 were in case planning & reported having a Child & Family Team
• Non-System of Care: 36 were in case planning & reported having a Child & Family Team
Family Interviews – Who was at their Child & Family Team?

<table>
<thead>
<tr>
<th>Role</th>
<th>SOC</th>
<th>Non SOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>GAL</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Relatives</td>
<td>58</td>
<td>39</td>
</tr>
<tr>
<td>SW</td>
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<td>100</td>
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<tr>
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<td>75</td>
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<tr>
<td>S.P.</td>
<td>42</td>
<td>36</td>
</tr>
</tbody>
</table>

Percentage
Family Interviews – Did Families Select Who Came to Child & Family Team?

![Bar chart showing percentages for families who had a say in who came, and those who were encouraged by SW to bring supports. The chart compares SOC and Non SOC groups.]

- Had a Say in Who Came: 63% SOC, 50% Non SOC
- Were Encouraged by SW to Bring Supports: 75% SOC, 58% Non SOC
Focus Group Data – Multiple Response System Evaluation

• 3 separate focus groups in each of the 10 counties (30 total)

• Social Workers, Supervisors (not administrators), and Community Partners
  • Participants: Community Based Organizations, Juvenile Justice, Health Department, School District Personnel and Social Workers, Law Enforcement, Mental Health, Family Court Judges, District Attorneys, Family Advocates, etc.

• Analysis revealed the following differences in System of Care counties versus non-System of Care counties:
  • Community partners in System of Care counties were more aware of Multiple Response System Practice/Policy changes.
  • System of Care counties were more likely to have community partners/family supports at Child & Family Teams.
  • Social Workers in System of Care counties tended to exhibit more positive attitudes toward the Child & Family Team process.
Conclusions

• System of Care enhances Multiple Response System implementation

• Helps to ensure all family, agency, and community needs are met through:
  • More effective Child & Family Teams
  • Increasing community collaboration
  • Reducing duplication of services, effort and time
Strategic Planning Retreats

• First one held in 2005, a little under two years after receiving the award.
  • Two and a half day working events
• Participants: National Technical Assistance Liaison came to facilitate
• Site coordinators
• Agency directors
• Family partners
• Community partners
• Evaluation team
• Any other staff from Division of Social Services that would be helpful to achieving objectives
Agenda:

- Accomplishments and challenges presented by county and State for the past year
- How can we help each other?
- Mini breakout groups that are a mixture of State, county and family members to brainstorm ideas
- Leave with a plan to achieve objectives for the next year
- Evaluation team documented entire process
Indications of Solidifying System Reform

- True partnership with State Collaborative
- When champions leave, system reform effort stays in place
- All child-serving agencies agree on how to define Child & Family Teams
- Cross-training module developed for every child-serving agency regarding Child & Family Teams
- Division of Mental Health/Substance Abuse Services/Developmental Disability has System of Care Coordinators across the State
Statewide System of Care Outreach

- Regional Conferences held in five different locations in Fall 2006 (500+ in attendance)
- December 2007 Sold Out Cross-Child Serving Agency conference held in Winston-Salem (350+ in attendance)
- Development of an on-line Child & Family Team webinar from the family’s perspective
Continued Impact on Division Infrastructure

- North Carolina Division of Social Services is receiving Technical Assistance from the Atlantic Coast Child Welfare Implementation Center; our application and plan are grounded in System of Care.
- Division of Social Services hired 2 foster care alumnae Summer 2010 to complete policy analysis and provide recommendations for improvement.
Lessons Learned

• Effecting systemic change can take a long time; look for multiple champions so that the workload and championing the message can be shared.

• The inclusion of youth and family members early and often in developing policy/training shouldn’t be underestimated.

• Staff at all levels need to receive regular communication updates about System of Care progress and pitfalls; tailor your message to your audience.

• Evaluation results can be a powerful tool; make sure that data is shared in a way that staff is able to understand and provide opportunities for discussion.
Evaluation Partnerships

• State Collaborative for Children and Families
  • Evaluation Committee

• Division of Social Services Data Management/ Evaluation and Local Evaluation Partnership
  • Bi-weekly meetings
  • Child & Family Team Satisfaction Survey Data incorporated into 2007 Child and Family Services Reviews statewide assessment

• Local Community Collaboratives
  • Needs Assessment Surveys – presentation of results and facilitated discussion
  • Evaluation Committees
Alamance County Child-Serving Committees

Children’s Executive Oversight Committee

Child & Family Support Team Initiative
Community Collaborative
Juvenile Crime Prevention Council
Local Interagency Coordinating Council
Community Child Protection Team

Subcommittees

Social Marketing Evaluation EBP Cultural Competence

Education Training Publicity Monitoring Needs Assessment Family Involvement
Faith-Based Care Review School-Based Mental Health
Funding

National Technical Assistance and Evaluation Center for Systems of Care
Mission

All children, ages 0-18 or still in high school and their families, will have the resources they need in order to lead safe, healthy, productive lives.
Philosophy

This body is higher-level management with the responsibility to push agenda (System of Care principles and values) in order that System of Care becomes underlying philosophy within our community.
• Issues of focus
  • Youth who drop out of school
  • Child Maltreatment
  • Infant Mortality
  • Juvenile Crime
Alamance Accomplishments

• Memorandum of Agreement
• Family Court Grant
• Blending Juvenile Court Prevention Council/Local Management Entity funding
• Yearly community wide strategic planning
• Merged meetings of Juvenile Court Prevention Council and Coordinating Council
• Award of Federal Substance Abuse & Mental Health Services Administration grant
• Award of Office of Violence Against Women grant
• Opening of Family Justice Center
• System of Care Presentation to Legislative Oversight Committee
System of Care Training in Alamance County

- Quarterly System of Care Overview
- Quarterly Overview of Child & Family Teams
- Agency Protocols biannually
- Annual Child & Family Team Facilitator Training
- Annual Resource Fair
- Supervising from a System of Care perspective (monthly in Department of Social Services, every other month with community partners)
- Quarterly “What’s Up” Breakfasts
- Child & Family Team Handbook
Alamance County:
Annual Strategic Planning Retreat

• Focus on identified child risk factor
  • Child Maltreatment
  • Youth who were Dropping Out of School
  • Infant Mortality
  • Juvenile Crime

• Revisit and strategize committee work
  • Needs Assessment
  • Child & Family Team/Care Review
  • Family Involvement
  • Faith-Based
  • Training
Community Collaborative Surveys – System of Care Evaluation

- Community Collaboratives in all three counties surveyed in 2006 and 2007
  - T1: 2006 - T2: 2007
    - N=22
    - N=52

- Asked about important collaborative dynamics
  - Diverse group of stakeholders
  - Leadership
  - Communication patterns
  - Member roles and responsibilities
  - Organizational climate
Collaborative Membership

- Other: 23%
- Department of Social Services: 19%
- Mental Health: 17%
- Department of Juvenile Justice: 19%
- Family Advocacy: 9%
- Education: 8%
- Community Member: 5%
- Other: 0%
System of Care Activities and Efforts Have Been Successful In Increasing:

In Child Welfare, SOC Activities and Efforts Have Been Successful in Increasing:

- Accountability
- Interagency Collaboration
- Family Involvement
- Community-based Approaches
- Cultural Competence

[Bar chart showing the levels of increase for each category in 2007]
Lessons Learned

• Getting the right folks to the table and keeping them there
• Cultivating “System of Care Champions” in all child-serving agencies
• Repeating the System of Care message
• Listen for “organizational pain” and respond with System of Care solutions
System of Care: You Can Do It!

- Blending Funds for positions
  - Alamance, Bladen, and Scotland and Robeson Counties
- Building or Strengthening Community Collaboratives
  - Building Executive Committees
- Cross Training
  - Developing interagency collaboration
Is anyone better off as a result of what we’re doing?
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