

## Infrastructure Development Webinar Transcript July 29, 2010

### Presenters:

- Gary De Carolis, Senior Consultant, National Technical Assistance and Evaluation Center for Systems of Care
- Liz Snyder, Research Scientist, Duke University
- Gary Ander, Director, System of Care, Alamance County Department of Social Services

**Gary De Carolis:** Thank you for joining this call today, System of Care Infrastructure Development. If I could have everyone on the call...I just wanted to, besides welcoming everyone, just mention that we will be recording and transcribing these proceedings and they will be up on the Information Gateway website by probably the end of September. So look for that and you will eventually see everything that we do here today. Again, welcome to those who have just joined the call. Here is our quick overview of what is going to happen in the next 90 minutes. I'll introduce the panel. By the way, I'm Gary De Carolis, I'm the Senior Consultant for the National Technical Assistance and Evaluation Center on Systems of Care. And I'll be facilitating the call today. After I introduce the panel, I'll do a quick overview of the grant program, the Improving Child Welfare Outcomes through Systems of Care grant program out of the Children's Bureau, and then highlight some of the infrastructure components that will be addressed today. And then we are going to hear from a few folks from the State of North Carolina who have done a tremendous job in taking a hold of this five-year grant and implementing the System of Care infrastructure.

The way we have designed the presentation is you'll hear three presentations, myself, a presentation around the State, and then Alamance County. After a 20-25 minute presentation, we are leaving a window of five to ten minutes for you to ask questions. And the way to do that is for you to type your question onto the panel on the right, I'll see those, and once that piece of the presentation is over, I'll field those questions to the speakers for you. So you don't have to wait for the end of our 90 minutes to ask questions, we are going to have you be able to do that at three different points during the presentation. I hope that works for everybody. So you might want to be jotting down some questions as you hear the speakers, and then typing them into the panel there.

A couple things here...I want to introduce the panel...Candice Britt, who works at the North Carolina Division of Social Services, and she is the coordinator for the Child and Family Services Reviews (CFSR), unfortunately is not on the call today. Unexpected situation has arisen. So Gary and Liz Snyder, Liz who is a Research Scientist out of Duke University and was intimately involved in all aspects of their System of Care work for the last five plus years now, will be on the call, as well as Gary Ander, who is the Director of System of Care activities in Alamance County, Department of Social Services. So they are going to fill in for Candice and given...one of the beauties of this effort in North Carolina is that everyone is so involved in each

others' efforts, from the State to the counties, that given this situation we are still able to present a nice package for everyone.

So let's get into this a little bit. The grant program is called Improving Child Welfare Outcomes through Systems of Care funded by the The Children's Bureau. This was a five-year demonstration grant program. There were 9 grantees, and within those 9 grants some 18 communities were involved and it covered everything from rural and urban counties and there was a tribal grant up in North Dakota, South Dakota as well. The way the grant program works is that year one was a strategic planning and infrastructure planning year, where all of the 9 grantees did a lot of design work-what did they want their System of Care to look like, how would they roll out the infrastructure, how were they going to grab a hold of these System of Care principles that I'll show you in a little bit. I should say that the birth of this grant program really was on the back of the Child and Family Services Reviews, the first round that came in at the Federal level and showed a couple things: 1) that where a System of Care existed, some of the results for the Child and Families Service Reviews were better, and 2) that every State needed to do a lot more in all aspects of building partnerships with not only service providers and their sister agencies, but with families themselves. So this program was really to give States something back, given the results that the Federal folks in the Children's Bureau saw. It was one way of addressing some of the shortfalls that the first round of Child and Family Services Reviews pointed out.

This is where the 9 grants were located (viewing slide of map). I say were because this grant program ended a few years ago, and much of what is going on right now is information dissemination, analysis of the data, and developing certain products to help the field move forward with this work. So you can see that demographically it covers quite a range of parts of the country.

Principles of a System of Care...those that are familiar with Systems of Care work will note that these are something that you are quite familiar with, but interagency collaboration is the cornerstone of this work, that no one agency is solely responsible, but it's only in bringing together education, mental health, juvenile justice, health and substance abuse that, along with Child Welfare as the lead agency, that you have a chance of building a comprehensive plan for a child and family and making it work. Every child and family has an individualized plan based on strengths; we have a culturally competent System of Care, that family and youth are involved in all aspects of the work and policy to designing the system, that the System of Care is built within the context of the community, and that whatever we do within that System of Care, we want to collect data, look at performance measures, and make sure that what we are doing has some positive, tangible results for children and families and also for the systems involved in the work. So those are pretty much the guiding principles for all of this work.

Now, to help the grantees and also to help the field, a couple things that we've put together...now when I say we, it's the National Center, the TA and Evaluation Center, to help guide the work of the grantees but these are products that are available to the nation. We've put a strategic planning guide together for Child Welfare led Systems of Care so that...we found early on that what this thing called strategic planning wasn't as familiar to people as we might have liked. We put this guide together to help people go through the ABC's of the process of strategic planning. One of the outcomes of the grant program was after year one, the Children's Bureau required that a comprehensive strategic plan be part of their year one effort. So this guide was our way to help them get to that product in a way that would help them in future years. We also put together a comprehensive System of Care infrastructure monograph. This is where all of the 9 infrastructure components that you see below on that slide here, were pulled

together to provide a lot of information on each of those components in one monograph. And what we realized after a while is that people might not want to wade through a whole monograph and therefore, and we had some great information from the grantees themselves so we have been in the process over the last two years of putting together nine infrastructure component toolkits, one for each of the infrastructure components of a Child Welfare lead System of Care. And you see them here, from planning, governance, system management, coordination of services and service array, communication, policy, finance, continuous quality improvement, and human resources and staff development. Now within each of these toolkits, and they are starting to be approved by the Children's Bureau, and they will be up on the Information Gateway site, probably by fall, you have a number of resources that the grantees put together. There are interviews with grantees about lessons learned around each of these components so that others don't have to make the same mistakes and can learn from some of their wisdom. There are activities that probably you want to consider related to each of these 9 infrastructure components. They are comprehensive toolkits, and we think they will be of great value to the field. What I have done, you will see the next 9 slides, I'm not going to go through these but you'll have these once this is up on the website, is give you a definition for each of these components. So slide 10, 11 is governance, 12 is system management, you'll see each of these, and I'm not going to go through these but know you will have these when you download this slide show. And each of these toolkits leads off with that definition and then goes from there. So I'm going to take a break right here before I give this over to Liz and Gary, are there any questions that you want to type in right now that I can answer? And if you do have questions as we go forward, we can always catch them later on in the presentation but I'm going to give this over to Liz.

**Gary Ander:** Actually you need to give it over to me, Gary. This is Gary Ander, I'm the System of Care oversight person in Alamance County, North Carolina, and I'm right now the project director for System of Care [SAMHSA grant] and I've lost the slide...Liz can you put them up there...

**Liz Snyder:** I clicked show my screen, I don't know...

**Gary Ander:** Okay, we will get there. I don't know if all the participants have lost their slides as well, I would imagine. There are three counties that got this grant in North Carolina and North Carolina's Child Welfare system is State supervised, but is county administered, and that is different from a lot of other States in the country, but that specifically means that although we have State supervision, each county implements specifically changes in policy, sort of as they interpret it. Some of that is pretty much the same, but it's at different levels and it becomes somewhat different in every county. And counties in North Carolina are really different, probably like in your States as well. So in North Carolina, Raleigh is sort of the seat, and this grant actually went to our State department of health and human services and the division of social services under which child welfare is. And then we have three counties participating. You'll see in the southern part of the State we have Bladen County, which is a very small, rural county, and then we have Alamance County, which is where I'm at, which is medium sized, has some urban, some rural and we are at about 150,000, and then Mecklenburg, which is where Charlotte, North Carolina and that is a very large community, a large city in the State, about a million people. The idea certainly here was to get an idea about how the implementation of System of Care in each of those three counties would happen, and the implementation of the System of Care grant was actually a little bit different in each of the three counties as well. But that was done on purpose, again. Do we have slides back up yet, because I still do not.

[Side conversation - addressing technical issues with slides]

**Gary Ander:** So, this slide just relates to the fact that within the process of the implementation of the System of Care grant, we made sure that the local evaluation was paramount and incorporated into every aspect, so as we hired project coordinators and site coordinators and integrated our family partners and community partners, there was ongoing evaluation which Liz will continue to talk to, at multiple levels of system organization. So Liz, do you want to take that?

**Liz Snyder:** Sure, I'm going to speak on behalf of Candice Britt for this slide, who is the Child and Family Services Review Coordinator at the State Division of Social Services, and North Carolina underwent its second CFSR review in 2007 and as a result, as they underwent the Program Improvement Plan, System of Care really drove that process, and they formed 6 workgroups based on the System of Care principles that Gary De Carolis mentioned earlier of interagency collaboration, cultural competence, family involvement, accountability, pulled in a huge number of interagency partners, families, youth, university partners and truly made it a State plan, recognizing that no one agency could do that alone. And so System of Care was really the guiding process for that plan. North Carolina has also been implementing the Multiple Response System since 2002, one year before they received the System of Care grant, this has been a system wide child welfare reform initiative based on family centered practice. One of the hallmarks of MRS, as it is known here, is the dual track for CPS (Child Protective Services) reports but it also has six other strategies, including Child and Family Team meetings, which we will talk a lot about in this webinar, and enhanced coordination with law enforcement and TANIF. System of Care has also been fully incorporated into the State CPS policy manual and training. They also hold monthly System of Care and MRS webinars and conference calls, these are statewide, not only is it DSS employees, but other community partners as well, to dialogue about System of Care and MRS, and reflect on lessons learned and ask each other questions, and so on.

As the System of Care work group that Gary Ander showed in the circle, you know with site coordinators and family partners, local evaluation, look to move System of Care statewide and beyond the three pilot counties, we realized that the best way to do that would be to blend System of Care with the Multiple Response System initiative. Our center for Child and Family Policy at Duke was conducting the System of Care evaluation and is still conducting the MRS evaluation, and the three counties that are our System of Care counties were also part of the MRS pilot, so there were 10 pilot counties for MRS, and the three System of Care counties were part of that. So around 2007 we started to have discussions about how we could look at differences among the System of Care counties and non-System of Care counties. And where we chose to focus our evaluation efforts to that end was where System of Care principles and values support the Multiple Response System and this is by unifying operations at the practice and service level, through Child and Family Teams, and for those of you that may not be familiar with Child and Family Teams, these are really a critical component of both MRS and System of Care. It's a group of people, professionals, family members, friends, and community support selected by the family to meet and assist in developing a plan to address the issues facing the family. And then System of Care and MRS also overlap at the community program level through community collaboratives, which Gary Ander will talk much more about when he goes over the System of Care initiative in Alamance County, and also at the system and policy level through local and State policy collaboratives.

So going back to where System of Care and MRS overlap at the Child and Family Team level. Child and Family Teams are facilitated by a neutral party, in many counties it is a dedicated agency employee who facilitates these meetings, and from 2005-2007 as part of the System of

Care evaluation, we asked these CFT facilitators to report key information about each meeting they conducted with families and administer brief surveys to all participants who attended the meeting. This was an 18-item survey that addressed whether there was adherence to the CFT model, we looked at the level of engagement and involvement by participants in the CFT process, how satisfied families and agency partners were with the way the meeting was run, and if each CFT member understood his or her personal role in the CFT.

Data from the two years of collecting these surveys showed that in addition to county level social workers and supervisors, there were high numbers of parents, relatives and service providers attending CFTs in the three System of Care counties and there were significant numbers of children, foster parents, informal supports such as friends and neighbors, and community partners attending Child and Family Team meetings. Data from the surveys also indicated that a majority of respondents were very satisfied with the way the meeting was run, on average most respondents also felt engaged in the meeting process and felt it was run to achieve the desired result and tended to understand their role in the meeting.

As part of the MRS evaluation that was going on simultaneously, they had conducted phone interviews with families in the 10 MRS pilot counties, again the three System of Care counties were part of that pilot. They had interviewed approximately 260 families across these 10 counties that had been in various phases of the assessment or investigation process and case planning process. In the three System of Care counties, 26 families were currently in case planning and had reported having a Child and Family Team meeting, and in the other seven non-System of Care counties, there were 36 families that had also had a Child and Family Team meeting. And the data in the next two slides is for those 62 families. So MRS evaluation findings showed that similar to the CFT survey data from System of Care, the three System of Care counties had a higher percentage of relatives, foster parents and service providers in attendance at CFT meetings as compared to the seven other non-SOC counties.<sup>1</sup>

Families surveyed in System of Care counties also indicated they felt they had more say in selecting their CFT members as compared to the other MRS counties, and families in System of Care counties were also more likely to say that their social worker had encouraged them to bring support to CFT meetings.

The MRS evaluation also conducted several, 30 to be exact, focus groups in each of the 10 counties. They did three separate groups in each county. One was with social workers, they also did separate groups with supervisors who were not administrators, and community partners, so participants in the community partner focus groups included community based organizations, juvenile justice, health departments, schools, law enforcement, mental health, family court and family advocates. And just a brief overview, because as you can imagine 30 focus groups there was quite a bit of data, but just a brief overview, the analysis revealed that System of Care counties community partners tended to be more aware of Multiple Response System practice and policy changes, System of Care counties were more likely to have community partners and family supports and CFTs, and in fact the community partner focus groups across the three SOC counties had almost three times as many participants in the case that they had been invited to or had been involved in CFT meetings as compared to the seven other non-SOC counties. And social workers in SOC counties tended to exhibit more positive attitudes toward the Child and Family Team process.

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<sup>1</sup> The acronym SOC is used by the presenter in lieu of Systems of Care.

So all in all, evaluation findings indicated that System of Care enhanced MRS implementation by helping to ensure that all family agency and community needs are met through more effective Child and Family Teams, increasing community collaboration, which Gary Ander will talk more about when he talks about Alamance County System of Care, and reducing duplication of services, effort and time through these two avenues of Child and Family Teams and strong community collaboration. Again, speaking for Candice, one of the things that really helped North Carolina keep its System of Care focused and on track for the six years of the grant and beyond was by holding annual strategic planning retreats. North Carolina held its first one in 2005, about two years after receiving the award. They were 2 ½ day working events, and Gary De Carolis, our National Technical Assistance liaison, came to North Carolina to facilitate these meetings, site coordinators from the State and three counties, agency directors, family partners, community partners, the evaluation team, and any other staff, not only from the State Division of Social Services but also from other agencies as well that could be helpful to achieving the objectives were invited to attend. During these retreats, the agenda typically started off by talking about accomplishments and challenges, both from all three of the counties as well as the State from the past year, working sessions as to how we could help each other took place, we would hold mini break out groups that would contain a mixture of State, county and family members to brainstorm ideas. And the goal was to leave these 2 ½ day events with a plan for the next year to continue to achieve our objectives. The evaluation team documented our entire process in order to keep us on track through the year, because we also had monthly phone calls and met monthly face to face as well, so there was always time to review this plan during the year as well as when we held our next one.

**Gary De Carolis:** Gary, you want to jump in on this one?

**Gary Ander:** Yes. So from the time that we started the grant process in North Carolina, we really thought about this as much bigger than simply child welfare and community partners were really quite important to this process so from the get go we knew we needed to work on a true system of care which partnered with our mental health system, our juvenile justice system, our school system as well as child welfare. And so we really moved into true partnerships, and at our strategic planning, community partners were a large piece of that. We also made sure that during this process that families were always at the table. So at the State level, for collaboration purposes, we have really partnered with our State Collaborative for Children, Youth and Families, and that's the kind of organizational, cross child-serving system organization that helps us move System of Care throughout the State of North Carolina.

We think that it's really important to note that we have really pushed for system reform, because as you all are aware, when you start this process that you are dependent on System of Care champions, people who wake up every morning and think about how they can make System of Care implemented across various systems and embedded in various systems. So our idea was to actually develop policy and system reform to actually have it in place so that after these champions are gone, specifically a lot of times with specific grant dollars, that System of Care remain in place. In North Carolina we worked real hard on getting all those child-serving systems to agree on a definition of Child and Family Teams. Most of our child-serving systems are now mandated to do Child and Family Teams. Our mental health providers are mandated to develop their person centered plans for each of their clients within the confines of a Child and Family Team. But because of the nuances between different systems, it's taken us a while to really agree on what that definition is. But we have done that at the State level. And we have also developed a number of kind of cross training modules to actually train folks in how to do Child and Family Teams, how to participate in Child and Family Teams, and how to facilitate Child and Family Teams.

One of the big things, and I think that the Children's Bureau System of Care grant in North Carolina actually influenced the Division of Mental Health here, so that about 2 years into the grant the Division of Mental Health decided to fund the System of Care Coordinator in each of the regions, which were community mental health centers now became local management entities when they divested services to the private community. That is a huge piece because those SOC coordinators live and breathe System of Care and they keep it going within their communities.

The other things that we did with the work of the State Collaborative for Children, Youth and Families is that we put on about five regional conferences in the fall of 2006 across the State of North Carolina, kind of from the mountains to the sea, which as you know, we had over 500 folks participate in, again this is across systems, agency folks who attended including families. We did a State conference, a State SOC conference in 2007, and it actually sold out, so you know the interest in SOC was really huge across the State. And again, with the training committee of the State Collaborative for Children, Youth and Families, just completed an online Child and Family Team webinar so that that training has gone online, which has been pretty dramatic, again getting all of the systems on board with that.

So I think that, Liz talked about this a little bit before, North Carolina has put into it's Program Improvement Plan a lot of actual SOC work and policy that will help us affect how we work from that model across our systems and what I think is really imperative here is that early on in our SOC grant we had a major learning about how we had to keep families involved at every level and so in working with our Program Improvement Plan, social services actually has hired foster parents and then ex foster children to inform our processes at the State level and those are huge pieces where we are taking that feedback from our clientele and the foster parents that we've been working with and even more importantly, those ex foster children to actually inform our processes.

**Gary De Carolis:** And I know Gary that Candice said to me earlier that if it wasn't for the SOC work they would never have gotten to this point where they were hiring foster care youth alumni to help them make sure that whatever policy they develop is sensitive to the needs of foster care youth and families.

**Gary Ander:** And as you all probably know, that is a big move within our system. To have that kind of perspective added when we look at system policy development. So lessons learned. We've learned a lot of lessons, and again this is speaking for Candice at the State level, but affecting this change takes a long time, and you have to start with champions. Again, inclusion of youth and families often and early in the process, and it always came back to that issue for us, over and over again, it was a lesson we had to learn over and over and over again that we recognize that staff at every level need to receive communication over and over again about SOC and that it needs to be supported at multiple levels within the system. And that, this piece about data and evaluation are powerful and that the data that we get out of our SOC work will really drive this process and will really help provide support into community organizations.

**Liz Snyder:** To that end I will say that as Gary mentioned at the very beginning of the webinar, local evaluation was on the table from day one and when we held monthly phone calls, conferences together, as well as met face to face, evaluation was always there, and we went into this really trying to use the participatory research action model so that it was a true partnership and always out in the counties, giving presentations, we were active members and still are of the State Collaborative for Children and Families. We co-chaired an evaluation

committee there. As Gary Ander mentioned, the State Collaborative is a large and diverse group of State and county agencies, family advocates, youth, and university partners. We also met bi-weekly with the State Division of Social Services data management team to work together and to review data being collected and to have a true partnership. When the State was doing their statewide assessment for the 2007 Child and Family Services Reviews, they incorporated evaluation data from the Child and Family Team satisfaction survey that I mentioned earlier. We also partnered with the local community collaboratives in all three counties. We attended those meetings. When we did annual needs assessment surveys, the evaluation team always came to the community collaborative meetings to present those results and help facilitate dialogue about what those results meant and how they might move forward to address needs. We also helped them to form local evaluation committees. One of the stand out things I think that came out of this partnership was after we got the first round of Child and Family Team survey data reports back, as a group, we met and discussed that, and we had county folks there, State folks and family members to talk about the data from that, some changes in policy around Child and Family Team meetings started to take place as a result of these evaluation findings being shared with a large group and engaging in dialogue about what that data meant and how we might be able to change policy around that. So it was a true partnership throughout that time and always at the table and I think that was really key to the success of that program.

**Gary De Carolis:** And I just want to say to the audience that Liz in many ways represents the ultimate of what you want an evaluator to be like in a System of Care because she was always partnering with various agencies, families, sharing not only the data but how to understand the data, how to make the data work and usable for all different stakeholder groups, and in doing that really infused a culture of information is important for good decisions, and did and continues to do a super job on that. Well we are at a point now where if you do have any questions about the State presentation, this is a time to type them in and we will field those questions, and then we are going to move on to Gary and Liz again but from an Alamance County perspective and the work that they did within their System of Care.

So watching the screen if there is any questions that come through, we will be glad to field them.

Okay, well this must be a very satisfied group of listeners.

Why don't we move now to Gary, and the Alamance County System of Care work.

**Gary Ander:** So again this is Gary Ander, I'm the System of Care Coordinator for the Department of Social Services in Alamance County, and when I started this work, which was now about 6 years ago, I thought from the get go that we needed to provide SOC throughout our child serving organizations. Not just provide principles within child welfare, but that we needed to take that outside of child welfare and to coordinate what was happening throughout the community in a true System of Care. What I recognized right away is that we had, in the State of North Carolina and then in every one of the 100 counties, numerous State mandated child-serving committees that in statute, noted specific people who needed to sit on those committees, and those were generally high ranking either county officials or directors of child-serving organizations like the superintendent of schools or the key district court judge, or the director of mental health, or the director of child welfare. The interesting thing is that in statute it also says either they attend or their designee attends. And I'm sure that in your community the same thing happens, is that of course their designee attended, and these child serving directors had no forum for ever hearing literally about all those organizations and committees and how

they worked together and definitely they never had time to talk among themselves about how the child-serving committees and organizations coordinated services.

So, we did some work around how we reorganized our committee work and therefore our sort of child-serving system coordination work across Alamance County. And you'll notice at the top what we've put together is this Children's Executive Oversight Committee and that Oversight Committee is made up now of 14 people who are the directors of all the child-serving agencies, including the superintendent of schools and the director social services or child welfare, the director of the health department, the director of the local mental health organization, the chief district court counselor, and then we added to that a number of other folks including the director of our health department, our chief district court judge and our chief of police and our county manager and one of our county commissioners and the director of our United Way, because we needed a sustainability piece here as well. So, I'm not going to go through all this in this slide, but all committees now report to our Children's Executive Oversight Committee and when we started this, and this took a lot of work and our child welfare director was really instrumental in making this happen, but you know we met with each one of these 14 participants individually, we took them out to lunch and talked about how we wanted a more efficient and coordinated system across our child-serving agencies. They all agreed to do this and we started by saying, okay we'll try to do this just for an hour once every quarter, after two meetings the participants said we need to do this every month and within that we also have had, because it's become a meeting where things actually happen, our State legislators as well attend when they are not actually in session. So it's a pretty dramatic committee meeting. You'll note all those child-serving mandated committees actually report to the Children's Executive Oversight Committee now, so they actually understand what's happening with those, and then we have the sub committees, who don't actually report to the Executive Committee but actually report out to our Child-Serving Committees, but we have organized that so these committees are actually working together under a Memorandum of Agreement that is signed by the Executive Oversight Committee that basically says that the way that we are going to provide services for children in multiple child-serving systems in Alamance County is utilization of the System of Care model among those organizations. And these sub committees all down at the bottom here are working to make that happen. The worker bees in these committees are making things happen. In Alamance County one of the things that's happened as a result of this grant is we have added a [inaudible] map, a substance abuse and mental health services administration System of Care grant and so some of these committees that are in red have been added as a result of that. Any questions on that, because it's kind of complicated but this has actually streamlined in Alamance how we do work and it actually gets the decision makers to the table and this has been a major benefit to us, which I'll talk about in a couple minutes.

**Gary De Carolis:** Gary, just recapping some of the infrastructure components you touch on here, certainly the strategic planning to design this, the governance is what you are seeing here, system management is part of your role in all this, and policy with the Memorandum of Understanding. It's nice packaging of four infrastructure components right in this one slide. Let's move on.

**Gary Ander:** So this was my committee for a period of time, and I had to really quickly move this committee so that the leadership came from those committee members, which I am now staff to this committee. But they developed their own mission statement during one of our strategic planning retreats and specifically this mission of "All children ages 0-18 or still in high school"- because in the State of North Carolina that could be up to 22 years old if you have some special needs-"so that those young people and their families will have the resources they need in order to lead safe, healthy and productive lives." And again, I've kind of talked about this, but the philosophy of putting together the Children's Executive Oversight Committee, it's

kind of having this body at a higher management level with the responsibility to really push our SOC agenda, and specifically System of Care values and principles within the child-serving world in order that SOC became the underlying philosophy within our community relative to how we serve children, who are in multiple child-serving systems, and their families. Again, this is a process. We aren't 100 percent there yet, but because we've had this Memorandum of Agreement and because we are doing cross system SOC within all of the major child-serving organizations it really is pushing this agenda, and year by year you'll see that things are coming to fruition with all the organizations really becoming much more adept at working by SOC values and principles.

So one of the things we thought was also important was to keep this group focused on children's issues and to think about how we get the buy-in from the major child-serving organizations and from the greater community, we push these issues which it was really hard to argue with. I mean everybody recognizes that these are issues that everybody can get on board with and that everybody can support so you know from the school standpoint, youth who drop out of school, and in North Carolina that is not a small number of children. We have about 32 percent of our children who do not finish high school, and that is a huge proportion. Child maltreatment, certainly we want to reduce our child maltreatment and recognize that implementation of SOC, which really was the goal here, to reduce that child maltreatment, and children in foster care, and then the health side is one of those pieces that has been more difficult to bring in, but trying to reduce child mortality by bringing in prevention programs and that really has been valuable relative to that whole sort of medical side. And then decreasing our juvenile crime rates, and again that has brought some folks like our sheriff, chief of police to our Children's Executive Oversight Committee as well. So those are the issues that we are kind of looking at and, these are huge issues, and we are trying to again, get long-term data to look at that as we move forward.

Again, some of our major accomplishments in Alamance County include this Memorandum of Agreement from the Children's Executive Oversight Committee that supports us doing the work from a SOC model across service systems.

**Gary De Carolis:** Gary, do you have that signed annually so it's kept fresh?

**Gary Ander:** Yep, we do because we add programs as we go from year to year, so two years ago we had to add our family court grant because they became the supervisory committee for that, so the Children's Executive Oversight Committee became the supervisory committee for the family court grant that we had, which was a grant to track children who are in foster care and try to move them either to reunification or to adoption more quickly by keeping them in a court system ruled by one judge, and doing what we call [inaudible] packets, so that the families are seen real regularly in court, which is a stimulus for parents to hopefully start reaching the goals of their service plan so that reunification can happen more quickly. So we added that. One of the other things we did was we have blended our juvenile court prevention council and our local community collaboratives, which is part of the LME or Local Management Entity which is community mental health funding, so that we can increase services to children who are at risk of juvenile prosecution or who are actually in the juvenile court system. We put together yearly community wide strategic planning sessions; we will talk a tad more about that. Again we've merged the juvenile court prevention council and our community collaborative and you know this is a big one because I'm the project director for this SAMHSA grant now, which is almost a 9 million dollar grant to develop an array of early child mental health services and supports for children [inaudible] in our community, and the Children's Executive Oversight Committee is the administrative agent for that, but we would not have gotten that grant without having the

foundation laid by the official SOC grant through the Children's Bureau. We were actually approached by people at the Technical Assistance and Evaluation Center that said we should apply for this grant and with that support we did. So this is a huge coup that we were able to position ourselves to do and this would not have happened without us moving forward with our SOC principles in Alamance County. We've recently gotten an award from the Office of Violence Against Women, which is another grant that has allowed us to open a family justice center. The family justice center is a co-location of programs that specially work towards working with victims of domestic violence, sexual assault and related maltreatment, and all those organizations which include our family abuse services, which are our women's programs against domestic violence, law enforcement who are working specifically on domestic violence and child welfare issues, legal aid services, and actually some child welfare services are all involved in that family justice center and it's again, I don't think I've said this, this is the first in the State of North Carolina so this comes out of SOC and our Children's Executive Oversight Committee, this had made that happen, bringing the community together. And this last winter, our SOC community was asked to address a legislative oversight committee of children's mental health to look at how we could increase and how the State could increase efficiencies in children's mental health services by utilizing a SOC model, so we've been relatively influential I think and because of our SOC grant this has leveraged huge amounts of resources in our community which, without SOC, this would never have happened and indeed, our child welfare department has hired a full time SOC coordinator as a result of our SOC grant out of local funds.

Okay, so what else have we done? We've done lots of training. In order to sustain this, you do have to keep it going because there is lots of turnover within child welfare and child mental health services, so what we've done in Alamance is we've developed kind of a core of training pieces that we've put together here that are always kind of morphing a little bit because we have to coordinate with the State, and the State has actually just changed some of their requirements for our mental health providers. But we've done a quarterly SOC overview and a quarterly overview of Child and Family Teams, those trainings are now mandated by child welfare for all new employees and they are attended, again by cross system child-serving agencies. We have lots and lots of school social workers that attend all those trainings, our juvenile justice folks, and our mental health providers. We do a training on agency protocols between all the major child-serving agencies so that folks are clear on, "what are the mandates in child welfare? How do school social workers, what are their primary responsibilities?" so that we are all sort of working from the same page, especially as we think about how we coordinate in doing cross system Child and Family Teams with families.

Annually we do a Child and Family Team facilitator training, we like to get as many facilitators as possible out there. In most organizations they do not have neutral facilitation, we do in child welfare, but they may facilitate a colleague's Child and Family Team so a care coordinator within a mental health agency may be the facilitator for another care coordinator's Child and Family Team if they are the lead agency, so we do that, we want to keep that going. We have an annual resource fair so that folks know what the resources are in the community and they can do linkages for their family's appropriate services. We do meetings because one of the things that we recognize, and Liz is going to talk about this relative to evaluation, is that you can't just train people. Training is actually not all that effective, is what our data shows. Maybe 15 percent of people actually put into practice what they learn at trainings. But if you actually coach people on a regular basis in whatever they were trained in, the ability for them to actually implement that and use the training in their work dramatically increases. So we are working with supervisors to help them supervise their staff from a SOC perspective and we do that every other month. We've been having these "What's Up" breakfasts which are a sharing, because

communication is paramount in this. Communication, networking and building relationships in the community is really some of the foundation pieces of SOC. So the “What’s Up” breakfasts that we have at one of our schools that we have between 50-100 people attend every quarter and letting people know what’s going on, short presentations, those kinds of things, keeping people up to date and allowing them to network and know who people are. And we’ve developed a Child and Family Team handbook that all our organizations get, that is on our website, which we give to families as well as they become involved in our system.

So I think that one of the final things that I’ll talk about is our annual strategic planning retreats and Liz talked a little bit about that at the State level, why we had the SOC grant, and so we were doing that at the State level, but again you have to think of SOC at multiple levels all the time. I mean you think about it on the State level because you have to have those organizations working together, we are doing this on the community level and that’s what this is about, and then you think about the real practice level, that’s really about Child and Family Teams. So we would do these strategic planning retreats, and our next one is scheduled for September 29<sup>th</sup>, so we have one set for this year for September 29<sup>th</sup>, but again I’ve already talked about our focus is of those four pieces: child maltreatment, drop outs, infant mortality and juvenile crime, and that continues to be our focus, but we have all our sub committees that I showed you in our initial slide, all our sub committees actually meet at the strategic planning work date and we’ve had this between 2 ½ days and due to the economy right now we are down to one day, we would love to have the funds to be able to again go off, out of the county and have time away so that people weren’t called and pulled away, but hopefully that will happen in the future as the economy rebounds. But all our sub committees get to work on strategic planning for next year, setting goals, setting strategies and also reporting on what their accomplishments were from the last year. That again, this is really important work that again gets people rejuvenated to get back to doing the hard work of keeping us focused on our kids and our families and what’s important to make them as successful as possible in our community.

**Liz Snyder:** This is Liz again, in an effort to better understand and track the progress of all this collaborative work in the three SOC pilot counties, the national evaluators for this initiative at ICF/Caliber administered a survey of the community collaboratives in 2006 and 2007. You can see at time one across the 3 counties, 22 respondents from the local collaboratives responded and that number increased to 52 during the second administration in 2007. This survey asked about important collaborative dynamics, regarding whether they had a diverse group of stakeholders, if they had key leadership present, what communication patterns are like in these groups, what member roles and responsibilities are like and organizational climate for the collaborative and the agencies they might represent. You can see from the next slide, and again this is data from all three counties combined, that the collaborative membership in these three counties is quite diverse. A large range of membership, with 19 percent from the Department of Social Services, 17 percent mental health, 19 percent Department of Juvenile Justice, family advocacy, the schools, community members, and we did have a large other group as well, but it really shows the diversity. Even though this grant was awarded to the Division of Social Services, this collaborative work taking place at the State level, which isn’t here, but also at the county level really shows that this was bringing everybody together and breaking down those silos as Gary just talked about to better work together.

For both years, data from this survey indicated that collaborative members in the three SOC counties felt like they had strong commitments from the policy making level of each organization represented, members indicated that they made every effort to engage missing players and bring them to the table and they also agreed that the collaborative enjoyed commitment from key leaders. This survey also gave, as this chart indicates, the impact of SOC activities and

efforts on child welfare specifically. Members of the community collaborative tended to agree that SOC activities had been successful in increasing cultural competence in child welfare, community based approaches pursued by child welfare workers, family involvement, interagency involvement on child welfare cases and accountability to families within the child welfare system.

**Gary Ander:** Lessons learned here. There are a lot of lessons, this is probably only the tip of the iceberg, but you know from the get go in Alamance it was clear you had to get the right folks to the table, and you didn't need to just get them there the first time, you had to figure out what was going to keep them coming and so when we kind of look at those four areas of child maltreatment and reducing childhood crime etc, that is kind of one of our key hooks to keep people invested in making sure they are part of what we are doing. And one of the interesting pieces I think is that once you get some major players to the table, other major players think it is important for others to be at the table as well. Cultivate those relationships because the beginning of SOC is it's all about relationships, and after you develop the relationships and show that this is a really good thing, and it is the right thing to do, you can get that put into policy and it'll start taking care of itself, but it starts with relationships. Again, cultivating SOC champions and finding those in the various organizations, sometimes you have to really work at that, but I think they are there because people see this and they think it's really important, and those are the folks that really care about children and families and you'll find them because they are in all of our organizations.

And I think it's really important that you recognize that it's not going to happen by just talking about SOC one time. You are going to have to repeat this message over and over and over again until folks kind of get it and recognize that you are serious and the other piece of this is that it's...people have to understand that you are serious and you are sincere about this work. I remember some of my first work with the Department of Juvenile Justice here and I know that the chief district court judge said to me right away, "what I want is a therapist" and I said, "you know I don't have any money for services, this is kind of a coordination" and I'm sure that what he was hearing from me was that I want your money to coordinate stuff with and I did not want that, so the message has to be repeated and clear and people have to recognize that you are sincere about what you are doing. And again, this piece about organizational pain, what you work with to bring people to the table is you figure out what is not working in their system and that is their pain and in North Carolina, what we responded to is that SOC is the solution for most of those concerns. And that is a pretty simple sort of mantra, but you can work SOC to really be a solution for many of the concerns that organizations have and I think that's really true. So when I talk about drop outs, SOC and coordination of services can have a real impact on that. We talk about infant mortality, if we can develop systemic ways to really provide for better pre-natal care within the community, we are dealing with one of the major pains. So I think that is a way to be thinking about how to sell this within communities.

I think a couple of other things that are not on this slide that I have been thinking about are again one of the lessons learned, and you can't say this enough, is that family members have to inform this process at every juncture and it's easy for us to not have family members involved. And it's easy because we bring people to the table, agency people who are paid for their time, and one of the things that neither the Federal government has done, nor has the State government has done very well, is to provide funding streams for families. We have provided funding streams for child welfare and funding streams for juvenile justice and funding streams for education and funding streams for mental health, but we have not provided funding streams, except within grant processes, for families. And so you have got to think about multiple ways to ensure family voice in every juncture of your work in SOC and in building SOC. And if you do

that from the get go, and you do that early on, you'll save yourself a lot of pain in the future because it's really really important. It's probably the most important of lessons learned.

And my last thing would be is that I'm not a big data guy, but Liz has taught me the importance of data and data will sell your SOC, it really is important. And if you can start thinking about what you need to track that would be really valuable in our community to persuade our community leaders, whether it's county commissioners or whether it's State legislators, or whether it's city government that SOC is an important way to do business. Think about what those data pieces are that can help you move in that direction and talk to people who are really good with data that will help you track that kind of information so you can start presenting those pieces of information that will really help you sell this and help you sustain SOC in your community.

**Gary De Carolis:** Well said Gary.

**Gary Ander:** I guess I got one more here.

**Gary De Carolis:** This is a slide to say that you can do it out there, maybe you don't have a grant but here are some things you can do to get things rolling.

**Gary Ander:** A number of our counties have been able to blend funding. It's difficult I think to blend funding, so sometimes we talk about braiding funding rather than just blending funding. It's taking some funding from different systems to support positions. In Alamance we've been funding a SOC logistics coordinator that has been funded across systems. In Clayton County they're funding a family partner across systems and that is happening with the SOC coordinator in actually Scotland and Robeson Counties in North Carolina with the SOC coordinator being funded by multiple systems. Again, I think it is important for you to think about the structures already in your community. I don't think that it is all that helpful to start from scratch in any of this. I think that there are lots of structures probably in every one of our communities that you could start figuring out how you integrate these pieces. That was my goal coming on initially, looking across the system to think about how you could integrate already existing structures and build on those from what you already have in place. I can't also emphasize the importance of building on whatever executive structures you have as well. Be cognizant that the executive people aren't going to do the day to day work on these issues but they provide voice and they provide modeling that is very important in the implementation of SOC into your child-serving structures. And again, one of the things that we've done both at the State level and the local level is developing cross systems training so that training for mental health happens with child welfare, happens with juvenile justice, happens with our school social workers and guidance counselors.

**Gary De Carolis:** Well thank you Gary and thank you Liz, you both have done a tremendous job here. We've got a few minutes for questions from folks, and if you could type a question in on the panel, Gary, Liz, and I will be more than willing to respond to it. I think you both did a tremendous job though, and I want to thank you both for your efforts. Any questions out there?

If you want to be in touch with any of the presenters, this slide here gives you some addresses you can be in touch with Gary, Liz, myself. Aracelis Gray is the Project Director for the National Technical Assistance and Evaluation Center for Systems of Care. Candice, who couldn't be on the call today, her address is on here as well.

And really, all of this is possible because of the wonderful opportunity that the Federal Children's Bureau was able to put together this grant program, offer it to the country, and as you

can see the results, this is one of 9 grantees, is absolutely tremendous and has pretty much changed how they do business there in the State. I want to thank Gary and Liz, and thank you all again for attending this, and I know there will be one more webinars from us in the near future, and again this will be posted on the Information Gateway probably in mid to late September, and you can look for that. Thanks everyone, we'll see you next time.