

Developing Effective Communication Strategies to Generate Buy-in for Change Webinar Transcript June 29, 2011

Presenters:

- Beth Evans, Kansas SRS Children & Family Services Administrator
- Ashleigh Rankin, Intake Administrator, Colorado Child Welfare Division
- Gary De Carolis, Moderator, Senior Consultant, National Technical Assistance and Evaluation Center for Systems of Care

Gary De Carolis: Welcome everyone to our Webinar on developing effective communication strategies to generate buy in for change. This Webinar and all the Webinars that we've put on at the National Technical Assistance and Evaluation Center for Child Welfare Led Systems of Care, stems from a Children's Bureau grant program titled *Improving Child Welfare Outcomes through Systems of Care*. I will be moderating today's Webinar. Presenting today will be Ashley Rankin currently the Intake Administrator for Colorado's Child Welfare Division and by the way Ashleigh was the Training and Communications Director in Jefferson County, CO Child Welfare Department before her current state position and Beth Evans who was the project director for the Kansas System of Care effort and in her current job, which she's been in all along, as Program Administrator for Children and Family Services in SRS in Kansas. So, thank you Beth and Ashleigh for taking the time to be with us today.

The way Beth and Ashleigh are going to work in the Webinar is that Beth will focus her attention on the internal communications necessary to make sure all levels within child welfare are connected to all the work that went on within their System of Care. Ashleigh is going to focus on the external communications necessary from the public to various other external stakeholder groups so that the large group of players were connected and kept informed on what was happening within the System of Care. So, we'll have those two vantage points from our two panelists today.

So, let's start with the learning objectives: What we hope you will come away from our Webinar today with. Hopefully, you will be able to identify and understand what social marketing and a strategic communications plan can bring to your System of Care work, you'll identify key activities within a communications process; both external and internal, you will see once we get in the Webinar, there is going to be a set of slides that are quotes from people in the field who were involved in communications and some of the wisdom that they glean from their work over the 5 years of the grant program. You'll have a lot of this shared wisdom, along with our two panelists, who have a lot to share with you from their experience. And then, some of the strengths and challenges that came about in the communications area of building their System of

Care. We're going to be as honest and open as possible so that you can learn as much as you can from this experience.

So, some of the questions we hope to answer for you would be "how are we addressing communications in a Child Welfare led System of Care?", "why is communications and social marketing important within a System of Care?", "what are some of the barriers to fully implementing your communications strategy?" and "what are some of the solutions to help you fully implement your communications planning process?" And I should say, as we're talking about questions, there will be five times throughout the Webinar where we're going to pause and allow you to ask questions. And you can do that on your computer. There is a place that you'll be able to ask a question. We'll see it and then respond to it on the right side of your screen. Right now you should be able to see that. I'll show you later exactly where those places will be, but there will be ample opportunities for you to ask questions and we really look forward to being able to address them with you.

So let's start with the System of Care principles, and let me just say: the target population of this grant program were children in child welfare and their families so that's where we're coming from around all this. The key principles are that child, youth and family partnerships were critical to this work. And you'll hear some of that as we go through this. The System of Care needed to be culturally and linguistically competent. The System of Care takes place in the context of home and community. Individualizing and focusing on the strength of children, youth and families is the approach that was used. Interagency and Intra-agency collaboration were critical. All the divisions within the Child Welfare Department as well as all their sister agencies involved with children and youth in Child Welfare needed to be involved with all of this. Lastly, the System of Care needed to be Accountable. Benchmarks and outcomes were set early and reviewed to see if they were accomplished. The other point that I want to make with this grant program, as well as these principles is this was an infrastructure development grant program not a service development program. In other words, the five years were all devoted to building the System of Care infrastructure such that when services would be applied to the System of Care they would be imbedded within the infrastructure that was built. I am going to show you in a second what are the different components of the System of Care infrastructure.

And here they are...

There are nine infrastructure components: strategic planning, governance, system management, coordination of services and the service array, finance, policy, communications, continuous quality improvement and training, development and human resources. We're going to be talking about *communications* here today. When we get to the last slide you'll see that we built toolkits for each of these nine components that are on the Information Gateway for people to access. And also there was a monograph developed that explained in detail the entire infrastructure development side of a System of Care.

So here is the format for today and you'll see those five asterisks and that's where we're going to pause and ask you if you have any questions and then you can type them in and we will address them. But we are going to start off by looking at the definition of communication, the key partners that should be involved in a communication strategy and then the four phases of

implementation from pre-planning to planning to implementation, and continuous quality improvement and then we'll look at sustainability tips, how to keep this all going, some lessons learned, that the two speakers Beth and Ashleigh will talk about and then where you can get more information on what we've just done. Also know that this Webinar is being recorded and will be eventually put up on the Information Gateway for you to have beyond today's call.

So again, there will be five places where people can ask questions and we really encourage you to do that so you can get what you want out this Webinar. So here is the definition of communication as it relates to a System of Care. In external communications we wonder how are we going to inform the public about this System of Care that's emerging, generates support for the System of Care, and addressing some of the benefits of having a System of Care. Then we are going to also focus on internal communication to make sure there is an ongoing exchange of information not only between the key stakeholders but within the agency at all different levels, from your administrator down to your front line staff, who are actually implementing a lot of this work. Communications is a very important aspect of a System of Care and in the past sometimes communications is something that's not formally developed. What happens all too frequently is the public ends up hearing only the bad news and misses the opportunity to learn about many of the good things that are happening. A communication strategy, well done, will really emphasize some of the positive benefits created by the work that you are doing. A very important part of the System of Care work.

If we keep reading the definition further some of the areas that you would use a communication strategy for would be to talk about the service array and coordination of services, the necessary infrastructure components to support the System of Care that we just mentioned earlier, help broaden and increase the understanding of the needs of children, youth and families involved in the Child Welfare system and the effectiveness that a System of Care can have on improving child and family safety, permanency, and well being. All those would really be part of a good communication strategy.

Key partners in all this could be and you'll notice the last little bullet there is "others" this isn't an exhaustive list but it starts the ball rolling. If there's a communication director or public affairs officer they should be involved. An interagency communication committee and an intra-agency communication committee need to be involved. I would say beyond the interagency members you're going to have a number of stakeholders external to any government agency and they really need to be involved and in some cases will carry the ball in a communication strategy. In part because they can say things that a government official just will not be able to say so you want to have those partners that are free to be able to get the message out there without feeling constricted in any way. A social marketing consultant or agency are sometimes contracted to lead a marketing effort like this. Certainly, your neighborhood leaders, youth and family members, your evaluation team needs to be closely involved because they will have critical data that you will want to use to help inform various stakeholders and the public about some of the benefits and some of the things you're learning from the work that you're doing. Every community is unique to itself so you'll always want to round out your team based on the people that you know of that would really be valued members of a communications campaign.

At this point we're going to move to communication principles and I'm going to turn this over to Ashleigh and Beth to start talking from their two vantage points about communications.

Beth Evans: Okay, this is Beth Evans and good afternoon everyone. I really appreciate the opportunity to share our Systems of Care experience. I enjoy sharing about what we did in Kansas. Our Systems of Care experience really was an exciting opportunity and I really feel that it enhanced what we're already doing in Kansas. I know when we were first awarded this federal grant and social marketing was a concept that was shared as we were beginning to think about implementation. Social marketing was a fairly new concept in Child Welfare. I always had heard of that term associated more with the private sector. In addition to assistance to System of Care principles and just getting organized with a project we also then had to learn a little bit more about what social marketing meant and how that applied to Child Welfare. Our grant team was blessed with veterans and new young staff in Child Welfare so we had the benefit of various insights and strengths to draw upon as we were going down a new path. The insight that we gained through this whole experience was that we found we needed to honor what had already been done. The work that staff had been doing already, we needed to show value to that and not come in and say "you've been doing it all wrong here's a new and approved way to do it."

The Systems of Care principles were presented then as an enhancement to the work that they were already doing and built on the skill set that they already had. I think that if you would ask any of the staff who were doing Child Welfare services they would have all said "we're already doing family centered practice." So this was an opportunity for them to see things in a new way and we had to market that. We felt that this created better engagement and buy-in on their part. We also used this as modeling for engaging families. Just like we were trying to honor what the workers had done they needed then to honor and build on what families already knew about their family and had buy-in just the same way we were asking staff to buy-in to this.

With social marketing we immediately began creating internal stakeholders and materials to use to start promoting Systems of Care. Although the first year of the five year federal grant was used for planning, we tried to hit the ground running and develop marketing brochures and handouts and that type of thing in order to get the word out about Systems of Care so that when we were ready to start implementing it wasn't a completely foreign concept to them. The communication materials that we used I think you can see the bullets so you can read those for yourself. I really want to emphasize though the fourth bullet about avoiding abbreviations and acronyms. I don't know about other states, but I know in Kansas we have 34 pages of acronyms and that is overwhelming to our own staff let alone to other community partners and especially to our family partners that we needed to be sensitive to and make sure that we didn't use abbreviations, we didn't use acronyms or jargon. I correlated that to when you go to the doctor's office or something within the medical field. They have a lot of their own jargon. Well, child welfare staffs also have a lot of our own jargon. So we try to be very sensitive to that and make sure our promotional materials avoided that jargon and kept things simple and easy to understand by anyone that picked them up knowing that our audience varied throughout the life of this project. So with that, I'll turn it over to Ashleigh.

Ashleigh Rankin: Thanks, Beth. This is Ashleigh and like Gary said I came from Jefferson County, CO where we have a Systems of Care which will be most of what I talk about today. I

just wanted to agree with Beth. Some of the key things that we had to look at when we were doing our communication effort were to really honor what had already been done. Like you see in the messages underneath there, we worked hard to have a positive approach in the way that we operated and the way that we communicated. We looked internally at what we were communicating and I think that what we learned pretty quickly was again that we on the inside felt like what we were doing was really great practice. We were doing all these things but when we asked our community they would not have agreed necessarily. So we really had to ask them what it is they thought we were messaging, how they thought we were communicating and working with them and be honest with ourselves in hearing that feedback. Next it was gathering that feedback and doing something about what it said. Even if that felt like something we were already doing. It was largely expanding beyond what we thought we were doing and asking for feedback and looking for ways that we could improve our communication. Just to highlight some of these bullets: creating materials that were in a common and shared language like we have talked about; using words that people were familiar with and not using abbreviations; creating materials that other people could read if they didn't speak the same language and just making them accessible as well, not hiding them. Putting materials out in hallways, in offices, putting them on our website, and making all of the materials really available and ultimately, and I think you'll see this throughout the whole presentation, being very transparent and accountable and willing to change.

Gary De Carolis: As we move to the next slide, you'll see here key communication activities for each of the four phases now. We picked one or two key activities. There is actually a whole list in the Communications Toolkit much longer than what you're going to see today. But these one or two really seem to capture what we wanted to get across to you. You'll see an activity and then some wisdom. We'll toggle between those two in each of those four phases.

Beth Evans: During the pre-planning stage, the practice of the Kansas Systems of Care social marketing materials and activities were to increase awareness of the value of incorporating Systems of Care principles and values into Child Welfare practice throughout the state. These efforts were expected overtime to improve families' experiences in the Child Welfare system. As Ashleigh mentioned, we knew if we had talked to families that their experiences had not been positive so we wanted to address that and listen to families and improve the system. The grant team designated a social marketing specialist who developed a written plan for these activities. The social marketing plan was a product that was developed during the grants planning year that certainly was not stagnant it was something that we came back to and looked at periodically during our 5 year grant period. The plan included a variety of approaches for increasing awareness of the Systems of Care values and principles to a number of target audiences. The first social marketing task during our start up phase of the grant activity was engaging family and community partners in selecting a Systems of Care logo. The Systems of Care logo was developed collaboratively by the grant team, family partners, community partners and we did contract with a graphic designer. After interviewing different people they came up with different concepts, presented it to us and then we selected the best graphic that we thought told what we wanted to accomplish. The grant team considered every point of contact to present as an opportunity for social marketing. The logo was used in all presentations. System of Care staff sought opportunities to make presentations at national and local conferences throughout this initiative. Ashleigh, do you want to talk a little bit about what you did?

Ashleigh Rankin: Sure. I think the communication activities that are listed here are reflected of what we did in Jefferson County. I would say that we didn't necessarily have or establish a communications committee. But we developed the social marketing tools much like Kansas did. . One of the things we did was at the same time that we had the Systems of Care grant going we also had the Western Regional recruitment and retention grant going. Within that grant we already had an internal communications committee. So we just had people from Systems of Care join that to say "what is it that we're doing?" and "how can we jump on board?" I think that's part of it too is really identifying where an existing communication committee if already operating and dovetail the work with your System of Care agenda. We didn't involve outside agencies or community partners or families into that communications committee. What we did do is we took our Systems of Care leadership committee that we were running and we invited those people to come to that. While I would have loved for us to provide or have a social marketer actually create a logo it was difficult to accomplish. Circles and squares didn't actually really fly and get off the ground. But we tried to integrate what Systems of Care was just into everyday practice and we really wanted to not make it so much about the Systems of Care because we felt like at the end what we wanted to communicate really was the safety, the permanency and the well being of children in whichever way that worked best.

We really wanted to integrate the current child welfare practice into the Systems of Care principles. Certainly the grant allowed us to do that and we worked with our community partners to be able to sit on our committees and help us understand what it is we were doing, One of the things we did do in order to really talk about the pre-planning was we worked with our community partners. How do we describe this to other people because Systems of Care was very much in the mental health field so we needed to ask them what does it mean for us in the child welfare field? With their help we kind of designed this power-point presentation around the Wizard of Oz, which you all are familiar with the Wizard of Oz of course. We really went on the bases that everything that the characters of Wizard of Oz were looking for they already had, they didn't need to go to a Wizard to get it. Our community helped us to say with the communication work what we're doing is what we need to be telling people. This is what we're already doing. We can increase it, we can improve it and we can really message that. So those are just some of the ways that we worked with our community to again plan for our communication activities.

Gary?

Gary De Carolis: Here are actually two slides that are part of an interview with the communications person in Kansas.

Beth Evans: Right, this is a quote from our communication and social marketing specialist. The quote highlights our pre-planning activities. The first thing we did was a good literature review of not only how to engage people but also what Systems of Care was about. As some of you maybe already know Systems of Care was a concept that started with the mental health field. So research was done on what mental health had done in relationship to Systems of Care. Interviews were done with other staffs in Kansas who were involved with the Systems of Care focused on the mental health of children and youth. Then a concept paper was created. Developing our communication plan was part of the larger strategic implementation plan. It was not a standalone document as much as it was incorporated into what we were already doing. We

felt that it was also important to do consensus building and we tried to model that as we were working on communication planning. We felt that it was imperative to have feedback on any of the things that were being developed as part of the marketing strategy. We developed a communication strategy to fit each community. One of the Systems of Care principles is individualizing and we felt again that that was important to be modeling as one of the principles. You can see other principles are woven throughout this quote and our pre-planning was very intentional. We felt that we needed to be strategic and very purposeful while still being flexible though to adapt to last minute needs or opportunities. We had previously drafted talking points and power-point presentations about Systems of Care principles and activities that could be quickly adapted for any audience. There were opportunities that came up kind of last minute and we were always ready to hit the ground running and be able to meet the expectations of doing a presentation on the fly or if we had more time about an opportunity that came up that was great but we were always ready with different social marketing tools that we could use as we were asked to talk about what this initiative was all about.

The next slide is the planning phase.

Gary De Carolis: Before you go to that Beth this is the first point where we would like to pause and give you an opportunity to ask questions. If you wouldn't mind typing in a question and all questions are good to go here. So feel free to do that and we'll just sit back a second or two and see what you come up with and try to address them.

Here's a question, social media specifically, what do you think of using Twitter, Facebook as techniques to communicate messages? Would someone like to handle this?

Beth Evans: I can start with that. We did not use those techniques. This grant started, I believe in 2003, and this probably shows my age more than anything but Facebook and Twitter really were not quite as popular as they are today. I think if you were working on this now in terms of a new initiative I think those would be things that we would certainly want to consider because I agree that those are very powerful tools that are having a big impact but at the time of the grant program that wasn't something that we did consider. Another issue related to Facebook and Twitter is that they are not something that we can access through our work computers even today so that wouldn't have been a good communication tool for our internal customers

Gary De Carolis: Good point.

Ashleigh Rankin: Yes and I would agree with Beth. The time that we were doing this I don't think Facebook or Twitter, were around, maybe Facebook was but it was very new. We did not use those mechanisms but I will tell you that currently we have a volunteer program that I was going to talk a little bit about later but the volunteer program was actually spurred out of Systems of Care and I believe our whole volunteer program for Jefferson County is on Facebook. I don't know if I have that link exactly right here but I'm sure I could find it because that's another way we promote a lot of our information and I'll talk later too about the community resource fair and the edge runner 5K. We use multiple media in order to do that and I would absolutely promote that. I mean if we're talking about social marketing and re-messaging what Child Welfare is and what we do use everything that's available to you in order to get that message out there.

Gary De Carolis: Absolutely. Great question, thank you. Oh you're welcome. Okay, let's go to the next slide. Alright, now we're going to move over to the planning phase.

Beth Evans: The list here that you see on the screen is a list that is a combination of all of the nine different grant sites for the Systems of Care project. As mentioned earlier, Kansas developed a social marketing and communications plan that identified multiple activities and strategies. But our plan was very fluid especially if data became available after we got into our activities more. Data could be incorporated enhancing and adding value to the work that we were doing. As I mentioned, we did develop a brochure we did that in English and in Spanish because some of our communities are primarily Spanish speaking. We had different versions as the project grew. Our first brochure was pretty rudimentary and then by the time the grant was in its final years our brochure was far more impressive. Individualizing the brochure for each of our sites by adding an insert that was specific to that site was also a strategy that we used based upon input from the focus groups that we did in the beginning of the grant project. Ashleigh I'll turn it to you.

Ashleigh Rankin: Thank you, great. So in the planning phase we really had to look at what are the specific methods that we wanted to use. Like we just said we didn't have a lot of those media ones that we have currently. But what we decided to do was a really basic and easy one but it is very difficult to maintain as we just started an email list of all of the people who wanted to be up to date on what we were doing. Over time this list grew to hundreds of people. I think that I gave my card out to every single person that I met in the community and just said "if you want to be on this list just email me and I'll put you on it." And literally we sent everything that we were doing internally to the external people. So any kind of a training that would be scheduled, any kind of newsletter would be sent to that list. I'd share about what the System of Care was doing but within that newsletter were so many other activities of the division. One thing that I forgot to mention earlier was that Jefferson County's Division of Human Services is made up of five divisions and Child Welfare is just one of them. So Systems of Care really got to leak over to all of the other divisions and bring those together too. And so we included information in those newsletters. But honestly, every training was available to all community stakeholders. Anything that was going on internally I sent out to those communities and through usually an email. It would be nice to do it through a Facebook post now but through time we learned that people really looked forward to that e-mail newsletter. I would have more and more people that would come forward and say "I heard you had a list, I'd like to be on it." And that was our way of really connecting with people. I talked with Susan Franklin, who was our project director for the Systems of Care grant who's still in Jefferson County doing a lot of other initiatives right now, she still has that community email list and she still sends it out with things and that's just a really basic way to say "here's what we're doing, we want you to be a part of it, we want your feedback."

Gary De Carolis: A quote from Clark County, Nevada.

Beth Evans: In addition to brochures that I've mentioned we use social marketing promotional items that had our logo on it. We did pins, cups, dry eraser boards, posters, sticky notes, that all had our logo on them. And that served as a constant reminder for staff and for families about the

System of Care initiative. Posters had the logo, along with the mission, vision and guiding principles. We put these posters in offices, in the lobby's of offices across the state and also in staff offices. Our goal was that every Child and Family Services worker in the state would have one hanging in their office as not only a reminder to themselves but to others who would come into their office. I have to add that this was an initial challenge for me. I have been a long time state employee with very tight budgets particularly here in the last 10 years or so. Sometimes we felt that we barely had the basic office supplies let alone all of these promotional items. But with the use of grant funds we were able to budget for these promotional items and staff really appreciated it. They were excited to receive them and felt valued. As we went around the state and did presentations, met with staff in our regional offices we would take goody bags that had all of our items in them and give them out to staff and that got the word out and they really did appreciate being included in that process. And I just can't emphasize that enough that that had real value to our project.

Ashleigh Rankin: And yes Beth I just want to piggy back on that. I believe we got that idea from you guys as well. So thank you very much.

Beth Evans: Sure.

Ashleigh Rankin: But we did the same thing and largely what we did too was we created a lot of different promotional items and then we put the Systems of Care principles on them. One of the things that we did is we got clocks and we put different principles on those clocks and put an explanation letter with them. So when we go out to communities we would hand them a clock and a lot of other promotional items that we had. Again it is difficult when you're in a system like Child Welfare to really think about spending money on these types of things but, it's amazing how far they go, people remember, and it is just a constant reminder, it is a visual reminder to people about what we're doing. The good work we're doing and the message that we're trying to spread. Certainly if there are opportunities for money to go into these materials they are well worth your time and energy.

Gary De Carolis: Ashleigh if you wouldn't mind, say a little more about the clocks. I think people are probably listening and saying "what is she talking about?"

Ashleigh Rankin: I know. Sure, we put the different principles as you saw in the first couple of slides regarding cultural competence, individualized or strength based care, accountability, interagency partnerships and we would put those all over. We created a letter so as people received those clocks they knew it was a reminder, a visual reminder in meetings that, "are you being culturally responsive, are you including family members, are you being strength based?" So it was just kind of keywords that would hopefully stick out when you're in some sort of a boring, white meeting room that you would remember these bright colored clocks and the principles that go along with what we're trying to promote.

Gary De Carolis: Thanks. Well this is another point where we're going to stop for a second and if you have any questions around the planning phase of a communications strategy. Oh here's one. Was Kansas involved in a consent decree during this period?

Beth Evans: No. We had just finished one.

Gary De Carolis: Okay, thank you. Other questions? This is a good time to type them in and we'll deal with them. I'm really impressed with how these questions are popping up, great. Okay, well let's move on then to the implementation phase.

Beth Evans: And this is where the rubber meets the road. Kansas was fortunate to have very strong leadership support from the on-set of receiving the federal grant. And I can't emphasize how important that was to our success. Leadership assisted with implementation by authorizing a principle of the month campaign which was an email that went out statewide for six months about each of the principles. It went not only to our Children and Family Services staff but it went to the entire agency so all of our employment and economic assistance staff, child support enforcement rehabilitation staff all of the staff associated with our agency received that principle each month. And that was sent out by our agency head. You know, we wrote it but he distributed it through the email system and we felt that that was a reminder to staff about these. We felt that the Systems of Care principles could be used in any of the work that the agency was doing it wasn't limited just to children and family services. We also got a governor proclamation declaring November Systems of Care month in Kansas. That got a lot of attention within the agency. Our agency leadership attended and spoke at different events about the Systems of Care principles and the work being done. So it wasn't just a grant team out there promoting this. Our leadership staff did in addition to. Our strongest strategy was having grantee members on the policy work group identifying ways to incorporate Systems of Care principles into Child Welfare policies and practices. And if you look at our policy and procedure manual today you will still see a lot of those principles imbedded in the work that's being done. And I can talk a little bit more about that when we talk about sustainability.

Ashleigh Rankin: Perfect. Some of the things we did when we were implementing this communication strategy was the Community Resource Fair which was an opportunity for us to work with our key community partners who'd been already working with us to say "we're going to host a fair, we're going to provide you with tables and chairs and with a date, with a venue, and it's free for you. All you need to do is come and provide your information material, somebody staff it and be available. And then we opened this up to the public, so this was not just for other partners who worked in our profession or within the other agencies but it was for the families, for the youth, for the children, for the parents, it was for anybody and we really wanted access to not just children and families but adults protection side and anyone in our community that might be affected by a Systems of Care. This was a huge, a really big event. We ended up starting it, I believe in '05 and I believe we still have it today even though I'm not with Jefferson County. I believe they have merged it with what we call the Edge Runner 5K which is where we have a 5K run that is in the area where we have some of the highest referral rates and some of the least amount of foster homes or kinship homes. This is an opportunity for us to promote that we need more families stepping up in this high need area but then we also have it as a Community Resource Fair to be able to reach out to them and give them services for sustainability for their own lives. We also did these, what we call the P.I.T's (partner informational training), were held monthly at the department. We offered communities to come in and spend an hour talking about what they did, how they provided it, what their services were, if they had a contract with us, if they did the activity for free or on a sliding fee scale. We opened this up to the entire Department

of Human Services at Jefferson County so people were able to get more resources and we found out too this might be similar to other agencies. It is really difficult for caseworkers especially to know all of the services available to their families. It becomes especially difficult when we are asking them to be culturally responsive and individualizing their plans for families. It's really hard to say that and not provide them with opportunities to learn about the other agencies in the area that are available to their families. We also did brown bag lunches which was another monthly event and the brown bagged lunches were really an opportunity for our culturally specific agencies and community partners to come in and talk with us so not just I'm a substance abuse provider and I can provide treatment for your families but I'm an Asian Pacific Islander provider and anybody that you have that falls into that demographic please send them to us we will work with them, we will meet with them, we'll work with you to do that. So we really tried to bring the provider community into us and then we also invited them into these meetings with one another and we also tried to go out to them.

We also have House Bill 1451 which was the collaborative management legislation. This was operationalized into a local level memorandum of understanding within Jefferson County. I believe it was amongst ten agencies and the Department to actually coordinate services for children and families so there was more buy-in and sharing of funding in order to do that. So we really reached out and to invite the people who worked with us to come together.

Gary De Carolis: Great.

Ashleigh Rankin: You know, I just saw that there was a question.

Gary De Carolis: Yes, I was going to get that when we get to questions shortly.

Ashleigh Rankin: Alright, perfect.

Gary De Carolis: So we'll do this quote and then two quotes and then we'll address Kathy's question.

Beth Evans: Okay. The first quote is from Kansas and this ties into what I referenced in the beginning. We couldn't do this to staff we had to do it with them. The same goes for families as they are more likely to engage in services if they're included from the beginning and see that their contributions are being valued. So I just can't emphasize that enough that we felt we couldn't come in and say this is a new and improved way of doing it you have to do this and then have it crammed down their throat. They need to be part of that process and as we learned from them too about things that they have already been doing or ways that this was impacting them.

Ashleigh Rankin: Yes and I was going to say this was a great quote and just say, if you ask, people will tell you what they want, what they need and how they want to be included. Sometimes we hesitate and we try to come up with fancy ways of figuring out how to ask them, how to create services and often times what we found in our community is as long as we ask a question we got an earful and that was usually really helpful.

Gary De Carolis: Does anybody want to address the second quote?

Ashleigh Rankin: Yeah. I was going to say I mean we constantly make sure that all of our materials were in easy to read terms, common language, but also to make sure that they represented the community that we had living in our county so a lot of what we did too was pulling census data, pulling information, pulling data on the families that we often saw, what languages they spoke and then creating all of our materials in those languages and making them available.

Gary De Carolis: Well this is another pause here to ask questions and we'll start with the question from Cathy Overbaugh from the Children's Bureau. Do you have any way of evaluating whether the use of the promotional items such as the clock when displayed actually caused or contributed to a change of practice?

Beth Evans: One of our evaluators is actually on this Webinar I think and I wish she could pipe in as she could articulate this far better than I'm probably going to be able to do. This is an area that is very tough to evaluate. I think probably the one concrete thing that we had to use was we had developed a Systems of Care website during the grant period. We were not able to sustain that unfortunately after the grant ended. But we could tell from the number of hits of increasing over the life of the grant. As those numbers of hits increased the message was getting out there and just by having feedback from the staff who indicated that they were using these principles and would give us stories about things that they were doing that were different from the way they used to provide services. But I don't know if that was as concrete as some of the other evaluating that was being done as part of the grant.

Ashleigh Rankin: Yes, I would agree with Beth. I don't know if we had a formal way of evaluating it but I think just the informal feedback that we received encouraged us to continue.

Gary De Carolis: In my interviewing people for this particular toolkit there was a lot of qualitative data gathered but very little quantitative data. And yes the stories were just phenomenal but no formal evaluation went into this aspect of the System of Care work. We have another question. How did you manage changing data from your SACWIS (Statewide Automated Child Welfare Information Systems) system? How often did you alter information?
Regina Baker.

Beth Evans: I can answer that one real quickly. Kansas is not a SACWIS state so for us this wasn't an issue. I don't know about Ashleigh in Colorado.

Ashleigh Rankin: Well you know I guess I don't understand completely the question how did you end up changing data but I know that we used our SACWIS system to gather data. A lot of the problems that we saw along the way were people not entering the data that we actually wanted pulled. So often times if we wanted to know where did people live, what was their ethnicity, what language did they speak other than English, that information oftentimes wasn't always available so we didn't get that data in order to use it. We definitely pulled a lot of data out. I think also having someone analyze the data for us was tremendously helpful. I think that was kind of Jefferson County's jumping up point for gathering data and using it to guide our practice and I'll tell you even to this day Jefferson County uses data as a huge support and as a way to really tell you what's going on. I would say the caseworkers have been better connected

to the data and the outcomes it provides them with now more than they probably were five years ago.

Gary De Carolis: Okay, let's see. There's some more here. It's a question we all face so I understand that qualitative follow up is what we get but just curious if there is anything else that you had. Thank you. Sorry that wasn't clear in Kansas. In terms of fliers, all data that was shared with the community, the number of children in care, how frequently were these updated?

Beth Evans: They were updated monthly in terms of all of our data. We do have an information system that does produce a lot of reports and those were monitored for the communities that were involved. As you all know there are so many things that impact like children coming into custody being able to return home. You know our court systems our education systems and so it was difficult to say what we were doing was having a positive impact if you were looking at just the kids who were returning home or that we kept from going in and out of home placement. I think that was one of the challenges that we found throughout this experience. A lot of work was being done, a lot of great stories were being told of how it positively impacted families but yet our data couldn't always connect it back to the data showing that.

Gary De Carolis: Well that's a great entry into the next phase which is continuous quality improvement.

Beth Evans: Okay, I want to address the first bullet about involving your evaluation team in all aspects of your communication planning. This first bullet was actually a lesson learned for us. The evaluation team that was working with us on our grant project was invited to all of our planning meetings but we sometimes forgot to keep them in the loop as decisions and activities were taking place outside or after these meetings. The evaluation team needed to be sure that they were capturing everything and documenting it as part of their evaluation process. They developed a Systems of Care social marketing activity model and so they wanted to make sure that they were capturing everything we were doing related to the social marketing. And we didn't always do a great job of remembering to include them with that information. We would re-evaluate throughout the project and adjust things as needed based on the work of the evaluation team and what the data was showing. So I guess I just want to mention that this was a real learning experience for us and the value that an evaluation team can have on a project of this magnitude.

Ashleigh Rankin: And with the quality improvement phase we really wanted to look at the community, are we really changing our message and our image? Do people have a better understanding of what we're doing? And so, do we understand our community better? Is a question that we constantly ask ourselves. And in asking that what we wanted to know was by understanding our community better help us in identifying child safety better and more accurately? Does this help us keep our kids in their community rather than taking them out and placing them somewhere else? And one of the ways that we constantly looked for improvement was to look at what the three communities that we're having families come into our system that are over represented. Those communities included the African American, Hispanic/Latino and American Indian communities. And we just started going to those communities asking them to come meet with us and just being transparent with the data. So how many kids were in our care?

How more likely were we to remove children of these groups versus other groups? And then asking for them to give us feedback on what we were doing and if it was improving. And we had three of those meetings with each of those groups through the years and I would say that each time we met with them we got great information about messages in the population but here is still where you are struggling. And we used those. Those were so valuable to us in order to continue to improve what we were doing how we were communicating and how we were getting information out to the people that we were serving.

Gary De Carolis: The quote.

Beth Evans: Okay, this is another Kansas quote. Encouraging and being purposeful requesting feedback was imperative to our success. We needed to be open to all feedback positive and less positive then adapt based upon that feedback. In hindsight, highlighting quality improvement related to social marketing was not as focused as it could or maybe should have been. We rolled in social marketing and other aspects of our project and thus we could have or should have been quantitative in our evaluation of the social marketing aspects of our project.

Gary De Carolis: Ashleigh, did you want to say anything?

Ashleigh Rankin: I think that covers it.

Gary De Carolis: Let's take another pause and if there is any questions around this continuous quality improvement phase this is a good time to punch that in and we'll try to address it.

I think Cathy's earlier question was pretty much on this particular topic how do you evaluate some of the activities you did in a communication strategy and this quote really speaks volumes about that.

Okay, well let's move on now we've gone through the four phases and we're now going to talk about some sustainability tips and then some lessons learned.

Beth Evans: Sustainability planning from the onset was key to our success. We need to ask throughout the project, "Can this be sustained?" And if it couldn't be sustained we weren't as active in pursuing it. Have marketing and communications strategies throughout is not a onetime activity it's not just something you hit at the beginning of the project, you really need to focus on this throughout. Take advantage of the variety of opportunities to provide information about the initiative. Engage others, use them as ambassadors within their sphere of influence. And that's something that we really hit hard and we had a Systems of Care advisory work group and we had people internal to the agency but then external partners also and we really hit this hard with them that they just didn't need to come to the meeting and provide input that day of the meeting they really had a responsibility as a member of the advisory committee to go back out and share the message within their organization or agency on the work that they were doing. As I mentioned earlier, we incorporated Systems of Care principles and values into our policy and practice manual that was probably one of the strongest sustainability strategies that we had and we can probably say today that you'll still see those principles woven into our manual and has probably the most lasting impact.

Ashleigh Rankin: Yeah, that's great to hear that, too. I think, you know, for sustainability what comes to mind when I think of that is, why are we doing this? Why did we want to develop a communications plan? What's the value? What's to be gained? If people are not on board with what those answers are then I think that the likelihood of being sustained is less likely because you only have one or two people that really get the why and what? The how come? And we all know as adult learners that we all need to know behind the scenes. Why am I doing this? What's the value of it? What's the importance of it? So I think that just getting everybody on the same page and another sustainability tip that I think is woven into these bullets here is one communications director is great to be the champion for that but what needs to happen is that everybody within that agency has to be on board knowing that they are the communications director as well. We all have opportunities in all of our work that we do to change the image to change the message to communicate differently and in one person who may be the director coming up with great ideas can't sustain that. It has to be everybody bought into "I'm doing this because I believe in it and because I really understand the reasons for it and that's why I'm going to continue communicating effectively." And of course I think that all of these things are wonderful and they just take it to the next level but I really do believe that the people who work on the front line who are doing the communicating 90% of the time to our communities are vital for the success of a communications campaign.

Gary De Carolis: Great point and also if it's only up to the communications director and he or she ends up leaving then you are really vulnerable to have it just fall flat on its face. But empowering a large group of people to be your cheerleaders as spokespeople that's powerful and that's sustained, you're right. Great point! Well let's stop again this will be our last time of pausing here and if you have any questions about these sustainability tips that we've just shown you or you heard Beth and Ashleigh talk about or anything else that you want to get from today before we go to the lessons learned slide this is a good time to just type it in and we'll deal with it. Again, all questions are good questions so please feel free. I'll give a little more time.

Okay, well let's move then onto the lessons learned.

Beth Evans: I'm going to take the first bullet about spreading the message of "good will." The Systems of Care work is really exciting and with such a positive experience I feel that our grant team really has passion for this. We tried to convey that with everything that we did in all of the activities that we were involved in. A lot can be gained from this work and it really does have a lot to offer so share that with all who listen and seek out opportunities to share about the Systems of Care work activities and what those principles are and how they can be incorporated into the work.

Ashleigh Rankin: Yes and along with that message of goodwill the next bullet, you've already heard me say this a couple of times, but really the importance of that social marketing and what I like to think of here is "are we feeding the public in our communities the message that we want them to know about what we do or are we allowing them to tell us what we do?" And this was something that I've learned along the way that we have an active role in our communication and it goes both ways and it's not just our media or our public saying this is what we do and this is how we do it it's really about us telling them what we do and how we do it and that again takes

all the champions in that agency to believe in that, to spread that and it starts in the moment somebody picks up the phone and calls Child Welfare to the moment they leave the system or the people that come in along the way.

Also, on the next bullet, transparency we've talked about this throughout. You know there is good news and there is bad news. Often staff that was part of Systems of Care grant in Jefferson County felt like we were in a fishbowl. Everybody is looking at us to see what we're going to do and if something that we try doesn't work its considered a failure or if something we do works is that really just the Systems of Care or is that the larger agency. And this is something that we constantly struggled with and I would say that overall transparency is something to be gained from. By being more transparent and allowing people to know the process and how we did it and inviting them into be part of the process I just think that so much to be gained there.

Oh and then also, I was going to say something further about the importance of social marketing. A lot of people will often say something like "I don't want to do these promotional items or make these fliers, we don't have that funding" but there are loopholes and I was surprised in the time that I did this work people were always willing to print off posters for us to contribute money for things. So even if you don't have a grant that funds the promotional items or the large posters or the newsletters there are ways to do it and there are community members that will step up and say "we want to help with that."

Gary De Carolis: We have a question that just popped up and before we go to the last two bullets let me throw it out there and you two can talk about this. How are you able to engage youth and families in the development of your communication plan? What strategies were used to keep them engaged? And were these strategies successful?

Beth Evans: I can start with that first. During the pre-planning stage we worked to recruit family partners to be involved in our initiative. Shortly into the grant we did have a change in one staff member and with that change we then hired someone whose primary focus was on the youth and family involvement principle. In fact, our grant team was assigned a principle to each of the team members and that became their primary focus. And youth and family involvement was probably the largest of that. One of the strategies we did was developing a family advisory council who were made up of family partners and that, I'm proud to say, is still going on today. They became a 501 C-3 non-profit organization. However, part of the transparency the good news and the bad news is that group has struggled off and on since that started. With family partners, as you can imagine, their dealing with their own families' needs and crisis at times there's highs and lows for them as with most families so their participation usually starts out very strong and then they go through a period where they are less involved and we try to keep them engaged in that work group and then they'll come back when things have settled down and become active again. So those were a couple strategies: by having families involve a coordinator, developing a family advisory council and I'm also glad to say that the agency is still financially supporting that group so they do have a small amount of funds they are able to use to help keep them sustained.

Ashleigh Rankin: Yes, I would just echo what Beth said. I mean families were involved in helping the whole development of our communication plan and the implementation. And

certainly, I think some of the same strategies that Beth mentioned we used as well but there was turnover. We had about four different people leading that parent partner group in Jefferson County. And I am proud to say at this point we've had the same person there for about three years now and that's wonderful but sometimes the change in staff can really discourage people from continuing to be involved with this but again I think they were able to be a part of it and I hope that they would say the same.

Gary De Carolis: That's good. Okay back to the lessons learned here.

Beth Evans: Okay. Taking advantage of leverage points we were amazed at how many opportunities there were when we started identifying them to just share about Systems of Care. Some we could plan for and be purposeful in the message but often times we had to be ready with what we called out elevator speech. That you might come across and have contact with someone who all you had was the opportunity in the elevator up to the next floor or down to the bottom floor to share with them what this was about and the work that was being done. When it was more spur of the moment we needed to be ready with what we wanted to share. The use of data and findings that added credibility to the work that was being done and telling the Systems of Care story. Use family members who have experienced the positive change which they felt were due to Systems of Care work. They are, I think, the most powerful messenger for the Systems of Care work that's being done. So just identify what those leverages are and then move in and utilize those leverage points to your advantage.

Moving on to the last bullet; celebrating successes. It is so important to celebrate the small and larger successes individually and collectively. Publicizing those successes are part of marketing and communication. It also lets those involved know they're making a difference in telling the Systems of Care story. Systems of Care are a success and we want to be able to demonstrate that and be sure and celebrate that.

Gary De Carolis: Ashleigh, any last thoughts about lessons learned?

Ashleigh Rankin: You know the only thing that I would say has already been said a couple times but just as a reiteration: continuing to remain positive throughout the change that will happen because as we know with any kind of a change there are people that jump on board immediately and there are others who will just resist it and so continuing to be positive, promote the successes, the good news, and to acknowledge that this is a part of it and that it is to be expected I think just helps with the mind frame that it's gonna get better and it's going to improve. And you know, as Beth said in the beginning, I would agree with what Jefferson County is doing. System of Care is a part of Jefferson County now it is not at all a grant. I'm not even sure all the staff currently would know that all the changes we made were generated initially from Systems of Care but they just know that this is what they do now.

Greg De Carolis: That's great.

Beth Evans: That is good, Ashleigh. Well said.

Gary De Carolis: Okay, so the last slide here is to where you can get more information about this topic and a whole host of other topics around these Child Welfare led Systems of Care. The Information Gateway holds a treasure trove of material that was developed during the life of this grant program including the infrastructure toolkits that are mentioned here. There are a series of papers looking at each principle and using information gleaned from the grantees called: A Closer Look is there. A number of papers related to various aspects of the evaluation of this grant program and then some specific topics like family engagement and leadership. If you have any questions at all about anything you've heard here today or information you'd like to learn more about I would encourage you to call Aracelis Gray (703) 225-2290 on the bottom of this slide and she would be glad to help you out. She is the director of the National Technical Assistance and Evaluation Center for Child Welfare led Systems of Care. And of course we're indebted to the Federal Children's Bureau for funding this whole effort and I'm indebted to both Ashleigh and Beth for their willingness to be on this Webinar today and for all of you that took time out to join us. A big thank you to everyone!

Ashleigh Rankin: Yes, thank you so much!

Gary De Carolis: Yes, so I think we are finished and I hope everyone has a good rest of today! Thank you again.

Beth Evans: Goodbye, all!

Ashleigh Rankin: Bye!