National Technical Assistance and Evaluation Center for

Systems of Care

Systems of Care Implementation Case Studies

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Systems of Care Implementation Case Studies

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This report was prepared under the direction of Janice Shafer, Bethany Miller, and Pamela Johnson (retired), Children's Bureau, Administration on Children, Youth, and Families, by the National Technical Assistance and Evaluation Center for Systems of Care (Center). The Center is operated by ICF International under Contract GS23F-8062H, Order Number 03Y00371501D.

This report is based on the 5-year cross-site evaluation of the implementation of the *Improving Child Welfare Outcomes through Systems of Care* demonstration initiative in nine grant sites representing 18 communities. This report would not have been possible without the contributions and support of the many individuals and organizations in those communities who are dedicated to meeting the needs of children and families.

The research for and writing of evaluation reports described in this overview reflect the collective efforts of Center staff including Nicole Bossard, Gary DeCarolis, Sarah Decker, Emily Niedzwiecki, Kathleen Wang, and Erin Williamson. This team benefited from the leadership of Aracelis Gray, Janet Griffith, and Mary Sullivan. Any conclusions noted in this report reflect Center staff's analysis and interpretations of the evaluation data and do not necessarily reflect the viewpoints of the Federal Government.

In addition to evaluating and documenting the outcomes of the demonstration initiative, Center staff provided technical assistance to the grant communities on all aspects of planning, developing, implementing, evaluating, and sustaining their Systems of Care change efforts. At the conclusion of the demonstration program, Center staff work closely with the Children's Bureau to generate and disseminate knowledge about child welfare-led systems of care implementation. For further information, contact Janice Shafer at:

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Executive Summary

In 2003, the Children's Bureau initiated the *Improving Child Welfare Outcomes through Systems of Care* (Systems of Care) demonstration initiative to support communities in their efforts to ensure the safety, permanency, and well-being of children and families in the child welfare system. Nine communities received 5-year grants to implement community collaborations, changes to policies and practices, and other activities grounded in the systems of care principles.

Grant communities were supported through a National Technical Assistance and Evaluation Center (Center) tasked with providing long-term, intensive technical assistance and conducting a national cross-site evaluation of the demonstration program. The goal of the national cross-site evaluation is to determine the extent to which the implementation of the systems of care initiative enables child welfare agencies to develop the infrastructures necessary to promote organizational and systems change. The cross-site evaluation uses a mixed methodological approach, which includes process and outcome components, to examine each grant community's planning and implementation of its local Systems of Care initiative and the corresponding impact such work had on collaborative bodies, agencies, children, and families.

As part of the national evaluation of the Systems of Care initiative, Center staff conducted research to gain a broader understanding of the initiative's implementation in two grant communities. This report features two case studies that synthesize the research findings from Contra Costa County, California, and North Carolina, and include the strategies and approaches used by the two grant communities to develop a principle-guided approach to child welfare service delivery for children and families.

1. Case Study Methodology

Data for the case studies were generated from multiple sources. Primary data for the research were generated through telephone interviews, conducted in April and May 2009, with technical assistance providers, local evaluators, project directors/coordinators, and other key stakeholders. (See Appendix B for a list of interview participants in both communities and Appendix A for the interview protocol.) Interview participants responded to a variety of questions related to systems of care processes and outcomes that addressed the context of implementation, infrastructure, capacity, impact and sustainability, and lessons learned.

Extant data, including document reviews (e.g., grant applications, semi-annual reports), and analysis of data collected through the national and local evaluations (e.g., site visit reports, child welfare staff and stakeholder surveys) supplemented the information gathered during the interviews and provided the evaluation team with important implementation information.

2. Grant Community Overview

The Contra Costa County Children and Family Services (CFS) Bureau in the California Department of Employment and Human Services was the recipient of the Child Welfare Systems of Care grant. Under State supervision, CFS is responsible for the administration of child welfare services in the county. The agency organizes child welfare services to meet local needs while meeting State and Federal regulations, including the use of a statewide management information system to track program participants. As the child welfare agency for the county, CFS and its staff were the primary focus of the initiative and related activities.

The North Carolina Division of Social Services (NC DSS) also was a Systems of Care grantee. NC DSS provides oversight and support for the implementation of social services by county DSS. These departments have the flexibility to develop programs and services to meet the needs of children and families in their communities. Although NC DSS engaged in several grant-related strategies, State agency leaders also selected three county DSS (Alamance, Bladen, and Mecklenburg) to support implementation of the grant at the local level.

3. Context of Implementation

Implementation of the Systems of Care initiative was facilitated in Contra Costa County and North Carolina by several key factors, including:

- Prior experience with systems of care.
- Strong history of collaboration among systems partners.
- Child welfare systems reform.

3.1 Experience with Systems of Care

Through the mental health system, both grant communities have an extensive history with the systems of care approach to service delivery for children with serious emotional disturbances and their families.

- A system of care focus dates back to the early 1980s in North Carolina; the State was one of the first recipients of the Child and Adolescent Service System Program grant to develop the infrastructure necessary to make available a comprehensive mental health system of care for children, adolescents, and their families. North Carolina also received funding from the Robert Wood Johnson Foundation to provide and test the model of system of care services. Since then, Federal and State funds, including funding from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), have supported the development and expansion of a system of care approach to service delivery for North Carolina's residents. In particular, State legislation has created a new funding category for children with serious emotional disturbances and has mandated collaboration among mental health, juvenile justice, education, and other child- and family-serving systems.
- Contra Costa's Children's Mental Health also received a SAMHSA system of care grant in 1999 to develop and make available child-centered, family-focused, family-driven, community-based, and culturally competent services for children and youth with serious mental health needs and their families. The initiative brought together agency administrations from mental health, child welfare, probation, public health, substance abuse, and special education, as well as parent and youth representatives in the Systems of Care Planning and Policy Council to identify the service needs and service gaps of children with serious emotional disturbances and plan for the implementation of the Systems of Care initiative.

In both grant communities, the Systems of Care initiatives targeting children and youth with serious emotional disturbances and their families helped generate new knowledge about the most effective ways to meet the needs of this population and provided the foundation for the interagency collaboration necessary for the successful implementation of a System of Care initiative targeting children in the child welfare system.

3.2 History of Collaboration

NC DSS and Contra Costa County's CFS recognize the value of working in partnership with other child- and family-serving systems to meet the complex and varied needs of children and families. Although there was a history of collaboration among child- and family-serving agencies in both grant communities prior to

the Systems of Care initiative, the initiative helped solidify these relationships and gave NC DSS and CFS a greater voice in the collaborative processes. As a result of the initiative, there was increased recognition among child welfare agency leaders of the need to build strong partnerships and engage a broader range of stakeholders.

- CFS agency leaders spent significant time and resources engaging community service providers in order to offer a more comprehensive array of services to children and families.
- Through its child welfare work, Contra Costa's CFS actively engaged other service delivery systems, particularly mental health and alcohol and other drug service providers, law enforcement, and other agencies, to ensure the protection of children and improve service delivery for families in need. CFS leaders also were active participants in the Systems of Care Planning and Policy Council, where they worked with other child- and family-serving agencies in the county. Because of its strong agency partnerships, CFS was able to engage a variety of stakeholders in the community, ranging from public agency staff to foster parents, in a planning process to redesign the future of the agency.
- In North Carolina, State child- and family-serving agencies, including NC DSS, were participating in the State Collaborative for Children, Youth, and Families. The State Collaborative is an informal group developed to enhance collaboration and partnership among the agencies and improve service delivery to the children and families they serve. At the local level, several collaborative bodies established through mental health, juvenile justice, and child welfare also were in existence and provided a venue for child- and family-serving agency leaders to come together.

3.3 Child Welfare Reforms

For both grant communities, statewide efforts to reform the child welfare system were beginning to take hold prior to implementation of the *Improving Child Welfare through Systems of Care* initiative. In general, these reforms centered on increased accountability, differential response to meeting the needs of children and families, and family-centered child welfare practice. Although the reforms were initiated in response to State mandates, the Federal Child and Family Services Reviews provided additional impetus.

- North Carolina's Multiple Response System (MRS) is a differential response approach that incorporates family-centered practice with the goal of providing individualized responses to reports of abuse, neglect, and dependency. MRS was piloted in 2002 in 10 county DSS including the three counties selected for the implementation of the Systems of Care initiative. MRS is an effort to reform the entire continuum of child welfare, from prevention through post-adoption services. Among its strategies, MRS includes implementation of Child and Family Team (CFT) decision-making meetings that bring together the supports and resources necessary to ensure the family's success; address the family's strengths and needs and how these affect the child's safety, permanency, and well-being; and enable the development of an agreed-upon plan that specifies what must occur to help the family safely parent the child.
- In 2000, the State of California launched a Redesign Initiative that included an effort to develop a comprehensive plan for reforming the State's entire child welfare services system. In response to these efforts, Contra Costa County's CFS held a strategic planning retreat and developed a Redesign Plan that outlined specific goals for the

agency, including an increased focus and renewed commitment to working with communities and partner agencies to improve outcomes for children and families. An important aspect of the redesign involved implementing the principles and strategies of the Family-to-Family (F2F) initiative, which is grounded in the provision of individualized, family-centered, culturally sensitive, and community-based services for at-risk children and families. In particular, the utilization of Team Decision-Making (TDM) meetings to bring together a family, its personal support network, service providers, and CFS staff to jointly make case-related decisions for children at risk of abuse or neglect would enable the agency to support increased collaboration among child- and family-serving systems and improved outcomes for children and families.

4. Implementing the Systems of Care Initiative

To implement the Systems of Care initiative, agency leaders in North Carolina and Contra Costa County built on the existing systems and structures in their community. Both grant communities recognized that the integration of the initiative would not only avoid duplication of efforts but also would build greater coordination and collaboration, and lead to increased accountability among public and private child- and family-serving systems and the community at large.

4.1 Governance Structure

Contra Costa's Systems of Care Planning and Policy Council served as the oversight and governance entity for the Systems of Care initiative. The Policy Council's membership was expanded to include youth and parents involved with the child welfare system. The CFS director became co-chair of the Policy Council, which helped to solidify CFS's leadership role in the interagency group.

In North Carolina, the State Collaborative became the key stakeholder group for the implementation of the Systems of Care initiative. At the local level, the three DSS used existing collaborative bodies to provide oversight and guidance for the initiative. Through the Systems of Care initiative, the three county DSSs focused on:

- Strengthening and broadening the focus of existing community collaboratives (Bladen).
- Integrating multiple groups into one collaborative body (Alamance and Mecklenburg).
- Creating and amplifying the work of executive committees composed of child- and family-serving administrators to ensure that policies and practices support the development of a cross-system infrastructure that is supportive and respectful of families' strengths and needs, encourages collaboration across public and private entities, and engages families as partners (Alamance, Bladen, and Mecklenburg).

These interagency groups set the strategic direction for the initiatives' activities, supervised implementation, and provided a forum for collaboration and accountability among systems partners.

4.2 Implementation Activities

In Contra Costa County, CFS and its partners in the Policy Council decided to blend the work that had been conducted under the F2F initiative and expand TDM services to youth emancipating from foster care and youth involved with the child welfare, mental health, and/or juvenile justice systems. Other systems of care-related activities included:

- Cross-training among agency partners on the systems of care principles, family-to-family approaches to service delivery, and the use of TDM.
- Cultural competency trainings for CFS staff.

- Integration of youth and family involvement into the child welfare system, with emphasis on the development of a Parent Partner Program to provide mentoring and advocacy for families involved with child welfare.

In North Carolina, MRS provided the foundation from which to launch and successfully integrate a system of care framework and approach to service delivery. At the State level, NC DSS developed tools and training to support the provision of individualized, strengths-based, culturally competent, community-based services for children and families, including:

- Strengths-based family assessment forms.
- Integration of systems of care principles into the agency's pre-service training curriculum and policy manual.
- Specialized training for supervisors on how to implement and support caseworkers in family-centered practice.
- Cultural competency training.

Additionally, initiative leaders and stakeholders in the State Collaborative developed a statewide cross-system definition of CFTs and a cross-agency/cross-systems training curriculum to ensure the consistent implementation of CFTs across child- and family-serving systems.

With their collaborative partners, the local DSS focused their implementation activities on incorporating the State-designed tools and training into child- and family-serving agency policies and practices (e.g., using revised tools and providing training to agency staff on cultural competency and implementation of CFTs). Initiative leaders also dedicated resources to developing a Parent Partner Program to support families that come in contact with child- and family-serving systems and to integrate family perspectives into agency policies and practices.

4.3 Impact

State and county leaders in Contra Costa County and North Carolina made significant progress in the development and implementation of the Systems of Care initiative. The full effects of the initiative have yet to be realized; however, its impact has already been felt in the administration and delivery of child welfare services in the grant communities.

Contra Costa County

- Results from the local and national evaluation of Contra Costa County's Systems of Care indicate that the initiative helped to change how families are viewed and supported by agency staff. As a result of the initiative, staff have greater awareness of families' needs. Caseworkers also place a greater focus on family involvement, interagency collaboration, and integrating community-based services into families' case plans, as evidenced by the expansion in the number of TDM meetings conducted by the agency. **From 2003 to year-end 2008, the number of TDM meetings increased by 24 percent, from 105 to 433, while the number of exit TDM meetings for youth transitioning from foster care increased from 2 in 2004 to 131 in 2008, a 6,500 percent increase**.
- In the evaluation of Parent Partner Program, families reported that they were satisfied with the services received and felt empowered to take control of their circumstances and make needed changes in their lives. In terms of outcomes, preliminary results of the program indicate that reunification may be more likely for children whose parents were served by Parent Partners. **Specifically, approximately 62 percent of children whose parents were served by a Parent Partner reunified with their parents within 18 months of removal, compared to 37 percent of children whose parents were not served**.

North Carolina

- The principles and framework for developing a system of care for children and families became integrated into NC DSS pre-service training for all child welfare workers, were infused into the agency's child welfare policy manual, and served as the basis for the State's Program Improvement Plan. In addition, the Systems of Care initiative enabled NC DSS and its partners to develop a common definition of family-centered practice across mental health and child welfare, as well as the tools and processes to facilitate its implementation at the local level.
- Findings from the local evaluation indicated that the Systems of Care initiative aided in the successful implementation of CFT meetings in the three demonstration counties. Families in the three sites reported greater preparation by social workers during the CFT meetings, were more likely to have relatives and service providers involved, and felt encouraged by social workers to bring members of their support networks to CFT meetings.
- The Systems of Care initiative also played an important role in solidifying collaborative efforts at both the State and local levels. At the State level, stakeholders noted that the initiative gave NC DSS greater input and presence within the State Collaborative. At the local level, the initiative helped to develop and formalize the structure and functions of existing interagency collaboratives and to validate their roles as key stakeholders in the implementation of a system of care approach.

4.4 Sustainability

Their commitment to a system of care approach to serving children and families prompted initiative leaders to plan for sustainability from the beginning of the grant period.

- Early in the grant period, agency leaders in Contra Costa County identified funding sources to replace the Systems of Care initiative Federal funding and maintain critical staff positions. In particular, the internal evaluator position became a county-funded position, with the evaluator's time divided across a variety of child welfare programs, while TDM meeting facilitators' salaries were drawn from the Substance Abuse and HIV Exposed Children funding. The Parent Partner Program will continue with funding from the Promoting Safe and Stable Families grant program. Additionally, CFS received a Comprehensive Assessment for Positive Family Outcomes (CAPFO) grant from the Children's Bureau that will enable the agency to enhance and sustain its efforts related to family involvement and individualized services. Beyond the identification of funding streams, an important aspect of the CFS sustainability plan was the decision to integrate the systems of care activities into other aspects of the agency's work, especially its System Improvement Plan[1] and vision for the children, youth, and families of Contra Costa County. Also, the agency revised its TDM policies to incorporate TDM meetings for youth in out-of-home care. The policy requires a TDM meeting for youth at risk of placement change and all youth in care reaching age 17, as well as the development of a structured TDM care plan focused on emancipation tasks for participating youth.
- At the State and local levels, the focus of North Carolina's sustainability plan centered on the institutionalization of the systems of care principles into child- and family-serving agency policies and practices. In addition, county DSS also identified funding sources to sustain key aspects of the initiative.

1 Under the California-Children and Family Services Review process, each county conducts a self-assessment to determine its current level of performance in order to identify and remove barriers to improving performance. Following the self-assessments, counties are required to collaborate with local partners to develop a county System Improvement Plan to set improvement goals, establish program priorities, and define specific action steps to achieve improvement.

- Alamance County's DSS has been able to leverage additional grant funding to support the continued development of integrated social services in the county. Specifically, the agency received a SAMHSA systems of care grant and a CAPFO grant from the Children's Bureau. These grants will support a CFT facilitator position, fund a half-time staff position to focus more intentionally on cultural competency, and provide resources to support the development of a Parent Partner Program in the county. DSS has dedicated funds for a systems of care coordinator position to focus exclusively on the Systems of Care initiative and work in partnership with the SAMHSA systems of care coordinator to create one system of care in Alamance County.
- In Bladen County, executive committee members have agreed to pool agency funding to maintain the child welfare systems of care coordinator position, which stakeholders believe is critical to advancing the work of the community collaborative and supporting the continued integration of the systems of care principles within DSS.

4.5 Lessons Learned

Adding to their experience with systems change efforts, stakeholders in the grant communities learned valuable lessons about what it takes to implement a system of care within a child welfare setting. In particular, stakeholders commented on the value of leadership and key champions, both internal and external to the child welfare system. Initiative leaders in Contra Costa County and North Carolina recognized that by documenting and communicating their progress throughout the life of the initiative, they could garner the support of the community. They were able to establish clear and specific outcomes from the onset of the initiative to keep the work moving forward and demonstrate their accountability for the safety, permanency, and well-being of children and families in the community.

Contra Costa County, California
Family-to-Family System of Care Initiative

California's involvement with the systems of care approach has a history that dates back more than 10 years. The systems of care model was first implemented within the State's children's mental health system via grant funds from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA has funded the systems of care approach in 20 of California's 58 counties, including the Spirit of Caring Systems of Care in Contra Costa County. The main goal of grantees is to build a system of care for children with serious emotional disturbances and to generate new knowledge about the most effective ways to meet their needs and the needs of their families.

In 2003, Contra Costa County was selected to implement the systems of care model as a demonstration project administered by the local child welfare system. Stakeholders from child welfare teamed with stakeholders from children's mental health to agree upon the target population and develop a strategic plan for the implementation of the grant. The initiative, entitled Family-to-Family (F2F) Systems of Care, focused on expanding and enhancing the F2F evidence-based model for child welfare reform and service delivery to address the needs of a broader population of children and youth.

1. Profile of Contra Costa County

Contra Costa is the ninth most populous county in California with more than one million residents. The county is racially and ethnically diverse, with at least 50 different languages spoken by its residents. Census data indicate that in 2008 there were 249,517 children younger than age 18 in the county, representing 24 percent of the county's population (U.S. Census Bureau, 2008 American Community Survey). Of these children, 12 percent were living in poverty, compared to 18 percent in California and the nation (see Table 1). The county is divided into three regions (west, central, and east) with distinct economic and demographic characteristics. The

Table 1: Demography of Contra Costa County

		*Contra Costa County**	*California**	*United States**
Population		1,025,464	36,580,371	304,374,846
Median Household Income		$78,619	$61,154	$52,175
Child Poverty Rate		12%	18%	18%
Race/Ethnicity	White	62%	61%	74%
	Hispanic/Latino	22%	36%	15%
	Asian	13%	12%	4%
	Black	9%	6%	12%
	Multiracial/Other race	4%	3%	9%
	American Indian/Alaskan Native	<1%	1%	1%

* Source: U.S. Census Bureau, 2006-2008 American Community Survey

west portion of the county is an urban, economically disadvantaged area with a large African-American population. Central county is generally suburban with a middle-class community and a large number of commuters to Bay Area cities. East county covers the largest geographic area and is a rapidly growing community with an influx of new development and population growth that is largely White.

2. California Social Services

California's child welfare system is supervised by the State and administered by counties. The California Health and Human Services Agency oversees a wide range of social service programs for children and families, including child welfare services. The agency includes the Departments of Social Services, Mental Health, Alcohol and Drug Programs, and Child Support Services, among others. Within the Department of Social Services, the Children and Family Services Division is responsible for developing and overseeing programs and services intended to safeguard the well-being of children, strengthen and preserve families, encourage personal responsibility, and foster independence (i.e., child welfare services) (California Department of Social Services, 2007).

Child welfare services and programs are administered by the State's 58 counties. Each county organizes and operates its own program based on local needs and in compliance with State and Federal regulations. Generally, child welfare services are organized into four programmatic areas:

- The prevention of abuse and strengthening families.
- Remedies for the effects of abuse or neglect.
- Provisions for out-of-home care.
- Provisions for the permanent removal of children from abusive homes (e.g., adoptions, legal guardianship, kinship care).

Although counties have the flexibility and discretion to organize child welfare services to meet local needs, they are required to utilize the statewide Child Welfare Services/Case Management System to track the location, demographics, and goals for children and families receiving services (California Health and Human Services, 2006). The system enables child welfare staff to create, read, retrieve, and update case information and enables the State to meet Federal and legislative requirements.

3. California's Child and Family Services Reviews

Child and Family Services Reviews were initiated by the U.S. Department of Health and Human Services to monitor State compliance with Federal child welfare requirements, gauge the experiences of children and families receiving State child welfare services, and assist States in building capacity to help children and families achieve positive outcomes.

California's first Child and Family Services Review was conducted September 23–27, 2002 and covered child welfare practices from April 1, 2001 through September 23, 2002 (U.S. Department of Health and Human Services, 2003). California did not achieve substantial conformity for any of the seven child and family outcome areas, and achieved substantial conformity for two of the seven systemic factors.[2] The first Child and Family Services Review found that California's statewide information system was in substantial conformity because it could identify the status, demographic characteristics, location, and goals for children in foster care. In addition, California was in substantial conformity in regard to agency responsiveness to the community. This finding suggests that California effectively coordinates

2 See Appendix C for background information related to the Child and Family Services Reviews process, including a list of the seven outcome areas and systemic factors assessed.

child welfare services with services or benefits from other federally funded programs serving the same population. (See key findings from California's Child and Family Services Review in Appendix D.)

The State submitted a Program Improvement Plan in response to findings from the Child and Family Services Review. The Program Improvement Plan outlined two major efforts: the Redesign Initiative and the California-Children and Family Services Review (C-CFSR) process. The C-CFSR was enacted by the legislature in 2001 in the Child Welfare Performance Outcomes and Accountability Act. The legislation required the California Health and Human Services Agency to implement the C-CFSR, a comprehensive outcomes-based system that builds on the Federal Child and Family Services Reviews process to monitor the State's child welfare system performance. Implementation of the C-CFSR process began in 2004 and includes county self-assessments and System Improvement Plans. Under the C-CFSR, each county conducts a self-assessment to determine its current level of performance and identify and remove barriers to improving performance. Following the self-assessments, counties are required to collaborate with local partners to develop a county System Improvement Plan to set improvement goals, establish program priorities, and define specific action steps to achieve improvement. C-CFSR indicators use longitudinal data and entry cohorts, which help counties focus on areas that need improvement. The review process involves the entire child and family service community (including schools and children's health services) in developing a strengths-based assessment.

The Redesign Initiative began in 2000 under the Governor's direction and included the development of a comprehensive plan for reforming California's entire child welfare services system. While the Redesign Initiative began prior to the Federal Child and Family Services Review process, California's Program Improvement Plan details action steps and recommendations being taken by the State that address the Redesign Initiative as well as the results from the Federal Child and Family Services Reviews. The Redesign Initiative is an ongoing collaborative planning process that brings together State and local child welfare experts to identify promising practices, including practices that support family-based case planning (i.e., family involvement), and improve evidence-based practice throughout the State. As part of the Redesign Initiative, the Department of Social Services selected and provided funding to 11 counties, including Contra Costa County, to implement the child welfare redesign activities at the county level. Specific activities included the development of a differential response system to better meet the needs of families at-risk of or referred to child protective services, implementation of a Comprehensive Assessment Tool that focuses on child and family strengths and needs at intake, and development of a plan to address permanency and youth transition from foster care.

With their strong focus on evidence-based practice and accountability to families, system partners, and communities, these statewide efforts provided the infrastructure to enable counties to plan for and play a leadership role in child welfare systems reform.

4. Contra Costa County Social Services

Social services in Contra Costa County are administered by the Department of Employment and Human Services, which comprises several bureaus, including Workforce Services, Children and Family Services, and Aging and Adult Services. The Bureau of Children and Family Services (CFS) has responsibility for the county's child welfare services (adoption, foster care, independent living). Its mission is to protect children from abuse and neglect and collaborate with the community toward the healthy independence of

families and their children. Child welfare services are delivered across the county by staff located in CFS Central and District (regional) Offices.

5. Collaboration and Systems Reform in Contra Costa County

Contra Costa County has a strong history of interagency and stakeholder collaboration among the different child- and family-serving agencies in the county. In 1999, the county established the System of Care Planning and Policy Council to develop a system of care for children and youth with serious emotional disturbances. The Policy Council, which served as the governance structure for the SAMHSA-funded Spirit of Caring initiative, brought together:

- Administrators from mental health, employment and human services (CFS), probation, public health, substance abuse, and community services.
- Representatives from three Special Education Local Plan Areas and the Office of Education.
- Parent and youth representatives.

In addition to providing the governance structure for the mental health systems of care initiative, the Policy Council also strengthened relationships among public- and private-sector service providers and increased collaboration among child- and family-serving agencies.

Beyond participation in the Policy Council, CFS agency leaders historically have developed partnerships and strong working relationships with public and private child- and family-serving agencies to better meet the needs of at-risk children and families. In particular, CFS collaborates with community-based nonprofit service providers and has established Memoranda of Understanding (MOU) with a variety of agencies, including local law enforcement and alcohol and other drug service providers, to improve service delivery for families in need. Agency leaders' commitment to collaboration and building partnerships is also evident in their efforts to engage the community at large in planning for the redesign and future of CFS.

In 2000, CFS held a 2.5-day strategic planning retreat with child welfare and partner agency staff, attorneys and court personnel, foster parents, youth, and parents to redesign the bureau. As a result of the retreat, CFS developed a Redesign Plan that outlined specific goals for the agency, including an increased focus and renewed commitment to working with communities and partner agencies to improve outcomes for children and families. An important aspect of the redesign involved working with the Annie E. Casey Foundation to implement the principles and strategies of the F2F initiative, which is grounded in the provision of individualized, family-centered, culturally sensitive, and community-based services for at-risk children and families. F2F strategies focus on:

- Building community partnerships.
- Strengthening supports and services for foster parents and caregivers.
- Utilizing Team Decision-Making (TDM) meetings.
- Using data to guide program planning.

These strategies support increased collaboration among child- and family-serving systems and improved outcomes for children and families. In particular, TDM meetings enable CFS to bring together a family, its personal support network, service providers, and CFS staff to jointly make case-related decisions for children at risk of abuse or neglect. Through facilitated meetings, families are empowered to make plans for the future of their children and take responsibility for fulfilling those plans.

To meet the goals outlined in the Redesign Plan, CFS launched the F2F initiative, wrote a new mission statement, and committed to working more closely with the community and partnering agencies to

improve outcomes for children and families. On account of the redesign activities, CFS created a Redesign Steering Committee that included representatives from the faith-based community, local schools, and partnering agencies, as well as youth and parents. Over time, the Redesign Steering Committee expanded and was reformulated to align with the State-supported child welfare redesign process.

6. Planning Process

The redesign of Contra Costa County's child welfare system coincided with CFS's decision to apply for the Systems of Care grant. Consequently, planning for the grant was included in the overall planning for the redesign. As a key stakeholder group in the redesign process, the Policy Council also played an important role in CFS's decision to pursue the Systems of Care grant. Prior to applying for the Systems of Care grant, CFS agency leaders worked closely with the Policy Council to develop a plan for the design and implementation of the initiative, including the populations and services that would be the focus of the work. As a result of the planning process, CFS and its partners in the Policy Council decided to blend the work that had been conducted under the Spirit of Caring Systems of Care grant and the F2F initiative to develop the F2F Systems of Care for meeting the needs of children and families in the child welfare system. Stakeholders decided to extend TDM services to serve three target populations in the county:

- Children and youth at risk for placement failure.
- Transition-age youth (16–18 years of age) who require more intensive supports than are available in regular independent living skills trainings.
- Multi-system youth involved in the child welfare system and either the mental health or the juvenile justice system (or both).

Other initiative activities included the development of a Parent Partner Program and delivery of cultural competency training for CFS staff.

According to stakeholders, including the Policy Council in the planning process helped significantly for understanding the big picture and affirming the systems of care principle of interagency collaboration. The project manager of the Spirit of Caring initiative was an important resource and support for the F2F Systems of Care. He worked closely with the F2F Systems of Care project coordinator, served as a mentor and key champion for the work, provided ongoing coaching and support related to the systems of care principles and approach, and provided guidance and assistance with the Federal grant process. Additionally, he was a member of the initiative's implementation team and participated in project-related meetings.

7. Implementation of the F2F Systems of Care Initiative

When CFS received the Systems of Care grant, Contra Costa County was in its fifth and last year of the Spirit of Caring Systems of Care initiative and had made significant progress developing an interagency and stakeholder infrastructure that would serve as the platform to build upon the F2F Systems of Care initiative. Prior to implementing the initiative, the CFS director made a presentation to the Policy Council on the goals of the F2F Systems of Care and requested that the Policy Council serve as the oversight and governance entity for the F2F Systems of Care. Policy Council members had already engaged in planning for the initiative and recognized the opportunity as a natural transition for their role. They agreed to serve as the governance and stakeholder group for the new F2F Systems of Care initiative and expand the Policy Council's membership to include youth and parents involved with the child welfare system. Additionally,

the CFS director became co-chair of the Policy Council, which helped to solidify CFS's leadership role in the interagency group.

The Policy Council set the strategic direction for the F2F Systems of Care activities and supervised implementation. Among the first activities implemented by initiative leaders were to review and revise the Policy Council's mission statement, guiding principles, and MOU between participating child- and family-serving agencies to ensure consistency with the F2F Systems of Care initiative. (See MOU in Appendix E.) Initiative leaders also emphasized educating Policy Council members about the ways in which a system of care could be applied and adapted to the child welfare population.

When first formed under the Spirit of Caring initiative, the Policy Council focused on meeting the needs of children with serious emotional disturbances, but as it transitioned under the F2F Systems of Care, its role and focus expanded to include the three target populations of the new initiative. During implementation of the F2F Systems of Care, the Policy Council's membership consisted of youth, birth parents (Parent Partners), and foster parents, as well as representatives from:

- Children's mental health
- Probation
- Independent Living Skills Program (ILSP)
- Public health
- Education
- Special Education Local Plan Areas
- Alcohol and other drug treatment
- Head Start

CFS staff who managed the Systems of Care grant and partners from the staff development and evaluation departments were also active participants in the Policy Council. To enable a smooth transition and continuity of systems of care efforts within the broader community, the Policy Council subcommittees were expanded to integrate child welfare related issues. The training subcommittee began to develop curricula to facilitate cross-training among agency partners on the systems of care principles, F2F approaches to service delivery, and the use of TDM meetings. The sustainability subcommittee explored out-of-home placement revenues from various agencies as a means of providing fiscal support for both systems of care efforts.

8. Building Interagency Collaboration

The Policy Council met every 1–2 months and provided a venue for initiative leaders to share information on progress made in the implementation of the initiative and to work in partnership with Policy Council members to determine priorities. During the first years of the grant, the Policy Council wrote policy statements regarding the new CFS programs. As programs became established, issues were brought to the Policy Council, which enabled members to work together toward a solution and plan for implementation. The Policy Council enhanced collaboration, provided leadership, and shared information about what was happening with the grant and also at each agency. Members also ensured services and meetings were not duplicative within the county.

During the last few years of the Systems of Care grant, the Policy Council membership experienced significant turnover as a result of budget cuts within child- and family-serving agencies. The turnover had an impact on the Policy Council's effectiveness as new members had to understand their roles, learn the history of the F2F Systems of Care initiative, and deal with budget issues at their own agencies. Nevertheless, the Policy Council remained a valuable way for members to connect, share information, and keep abreast of what was happening in the county, and has continued to

operate. As a result of the partnerships established, the Policy Council's work has evolved to focus on the needs of all children within the county, irrespective of age, needs, or agency affiliation. As reflected in its governance materials, the Policy Council has adopted the systems of care principles as the guiding principles for its work.

In addition to working within the Policy Council, CFS built on interagency groups developed to support establishment of the infrastructure required to implement systems change and create a shared mission and vision for the F2F Systems of Care initiative. These workgroups had participation from parents, former foster youth, and representatives from probation, education, public health, alcohol and other drug treatment, Court Appointed Special Advocates, courts, mental health, labor unions, businesses, community agencies serving youth, and CFS staff. In particular, CFS leveraged the work of the Permanency and Youth Transition Workgroup, formed to address issues related to youth transitioning from foster care toward permanence, to plan and implement the F2F Systems of Care initiative.

The Permanency and Youth Transition Workgroup met monthly, focused on strategic planning for the grant, and developed several subcommittees to focus on the needs of each of the initiative's target populations. The subcommittees included former foster youth, foster parents, birth parents (Parent Partners), and representatives from CFS, mental health, probation, community youth placement agencies, and ILSP. By engaging diverse stakeholders, CFS ensured the perspectives and concerns of the entire community were represented and addressed in the work of the initiative.

9. Establishing Support Within Child Welfare and Among Community Partners

CFS staff created workgroups and committees to lead certain aspects of the grant activities and CFS programs. Although most of these groups were newly established, based on staff perceptions of how best to implement the grant, some already existed. Workgroups included:

- Interagency Operations Group—composed of mid-management staff from CFS, mental health, and probation, and CFS evaluation staff. This group met regularly for the first 2 years and had primary responsibility for implementing the initiative's strategies.
- Parent Partner Leadership Council—developed as part of the Systems of Care grant to design and implement the Parent Partner Program and coordinate parent input into all grant-related activities.
- Pathways to Permanency—a subcommittee of the Permanency and Youth Transition Workgroup that focused on the implementation of exit TDM meetings, permanency, and lifelong connections for transitioning youth.
- TDM Workgroup—established under the F2F initiative and focused on developing the eligibility criteria and logistics to support the implementation of TDM within CFS.

These workgroups enabled CFS to engage staff at all levels of the organization in planning and implementing the initiative's activities and gain their buy-in and support early in the process. While the workgroups helped to focus the Systems of Care activities, strong leadership was often cited by stakeholders as one of the key factors in the success of the F2F Systems of Care initiative. The CFS directors (there were two

during the grant period) who spearheaded the initiative developed a clear implementation plan with distinct lines of authority and responsibility. They recruited managers with the ability to implement the vision of the initiative (i.e., run the day-to-day operations) and established internal communication mechanisms (e.g., meetings and presentations) to ensure that staff had an understanding of the initiative and how it was progressing. These processes helped develop a cohesive team that was dedicated to improving outcomes for youth and families involved with child welfare. It also ensured that leadership at all levels of CFS championed the initiative and contributed to its success within the agency and across the community.

CFS leaders noted that most social marketing activities took place through their work with the Policy Council[3] and that their decision to engage the Policy Council as the F2F Systems of Care governance group enabled the agency to expand the level of interagency collaboration within the county. In addition to engaging stakeholders in the planning process, CFS collaborated with agencies individually to provide services to children in the child welfare system.

- CFS established an MOU with the Health Department to increase foster youth access to health care by supporting weekly mobile health clinics across the county.
- CFS worked with mental health on the System of Care Multi-Agency Regional Teams (SMART), a collaborative planning process developed through the mental health Systems of Care initiative. SMART developed the processes and procedures through which wraparound services were made available to children, as an alternative to group home care, through expanded family-based services programs.
- Mental health also conducted assessments with all the youth in the foster care system with the goal of reducing placement moves.

Other practice-level collaborative activities included dual jurisdictional meetings with CFS and probation and interdisciplinary meetings of social services, education, and placement resource teams. The coordination of services allowed the different agencies to synchronize their efforts to develop a system of care to address the needs of Contra Costa County youth and families.

CFS also recognized the benefit of collaborating with the community to increase the availability of community-based resources for youth. Through their participation in the Placement Resource Expansion Team —a group of managers from probation, CFS, and mental health that provides community-based resources for youth who require higher end residential placements —CFS staff have identified community organizations that are interested in collaborating with the agency. Staff refer youth to these community organizations, as necessary, to ensure youth have access to the services and help they need. For example, caseworkers refer youth to afterschool programs, camps, and recreational activities, and provide emancipating youth materials that contain coupons and links to community-based resources for use when they exit the child welfare system. CFS has also reached out to faith-based organizations as an important resource in the community.

10. Integrating Systems of Care through TDM Meetings, Cultural Competence, and Family and Youth Involvement

While building collaboration among child- and family-serving systems and community-based service providers, CFS also focused on integrating the systems of care principles into the agency's day-to-day practice. In particular, the principles of individualized,

3 Initiative staff acknowledged that most social marketing activities, beyond those activities specific to the dissemination and marketing of the Parent Partner Program, were internally focused.

strengths-based and culturally competent practice were reflected in three primary activities: 1) expansion of TDM meetings; 2) provision of cultural competency trainings; and 3) integration of youth and family involvement in the child welfare system, with emphasis on the development of a Parent Partner Program to provide mentoring and advocacy for families involved with child welfare.

10.1 TDM Meetings

TDM meetings enable child welfare agencies to involve the family and community in their work while extending partnerships with caregivers, providers, and neighborhood stakeholders.[4] The meetings bring together agency staff (caseworkers and their supervisors), birth families, community members, resource families, and service providers for all placement decisions regarding children. Although CFS used TDM meetings prior to the F2F Systems of Care initiative, the Systems of Care grant enabled CFS to expand TDM meetings to ensure emancipating youth had the opportunity to be active participants in their own case planning. CFS leaders recognized that youth exiting the child welfare system need additional support and viewed TDM meetings as opportunities to plan for and better prepare emancipating youth for the transition. To achieve this goal, CFS updated its TDM policy to require a TDM meeting for youth at risk of placement change and all youth in care reaching age 17, as well as development of a structured TDM care plan focused on emancipation tasks for participating youth.

Children and youth in the F2F Systems of Care target populations are part of a TDM team with a trained facilitator, parent advocate, and birth parents and/or foster parents (if the child/youth is in placement), as well as key stakeholders that include family and community members, service providers, and law enforcement representatives. A trained facilitator supports the process by leading a strengths-based meeting where decisions are consensus-driven and participants have an opportunity to express their views. The group collaboratively decides upon a safety plan that is specific, measurable, and achievable. Family and community members help identify the family's strengths and needs, as well as the community resources available to meet those needs. For example, if the child or youth requires placement outside of the home, the team works to find a placement within the community, thereby reducing the disruption in the child or youth's life. TDM meetings ensure services included in the case plan are individualized, strengths-based, and culturally appropriate.

TDM Values

- A group can often be more effective than an individual in making good decisions.
- Families are the experts on themselves.
- When families are included in decision making, they are capable of identifying their own needs and strengths.
- Members of the family's own community add value to the process by serving as natural allies to the family and experts on the community's resources.

Source: Family to Family California (http://www.f2f.ca.gov/team.htm).

4 For more information about TDM meetings, visit the Family to Family California Web site, http://www.f2f.ca.gov/team.htm. Family to Family California is a public-private partnership between national and State foundations and the California Department of Social Services.

To facilitate implementation, agency leaders trained staff on the use of TDM meetings, and the meetings became part of the Systems of Care project director's role. Additionally, a trained facilitator was hired and CFS centralized the scheduling and rollout of TDM meetings for the initiative's target population. CFS leaders also added a quality assurance system to alert social workers, supervisors, and managers via e-mail to schedule at least one emancipation conference facilitated by a TDM facilitator for all emancipating youth. The system was designed to automatically generate a second notification if the meeting was not scheduled in a timely manner. Agency leaders indicated that follow-up notifications were typically unnecessary as the TDM process became integrated into agency practice. For example, supervisors reinforced to their staff the importance of using TDM meetings, and ILSP program staff, youth, and caregivers in group homes began requesting the meetings. As the F2F Systems of Care initiative evolved, TDM meetings secured a place within CFS as a beneficial tool for practitioners and families.

10.2 Cultural Competence

Although the TDM meetings provided one avenue for delivering culturally competent and family-centered practice, CFS recognized that staff needed additional training and support to develop their cultural competence and be most effective in their work with families. Throughout the implementation of the initiative, agency leaders engaged in a variety of activities to support a culturally competent workforce.

During the early stages of the initiative, CFS staff completed the Child Welfare League of America's Cultural Competence Agency Self-Assessment Instrument.[5] The assessment indicated that although staff had information about different cultures, they had not incorporated this knowledge into practice. In response, the agency created a Cultural Competence Oversight Committee that included foster parents and staff from all levels of CFS to focus on practice-level changes within the agency. The committee supported the development of a series of cultural diversity trainings that were offered to all CFS staff, including managers, supervisors, caseworkers, and administrative staff; foster parents; and partnering agencies. The trainings allowed CFS staff to examine their prejudices or misconceptions of other cultures in order to enrich their interactions with a culturally diverse client base.

Following the training series, CFS sponsored an all-day retreat during which participants again completed the cultural competence assessment and each District Office created a plan to address its specific issues related to cultural competence. The plan was a working document that would be used with staff and discussed at meetings. Additionally, the agency hired a consultant who observed case consultation meetings and made recommendations to each District Office about how to address issues of disproportionality and bias in case practice. In response to this feedback, Parent Partners and CFS staff developed a training curriculum, *Words Mean Things*, about communicating respectfully with clients. The mandatory training was delivered to all CFS staff to develop their skills and abilities in order to build positive working relationships with families in the system. Given the county's diverse population, CFS also hired additional staff to meet the language and cultural needs of the county's families.

Prior to the F2F Systems of Care initiative, CFS had spent significant resources examining the disproportional representation of African-American children in the county's child welfare system. After analyzing data for the C-CFSR self-assessment, CFS developed a System Improvement Plan component titled "fairness and equity" in which agency leaders began to address racial disproportionality by targeting

5 For more information, visit http://www.cwla.org/pubs/pubdetails.asp?PUBID=8401.

activities designed to decrease the overrepresentation of African-American infants younger than 1 year old within its child welfare caseload. The F2F Systems of Care initiative enabled the agency to dedicate grant funds to host fairness and equity retreats, facilitated by an expert on disproportionality issues in child welfare, to discuss cultural competency, disproportionality, and disparity in Contra Costa County's child welfare system.

Stakeholders noted that cultural competence is an issue that they continue to address and keep finding ways to integrate it into practice. Also, discussions about cultural competence are now more integrated into everyday conversations at the management level. Additionally, agency leaders consider integration of family involvement as another opportunity for caseworkers to learn about and understand a family's culture and its significance in achieving improved outcomes for children and families.

10.3 Youth and Family Involvement

Youth and family involvement was the primary focus of the F2F Systems of Care initiative in Contra Costa County. To increase family involvement, CFS greatly enhanced the use and availability of TDM meetings for vulnerable children, youth, and their families, included youth and families in committees and planning meetings, and developed a Parent Partner Program. The TDM meetings enabled youth and families to play an active role in their own case plans, while committee participation allowed youth and family representatives to voice their opinions and share their point of view to influence child welfare policies and practices within CFS and across the county. Additionally, the Parent Partner Program provided families involved in the child welfare system with a supportive structure to increase their awareness of their rights and responsibilities, improve their experience with the system, and assist toward reunification with their children.

The Parent Partner Program is a mentoring approach that provides parents who are new to the child welfare system with a parent mentor who has successfully navigated the child welfare system and can serve as a guide and advocate. To implement this component of the initiative, CFS hired a Parent Partner coordinator to develop, manage, and oversee the program. Recognizing that there was not a model mentoring program specific to child welfare, the coordinator researched existing mentoring programs in other social service settings, including the mental health field, as well as mentoring models from the business community, to design a program model that was unique and appropriate for the needs of families in Contra Costa County's child welfare system.

The coordinator worked closely with the Parent Partner Leadership Council, which included representation by former child welfare clients who had successfully navigated the system, to create the program. Key decision points for the program included:

- When Parent Partners should engage families (i.e., at what point in the life of the case).
- What roles Parent Partners could and could not play in a case.
- How to protect a family's confidentiality.

A critical decision was determining the eligibility criteria for parents who wanted to serve as mentors or partners to other families. The group decided that to be eligible, Parent Partners must be former child welfare clients whose case had been closed for at least a year; are parenting their children and living a relatively stable life; and have been free from substance abuse for at least 2 years. This would ensure that only the most "ready" individuals apply for the program.

The interview process for the program is designed to test applicants along these parameters. Applicants are interviewed by the program coordinator and

participate in a group interview with current Parent Partners. The interview provides an opportunity to assess applicants' suitability for the position, including their perspectives and feelings about their families' involvement with child welfare, as well as their ability to communicate and engage with others.

To facilitate the success of the program, initiative leaders began by implementing the program in its Central Office, which allowed them to put all the program components into place and gain caseworker buy-in before expanding the program to the entire county. As word spread to the other CFS District Offices about the value of the Parent Partner Program as an important resource for families and for easing caseworkers' workload, CFS staff began to introduce the program to the other District Offices. By piloting the program in one location and gaining the support and commitment of CFS staff, initiative leaders were able to build a foundation for change across the county.

The Parent Partner Program is a voluntary program for families that come in contact with Contra Costa County's child welfare system. When a caseworker files a petition to appear before the court to request that a child be removed from his or her home, the caseworker sends a copy of the petition to the Parent Partner coordinator who then assigns a Parent Partner to the family. The Parent Partner meets the family when they arrive at the courthouse for the initial hearing. During this meeting, the Parent Partner shares information about the program and services available to the family; the family has the opportunity to accept or decline the services. If the family agrees to participate, the Parent Partner provides the information they need at that time (e.g., information about the court proceedings, help understanding the roles of various individuals in the process or child welfare system, or support in the hearing). Although Parent Partners are a resource and support to families during their court appearances, they are not active participants in the hearings.

Parent Partners engage in a variety of activities. (See Parent Partner job description in Appendix F.) They provide referrals to families that call for help, orient families with the child welfare system and educate them about the roles and the process, attend TDM meetings and mediation meetings with families, participate on panels and committees for CFS and the community, and conduct community outreach throughout the county and State. During the course of the initiative, Parent Partners also developed a family resource library that is available at the courthouse. Parent Partners are available to clients at any time[6] and never close a case, even if the case has been legally closed by CFS or the court. To protect the confidentiality and gain the trust of families they mentor, Parent Partners do not keep any notes, records, or files on their clients. Additionally, CFS has established an MOU with the court indicating that Parent Partners will not be called to testify against their clients.

During the grant period, most of the Parent Partners were mothers. However, CFS recognized that many fathers in the child welfare system lack the same support services that are available to mothers. The coordinator began to actively recruit male Parent Partners to serve as a support to fathers in the system. Contra Costa County's Parent Partner program currently includes one male Parent Partner, but initiative leaders hope to expand the number of male Parent Partners to more effectively meet the needs of fathers in the child welfare system.

Because Parent Partners play such an important and active role in the county, CFS has placed significant emphasis on professionalizing its Parent Partner program. Therefore, the program coordinator developed a training and professional development plan. Prior to becoming a Parent Partner, applicants must attend

6 The Parent Partner coordinator noted that although Parent Partners are asked to limit when and how families contact them, most Parent Partners trust that families will respect and not violate their personal time or space.

Contra Costa County Parent Partner Program

What Parent Partners will do:

- Maintain confidentiality while working with the family on maintaining an open and honest relationship with their social worker.
- Model social skills in the areas of relationship building, behavior, dress, demeanor, and attitude.
- Coach families how to act appropriately (at court, in meetings, with social worker).
- Dress appropriately (especially at court, and help families obtain appropriate clothes, if necessary).
- Help parents learn how to handle conflict with an adult attitude.
- Assist with travel, training/role playing, time management.
- Help parents connect or reconnect with family, churches, appropriate friends, and other supports.
- Help parents integrate into their community.
- Work with parents in recovery.
- Help parents get a sponsor.
- Attend ice-breakers with the parent.
- Go to TDM/mediation.
- Attend Alcoholics Anonymous/Narcotics Anonymous meetings.

What Parent Partners do not do:

- Supervise visits.
- Transport.
- Take sides (Parent Partners remain neutral; they are advocates for the case plan).
- Testify.
- Translate.
- Act as caseworkers, counselors, attorneys, or sponsors.
- Take referrals from attorneys, social workers, or well-meaning relatives; this is a voluntary program.

Source: Contra Costa County, Child and Family Services, 2009.

numerous trainings to develop their knowledge and skills, including mandated reported training, trainings about the Parent Partner program, CalWORKS,[7] court process and procedures (and etiquette), and presentation and communication skills training.

Throughout the course of the initiative, the Parent Partner Program received considerable attention in Contra Costa County. The local CBS television affiliate broadcast an interview with a Parent Partner and a birth father who has participated in the program. Two Parent Partners participated in a five-part local CBS radio affiliate program on methamphetamine use in Contra Costa County and its impact on children and families. Additionally, one Parent Partner was invited to testify to the Blue Ribbon Commission on Children and Foster Care at the State House in Sacramento. This increased visibility raised awareness of the program in the community and the State and has sparked the interest of other child welfare agencies interested in developing similar approaches to support families. Parent Partners are actively providing technical assistance to other States and counties that are implementing their own versions of the program.

11. Building Accountability for Systems Change

The implementation of California's C-CFSR and the Federal Child and Family Services Reviews process have placed increased emphasis on accountability and data-driven decision-making within child welfare systems. Contra Costa County's CFS has leveraged these State and national efforts to explore its performance, identify areas for improvement, and increase staff capacity to provide supports and services that lead to improved outcomes for children and families. During the planning to pursue the Systems of Care grant, agency leaders recognized the value of evaluation in ensuring CFS accountability to children and families and to systems partners. Agency leaders decided to include both internal and external evaluation processes as a means of examining the efficiency, effectiveness, and impact of Systems of Care-related programs and activities.

The county's strong relationship with the Child Welfare Research Center at the University of California, Berkeley, which serves as the repository for State child welfare data, enabled CFS to engage the research center in the initiative's evaluation. The agency established a contract with the UC Berkeley School of Social Welfare to conduct the external (local) evaluation of the initiative. In addition, through its participation in the Policy Council, agency leaders had the opportunity to work in partnership with the local evaluator of the Spirit of Caring initiative. The evaluator was a valuable resource for the Policy Council and was hired by CFS to serve as a member of the CFS internal evaluation team.[8] His experience and explanation of the value of evaluation were consistent with the CFS director's views of the importance of collecting and using data to shape programming.

From the onset of the F2F Systems of Care, agency leaders integrated evaluation activities into all initiative components, from planning to implementation. The internal and external evaluation team members were directly involved in the planning stages of the initiative. They helped identify outcome indicators and measurement strategies for data collection and provided valuable feedback to ensure the outcomes identified by agency leaders and program staff aligned with the program strategies that were the focus of the initiative. As a result of the evaluation teams' engagement in the planning

7 The CalWORKs program provides temporary financial assistance and employment focused services to needy families with minor children.

8 The evaluator's time was shared with Children's Mental Health during the first year of the F2F Systems of Care effort; the evaluator was subsequently hired by CFS to lead the internal evaluation of the agency's programs. During the grant, CFS hired two additional researchers to increase its internal evaluation capacity.

process, initiative leaders revised the outcome indicators by which they would measure the success of their work.

Throughout the life of the grant, the evaluation team regularly reported to the Policy Council and informed members of the evaluations' progress, preliminary findings, and challenges encountered. The Policy Council used these reports to guide its decision-making about the initiative. Additionally, the internal evaluation team and CFS leadership created a F2F Systems of Care project activities matrix that was continuously updated to track all actions and activities regarding the initiative's target population and objectives. The matrix was reviewed by the Policy Council at each meeting to track the initiative's progress toward meeting its objectives. The internal evaluation mapped to systems of care goals and included the evaluation of staff trainings, evaluation of caseworker workloads, and enhancement of the electronic database maintained by CFS to track target populations. To keep abreast of what was happening at CFS, the internal evaluators were involved in the day-to-day activities of the F2F Systems of Care initiative. In addition to reporting to the Policy Council, they presented their research to CFS committees and at quarterly community meetings to highlight child welfare trends at CFS.

The external evaluation of the initiative focused on two studies relating to F2F Systems of Care grant activities: a youth emancipation study and an evaluation of the Parent Partner Program.

- Youth emancipation study. The study examined foster youth's housing status, educational attainment, access to health and mental health services, financial support, involvement in the criminal justice system, foster care placement history, and satisfaction with independent living services through the county's ILSP and social/family supports.[9] The study consisted of surveys and interviews with 86 current and former (emancipated) foster youth.
- Evaluation of the Parent Partner Program. The evaluation described the program and its various components and identified the relationship between the Parent Partner intervention and reunification outcomes. Data were collected through interviews with Parent Partners; focus groups with birth parents, including Spanish-speaking parents; interviews with professionals with whom Parent Partners interact (e.g., social workers, court staff, mental health and substance abuse professionals); and client satisfaction surveys.

12. Impact

CFS leaders saw the Systems of Care grant as an opportunity to change the culture of the county in relation to how families are viewed and supported by agency staff. Stakeholders agreed that the Parent Partner Program made the greatest impact on day-to-day CFS practice with the children, youth, and families served. As a result of the program, CFS staff awareness of families' needs has increased and their view of parents as perpetrators has been altered. One stakeholder suggested that CFS staff are more understanding of the trauma that birth parents experience when their children are removed from the home and try to address their needs by providing supports and linking them to such services as substance abuse or mental health counseling. These anecdotal comments are validated by findings from the national and local evaluation. In particular, data from caseworker surveys administered by the

9 Because full implementation of the exit TDM meetings did not begin until year 4 of the grant, the external evaluators described the youth study, which began in year 3, as a general outcomes survey rather than an impact study because some of the sampled youth would not have fully benefitted from the exit TDM meetings by the time they were surveyed.

national evaluation team in 2005 and 2008[10] indicate that caseworkers believed that their focus on family involvement improved significantly and they focused more on interagency collaboration and integrating community-based services into their case plans during the grant period.

Similarly, results from the local evaluation of the Parent Partner Program, which examined families' experiences with the program and its impact on reunification outcomes, indicate that families:

- Were very satisfied with the services received.
- Felt supported in their experience with the agency.
- Felt empowered to take control of their circumstances and make needed changes in their lives.

Importantly, families believed that their experience with their Parent Partner gave them a voice in decision-making and helped support their relationship with their children. In terms of reunification, the preliminary results from the outcome study showed that reunification may be more likely for children whose parents were served by Parent Partners. Specifically, **approximately 62 percent of children whose parents were served by a Parent Partner reunified with their parents within 18 months of removal, compared to 37 percent of children whose parents were not served**. Although the study did not include a randomized control group, the results suggest that mentoring programs may be an important resource for child welfare agencies in their efforts to engage families and promote reunification (Anthony, Berrick, Cohen, & Wilder, 2008).

The expansion of TDM meetings also had a significant impact on interagency collaboration and family involvement by giving families a voice in the case planning process. **From 2003 to 2008, the number of TDM meetings conducted by CFS increased by 24 percent, from 105 to 433 at year-end**. In addition, the increased attention on older youth was significant in providing youth with needed tools and resources as they transitioned to independence. Initiative leaders noted that exit TDM meetings for emancipating youth, which began to take place in 2004, were successful as evidenced by the fact that youth were calling their caseworkers to request the meetings. **For example, the number of exit TDM meetings increased from 2 in 2004 to 131 in 2008, a 6,500 percent increase**. Moreover, the use of TDM meetings helped improve working relationships and further the collaboration between social workers and ILSP specialists, both of whom work with older youth on a continuous basis.

Additionally, participation in systems of care-related trainings helped to change CFS practice. For example, during the initiative, trainings for caseworkers and foster parents were enhanced to include youth, who shared their experiences with the system and discussed what was important to them. As a result, caseworkers and foster parents had a better understanding of the youth they serve and the communities in which they reside. In general, participation in training increased CFS staff capacity to more actively involve youth and families in identifying their own strengths and needs and making informed decisions and to collaborate with other agencies and service providers to improve outcomes for youth and families.

Findings from the youth emancipation study suggested that although youth who emancipated from Contra Costa County's foster care system were able to access ILSP services, their transition to independence was characterized by housing instability, financial insecurity, and health and mental health challenges (Cohen, Fawley, & Berrick, 2009). Study results showed that 80 percent of the youth felt that ILSP

10 The survey was designed to measure the extent to which caseworkers internalized the systems of care principles and the extent to which their self-described practice approach was consistent with these principles.

services enabled them to get housing information and live more independently, while more than half (62%) of the youth felt that ILSP services made a difference in their education. At the same time, approximately 40 percent of emancipated youth had not completed high school, 59 percent of those who reported a need for mental health treatment had not received it, 26 percent did not have any source of income, and 17 percent reported that after turning 18 they had experienced at least one night in which they had nowhere to sleep. These findings suggest that emancipating foster youth need strong supplemental supports well into their transition out of foster care. Exit TDM meetings to support emancipation planning and preparation is one potential strategy to facilitate this transition. However, the timeframe for implementation of the exit TDM meetings and the youth emancipation study precluded the external evaluators from determining the impact of the TDM meetings on youth outcomes.

13. Sustaining Systems Change

Once CFS agency leaders decided to apply for the Systems of Care grant, they began to plan for initiative sustainability. Because agency leaders regarded the initiative as an important component of their efforts toward family-centered practice, they knew that the programming established through the grant should be sustained after the Federal grant funding ended. Both CFS directors invested significant time planning for and identifying ways to sustain the activities of the Systems of Care initiative. Specific tasks included:

- Prioritizing among all of the agency's programs to determine which activities could be sustained.
- Examining alternative funding streams, such as grants and State funding, to replace the Systems of Care Federal funding.
- Identifying ways to maintain staff positions paid through the Systems of Care grant.

As a result of this planning process, the lead internal evaluator was hired as a full-time county employee and the Parent Partner Program coordinator and Parent Partners became employees of the Child Abuse Prevention Council through a fiscal contract with the county.

The CFS director drew funding from various sources and put a certain percentage of each toward sustaining the Parent Partner Program, TDM meetings, and a lead internal evaluator position. Specifically, funding from the Substance Abuse and HIV Exposed Children and the Promoting Safe and Stable Families grant programs are used to support the Parent Partner Program. Also, since the internal evaluator contributes to the evaluation of several of the agency's programs, his salary is drawn from multiple funding streams. Additionally, in 2007, CFS was awarded a Comprehensive Assessment for Positive Family Outcomes grant from the Children's Bureau. This grant initiative is similar to the Systems of Care grant and will enable CFS to enhance and sustain it efforts related to family involvement, individualized services, interagency collaboration, cultural competence, and community-based services.

Beyond the identification of funding streams, an important aspect of the CFS sustainability plan was the decision to integrate the Systems of Care activities into other aspects of the agency's work, especially its Systems Improvement Plan and CFS vision for the children, youth, and families of Contra Costa County. By connecting the initiative to the bigger picture and integrating the principles into agency practices, agency leaders ensured that the initiatives activities were viewed as regular practice within CFS, rather than as a separate effort. On the other hand, stakeholders acknowledged that beyond the policy changes related to the TMD meetings, they were less successful implementing other policy changes specific to their Systems of Care work.

14. Challenges to Implementation

The F2F Systems of Care initiative was considered largely successful and effective in changing how work was conducted at CFS; however, stumbling blocks along the way hindered the initiative's implementation. In particular, initiative leaders were challenged in their efforts to involve families at all levels of the work and sustain collaboration with key child- and family-serving agencies.

Contra Costa County's approach to family involvement was consistent with the State's redesign initiative and C-CFSR, as well as the county's vision for its child welfare system. Although initiative leaders made concerted efforts to include youth and families in program planning, through participation in the Policy Council and CFS subcommittees and workgroups, they were not very successful. Initiative leaders noted that the two youth representatives on the Policy Council were hard to keep engaged, and Policy Council members did not have a good sense of how best to use the family representatives who attended meetings. Beyond the Policy Council, a limited number of youth and family representatives participated in focus groups, trainings, committees, and workgroups to support the initiative's implementation. Although this was due largely to youth and parents' availability to participate in meetings and other activities, one stakeholder noted that "obtaining a mixture of different experiences…and not just one…would be good…[but] the key will be figuring out how to get them there and how to involve them."

Implementation of the Parent Partner Program also posed a challenge for CFS. When CFS began the program, agency leaders wanted to hire the Parent Partners as county employees. However, the county's personnel policies precluded the hiring of individuals with a criminal record.[11] To address this challenge, CFS hired the Parent Partners as independent contractors, which worked until 2007, when budget restrictions forced CFS to do away with its independent contractors. To maintain the Parent Partner Program, agency leaders established a partnership with the Child Abuse Prevention Council (CAPC), a community service and family support nonprofit organization working to prevent the maltreatment of children, to serve as the fiscal agent for the program.

Under this new structure, the program is housed at CAPC and the program coordinator and Parent Partners are CAPC employees. The coordinator, stationed at the CFS Central Office, serves as a conduit between CAPC and CFS but also supervises several CAPC staff, including Drug and Alcohol Specialists and staff in the Family Engagement Unit, thereby ensuring the sustainability of the position within CAPC. Although Parent Partners are stationed in the CFS offices, as CAPC employees they have benefits that they did not receive as independent contractors with the county (i.e., vacation, medical leave, and paid holidays). CAPC, which has doubled its staff, is working to add medical insurance plans to its employee benefits. The increased benefits will make the Parent Partner position more attractive to those interested in supporting families involved with the child welfare system but also need the benefits of full-time employment.

Implementation of the youth emancipation study also proved challenging for the external evaluation team. In particular, because of the transient nature of the study's target population, staff found it difficult to locate and conduct follow-up interviews with emancipating youth. To address this issue, the evaluator worked closely with CFS to establish a partnership with First Place for Youth, a local youth-serving nonprofit organization, to support implementation of the study. Through this partnership, the evaluation team trained former foster youth

11 Most of the individuals applying for the Parent Partner position had a previous criminal history as well as a history of substance abuse.

employed by the nonprofit to serve as youth recruiters for the evaluation. Although innovative, this strategy did not increase the number of youth participating in the evaluation. Subsequently, the evaluation team trained the youth recruiters to also conduct the interviews needed for the study. Developing former foster youth's capacity to conduct the interviews proved to be an effective and successful strategy for the evaluation and for the youth recruiter-interviewers. The number of youth interviews increased dramatically and the youth recruiters-interviewers acquired full-time staff positions with First Place for Youth.

Turnover within child- and family-serving agencies in the county was another challenge that influenced implementation of the F2F Systems of Care initiative. As previously noted, there was major shift in the membership of the Policy Council as the partnering agencies experienced turnover and budget cuts. This turnover slowed Policy Council momentum as new people had to learn their roles and the history of collaboration between the agencies. Similarly, staffing changes and turnover affected CFS's ability to establish a solid partnership with the Probation Department because the CFS liaison changed often and the relationship needed to be rebuilt. As one stakeholder pointed out, starting interagency collaboration is a slow process that takes time to develop in order to build relationships and trust. With new members coming in, that process was hindered.

During the grant period, there were significant staffing changes within CFS, including changes at the leadership (i.e., director) and manager/supervisory levels. As staff roles shifted within CFS, their roles in the F2F Systems of Care initiative also changed. Despite the turnover and staffing changes, many of the individuals continued to be involved in the work, albeit in a different capacity, which enabled the initiative to progress. Although CFS began to operate with a new director 2 years into the initiative, stakeholders noted that there was enough time to plan for the transition. Because the new CFS director had served as a private consultant for the Federal grant and had been involved with the F2F Systems of Care from its inception, she was committed to the goals of the initiative and was able to sustain the momentum set by the previous director. In general, by planning for staffing changes within the agency, CFS leaders were able to keep activities moving forward and on track to achieve the initiative's goals.

Building partnerships became increasingly difficult once CFS and partnering agencies experienced substantial budget cuts. Fiscal resources significantly decreased over the last 3 years as the State and national recession affected Contra Costa County. Mental health services funded by categorical programs such as the State Medicaid program (i.e., Medi-Cal) were cut and State and county budgets were squeezed. Cuts in State funding and limited county resources also hindered CFS's ability to increase access to community-based supports and services for children and families in need. Additionally, between January and December 2008, CFS was forced to reduce its staff by 42 percent. The staff reduction affected the number of TDM meetings completed within the agency as the number of TDM facilitators was reduced from three to two. Despite the economic challenges, CFS continues to look for opportunities to sustain the programming put in place during the F2F Systems of Care Federal grant period.

15. Lessons Learned

Over the course of the F2F Systems of Care initiative, agency leaders learned many valuable lessons and responded to multiple challenges as they sought to integrate a system of care approach to service delivery for families involved with the child welfare system. Stakeholders noted that one of the most important lessons they learned was that creating real systems change requires more than just talking about change

or one's vision; staff must experience change and witness the transformation to experience how things can be different. To be successful in this process, several key factors need to be in place.

- System change initiatives need strong and consistent leadership. Leaders must be passionate about the work and have a clear vision of what they want to achieve and how they will implement it. To be effective, leaders must motivate staff to be excited about change and eager to participate.
- Succession planning is critical to an initiative's successful implementation. Developing a succession plan entails the identification of individuals with the capacity to carry on the work, and mentoring or providing them with the supports and resources they need to succeed as leaders. Because staffing changes are inevitable, having a succession plan in place will ensure that leadership transitions are streamlined and the work can continue.
- Internal and external champions help garner support and can be a resource in times of crisis. Internal champions help legitimize the initiative for agency staff, while external champions do the same for systems partners. CFS's ability to garner the support of systems partners proved particularly fruitful when two child fatalities called into question the agency's accountability. The agency's partners stood by CFS and the community acknowledged that the families' issues were not the child welfare agency's alone but larger issues that required community-wide interventions. The gravity of the events helped to mobilize the community to support the child welfare agency.
- Partnerships need to be established and maintained throughout the life of the initiative. CFS leaders recognized that their ability to establish partnerships and collaborate with public and private child- and family-serving agencies and providers was key in the success of the F2F Systems of Care. Consequently, initiative leaders worked to maintain those relationships and partnerships, particularly during tough economic times when priorities shift and "it is easy to let collaboration slip between the cracks." For example, as Contra Costa County dealt with the recession, the Policy Council continued to meet in an effort to maintain the collaboration already established.
- Establishing clear and specific outcomes is critical to moving the work forward. From the beginning of the F2F Systems of Care initiative, CFS leaders were clear about the outcomes they wanted to achieve and developed an evaluation plan and process to measure success. Stakeholders noted that being clear about outcomes helped to keep everyone involved and moving toward those outcomes. It also helped to focus internal and external stakeholders' attention on following through with their plan to reach those goals. They recognized the value of making mid-course corrections and using data to inform program decisions. As one stakeholder noted, "It is important to be flexible, to let go of ideas you have in the beginning, and to adjust services to meet the needs of your clients."
- Recognize accomplishments and the people who contributed to them. Agency leaders noted that they did not do a good job of acknowledging their successes, internally or within the community, because they viewed the work they were doing as something that was expected.

As initiative leaders looked back over the 5 years of the Systems of Care grant, they remarked that a lot had been accomplished and child welfare practice in Contra Costa County had changed. As one stakeholder stated, "The legacy of systems of care is bringing parents and youth voice and really engaging them."

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North Carolina
Improving Child Welfare Outcomes through Systems of Care

North Carolina's experience with the systems of care approach dates back to the early 1980s, when the State was selected to implement a Child and Adolescent Service System Program (CASSP) grant to develop the infrastructure for a comprehensive mental health system of care for children, adolescents, and their families. Since then, Federal and State funds, including Federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), have supported the development and expansion of a systems of care approach to service delivery for North Carolina's residents. In particular, State legislation has created a new funding category for children with serious emotional disturbances and has mandated collaboration among mental health, juvenile justice, education, and other child- and family-serving systems.

In 2003, North Carolina was awarded a grant from the Children's Bureau to implement the *Improving Child Welfare Outcomes through Systems of Care* demonstration initiative. The initiative was administered by the North Carolina Department of Social Services (NC DSS). The NC DSS worked in partnership with the State Collaborative for Children, Youth, and Families, an informal group that brings together child- and family-serving agencies, to develop a plan for the implementation of the initiative. The Systems of Care initiative focused on enhancing existing systems and structures and building on the strategies of the Multiple Response System (MRS), grounded in the principle of family-centered child welfare practice. Additionally, three county DSS sites (Alamance, Bladen, and Mecklenburg) were selected to support implementation of the grant at the local levels.

The following sections describe the context for implementing the Systems of Care grant in North Carolina and in the three implementation counties. Economic and demographic information on the State and counties is presented, and major reforms in social services that affect the delivery of services for children and families are described. Finally, the case study includes State and county profiles that detail specific initiative leaders' experiences with the implementation of Systems of Care and their efforts to integrate the systems of care principles into child welfare policies and practices.

1. North Carolina State Background

The State of North Carolina is divided into 100 counties representing a diverse geographic, demographic, and socioeconomic mix. As of July 2008, the State's population was approximately 9,047,134, about 24 percent of whom were younger than 18 years of age (2008 American Community Survey). The majority of the State's population is White (70%); African Americans represent the largest minority group (21%). However, over the last few decades the State has experienced major demographic shifts that have dramatically increased its Hispanic/Latino population. According to the most recent estimates, between 2000 and 2006, North Carolina had the fifth-largest growth rate in the country's Hispanic/Latino population; persons of Hispanic/Latino ethnicity currently make up 7 percent of the State's population (U.S. Census Bureau, 2008 American Community Survey).

2. North Carolina Social Services

North Carolina has a State-supervised, county-administered social services system in which the State government (through the Department of Health and Human Services) provides oversight and support for the implementation of national programs and

the county Departments of Social Services deliver services and benefits to children and families. At the State level, the Department of Health and Human Services (DHHS) oversees several divisions, including Child Development; Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and Social Services. At the county level, the DSS has responsibility for delivering services in program areas, including:

- Child Welfare.
- Adult Services.
- Family Support.
- Temporary Assistance for Needy Families (known as Work First).
- Child Support.
- Food and Nutrition Services (NC DHHS, 2009).

This structure enables the State to provide leadership and support while providing county DSS the flexibility needed to maximize local resources and tailor supports and services to meet the particular needs of its populations.

3. Context of Implementation

Over the past several years, North Carolina's social services system has undergone major transformations, including reorganization of the State's mental health system and reform of child welfare policies and practices, which have affected how services are delivered to children and families.

3.1 Mental Health Reform

North Carolina's mental health system has experienced major reforms over the last decade. In 2000, the legislature mandated the establishment of the Comprehensive Treatment Services Program (CTSP), which created a new funding category for children with serious emotional disturbances. The program was designed with the goal of serving children at risk of institutionalization or other out-of-home placements. Program funds are flexible and may be used to expand a system of care approach for services to children and families statewide. The legislation mandated the development of Memoranda of Agreement (MOA) at the State and local levels between the MH/DD/SAS, the DSS, the Departments of Juvenile Justice and Delinquency Prevention (DJJDP) and Public Instruction (DPI), and the Administrative Office of the Courts. As a result of the legislation, local collaboratives were established to serve as the planning and advisory bodies for the use of the CTSP funds at the community level.

In an effort to reform the State's public MH/DD/SAS, in 2001 the legislature aimed to move the provision of MH/DD/SAS services from institutional to community-based settings. The legislation required that area authorities—then responsible for the provision of direct services—become Local Management Entities (LMEs) and contract with community providers for services. In their new role, the agencies were tasked with managing access, quality, and costs by planning, implementing, and monitoring services within their respective geographic areas. The 40 former area authorities were consolidated to 33 LMEs to serve various regions of the State.[12]

This legislation proved challenging for implementers. First, the mandate represented a significant shift in responsibility and required a different set of administrative capacities for the area authorities. Second, prior to 2001 there were few contracted mental health and substance abuse service providers in the State outside of the area authorities (Mercer

12 At the time of the interviews, 23 LMEs remained in operation as a result of the legislature's efforts to gain cost efficiency and economy of scale through consolidation of the LMEs. See Section 3(a)(8) of HB381, An Act to Phase in Implementation of Mental Health System Reform at the State and Local Level.

Consulting, 2008). Consequently, the transition from direct service provision to service management was challenging for the newly instituted LMEs and the limited services available in the State were a barrier to the agencies' ability to meet the goals of the legislative mandate. In addition, despite the legislative mandates to reform the mental health system, it took approximately five years for the new Medicaid-approved service definitions, including provision of case management services for children and youth, to take effect. One stakeholder noted that the impact of the mental health reform was significant because service array was minimal in some counties and private providers changed constantly, thereby making the availability and delivery of MH/DD/SAS services a challenge for families in need.

3.2 Reforming the Child Welfare System

The Child and Family Services Reviews process was initiated as a means for the U.S. Department of Health and Human Services to: monitor State child welfare agencies' compliance with Federal child welfare requirements; gauge the experiences of children and families receiving child welfare services; and assist States in building capacity to help children and families achieve positive outcomes. North Carolina's first Child and Family Services Review was conducted in March 2001. Like many other States, North Carolina did not achieve substantial conformity in any of the seven outcome areas; however, North Carolina achieved substantial conformity in all of the seven systemic factors assessed by the Federal agency.[13]

Upon completion of the first Child and Family Services Review, the State's DHHS submitted a Program Improvement Plan that identified strategies to redesign the child welfare system from a "child-centered, incident-based orientation" to a "family-centered, strengths-based, and community-based comprehensive approach" (NC DHHS, 2008). North Carolina also implemented the Multiple Response System, which incorporates family-centered practice with the goal of providing individualized responses to reports of abuse, neglect, and dependency (NC DHHS, 2008). The MRS is an effort to reform the entire continuum of child welfare in the State, from prevention through post-adoption services. Piloting of the initiative began on August 1, 2002, in 10 county DSS and was implemented statewide in 2006.

The MRS is a differential response system comprising seven strategies: A group can often be more effective than an individual in making good decisions.

1. Introduction of choice between two approaches to reports of child abuse, neglect, or dependency.
2. Implementation of a strengths-based, structured intake process.
3. Collaboration between Work First and the Child Welfare Program.
4. Coordination between law enforcement agencies and Child Protective Services for the investigative assessment approach.
5. Redesign of in-home services.
6. Utilization of a team decision-making approach in Child and Family Team meetings.
7. Implementation of shared parenting meetings in placement cases.

13 See Appendix C for background information related to the Child and Family Services Reviews process, including a list of the seven outcome areas and systemic factors assessed by the Child and Family Services Reviews.

The MRS is grounded in the principle of family-centered practice and comprises seven separate strategies that enable county DSS to tailor services to meet families' needs. One such strategy is families' participation in Child and Family Team (CFT) decision-making meetings; these meetings enable a family to identify and bring together the supports and resources (e.g., immediate and extended family, friends/neighbors, service providers) that are necessary to ensure the family's success. CFT meetings address the family's strengths and needs and how these affect the child's safety, permanence, and well-being. Finally, through joint decision-making, the family and key stakeholders develop an agreed-upon plan that specifies what must occur to help the family safely parent the child.

4. Readiness for Change

North Carolina's long history with the system of care approach dates back to 1985, when the MH/DD/SAS received a CASSP grant to develop the infrastructure for a comprehensive mental health system of care for children, adolescents, and their families. In 1988, the State was one of seven communities to receive funding from the Robert Wood Johnson Foundation to provide services with their emerging systems of care program and test the validity of the model. The implementation of the Robert Wood Johnson program led to the State's 1994 receipt of a Systems of Care grant from the Federal SAMHSA. The grant would enable the MH/DD/SAS to develop and make available child-centered, family-focused, family-driven, community-based, and culturally competent services for children and youth with serious mental health needs, and their families.

Since 1994, Federal and State funds have supported the development and expansion of a system of care approach to service delivery for North Carolina's residents. Specifically, the State has been the recipient of four additional SAMHSA Systems of Care grants; the two most recent grant sites include Mecklenburg and Alamance counties. Furthermore, to facilitate the integration of a system of care approach to serving families, the State MH/DD/SAS made funds available to enable each of the LMEs (i.e., the agencies responsible for the provision of mental health, developmental disabilities, and substance abuse services) to hire a Systems of Care Coordinator. These individuals support the local collaboratives, collaborate with other child- and family-serving agencies, and participate in CFT decision-making meetings.

The State's experience with the system of care approach for children and youth with serious emotional disturbances and their families, as well as its child welfare redesign through the MRS, served as an important impetus and foundation for the implementation of the Systems of Care initiative. This effort would have as its target population children and youth within the child welfare system who might or might not have a mental health issue, and aimed to help further support and promote collaboration among child welfare, mental health, and other child- and family-serving systems.

History of Collaboration

North Carolina has a strong history of collaboration at both the State and county levels. In 2000, the major agencies serving children and their families formed the North Carolina State Collaborative for Children, Youth, and Families to enhance collaboration and partnership among the agencies and improve service delivery to the children and families they served.

Since its inception, the State Collaborative has been co-facilitated by a parent advocate and a university researcher, who act as neutral leaders. It includes representatives from:

- Division of Social Services.
- Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

- Department of Juvenile Justice and Delinquency Prevention.
- Exceptional Children's Branch at the Department of Public Instruction.
- Administrative Office of the Courts.
- Governor's Crime Commission.

Community partners, private providers, advocates, and family members also participate in the State Collaborative. In addition to the main collaborative body, a number of smaller workgroups have been developed to focus on specific issues, such as early screening and assessment, cultural competence, evaluation, and training and technical assistance.

The State Collaborative developed independently, apart from any official mandate and without any official authority. As a non-mandated body, the State Collaborative has been able to operate in a neutral space, without being owned or operated by a single agency; this has greatly supported buy-in and collaboration among all of the various partnering agencies. Over the years, it has supported local collaboration and encouraged consolidation of legislatively mandated local decision-making entities such as the Local Community Collaborative through MH/DD/SAS, the Juvenile Crime Prevention Council (JCPC), and other community-based collaborative bodies such as the Community Child Protection Team and Child Fatality Review Team. Other accomplishments include the development of a series of legislatively required Memoranda of Agreement to implement the CTSP and development of a communication plan and protocol to ensure the coordination of agencies in the placement of children out of their community, as required by Senate Bill 163 (see MOA in Appendix G).[14]

As a result of its voluntary nature, the State Collaborative has been able to develop organically with its vision and priorities shifting over the years. Three of the State Collaborative's main focus areas specific to child welfare have been participation in the State's Child and Family Services Reviews process, support in the development of the State Program Improvement Plan, and the development and implementation of the MRS. In 2003, when the Children's Bureau released the *Improving Child Welfare Outcomes through Systems of Care* initiative, the NC DSS, in partnership with the State Collaborative, recognized this initiative as an opportunity to build on the practice work already taking place through the MRS and the interagency collaboration emerging from the State Collaborative.

The initiative would not only provide an opportunity to leverage the achievements and lessons learned through the MRS, it also would help to further integrate the systems of care principles and framework into the State's child welfare redesign. To test the integration of the systems of care principles, three counties (Alamance, Bladen, and Mecklenburg) were selected as implementation sites. These counties were chosen because, in addition to their prior experience with the MRS, their geographic diversity would enable the NC DSS to better understand how systems of care principles could be implemented in urban, rural, and suburban communities with varying resources (see Table 2 for the counties' demographic profiles). An evaluation of the planned initiative conducted by Duke University's Center for Child and Family Policy would identify the process of implementation and resulting outcomes (see the evaluation logic model in Appendix H).

14 Senate Bill 163, enacted in 2002, mandates improved collaboration, coordination, and communication between public agencies (DHHS, DJJDP, and DPI, among others) when children are placed in out-of-home care (group or therapeutic foster care homes) and moved from one county to another.

Table 2: Demographic Profiles: Alamance, Bladen, and Mecklenburg Counties

		*Alamance**	*Bladen**	*Mecklenburg**	*National Average**
Population		147,910	32,297	862,131	n/a
Household Income		$43,138	$31,667	$56,766	$52,175
Child Poverty Rate		27%	37%	12%	18%
*Race/Ethnicity***	White	70%	57%	60%	74%
	Black	18%	35%	29%	12%
	Asian	1%	<1%	4%	4%
	American Indian/Alaskan Native	<1%	3%	<1%	1%
	Multiracial/Other Race	1%	1%	2%	2%
	Hispanic/Latino	11%	N	10%	15%

* Source: U.S. Census Bureau, 2006-2008 American Community Survey

** Columns do not total 100% because "White" and "Hispanic/Latino" categories are not mutually exclusive.

5. State Planning and Implementation

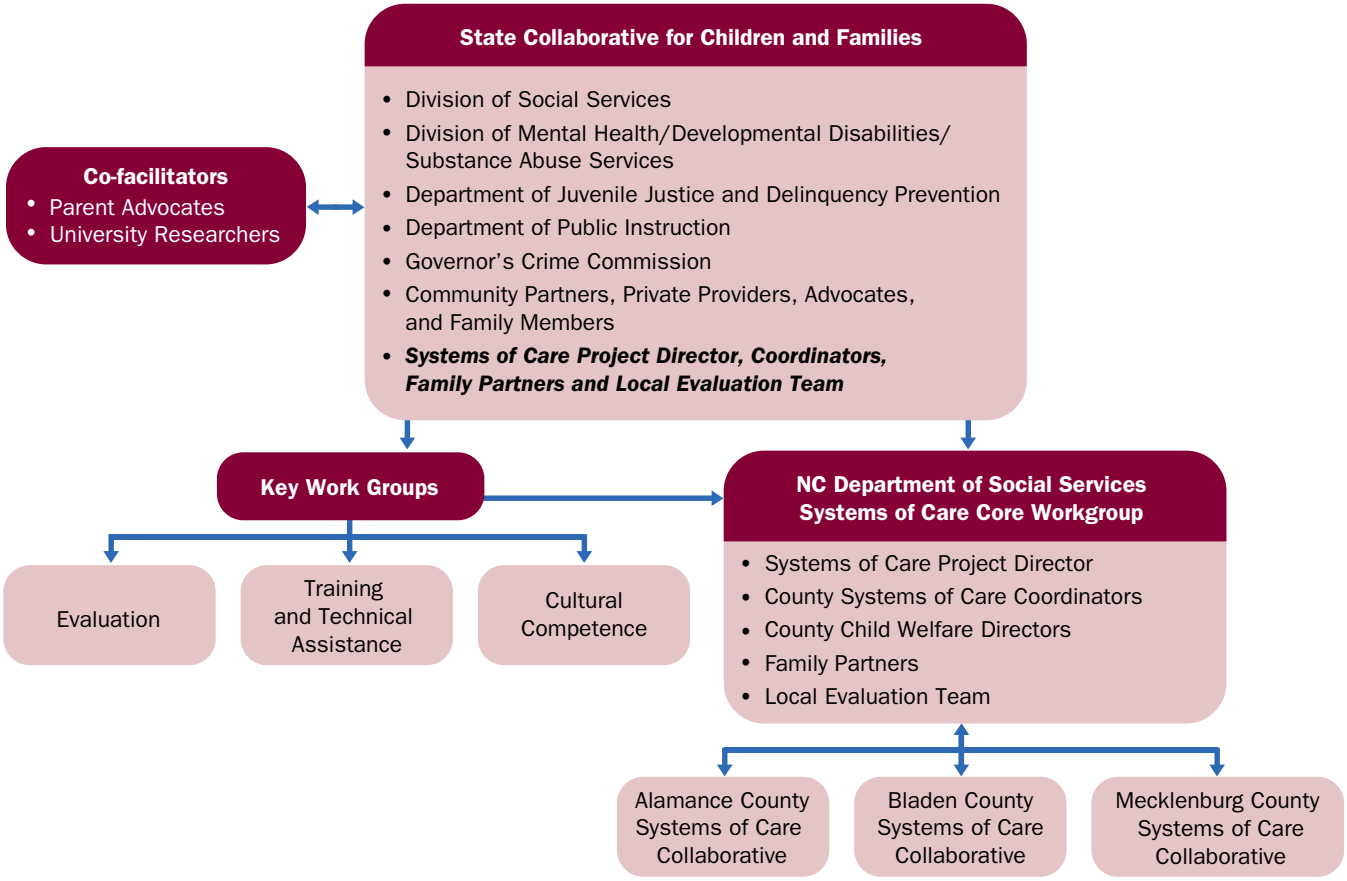
Due to staff turnover and difficulty in hiring a project director to oversee the implementation of the grant, the NC DSS did not engage in a formal strategic planning process and experienced a lapse of progress toward achieving the first full year of planning activities. Approximately 9 months into the grant, the agency hired a project director (Systems of Care director) who focused on planning and implementing the grant through a collaborative and participatory process. The responsibilities of this position included organizing or conducting:

- Internal NC DSS meetings.
- Monthly meetings with the county coordinators, Family Partners, evaluation staff, and others involved with the project.
- Presentations on progress and activities at the State Collaborative.
- Strategic planning meetings to identify a consistent set of strategies to move the work forward at the State and county levels.

North Carolina's Systems of Care grant was structured to mirror its child welfare system as a whole, namely, an initiative that was State-administered, with strong county discretion (see Figure 1). At the State level, North Carolina implemented the Systems of Care effort through several mechanisms; one of the most significant was utilization of the State Collaborative because of its comprehensive make-up and its extensive involvement with the MRS. The State Collaborative served as the stakeholder group for the Systems of Care initiative, helping to guide the decision-making process about the roles of the State and counties as well as the types of supports and resources that would be most useful to building the initiative's infrastructure.

To facilitate the work of the Systems of Care initiative, the Systems of Care director, the local evaluation team, and representatives from the three counties—typically the Systems of Care coordinators and Family Partners—joined the State Collaborative. Local Systems of Care coordinators also played an active role in the State Collaborative's training and technical assistance workgroup.

Figure 1: North Carolina Systems of Care Stakeholder Groups



Through their participation in the workgroup, the Systems of Care coordinators and Family Partners:

- Played a critical role in the implementation and support of the emerging Systems of Care initiative and its principles across the State.
- Provided crucial feedback that helped inform agency and State policy creation and modification.
- Helped develop tools and resources to support the expansion and integration of systems of care principles into agency policies and practices.

Understanding that ongoing communication, internal and external, was critical to generating the buy-in of stakeholders and building interagency collaboration, the Systems of Care director and coordinators provided regular updates regarding State and local Systems of Care activities at the State Collaborative. These activities helped to ensure that child- and family-serving agencies, community partners, and family representatives all had an opportunity to learn about and provide their input into the work being accomplished.

In 2007, with assistance from the National Resource Center for Organizational Improvement, the State Collaborative developed its first charter, which clearly articulates the entity's mission, vision, and values, all of which are guided by the principles of systems of care. The development of the charter was a process that helped to provide a formal definition and identity for the State Collaborative. The charter is an evolving document, meant to be modified on an ongoing basis; the State Collaborative holds strategic planning sessions annually.

Stakeholders noted that, prior to the Systems of Care initiative, the State Collaborative had primarily focused on mental health issues. However, the Systems of Care initiative helped the State Collaborative expand its focus and implement its ideas and strategies about how to best serve children and families using a system of care framework. According to one stakeholder, "the [Systems of Care] child welfare grant provided people and resources that gave momentum to the systems of care movement and helped to rejuvenate and strengthen the State Collaborative."

At the local level, each of the counties developed its own governance structure or Systems of Care Collaborative to support the initiative's implementation in its community. In order to facilitate two-way communication between the State and counties, the NC DSS created the Systems of Care Core Workgroup comprising the Systems of Care director, the local Systems of Care coordinators, Family Partners, and the local evaluation team. In 2004, the MH/DD/SAS funded Systems of Care coordinator positions across the State; as these positions were filled in the three pilot counties, the mental health Systems of Care coordinators joined the Systems of Care Core Workgroup meetings. This level of interagency collaboration resulted from the strong relationships established between NC DSS and MH/DD/SAS through their participation in the State Collaborative and mutual recognition of the value of developing one system of care for North Carolina's children and families.

The Systems of Care Core Workgroup held monthly meetings facilitated by the local evaluator, enabling all Systems of Care staff to discuss progress, coordinate efforts, and ensure some consistency both within and across program sites. In addition, the Systems of Care director established quarterly meetings with the three county DSS directors, the Community Child Protection Team, Division Teams, section chiefs at the NC DSS, and other high-level government officials to update them on the initiative's progress.

North Carolina State Collaborative for Children and Families

Vision Statement:

Children, youth, and families are healthy, safe, and successful at home, in school, and in their communities.

Mission Statement:

The North Carolina State Collaborative for Children and Families, through a system of care framework, provides a forum for collaboration, advocacy, and action among families, public and private child- and family-serving agencies, and community partners to improve outcomes for all children, youth, and families.

6. Integrating a System of Care Approach Across North Carolina's Child- and Family-Serving Systems

In order to implement the initiative most effectively, the NC DSS held annual strategic planning retreats to help guide its decision-making regarding the initiative, build interagency collaboration, and ensure accountability across system partners. These annual retreats were facilitated by the State's Systems of Care national technical advisor, and attended by the Systems of Care director, the three local Systems of Care coordinators, State and local DSS staff, Parent Partners, and representatives from other State and local collaborative partners. Strategic planning retreats were used to review the accomplishments of the previous year, discuss specific issues affecting current implementation

of the initiative, and develop goals, priorities, and blueprints to guide the work of the upcoming year. At these retreats, the three local Systems of Care coordinators and collaborative partners engaged in breakout sessions where they conducted their own local strategic planning for the year.

Based on discussions with key stakeholders in the State Collaborative and strategic planning meetings, the NC DSS determined that in order to be successful, the principles and framework for developing a system of care for children and families needed to be integrated into child- and family-serving agencies' policies, processes, and procedures. State leaders identified the implementation of CFT meetings as the best mechanism for infusing the principles of individualized, strengths-based, culturally competent, and community-based services and supports into child welfare practice. CFT decision-making meetings also provided the processes for building collaboration and accountability for improved outcomes among child- and family-serving system partners. According to stakeholders, although there had been a vision and policy in place for the delivery of family-centered practice via the CFT decision-making meetings and other MRS strategies prior to the Systems of Care grant, these efforts had not been fully put into practice and there was a lack of consistency in models and approaches across the State. Through their participation in the State Collaborative, Systems of Care leaders engaged a cross-section of child- and family-serving agency staff, youth, and family representatives to develop a definition of a CFT and determine how it should be put into practice. Ultimately, the goal was to develop a common definition across child- and family-serving systems, particularly child welfare and mental health, of what family-centered practice means and entails.

By taking a leadership role and implementing these changes at the State level, agency leaders hoped to affect social service systems across the State and ensure that all families have access to family-centered, strengths-based, and culturally competent practices and services in their own communities. Specifically, NC DSS leaders perceived the change in practice (i.e., front-loading services) as the mechanism by which to drive the child welfare outcomes of safety, permanency, and well-being. Importantly, stakeholders believed that taking the CFT meetings into the community and out of the NC DSS would increase interagency collaboration and lead to increased accountability and shared responsibility for child and family outcomes among system partners.

Child and Family Teams are family members and their community supports that come together to *create, implement, and update* a plan *with* the child, youth/student, and family. The plan builds on the strengths of the child, youth, and family and addresses their needs, desires, and dreams.

7. Developing the Infrastructure to Support Systems of Care

The NC DSS engaged in a number of planning activities to build the capacity of child welfare and other child- and family-serving agencies to successfully implement the principles of systems of care in a unified manner across counties.

Recognizing the ways in which MRS and Systems of Care complemented each other in their goals, missions, and objectives, the Systems of Care director conducted trainings and workshops to facilitate agencies' understanding that Systems of Care was an initiative that was being adopted to support their current efforts. These trainings were particularly useful in getting the buy-in and support of top agency

leaders who had initially distanced themselves from the initiative because of the work already underway through the MRS and their fear of overwhelming the county DSS.

The NC DSS also used its MRS statewide meetings (held with supervisors and caseworkers three times a month via telephone conference calls) as a vehicle to reach out and communicate the ways in which the systems of care principles complemented the model of family-centered case practice already in place in the State. Because these meetings were designed to facilitate information sharing about the variety of service models and approaches that counties were using to implement family-centered practice, they were a useful venue for disseminating information about the three counties' experiences, including progress and successes, with the development of a Systems of Care initiative in their communities.

The NC DSS further supported the implementation of Systems of Care by integrating its principles into the agency's pre-service training curriculum, which serves as the foundation for service delivery for incoming child welfare caseworkers. Agency leaders understood that directors and supervisors needed to believe in the systems of care philosophy in order for the initiative to be successfully implemented and sustained. The need for mid-management buy-in was especially important, given the high level of turnover at the caseworker level. Supervisors were seen as instrumental in serving as role models for workers, encouraging them and demonstrating how the changes in practice would reduce their workloads and lead to improved outcomes for children and families. Consequently, the NC DSS developed specialized training for supervisors on how to involve and support their caseworkers in family-centered practice. The training curriculum also emphasized the importance of intra- and interagency collaboration, a core systems of care principle.

The NC DSS also integrated the principles and philosophy of systems of care into its policy manual, the Child Protective Services Manual. Specifically, it integrated the principle of individualized, strengths-based care and family involvement into agency policy by revising the manual to include policies and forms aimed at facilitating the identification of strengths during family assessments and the incorporation of these strengths into the CFT case-planning process. This effort was supported by Families United, a parent support and advocacy organization and active participant in the State Collaborative, which developed a common definition of Family Partners and a Systems of Care Family Handbook to provide information on Systems of Care to families involved in the child welfare system.[15] These resources facilitate the implementation of family involvement at the local level by providing a common language and understanding upon which the counties were able to structure their activities.

Similarly, in order to support the principle of cultural competency, and in an effort to respond to the disproportionate representation of African American and Native American children in the child welfare system (based on available data at the State level), the Systems of Care director worked alongside members of the State Collaborative's cultural competency workgroup to develop a one-day cultural competency training curriculum that was made available to counties. As a result of ongoing requests and interest expressed in the training by county staff, the cultural competency training was later extended into a two-day training curriculum and, finally, a three-day training event. Cultural pieces were also added to most existing child welfare training curricula to emphasize the importance of culture, no matter

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

the job/role of the worker. Despite these efforts, agency leaders (at both the State and county levels) identified cultural competency as one of the most ambiguous and challenging systems of care principles to implement.

In an effort to gain support from and build the infrastructure of other child- and family-serving agencies, the State Collaborative's cross-agency training and technical assistance workgroup supported the development of a statewide informational Web site[16] through blended funds from several agencies and led the planning and execution of two statewide systems of care conferences, each with attendance of more than 300 participants. These conferences were aimed at:

- Sharing the systems of care principles and framework among collaborative groups across the State.
- Increasing communication between the State Collaborative and local collaborative groups.
- Providing an opportunity for local collaborative groups to share successes and challenges with each other.

The training and technical assistance workgroup (with funding from the DPI[17] and NC DSS) also developed a cross-agency/cross-systems training curriculum to ensure the consistent implementation of CFTs across child- and family-serving systems. Written with input from family representatives, the curriculum focuses on the use of CFT meetings as an important part of service delivery for families. This training is offered to all DSS employees who participate in or facilitate CFT meetings, as well as mental health and other service providers, as requested by local communities. During the training, delivered by a professional trainer in conjunction with parent and youth partners, participants learn the philosophies and benefits of convening meetings that include family, extended family, friends, service providers, and community members in order to make plans and decisions that promote child and family safety and well-being. An important focus of the training is moving participants from an authoritative, prescriptive approach to planning and intervention to a more collaborative and empowering approach to working with families.

> "Having family members as co-developers and co-trainers really helped workers understand the importance of family-centered practice and what being family-centered really means."
>
> *- Key Informant*

In order to expand the training and adoption of systems of care principles across the State, child- and family-serving agencies, along with Family Partners, worked together to obtain a grant from the North Carolina Crime Commission to enable a group of agency representatives to travel across the State and conduct one-day trainings focused on the use of CFT meetings and systems of care principles for regional groups within North Carolina. These training sessions also offer support to communities currently developing local collaboratives or implementing CFTs and/or incorporating a systems of care approach into the work of child- and family-serving agencies. As of July 2009, more than 500 people from multiple child service agencies had attended this training.

The NC DSS ensured ongoing infrastructure support for Systems of Care by integrating it into its Program Improvement Plan. In March 2007, North Carolina completed its second Federal Child and Family Services Reviews process. The State achieved substantial conformity in 1 of 7 program outcomes: Well-Being Outcome 2 (children receive appropriate services

16 Visit: http://www.nccollaborative.org.

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

to meet their educational needs). It also achieved substantial conformity in 5 of 7 systemic factors (see Appendix I). Specifically, service array and the case review system were noted as areas needing improvement. In addition, the Child and Family Services Reviews recognized CFT meetings as a strength when they were implemented with model fidelity. Following the second Federal Child and Family Services Reviews, the NC DSS submitted a Program Improvement Plan that focused on enhancing MRS through the application of family-centered practice within a system of care approach, which included child, youth, and family engagement; interagency collaboration; cultural competence, including identifying strategies and approaches for addressing disproportionality issues; court involvement; and accountability. As a result of the integration of the systems of care principles into the State Program Improvement Plan, interview participants noted that, as of July 2009, all NC DSS staff are required to participate in the three-day cultural competency training developed by the State Collaborative's cultural competency workgroup. By integrating systems of care principles into the Program Improvement Plan, the State reinforced its commitment to infusing the systems of care approach into family-centered practice.

8. Local Implementation of the Systems of Care Initiative

While the NC DSS provided significant oversight and infrastructure support to the Systems of Care initiative, the three local grant communities (Alamance, Bladen, and Mecklenburg Counties) each implemented their Systems of Care initiative fairly autonomously.

All three counties recognized the need to assign a dedicated coordinator to manage the day-to-day implementation and operation of the Systems of Care initiative. While Bladen and Mecklenburg Counties identified individuals who were internal to their DSS, Alamance County hired an outside individual who had a strong background in the mental health system, was an active participant in existing collaborative groups, and had strong relationships with other stakeholders in the county. The project coordinators were tasked with managing and overseeing the day-to-day operations of the initiative and working closely with child welfare staff and external stakeholders to identify and develop the best structure for implementing the initiative in their respective communities. Two important aspects of the work were incorporating into each local DSS the tools and protocols developed at the State level and making available the systems of care-related trainings to facilitate the integration of systems of care principles into local child- and family-serving agencies' policies, procedures, and practices.

Initiative leaders in all three pilot counties identified family involvement as a key focus for their work.[18] To support family involvement, Alamance and Bladen Counties each hired a Family/Parent Partner coordinator[19] to oversee their family involvement efforts. While Alamance County's Family/Parent Partner coordinator held a part-time position, Bladen County's DSS was able to blend funding with the mental health systems of care to fund a full-time Family/Parent Partner coordinator. In Mecklenburg County, on the other hand, initiative leaders contracted with several community-based organizations to implement their family involvement program.

Systems of Care coordinators in Mecklenburg and Alamance Counties implemented a variety of activities aimed at developing internal support for the initiative in an effort to garner buy-in among DSS administrators, supervisors, and frontline workers. In Mecklenburg County, initiative leaders spent a

18 See *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care Initiative* for more information about the implementation of the family involvement principle across Systems of Care grant communities.

19 Some counties referred to this individual as Family Partner while others use the term Parent Partner.

significant amount of time educating child welfare staff about the ways in which the Systems of Care initiative would serve as an added resource to support their existing efforts, especially as they related to the MRS. In Alamance County, the Systems of Care coordinator, in conjunction with the DSS director, conducted an informal assessment to identify the local DSS's strengths and weaknesses as they related to engaging families. This assessment led to retreats with each of the individual units within DSS, where initiative leaders were able to discuss the findings of the assessment with staff and educate staff about the System of Care initiative and its principles. Alamance County's Systems of Care coordinator also worked to gain buy-in and support from other child- and family-serving systems by calling on other agency representatives to discuss the development of a system of care and how they could be involved.

All three counties established their Systems of Care Collaboratives by building on existing collaborative efforts; however, the effectiveness of these efforts varied across counties. Alamance County, which had a strong history of collaboration, was able to develop a Systems of Care Collaborative by combining a number of its pre-existing collaborative groups. To support further system integration and coordination, Systems of Care initiative leaders also created an Executive Oversight Committee comprising public and private sector agency executives. The Systems of Care Collaborative is responsible for identifying issues or areas of concern and possible solutions, while the Executive Committee provides the official approval necessary to make changes and system improvements. Bladen County's Systems of Care coordinator also attempted to build on existing collaborative efforts and develop an Executive Committee. Unlike Alamance County, however, Bladen County did not have a strong history of collaboration, which made it challenging for the Coordinator to engage key stakeholders in the work. This lack of a history of collaboration, along with inconsistent support from the leadership, resulted in the Executive Committee not being realized until late 2008.

To help guide the implementation of Systems of Care, all three counties engaged in annual strategic planning. For Bladen and Mecklenburg Counties, these efforts primarily took place during the breakout sessions of the State's annual retreats. While Alamance County's coordinator and collaborative partners participated in these breakout sessions, they also conducted independent annual strategic planning meetings to review their progress, discuss planning and policy, and establish plans for future work.

9. Accountability

Over the past few years there has been an increased focus on accountability within North Carolina's child welfare system. This is due in large part to the Child and Family Services Reviews process. Throughout the implementation of the initiative, the NC DSS developed various processes to demonstrate the agency's commitment to results-based accountability, including:

- Participation in the national cross-site evaluation.
- The active engagement of the local evaluation team in initiative activities.
- Ongoing communication and information-sharing within the NC DSS and across child- and family-serving agencies via the State Collaborative and annual strategic planning meetings.

In terms of evaluation directly related to the Systems of Care initiative, local evaluators in North Carolina were involved in the initiative's planning and implementation starting at its inception. Evaluators attended all planning meetings, participated in collaborative meetings at each of the three implementation sites, helped build evaluation capacity locally, and provided support to the local evaluation subcommittees. Local evaluators also played a role in the development of

training at the State level. Stakeholders at the State level noted that the active participation of local evaluators was enormously important to the initiative's success. The evaluation team furthered accountability by disseminating information to stakeholders about each initiative's progress and its impact on agency practice and the quality of services provided to children and families. Because the evaluation team was an integral member of the Systems of Care initiative at the State and local levels, information dissemination took place on an ongoing basis, as well as in the more structured twice-monthly State Collaborative meetings, monthly Systems of Care Core Workgroup meetings, and quarterly pilot county local collaborative meetings.

Evaluation Activities

The local evaluation team conducted the following activities to evaluate the impact of the Systems of Care initiative:

- Developed and used a Family-centered Meeting Survey to assess families' knowledge and understanding of the CFT meetings, their engagement and satisfaction with the meetings, and the fidelity of implementation of the model in the three implementation sites. Evaluation team staff collected data from all three counties after every CFT meeting and developed and shared a report of the findings with each county DSS.
- Conducted a study that compared the impact of the CFT decision-making meetings and families' involvement in the development of their own case plans in the three Systems of Care implementation counties to other counties in the State.
- Implemented annual needs assessments in each of the implementation counties to examine how the systems of care principles were being incorporated into agency practice, climate, and culture. Surveys were administered with DSS and Youth and Family Services (in Mecklenburg County) frontline staff and supervisors as well as community collaborative members.
- Developed a process, in partnership with State and County Systems of Care leaders, to blueprint or document the State and Counties' experience with the implementation of the initiative.

Key findings from the evaluation are described in further detail below.

10. Impact and Sustainability

State and county leaders were able to make significant progress in the development and implementation of the Systems of Care initiative. As with any systems change effort, the true effects of the initiative have yet to be fully realized; however, its impact has already been felt in the administration and delivery of child welfare services across the State.

At the State level, the principles and framework for developing a system of care for children and families became integrated into the agency's pre-service training for all child welfare workers, were infused into the agency's child welfare policy manual, and served as the basis for the State's Program Improvement Plan. Further, systems of care principles informed the agency's approach to the provision of technical assistance that would enable county DSS to move the system forward and connect it to family-centered practice and values. NC DSS leaders note that, although a vision and policy for the delivery of family-centered practice were in place at the State level via the CFT decision-making meetings and other MRS strategies, these efforts had not been fully put into practice and lacked consistency in terms of models or approaches across the local DSS. The Systems of Care initiative enabled the NC DSS and its partners to develop a common definition of family-centered practice across mental health and child welfare,

as well as the tools and processes to facilitate its implementation at the local level.

Findings from the local evaluation indicated that implementation of the Systems of Care initiative aided in the successful implementation of CFT meetings (Lawrence & Snyder, 2009). Specifically, compared to parents in non-Systems of Care counties, parents in the three Systems of Care sites:

- Reported greater preparation by social workers during the CFT meetings.
- Were more likely to have relatives and service providers involved.
- Felt that they had more of a say in selecting who attended the meetings.
- Felt that social workers encouraged them to bring supports to CFT meetings.

These findings are consistent with feedback received from frontline staff in the three implementation sites, where staff identified family partnerships as one of the strongest assets of the initiative. Although these findings show promise, they have an important limitation in that available data do not document individual-level outcomes of families participating in CFT meetings, that is, the extent to which participation in CFTs results in improved outcomes (e.g., safety, permanency, and well-being) for children and families. Additional research will be needed to demonstrate the short- and long-term impact of CFTs and other family-centered case-planning processes on child and family outcomes.

Generally, frontline staff and collaborative members in all three counties tended to agree that the systems of care principles had been successfully integrated into agency policies and practices. Analysis of survey data collected by the national evaluation team indicates that caseworker ratings of the extent to which systems of care principles were implemented in North Carolina increased from year to year.[20] Similarly, in surveys administered by the local evaluation team, collaborative members in all three counties tended to agree that the initiative had been successful in increasing:

- Cultural competence in child welfare.
- Community-based approaches pursued by child welfare workers/agencies.
- Family involvement in child welfare.
- Interagency collaboration on child welfare cases.
- Accountability to families within the child welfare system.

The Systems of Care initiative also played an important role in solidifying collaborative efforts at both the State and local levels. At the State level, stakeholders noted that, although the DSS had been an active partner in the State Collaborative prior to Systems of Care, the initiative has given the agency greater energy and presence within this cross-agency group. Similarly, although each of the counties had some type of informal collaborative group in place prior to the Federal grant, the Systems of Care initiative helped to further develop and formalize the structures and functions of these interagency collaboratives and validated their roles as key stakeholders in the implementation process. These collaborative groups will continue to meet regularly because, as one collaborative member noted, “that’s the way we do business now.” Additionally, a number of other communities in North Carolina have followed the leads of Alamance, Bladen, and Mecklenburg Counties and developed their own collaborative bodies based on systems of care principles; Scotland County and Moore County are two primary examples.

20 From 2005 to 2008, caseworkers were asked about an array of outcomes, including the level of collaboration, necessary infrastructure, tailored services, building on strengths, family involvement, family engagement, cultural diversity, community-based service array, record keeping, and data-driven decision-making. The rating increases for each principle, from 2005 to 2008, were statistically significant.

Sustainability

The integration of the principles into everyday practice has been the NC DSS's primary strategy for sustaining and expanding the Systems of Care work across the State. A the local level, the DSS entities have reached out to other funding sources to help sustain their Systems of Care efforts (e.g., Alamance's Systems of Care SAMHSA grant, targeting children ages 0–5 with serious emotional disturbances, will support the county's systems work as well as help fund the Parent Partner Program). Additionally, State leaders applied for and successfully received a one-year grant from Casey Family Programs to fund Family Partner positions in Pitt and Mecklenburg Counties. These Family Partners (two in Mecklenburg County and one in Pitt County) will work closely with families to help the county DSS reduce the number of children in care, with a particular focus on reducing the disproportionate number of African American children in care. In addition to the Family Partner position, the DSS will also receive individualized technical assistance from the foundation. Last, NC DSS leaders indicate that the agency has fully embraced the system of care approach to child welfare and will continue to work on its integration across the State.

11. Lessons Learned

As NC DSS and local DSS leaders went through the process of implementing the system of care framework and approach in a child welfare setting, they encountered several successes and challenges along the way. The following presents a synopsis of important lessons learned and recommendations for other communities interested in implementing a similar approach.

- Build on existing efforts to avoid duplication and to maximize available resources. Before starting implementation, initiative leaders should identify where gaps exist in the community and then determine how the initiative can help to fill those gaps.
  - Existing child welfare family-centered practice (i.e., MRS) provided the foundation from which to launch and successfully integrate a system of care framework and approach to service delivery.
  - The initiative's implementers—at both the State and county levels—used existing collaborative groups as governance structures to guide implementation of the initiative.
- Social marketing is a key ingredient to the success and sustainability of the initiative. In order to gain the buy-in and support of the community, initiative leaders need to actively market their work to ensure that others see the value of what they are doing. When engaging in social marketing, it is important to show others what they are likely to gain from the effort and to spend a significant amount of time bringing key stakeholders together in order to gain their buy-in and support. Stakeholders include those working on other initiatives; individuals with influence, such as agency leaders and officials; and youth and families.
  - Having a direct connection to top leaders at the State level was critical to the success of the initiative. Specifically, the Child and Family Services Review coordinator was a strong advocate, had a good relationship with top-level agency leaders, and was able to communicate the value of the work that was taking place through the initiative. Importantly, she was able to communicate the big picture of how the initiative supported and complemented other efforts, such as the State's Program Improvement Plan.
  - By continuously sharing information and being enthusiastic about the work of the initiative, State and county leaders were able to garner

the support of stakeholders beyond the collaborative groups. Specifically, the Alamance County DSS director strongly advocated for the initiative within her own agency and helped to bring other county directors on board. Similarly, the statewide Systems of Care Conference, organized by the training and technical assistance workgroup of the State Collaborative, was critical to developing the community's knowledge and increasing the number of people in the State who were supportive of the Systems of Care work.

- Having fully dedicated staff is necessary to facilitate the implementation of the initiative, gain traction, and get people on board. Doing the work effectively requires that at least one person be completely dedicated to the work and that Systems of Care be their full-time job. At the same time, it is important to identify champions who can help "open doors," garner support, and expand the work.
  - In addition to the Systems of Care project director and coordinators, the implementation of the initiative was facilitated by the support provided by the State and county mental health Systems of Care coordinators. The mental health Systems of Care coordinators worked alongside initiative leaders to build interagency collaboration and family-centered policies and practices across the various systems in the community.
  - Effectively implementing the principle of family involvement beyond families' participation in their own case plans required a coordinator position separate from the initiative Systems of Care coordinator position. Specifically, the work involved in developing a Family/Parent Partner Program, preparing and building families' capacity to be active participants in policies and practices, and getting the buy-in of agency workers, is a full-time job that must be conducted separately from all other initiative activities.

Finally, an important lesson learned from North Carolina's experience is that the effective and successful implementation of the initiative was strongly influenced by the ongoing commitment, support, and communication between and among NC DSS leaders and the three implementation sites.

Alamance County, North Carolina
Child Welfare Systems of Care Community Profile

Alamance County is located in the central region of North Carolina in an economically stable area. The county's total population was estimated at 147,910 in 2008 with approximately 27 percent of residents under the age of 19. The large majority of the county's population is White (70%), but a large percentage of the State's Hispanic/Latino population (11%) resides in Alamance County (U.S. Census Bureau, 2008 American Community Survey). Alamance's median household income was estimated at $43,138, compared to the nation's average income of $52,175 while its child poverty rate measured 27 percent, approximately nine percentage points above the national average (U.S. Census Bureau, 2008 American Community Survey).

Like other counties in North Carolina, Alamance is governed by the County Board of Commissioners and social services are delivered by the Department of Social Services. The Alamance County DSS was one of 10 departments to participate in the State's pilot of the Multiple Response System initiative to redesign its child welfare system. The DSS's experience with the integration of family-centered practice made it a prime site for the implementation of the Systems of Care initiative. From the DSS's perspective, participation in the Systems of Care initiative was an opportunity to build on the lessons learned from the implementation of the MRS. In particular, stakeholders noted that DSS had been too broad in its approach to family-centered practice and had not engaged families from the beginning of the initiative. Consequently, many viewed the implementation of the Systems of Care initiative as an opportunity to "get it right" the second time around.

1. Planning and Implementation of the Child Welfare Systems of Care Initiative

Due to delay at the State level in hiring a project director to oversee and provide guidance and direction for the implementation of the initiative, the three implementation counties did not begin activities until one year into the grant award. In September 2004, the Alamance County DSS hired a coordinator to manage the day-to-day operations of the initiative. The individual selected for the position had a strong background in the mental health system, strong relationships with stakeholders in the community, and was an active participant in existing collaborative groups in the county. His knowledge of system partners and experience with cross-systems collaboration was critical to the success of the Systems of Care initiative in Alamance County.

Based on the lessons learned from implementation of the MRS, Alamance County focused its efforts on implementing systems of care principles within the agency before branching out into the community and into other child- and family-serving systems. Intent on first changing the culture within the organization, the Systems of Care coordinator, in partnership with the DSS director, convened a team to conduct an internal assessment of the agency's strengths and weaknesses. The team assessed how agency front-line workers engaged families and began to identify areas for strengthening these interactions. Using the findings from these activities, initiative leaders conducted internal retreats with each of the units within DSS.[21] Facilitated by two external consultants, the retreats

21 Information was not available about the specific findings of the assessment and how the findings helped to inform the planning of the retreat.

engaged staff at all levels of the organization, from front-line workers to supervisors, and focused on how well staff were engaging families and considering families' strengths and points of view. In addition, the retreats enabled initiative leaders to discuss the principles of systems of care, their value to family-centered practice, and their implications for service provision. The goals of the retreats were to build staff buy-in and develop an environment within the local DSS that encouraged system change through both top-down and bottom-up approaches (i.e., change at both the policy and practice levels). Although the retreats helped to build staff buy-in and support for Systems of Care, there remain many areas where improvements are needed. For example, although child welfare staff became more supportive of families and their needs (e.g., regularly conducted CFT meetings and completed assessments of children and families' strengths and needs), there is continued resistance among staff to viewing family members as decisionmakers and consumers of service with expertise.

At the same time that Systems of Care leaders were working to strengthen DSS's ability to integrate systems of care principles into agency practice, they were also reaching out to other local child- and family-serving systems. For example, using his established relationships in the county, the Systems of Care coordinator began to call upon other child- and family-serving agency representatives to discuss the development of a system of care in Alamance County and how they could be involved. One important task for the DSS director and Systems of Care coordinator was determining how best to engage other agency leaders in implementation of the initiative given the variety of efforts already underway in Alamance County. Although several collaborative groups with a focus on children's issues were already in existence in the county (including the Community Collaborative established by MH/DD/SAS, the JCPC, the Child and Family Support Team Initiative through the school system), these groups were not well coordinated and there was no overall structure in place to guide their work. They knew that avoiding duplication of efforts was important to the success of the Systems of Care initiative.

Initiative leaders worked to bring together the previously unaligned collaborative efforts. During meetings with child- and family-serving agency representatives, such as the Children's Services coordinator at the county's Mental Health Center, the Lead Court Counselor, and the director of the Exceptional Children's Branch at the Department of Public Instruction, the Systems of Care coordinator discussed the initiative and its focus on interagency collaboration. He presented his ideas for streamlining the collaboration already taking place within the county and described some of the benefits of integrating the existing groups, such as increasing coordination of services, improving the consistency of shared information, increasing coordination of funding for services, and avoiding duplication. After some of these initial conversations, the Systems of Care coordinator observed that, when he spoke about collaboration, others perceived that he was asking for their funding. Changing this perception took time and effort; it required persistence, trust, relationship-building, and a willingness to listen and respond to stakeholders' needs.

With support from key stakeholders, initiative leaders were able to combine the Community Collaborative and JCPC into one collaborative to oversee implementation of the Systems of Care initiative (among other efforts). The Alamance County Systems of Care Collaborative comprises representatives from various systems including, but not limited to:

- Child welfare.
- Mental health.
- Public health.
- Juvenile justice.

Through social marketing and education activities (e.g., presentations at community meetings, training opportunities, a newsletter), Systems of Care initiative leaders also engaged families, faith-based representatives, and school systems, all relatively new to these collaborative efforts. For example, to increase family and youth involvement, each agency participating in the collaborative was asked to recruit one parent and one youth to attend a dinner and training on the benefits of participating in the collaborative. In addition, DSS created a training curriculum to build the capacity of families to become participants in and contributors to the Systems of Care Collaborative. Alamance County was able to successfully engage a core group of approximately seven families in various aspects of the initiative while several other family representatives participated on an ad-hoc basis. These individuals served on various committees and subcommittees, and participated in Systems of Care-sponsored cross-agency trainings.

2. Integration of a System of Care Approach to Serving Families

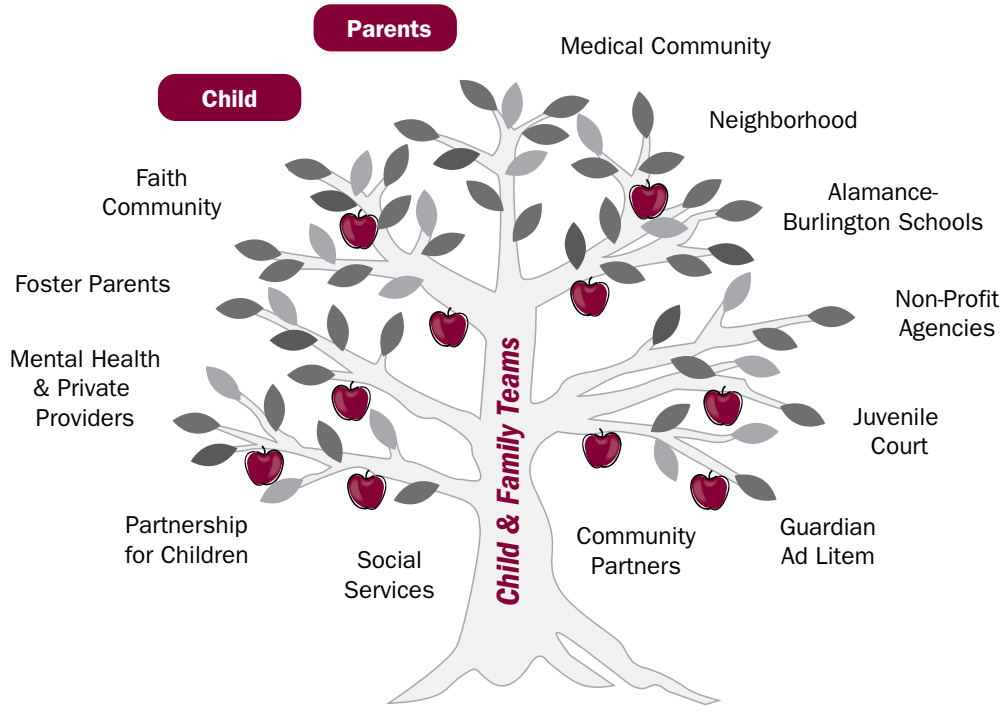
Through the work of subcommittees, the Systems of Care Collaborative developed policies, tools, and processes to support the provision of individualized, strengths-based, and culturally competent services for families within Alamance County. Specifically, the CFT subcommittee explored how to increase commitment to the CFT process to ensure the development of "one family, one team, one plan" across multiple systems, as depicted in Figure 2.

At the same time, the Care Review[22] subcommittee focused on the development of tools, protocols, and trainings to:

- Support the effective implementation of Care Reviews.
- Ascertain that out-of-home placements for children are community-based.
- Ensure that placements outside of the community are viewed as a last resort by caseworkers.

22 Care Review Teams are groups of senior-level agency officials that review the appropriateness of child placement recommendations.

Figure 2: One Family—One Team—One Plan



The faith-based subcommittee developed a resource Web site to help CFT caseworkers identify resources for families within their own communities. Finally, through its partnership with the State Collaborative, the Systems of Care Collaborative developed the Systems of Care cross-agency training, which includes a two-day CFT Facilitator training session, available to all child- and family-serving agencies and workers involved in service planning with children and families.

To support the development of a culturally competent workforce, the Systems of Care Collaborative, with leadership from DSS, offered cultural sensitivity trainings and Spanish classes to DSS staff. Despite these efforts, stakeholders noted a lack of success in this area. In particular, they noted that the growth in the Hispanic/Latino immigrant population, combined with law enforcement efforts to combat illegal immigration, have made it difficult for service providers, particularly public sector providers, to engage the Hispanic/Latino population in services. The result is that Hispanic/Latino families do not seek services because they are fearful of deportation, and there are tensions in the community that make it difficult for agency leaders to develop culturally competent practice at the worker level.[23]

Finally, to move the concept of family involvement beyond families' participation in their own case plan to integrating family voice into agency policies and practices, the DSS hired a Parent Partner coordinator. The coordinator held a part-time position and was responsible for conducting direct advocacy, co-leading parent education groups, and participating in a number of committees. Although the coordinator engaged in these activities and successfully recruited a number of families to participate in Systems of Care through their work on committees and subcommittees, initiative leaders acknowledged that, beyond families' participation in the CFT decision-making meetings, the family involvement component did not progress as much as they hoped and a Parent Partner Program never got off the ground. They attributed the lack of success to several factors.

- The coordinator was overwhelmed by the responsibilities and part-time status of the position and did not have the time or resources necessary to develop the program. Despite her best intentions, she was unable to coordinate the program while simultaneously participating in all of the activities required of the position. Although she remained with the initiative for the majority of the grant project period, she eventually resigned and became employed by a local family advocacy organization.
- The concept of a Parent Partner—a manifestation of viewing families as part of the solution—was met with significant resistance from agency staff. According to initiative leaders, "there was resistance because people did not know what it meant, it asked that they give up control and they didn't know how to give up control." In retrospect, initiative leaders believe that they should have conducted more comprehensive training and engaged in conversations with agency staff to get their support before launching the program.
- The success of the program was hampered by the lack of engagement of families in the initiative. Although initiative leaders developed training to engage families, the effort was comprehensive enough to address the barriers that keep families from becoming engaged. As one stakeholder noted, "because families are not used to having much of a voice, not only at an individual level but at a larger policy level as well, and they are often leery of the system, it is important to build trust, engage, and work with folks before bringing them together."

23 The Sheriff's Office participates in the Federal Immigration and Customs Enforcement agency Section 287(g) program, which trains local authorities to identify individuals who are in the country illegally and to handle the paperwork needed to begin deportation proceedings. This has led to the deportation of Hispanics/Latinos in the county and strained relationships between various sections of the community.

Initiative leaders have built on the lessons learned through the Parent Partner Program as they move forward with their efforts to infuse family involvement into the agency's culture.

3. Building Interagency Collaboration and Accountability for Systems Change in Alamance County

Establishment of the Systems of Care Collaborative was an important step in building partnerships among child- and family-serving agencies and community-based providers serving the needs of children and families in Alamance County. Early on, however, the Systems of Care coordinator recognized that, while designees sent to the various Collaborative meetings in the county were able to relay information between their agencies and the Collaborative, they did not have the decision-making powers required to move the work forward. As a result, the DSS director and Systems of Care coordinator decided to create an Executive Oversight Committee (Executive Committee), composed of public and private sector agency executives in Alamance County, who would build an infrastructure across systems that was supportive and respectful of families' strengths and needs, encouraged collaboration across public and private entities, and engaged families as partners.

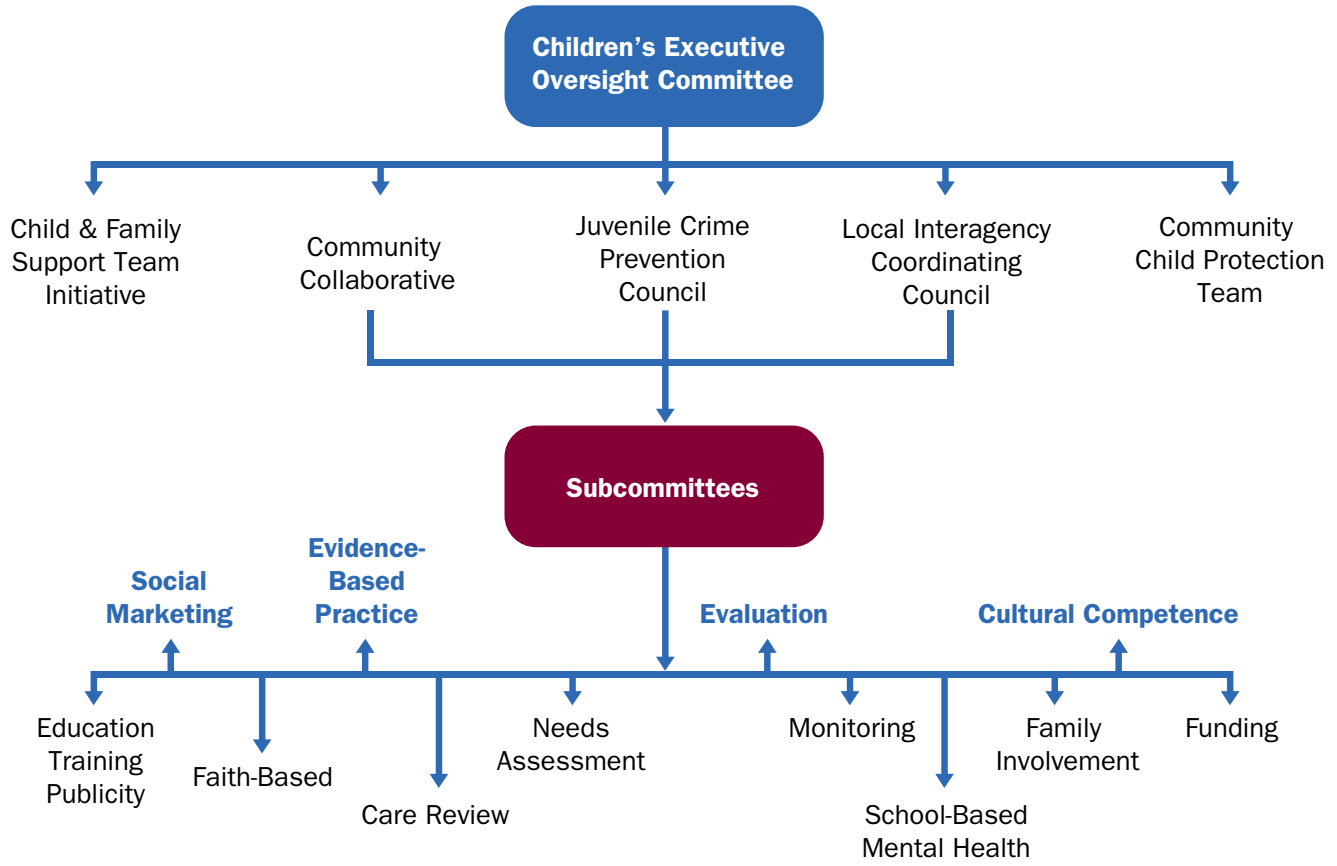
To bring the idea of an Executive Committee to fruition, the DSS director and Systems of Care coordinator jointly approached the directors of various organizations to explain the purpose and benefits of the Executive Committee. Benefits included bringing agency executives together in one meeting where they could obtain information about all of the collaborative efforts taking place in the county, including current issues and solutions, and speak with and build partnerships with their peers. Systems of Care leaders also reached out to a County Commissioner (who was also the Vice-Chair of the Board of Commissioners) for his support in championing the initiative. The Commissioner requested that initiative leaders make a presentation to all of the County Commissioners. In their presentation, Systems of Care leaders described the need for a cohesive group within the county that could integrate the work taking place within child- and family-serving agencies as well as bridge silos and facilitate communication among partner agencies. They also spoke about the ways in which this level of interagency collaboration could lead to increased efficiencies and result in long-term cost savings for the county, citing data on the savings achieved by another local Systems of Care community that included increases in the number of children served, a reduction in the number of out-of-home placements, and a reduction in court-ordered treatment costs.

Following the presentation, the County Commissioner requested a vote to make his participation in the Executive Committee an appointed position. Stakeholders noted that the formal appointment of a County Commissioner furthered the legitimacy of the Executive Committee.

Formally established in 2007, the Alamance County Executive Committee is composed of top-level administrators of child- and family-serving agencies, the Superintendent of Schools, a County Commissioner, the Chief District Court Judge, the Sheriff, and the Executive Director of the United Way, a long-standing proponent of systems of care models. It also includes the active participation of the DSS Systems of Care coordinator and the regional LME Systems of Care coordinator, who work hand-in-hand to build interagency collaboration and facilitate communication between the Systems of Care Collaborative and the Executive Committee.[24]

24 The LME Systems of Care coordinator also was an active participant in the State Collaborative and the Systems of Care Community Collaborative and supported the development of the cross-agency training curriculum.

Figure 3: Collaborative Structure in Alamance County, North Carolina



Executive Committee meetings include reports, every other month, by the chairs of the various subcommittees (e.g., Child and Family Support Team Initiative, Systems of Care Collaborative), as well as meetings specifically dedicated to examining the Executive Committee's work on particular projects. For example, noting that approximately 80 percent of child welfare cases presented with substance use/abuse issues, members of the Executive Committee developed a plan to respond to this community issue.

At the Systems of Care Collaborative level, members focus on identifying the areas of concern and possible solutions while the Executive Committee provides the official approval necessary to make changes and system improvements. Members of the Executive Committee have signed an MOA reflecting their commitment to work together to develop a community-based system of care approach to serving children and families as well as their willingness to maximize existing resources and seek new ones to support programs and fill gaps in existing systems (see Appendix J). Later the MOA was revised to provide the Executive Committee with oversight responsibility for determining when and how agencies would pursue grant funding.

Since signing the MOA, a subcommittee of the Systems of Care Collaborative has been collecting data from mental health, DSS, and juvenile justice on the number of children served, services provided, and the amount of funds spent by each system. School-level data also are collected through the school-based Child and Family Support Teams (CFST) initiative and made available to

the subcommittee. The goal of this effort is to assess how agencies are expending their resources and identify gaps in services. These data have been collected and reported to the Executive Committee to enable agency leaders to make informed decisions and develop joint plans for how to best meet the service needs of Alamance County's most vulnerable populations. The MOA and stakeholders' active participation in the Executive Committee are indicative of their commitment and accountability to each other and to the children and families in the community.

To strengthen relationships among system partners beyond staff participation in the Systems of Care Collaborative and Executive Committee, initiative leaders conducted cross-disciplinary trainings to educate staff from various agencies on the mandates, systems, and languages used by different partner agencies. In addition, community-based organizations have made presentations to child welfare staff and community members on the resources that their organizations offer to encourage the agency's use of community-based resources as the primary source for service provision when available. In an effort to facilitate a comprehensive understanding of the community-based resources in Alamance County, the local DSS has developed a community resource book. New marketing materials also have been created to educate the community and other agencies about the programs available through the county's DSS. Stakeholders reported that these efforts have resulted in an increase in collaboration and a decrease in turf-fighting among agency partners.

Throughout the Systems of Care grant project period, Alamance County conducted annual strategic planning meetings to review progress and provide guidance for future work. These meetings, supported by blended funding from the JCPC and MH/DD/SAS, were patterned after the State's strategic planning meetings in that they brought all child- and family-serving agencies in the county together to discuss planning and policy, and were facilitated by a neutral facilitator. In addition, outside experts were brought to these meetings to provide trainings on various systems of care principles, including CFTs. As one collaborative partner noted, "the strategic meetings helped move Alamance's history of cooperation to a successful model of collaboration."

4. Impact

The implementation of the Systems of Care initiative had a significant impact on the levels of collaboration across public and private child- and family-serving systems and the quality of service provision (i.e., practice) for children and families. In the area of interagency collaboration, community stakeholders credit the Systems of Care initiative with bringing child- and family-serving agencies together and enabling them to truly collaborate by bringing high-level decisionmakers together, conducting joint strategic planning, and developing cross-agency protocols (i.e., MOA) for serving the needs of children and families. Additionally, through social marketing and continued education and engagement (e.g., a Systems of Care newsletter, participation in community meetings) initiative leaders were able to bring to the table members who had not been engaged before, including school leaders, families, and faith-based organizations. The engagement of community stakeholders early on in the process and alignment with existing collaborative efforts enabled DSS to get buy-in and support the type of interagency collaboration and systems change work that was the target of the Systems of Care initiative.

At the practice level, stakeholders noted that the initiative helped to increase the number of CFT meetings in child welfare cases. Findings from the local evaluation indicate that the number of CFT meetings increased from 52 to 98 between 2005

and 2007.[25] In addition, survey data gathered from frontline staff indicated that CFT meetings occurred regularly and that a comprehensive assessment of child and family needs was conducted as new families entered the system (Center for Child and Family Policy, 2009). The initiative also improved the way the agency conducts permanency planning meetings for children in foster care, from generic meetings to more individualized and child-centered meetings that include the participation of individuals who are directly linked to the child. For example, DSS leaders recognize that when youth in foster care are emancipated from the child welfare system, they often return to their birth families; the development of child and family team permanency planning meetings can facilitate the connection to and engagement of family members, when appropriate, in the young person's life prior to their exiting the system. Stakeholders suggested that, while the CFT process has made the agency much more family-centered, agency leaders continue to refine the process to ensure that caseworkers and families are trained and prepared to effectively participate in these decision-making meetings (e.g., CFT protocol lunches are held monthly to train supervisors on how to coach and prepare their staff and families for the CFTs). In addition, front-line staff indicated that they encourage families to reach out to the community or other family members for support.

Finally, stakeholders noted that Alamance County made great strides in the area of community-based services, in particular with the Care Review Team. As a result of this effort, child- and family-serving agencies have reached an agreement that out-of-home placements will be used as a last alternative and, when they are needed, children will be placed in the least restrictive setting within their community. Nevertheless, Systems of Care initiative leaders also acknowledge that changes in practice take a long time to effect and that much more work is needed to fully integrate the systems of care principles into child welfare practice. In particular, initiative leaders noted that achieving full implementation of the principle of cultural competency and family involvement is a continuing challenge for the agency and the community because doing so requires changing long-held attitudes and beliefs among agency staff and community members.

5. Sustainability

At both the State and local levels, stakeholders agree that institutionalization of the systems of care principles into child- and family-serving agencies' policies and practices is the key strategy for sustaining the work. In Alamance County, DSS has been able to leverage additional grant funding to support the continued development of integrated social services in the county.

- In 2007, the department received a 5-year Children's Bureau grant to utilize Comprehensive Family Assessments to improve the safety, permanency, and well-being of children in the child welfare system.
- One year later, the agency received a grant from SAMHSA to develop a comprehensive early childhood system of care for children ages 0-5 with serious mental health needs and their families. This grant is also managed by the DSS Systems of Care coordinator.

These grants will enable the agency to further extend the family-centered practice and systems change work already taking place in the county. Specifically, the Comprehensive Family Assessment grant will fund a CFT facilitator within DSS who will serve as a coach for family-centered practice and motivational interviewing with families. This position will further reinforce the changes in social work practice initiated through the

25 Data for the year 2005 encompass the months of February through December, while data for 2007 encompass the months of January through December.

MRS and Systems of Care initiative. In addition, the department used SAMHSA Systems of Care grant funds to hire a part-time staff position to focus more attention on cultural competency. Together with the cultural and linguistic subcommittee of the Systems of Care Collaborative, this individual will conduct an assessment of the community and examine agencies' policies, practices, and cultures to determine their cultural and linguistic competency levels and develop a plan for building culturally competent practice.

Demonstrating its commitment to family involvement, DSS has used SAMHSA Systems of Care and Comprehensive Family Assessment grant funds to re-establish its Parent Partner Program. Building on its prior experience, DSS developed a job description for a Parent Partner coordinator who clearly articulates the responsibilities and expectations of the position, put in place the resources needed to support the program, and developed a process to engage and gain the buy-in of caseworkers. The department is in the process of identifying a nonprofit organization with which to partner for the operation of its family involvement program. DSS is also investing resources to fund six Parent Partners, with prior involvement in the child welfare system, to support and mentor families in the system. These individuals will be independent from DSS—hired by the Partnership for Children—but will work side-by-side and on-site with child protective services workers. By placing Parent Partners in the agency and allowing caseworkers to work alongside system-involved parents who have succeeded, initiative leaders hope that caseworkers will be more accepting of the families they serve and more likely to see them as equal partners in their work. Parent Partners bring with them a wealth of knowledge about the community-based services available to children and families and thus will be able to expand the scope of services caseworkers are able to offer to families as they work toward improving the safety and well-being of children in Alamance County.

The availability and use of grant funds to continue the systems of care work is only one of the sustainability strategies in use by the Alamance County Systems of Care initiative. Initiative leaders also plan to:

- Expand the membership of the Executive Committee to include the County Manager and the Vice President of the local hospital.
- Continue the countywide strategic planning meetings.
- Increase ownership of the work by further engaging Collaborative members (e.g., members may be asked to take on more leadership responsibilities).

Importantly, DSS has dedicated funds for a Systems of Care coordinator position to focus exclusively on the Child Welfare Systems of Care and work in close partnership with the SAMHSA Systems of Care coordinator to create one System of Care in Alamance County. Finally, the Executive Committee will use data on service costs to demonstrate the cost-effectiveness of a system of care approach, and to leverage additional funding for the continued integration of systems of care into serving children and families in Alamance County.

6. Challenges and Facilitating Factors

While initiative leaders in Alamance County were successful in integrating systems of care principles and practices both within DSS and across child- and family-serving agencies, they also encountered several challenges along the way. The decision to make the Parent Partner coordinator position only part-time resulted in the coordinator lacking either the time or resources necessary to develop a comprehensive and effective Parent Partner Program. Additionally, integrating the principles of family involvement and cultural competency was significantly hindered by challenges in engaging families, particularly those from the Hispanic/Latino population, in the initiative. Learning from these challenges, Alamance DSS

leaders will use other funding received from the Children's Bureau and SAMHSA to reestablish its Parent Partner Program and hire a part-time staff position to focus on developing cultural competency practices within DSS.

By all accounts, Alamance County's Systems of Care initiative leaders have been able to establish very successful collaborative bodies for their systems of care work. Initiative leaders attribute this, in part, to the fact that there is a rich history of, and many vehicles for, collaboration in Alamance County, from which they were able to learn and build upon. They also note that leadership has been relatively stable in the county. Furthermore, the county is large enough to have sufficient services and small enough that individuals have good working relationships that facilitate collaboration among system partners. Another factor that contributed to the successful implementation of the initiative was the presence of key champions who supported the initiative and were able and willing to use their knowledge, experience, and influence to garner support for the work. In particular, the County Commissioner, mental health Systems of Care coordinator, and director of the Partnership for Children—who has been a champion in the Executive Committee and "stepped up to take on the Parent Partner component of the initiative"—were identified as key champions. Finally, stakeholders within and outside of the county credited the leadership of the DSS director as one of the factors most critical to the success of Alamance County's child welfare Systems of Care initiative.

Bladen County, North Carolina
Child Welfare Systems of Care Community Profile

Bladen County is a small, rural county located in the southeastern region of North Carolina. In 2008, Bladen's population was estimated at just over 32,000, with White and African American residents constituting the major portion of the population at 57 and 35 percent, respectively. Other races/ethnicities represented in the county's population include individuals of Asian, Hispanic/Latino, and Native American race/ethnicity (U.S. Census Bureau, 2008 American Community Survey).[26] The county's average household income in 2007 was estimated at $31,667, almost one-half the national average, and the child poverty rate was 37 percent, 19 percentage points above the national average. (U.S. Census Bureau, 2008 American Community Survey).

The county is governed by the County Board of Commissioners and social services are delivered by the Department of Social Services. DSS provides services, including income and medical assistance, assistance in locating employment and meeting food needs, and crisis intervention and emergency assistance, to individuals and families in need. Outside of these services, there are limited resources available in the community for families in need.

Bladen County's DSS was one of 10 departments to participate in the State's pilot of the MRS initiative to redesign the child welfare system. The county's participation in the pilot of the MRS and its size provided the State with an opportunity to examine the challenges and opportunities of implementing a Systems of Care initiative in a resource-poor locality.

1. Implementing the Child Welfare Systems of Care Initiative in Bladen County

Bladen County DSS leaders assigned the coordinating responsibilities and day-to-day operations of the Systems of Care initiative to an internal Child Protective Services supervisor who had significant experience with the agency and the implementation of the MRS. To implement the Systems of Care initiative, the coordinator:

- Participated in the State Collaborative.
- Supported the development of the cross-agency training curriculum.
- Conducted cross-agency trainings.
- Developed the Parent Partner Program.

In addition, the coordinator was responsible for facilitating the CFTs within DSS, developing interagency collaboration and educating stakeholders within and outside of the agency about the systems of care principles and their connection to family-centered practice and improved outcomes for children and families.

Prior to the Systems of Care initiative, Bladen County's collaborative efforts—referred to as the Interagency Council—were relatively informal and focused on mental health, with other child- and family-serving agencies (e.g., DSS) coming to the table on an ad-hoc basis.[27] For example, the Systems of Care coordinator was the child welfare designee for the Interagency

26 Totals exceed 100 percent because "White" and "Hispanic/Latino" categories are not mutually exclusive.

27 At the time of the grant receipt, other collaborative efforts in the county included the Community Child Protection Team and Healthwatch Collaborative Roundtable. However, the Interagency Council was selected as a potential governance body because of its close association with mental health.

Council meetings and she continued to serve in this capacity during the first year of the initiative. However, DSS leaders soon realized the need for a more formal collaborative effort and structure in the county, particularly in regard to implementation of the Systems of Care initiative. To move these ad-hoc collaborative efforts into a cohesive structure with a clear mission and identifiable goals, DSS leaders and other stakeholders established the Bladen County Community Collaborative (Community Collaborative) and asked the Systems of Care coordinator to chair and support the activities of the collaborative.

2. Building Interagency Collaboration

The Bladen Community Collaborative is a problem-solving group that works together to meet the needs of children and families and address gaps and barriers in services. It includes representatives from a wide variety of service delivery systems, including:

- Department of Social Services.
- Juvenile justice.
- School system.
- Domestic violence.
- Private mental health agencies.
- Family advocates.
- Parent Partners.
- Crisis intervention services.

The collaborative is also the decisionmaker for use of the Comprehensive Treatment Services Program funds in the county. Select members of the Community Collaborative also serve as the county's Care Review Team and help review CFT decisions and recommendations. In 2007, when a mental health Systems of Care coordinator was hired by the regional LME, the coordinator became an active participant in the collaborative meetings and worked closely with the DSS Systems of Care coordinator to garner support for the integration of a Systems of Care approach to service delivery for families in Bladen County.

During the course of the initiative, the Systems of Care coordinators attempted—unsuccessfully—-to engage community-based mental health service providers and family and youth representatives in the collaborative. The engagement of mental health service providers was hindered by turnover among providers, as well as an organizational structure that does not allow clinicians to bill for time spent attending Systems of Care Collaborative meetings or other Systems of Care-related efforts. Stakeholders also noted that scheduling conflicts regarding the collaborative's meeting time were an obstacle to family engagement. Finally, initiative leaders noted that, as a result of turnover and changes within the school system, there was less engagement of school representatives in the collaborative, as well as an overall loss of champions from the county's educational system, throughout the course of the initiative.

Recognizing that the attendees at the collaborative meetings tended to be agency designees, Bladen's Systems of Care coordinator worked to establish an Executive Committee to bring child- and family-serving agency decisionmakers together. Although this effort began early in the grant process, the Systems of Care coordinator was not successful in her attempts to form a committee. Stakeholders noted that, although the coordinator worked to recruit child- and family-serving systems administrators, the DSS director played a lesser role in the process, which influenced agency leaders' decisions not to engage in the formation of an Executive Committee.

Nevertheless, as a result of the Systems of Care coordinator's persistence, an Executive Committee was finally realized in late 2008, with the participation of the DSS director, School Superintendent, Chief Court Counsel, and LME director, among others. The

Systems of Care coordinator serves as the liaison between the Community Collaborative and Executive Committee; she makes presentations on the work of the Collaborative, including the goals of the Collaborative, findings from data collected on the needs and gaps in services for children and families, and promising approaches or interventions for meeting families' needs. This has helped to further formalize the role of the collaborative. Although establishment of the Executive Committee was a step in the right direction toward the integration of a system of care approach to working with families, stakeholders noted that maintaining the active participation of high-level agency officials in the Executive Committee meetings has been challenging and has hindered the committee's progress.

Figure 4: Flow Chart for Systems of Care in Bladen County

3. Creating Systems Change in Child Welfare Policy and Practice

Bladen County's efforts to implement the Systems of Care initiative began within DSS through the following activities:

- DSS integrated the newly developed CFT policies and family assessment forms into the agency's day-to-day practice. Specifically, these resources are used to increase family involvement and support strengths-based service delivery.
- Agency caseworkers and supervisors attend CFT trainings and other trainings on strengths-based service delivery and cultural competency. Supervisors reinforce the importance of these trainings by utilizing a strengths-based approach in their supervisory activities.
- DSS has made programmatic changes to facilitate coordination and integration of service delivery within the agency. Specifically, DSS initiated Morning Muffin Meetings, a forum where staff interact with each other and learn about the work of other units within their organization.
- Recognizing the importance of data entry and the toll it can take on caseworkers with large caseloads, DSS has employed clerical staff to support caseworkers with data entry activities. This resource is particularly important because DSS caseworkers have responsibility for multiple functions within the agency (e.g., child welfare, crisis intervention, emergency assistance, etc.) that limit their availability to engage in activities outside of case work.

To implement the principle of family involvement, Bladen County's DSS undertook the development of a Family Advocacy/Parent Partner Program to help families involved with child welfare and other child- and family-serving agencies navigate these systems. The Systems of Care grant enabled the department to fund a part-time Family Advocate/Parent Partner for the program. With support from the local LME, the agency was able to create a full-time Family Advocate/Parent Partner position. Family advocates/parent partners are individuals who have been involved with child- and family-serving systems and can serve as advocates and

mentors to families who need services. Because the program is voluntary, the agency developed consent forms that families must sign before DSS staff are allowed to provide contact information to the Family Advocate/Parent Partner, as well as consent and release forms that give service providers permission to discuss the families' involvement with the program (see Appendix K and Appendix L).

Despite the availability of resources, implementation of the Family Advocacy/Parent Partner Program proved challenging for the agency. Specifically, initiative leaders had a difficult time identifying family representatives who had been involved in the child welfare system and had made sufficient progress to serve as role models to other parents. Additionally, even when family representatives were identified, they were not always the right fit for the position. Starting at the beginning of program implementation, DSS hired several individuals who did not remain with the program because they did not have the professional capacity and were unprepared for the roles and responsibilities of the position, had a relapse in their substance abuse, or became interested in other positions within the agency.

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

To overcome resistance from DSS caseworkers, the Systems of Care coordinator spent a lot of her time engaging supervisors as agents of change. She provided training opportunities for supervisors and caseworkers and educated staff about the benefits of family involvement, both as a support to parents in the system and also as a resource to caseworkers struggling to meet the multiple demands of their positions under limited resources. Over the course of the Systems of Care initiative, she was able to engage several caseworkers and generate sufficient support for a Family Advocate/Parent Partner Program that in 2008, when DSS hired an individual with the right set of skills and interest in the position,[28] caseworkers began to refer families to the program. To support child welfare-involved families, the Family Advocate/Parent Partner:

- Participates in CFTs.
- Conducts home visits.
- Accompanies parents to appointments.
- Provides emotional support.
- Offers other services to help families overcome barriers to reunification.

Families are referred to the program through their caseworkers, who are required by the agency to inform their clients of the program. Families also are recruited into the program during CFTs when the Family Advocate/Parent Partner explains the program and services to participating families. According to initiative leaders, "the Family Advocate/Parent Partner has been able to successfully build relationships with families in the child welfare system and acts as a good liaison between families and their caseworkers." Anecdotal feedback suggests that parents receiving services from the program are stronger and more

28 The current Family Advocate/Parent Partner has been a recipient of DSS (non-child welfare) services and meets the State's definition of a Parent Partner.

educated about how to successfully navigate the system. However, stakeholders suggested that caseworkers do not consistently refer families to the program. Some noted that caseworkers likely forget that the program is an available resource for families, and supervisors do not actively remind workers about it. In other words, more work is needed to successfully change the agency culture.

In addition to trying to integrate systems of care principles into their activities, the Systems of Care coordinators (DSS and mental health) worked closely together to increase resource sharing across agencies. Beyond their participation in the collaborative and efforts to build interagency collaboration across system partners, the coordinators have been actively engaged in delivering and making CFT introductory and facilitator training available to all child- and family-serving agencies in the county. Additionally, the Systems of Care coordinators worked closely with the Community Collaborative and the local LME to co-host a Community Learning Day, an event that brought together agencies and organizations that serve children, youth, and families to learn about each other and obtain information about resources available in the community. A resource notebook was developed and made available to all Community Learning Day participants.

4. Impact and Sustainability

In general, DSS and other Systems of Care leaders made important progress in their efforts to integrate the systems of care principles into Bladen County's approach to service delivery. Findings from the local evaluation indicate that the number of CFT meetings increased from 30 to 60, with the number of follow-up CFT meetings increasing from 7 to 27, between 2005 and 2007.[29] In addition, parents, children, and service providers agreed or strongly agreed that there was fidelity to the CFT model for all four years of the evaluation survey (Center for Child and Family Policy, 2009).

This progress is of particular significance because there is a perception and general agreement among stakeholders that the culture of the county is one in which new ideas do not take hold very quickly. Nevertheless, stakeholders suggested that the Systems of Care initiative has resulted in increased understanding and cooperation between units within DSS, and has positively impacted how agencies work together and how child- and family-serving systems perceive and deliver services to families in need. Specifically, there is more willingness from caseworkers to work with, and view, families as partners in their own case plans. As one stakeholder noted, "The CFTs have helped families and have evened the playing field [between workers and families] because workers no longer hold all the power." Results from the local evaluation support this conclusion. Collaborative members generally agreed that they view families as consumers of service with relevant expertise and that they are committed to supporting the delivery of individualized services based on families' strengths and needs (Center for Child and Family Policy, 2007). Additionally, frontline staff strongly agreed that families are encouraged to actively participate in the development of their service plans. Staff also keep in close communication with their clients and are aware of major issues affecting family life (Center for Child and Family Policy, 2008).

Although the county has come a long way in increasing interagency collaboration and changing practice, stakeholders believe that much more can be accomplished with the right support and buy-in from the community. To sustain their accomplishments, initiative leaders will continue to educate the community in hopes of changing the culture of the area and of the service providers. Importantly,

29 Data for the year 2005 encompass the months of February through December, while data for 2007 encompass the months of January through December.

Executive Committee members have agreed to pool agency funding to maintain the child welfare Systems of Care coordinator position. Stakeholders noted that maintaining the position is critical to the sustainability of the overall initiative, not only to move forward the work of the collaborative but also to support continued the integration of systems of care principles into DSS. Some expressed concern that, because of the limited resources available within DSS, the systems of care work would not be sustained without the coordinator's energy and commitment to the initiative. At the same time, demonstrating the value of the cross-agency trainings and Family Advocate/Parent Partner Program, the regional LME has agreed to blend funding with other child- and family-serving agencies to continue to support the trainings and fund the Family Advocate/Parent Partner position, in hopes that it will remain a full-time position. In general, however, initiative leaders recognize that change takes time and that changing the culture of the community will require meeting people where they are and helping them see how the work complements, and does not compete with, their vision and goals for children and families.

5. Challenges

Throughout the grant period, initiative leaders in Bladen County experienced significant challenges engaging both key stakeholders—especially from the mental health field and the school system—and champions from within DSS to support the Systems of Care initiative. While the county did establish a Systems of Care Collaborative, it was primarily attended by agency designees who had limited to no decision-making power. In addition, although the Systems of Care coordinator worked to recruit agency leaders into the Systems of Care Collaborative, the Executive Committee was not established until late 2008, and maintaining the active participation of high-level agency officials continues to prove challenging. Recognizing the critical role that the Systems of Care coordinator has played in championing systems of care and establishing both the collaborative and the Executive Committee, there is some concern among stakeholders that these efforts are heavily dependent on her continued involvement. The decision of Executive Committee members to pool agency funding to provide continued support for the Systems of Care coordinator position demonstrates that, while the process has been challenging in this resource-limited community, agency leaders are beginning to recognize the importance of and take active steps toward developing a system of care to better serve the needs of children and families.

Mecklenburg County, North Carolina
Child Welfare Systems of Care Community Profile

Mecklenburg County is a highly urbanized county located in the southwestern region of North Carolina. It has the largest geographic in the State, extensive resources, and a rapidly growing population that increased 20 percent between 2000 and 2007. As of July 2008, the county's population was estimated at 862,131, of which 60 percent were White, 29 percent were African American, 10 percent identified as Hispanic/Latino, and 4 percent were Asian.[30] The median income for a household in the county was approximately $56,766, nearly $5,000 less than the national average, while the child poverty rate was 12 percent, 6 percentage points below the national average (U.S. Census Bureau, 2008 American Community Survey).

Seven municipalities, including the City of Charlotte, make up Mecklenburg County. Charlotte is the largest city in the State, constitutes most of the county, and includes the Charlotte-Mecklenburg Schools (CMS), the school district for the entire county. The county has two governing bodies: the Mecklenburg Board of County Commissioners (BOCC), and the Charlotte-Mecklenburg Board of Education.

Like other counties in the State, social services are delivered by the Department of Social Services, which comprises three divisions:

- Economic Services.
- Services for Adults.
- Youth and Family Services (YFS).

The YFS Division oversees child welfare services (adoption, foster care, and independent living), which are delivered by social work staff located in five community-based districts (i.e., geo-districts) across the county. This organizational structure enables the division to meet the demands of the county's population and shifting demographics, while providing services that are community-based.

As the largest county in the State, Mecklenburg's YFS also has the largest number of children in foster care and a high demand for child protective services. As such, DSS participates in the Federal Child and Family Services Reviews process[31] and was one of the 10 departments to pilot the State's child welfare redesign initiative (i.e., Multiple Response System). Given its geographic and demographic diversity, abundant resources, number of children receiving child welfare services, and experience with the MRS, it was opportune for the State to select Mecklenburg as an implementation site for the Child Welfare Systems of Care initiative. Importantly, State leaders were interested in understanding how implementation of the initiative would contribute to more streamlined and coordinated child welfare services in the county.

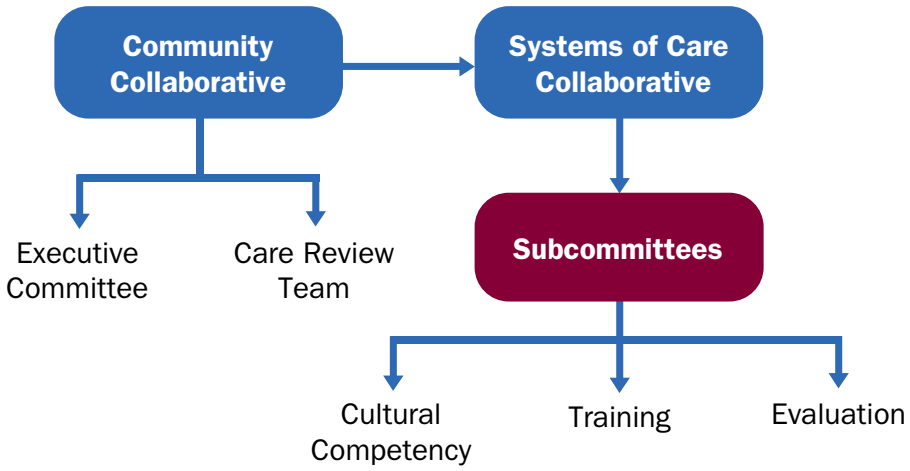
1. Implementing the Child Welfare Systems of Care Initiative in Mecklenburg County

Implementation of the Systems of Care initiative in Mecklenburg County was structured to involve existing staff as the primary implementers and coordinators of the work. Initially, the Systems of Care coordinator was responsible for implementing the various components

30 Totals exceed 100 percent because "White" and "Hispanic/Latino" categories are not mutually exclusive.

31 The Children's Bureau Central and Regional Office staff and the State's Statewide Assessment Team jointly identify three sites in the State where the onsite review activities will occur. The State's largest metropolitan subdivision is a required site. For more information see the Child and Family Services Reviews Procedures Manual, Chapter 1 (http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/procedures/chapter1.htm).

Figure 5: Collaborative Structure in Mecklenburg County, North Carolina



of the initiative, including hiring Family Partners to serve as advocates and resources for families as well as hiring and managing facilitators for the Child and Family Team. In 2005, when this person left the agency, agency leaders decided to reduce the number of responsibilities assigned to the position; the new Systems of Care coordinator was responsible for coordinating and managing the day-to-day operations of the initiative, while a separate individual managed the CFT facilitators.[32] The YFS Systems of Care coordinator is responsible for:

- Participating in workgroup meetings with DHHS State leaders and other Systems of Care implementation sites.
- Building support for the development of a systems of care approach within DSS and across child- and family-serving agencies.
- Working with community-based Family Partner organizations to enhance their capacity to advocate for children and families in Mecklenburg County.

Prior to its participation in the Systems of Care initiative, Mecklenburg County had a local Community Collaborative group in place to support interagency collaboration among child- and family-serving providers. The collaborative also included an Executive Committee comprising the directors of YFS and the Mecklenburg County Area Mental Health, a District Court Judge, and representatives from the Department of Juvenile Justice, Charlotte-Mecklenburg Schools, and child and family advocacy organizations. A Care Review Team was also added to the collaborative to facilitate consensus-building among CFT participants and review out-of-home placement recommendations reached by the CFT.

In an effort to maximize available resources and avoid duplication of efforts, county leaders convened one collaborative body to serve as the governance structure for its SAMHSA and Child Welfare Systems of Care grants, both of which were initiated in 2003–04.

In addition to child- and family-serving agencies, the Systems of Care Collaborative includes the Systems of Care coordinators, representatives from faith-based organizations, youth advocates, and Family Partners. The structure of the collaborative consists of a number of subcommittees, focusing on issues such as cultural competency, training, and evaluation,

32 Individuals interviewed for the case study were not able to explain the rationale for this decision by the agency's Child Welfare director at the time. However, the Systems of Care coordinator reflected on his preference for maintaining the Systems of Care and CFT work under one individual, as had been the case under the first coordinator.

to assist in specific initiative tasks. For example, the cultural competency subcommittee produced materials in multiple languages (Spanish and several Asian languages) to disseminate information to the community. The meetings and working sessions of the collaborative are facilitated by the Lee Institute, a local nonprofit organization that serves as a neutral third party. Although a collaborative group was already in place in the county, a challenge for initiative leaders was helping community stakeholders understand the similarities and differences between the two initiatives and the value-added in creating one system of care for serving the needs of children and families in the county.

2. Building Interagency Collaboration

In an effort to engender interagency collaboration in implementing the initiative, the Community Collaborative organized strategic planning sessions to develop a plan for implementation of a System of Care approach in the county. These sessions also were a vehicle for increasing agencies' understanding of each other's mandates and discussing approaches for eliminating institutional barriers to collaboration. In addition, the Systems of Care coordinators conducted trainings and presentations on systems of care principles and practices in order to bring stakeholders on board with the initiative.

The initiative's coordinators also established monthly meetings with child welfare, mental health, and juvenile justice staff at various levels (e.g., supervisors, managers, and front-line staff) to share information about the Systems of Care initiatives and the collaborative's work. Initiative leaders hoped that these information-sharing sessions would help to overcome the traditional service delivery model, where every agency focuses on its own work. Additionally, the collaborative took an active role in developing procedures and protocols to facilitate positive working relationships among child- and family-serving agencies. An example of one such procedure was the development of a One-Child One-Plan fact sheet to enhance communication between systems. This fact sheet contains information about the child and the case, and offers room for various agencies to add information. Families sign off on the information contained in these forms, which are then shared between the systems involved in the case.

MeckCARES is the system of care partnership among local child- and family-serving agencies, families, and the community, funded by the SAMHSA grant, to improve outcomes for youth ages 10–21 who have a severe emotional problem, and their families. It adopts a unified approach across provider organizations and provides resources to enable families to participate as partners in planning, delivery, and evaluation of services.

Further information is available at: http://www.charmeck.org/Departments/MeckCARES/About

An important goal for Systems of Care initiative leaders was changing the culture within child- and family-serving agencies from a deficit- to a strengths-based model of working with families. Specifically, initiative leaders wanted caseworkers to start working with families at the investigation point (i.e., front end) in order to link families to services from the very beginning; thus, when the CFT meetings took place, families would already feel supported. Within YFS, agency leaders incorporated the protocols, tools, and trainings developed at the State level to support this goal. Specifically, YFS staff:

- Employ a strengths-based assessment tool to identify families' strengths early on in the investigative process.

- Participate in cross-disciplinary CFT meetings that include families, service providers, and external supports available to families.
- Participate in cross-agency trainings.
- Attend cultural competency trainings.

At the same time, collaborative leaders understood that a more concerted effort would be required to change the culture within child- and family-serving agencies. Consequently, the collaborative worked with MeckCARES to create the Mecklenburg County System of Care Training Institute (MCTI) to develop and deliver trainings on systems of care principles for all child- and family-serving agency staff.

The MCTI is chaired by the child welfare training coordinator, who plays a leadership role in the development and delivery of the training curricula. Trainings conducted through the MCTI focus on a number of issue areas, including coordination of services, family engagement, strengths-based services, and cultural competence, to name just a few. The trainings are developed and co-facilitated by service providers and parents who have been through the child welfare system, and target different constituencies, including front line workers, supervisors, judges, and lawyers.

Stakeholders observed that the trainings ensured that all staff received the same information and had the same understanding of the principles, language, and goals of the system of care approach. As the MCTI evolved, the trainings were made available to the entire community—not just child- and family-serving agency staff—to further extend the institutionalization of the systems of care principles across the county. Additionally, the policy review subcommittee of the collaborative worked with MeckCARES to ensure that child- and family-serving agency policies were aligned with community practice standards for service delivery.

3. Creating Systems Change in Child Welfare Policy and Practice

YFS initiative leaders spent a significant amount of time educating child welfare staff about the ways in which the systems of care work served as an added resource to support their existing efforts. The goal was to prevent staff from perceiving the change as being fragmented and disconnected from other agency initiatives and to gain buy-in and support for family-centered practice. Activities included building staff capacity, developing resource materials, and incorporating systems of care language into agency procedures. As part of these efforts, YFS hired community social workers whose role was to learn about and educate front line staff on community resources available for the families they served. These community social workers created a resource guide and an online resource tool to facilitate the sharing of information.

Initiative leaders also engaged in efforts to enhance collaboration with agencies in the county serving the Hispanic/Latino community, including:

- Development of a Hispanic/Latino-focused resource list.
- Use of social marketing materials targeting the Hispanic/Latino community and organizations working with this population developed by the cultural competency subcommittee of the collaborative.
- Partnerships with Hispanic/Latino outreach groups and stakeholders to discuss service gaps and identify potential solutions to meet the needs of the Hispanic/Latino community.

Lastly, YFS requires that all contracts with community-based service providers include systems of care language and that staff in contracted community-based agencies that come into contact with children involved in the child welfare system undergo training related to systems of care.

The agency's focus on interagency collaboration facilitated the implementation of other Systems of Care-directed program development efforts. Specifically, Mecklenburg's Family Partner Program, supported by both mental health and child welfare Systems of Care funding, is implemented through four community-based organizations that provide services, support, advocacy training, and education to participating families. Specifically, the Family Partner agencies recruit and train community volunteers to participate and serve as a support to families in the CFT decision-making meetings. Each of the agencies is located in one of the five YFS geo-districts and was selected through a competitive contracting process.[33] These organizations established formal contracts with YFS outlining their roles and responsibilities, participated in State training on systems of care and family involvement, and hired a part-time Family Partner to work with families (see scope of work for the Family Partner Program in Appendix M). Although the individuals who serve as Family Partners have not been involved with the child welfare system, they reside in the same communities where families live and are intimately familiar with the resources available in the community to meet families' needs.

4. Impact and Sustainability

The implementation of the Systems of Care initiative in Mecklenburg County was critical to the development of a family-centered approach to service delivery across child- and family-serving systems. Findings from the local evaluation indicate that the number of CFT meetings increased from 48 in 2005 to 68 in 2007.[34] During the same time period, the number of Team Decision-Making meetings[35] also increased, from 223 to 385 (Center for Child and Family Policy, 2009). Findings also indicate that front-line workers strongly agreed that they made every effort to support families' active involvement in the development of their case plan (Center for Child and Family Policy, 2008).

Data from the national evaluation confirm that caseworkers believed that the implementation of systems of care principles improved at YFS during the grant period. In particular, caseworkers noted significant improvement in the following five principles:

- Individualized, strengths-based approaches.
- Cultural competence.
- Community-based services.
- Family involvement.
- Accountability.

In terms of interagency collaboration, stakeholders noted that the child welfare Systems of Care grant helped to solidify and formalize Mecklenburg's Community Collaborative, which serves as a forum where public and private agency leaders can come together as one voice for children. According to one stakeholder, "the sustained and persistent dialogue at the collaborative level between the directors of child- and family-serving agencies and nonprofit community-based organizations has been the key to building interagency collaboration." At the practice level, stakeholders suggested that the trainings developed and offered through the Mecklenburg County System of Care Training Institute provided the basis for the way in which systems of care principles and practices have been implemented across child- and family-serving systems. Together, the intentional focus on interagency collaboration, staff development, and family

33 The four organizations providing Family Partner services are Urban Restoration, which covers Districts 1 and 3, South Tryon Community Mission Church in District 2, Greenville Community Combined Youth in District 4, and Bethlehem Center Headstart in District 5.

34 Data for the year 2005 encompass the months of February through December, while data for 2007 encompass the months of January through December.

35 Mecklenburg County's YFS utilizes both CTF and TDM case planning approaches. TDM meetings bring together agency staff (caseworkers and their supervisors), birth families, community members, resource families, and service providers in all placement decisions regarding children.

involvement helped to institutionalize systems of care across agencies and influence changes in policy and practice in Mecklenburg County.

Because organizational changes are underway within DSS, and YFS in particular, it is unclear what plans are in effect to sustain the Systems of Care coordinator position. However, the new YFS director has demonstrated an interest and commitment to sustaining the work of the initiative. Specifically, the director has indicated that systems of care will become the guiding approach for all service delivery within the agency (including child welfare, economic services, and services for adults) and that all employees will receive the trainings developed throughout the course of the initiative. This sign of commitment, along with the support of the collaborative, will be essential to the long-term sustainability and institutionalization of a system of care approach to service delivery in Mecklenburg County.

5. Challenges

Mecklenburg County was in the unique position of implementing both SAMSHA and Child Welfare Systems of Care initiatives concurrently. Recognizing the multiple ways that these initiatives could support each other, and that implementing two very similar initiatives concurrently could prove challenging for a variety of reasons, coordinators from both initiatives spent a significant amount of time educating key stakeholders about the differences and similarities of the initiatives and the importance of building one system of care. By educating key stakeholders, initiative coordinators were able to convene one collaborative body to serve as the governance structure for both initiatives. As Federal funding for both initiatives comes to an end, a continuing challenge for initiative leaders is maintaining the focus and momentum that were created throughout the implementation period to ensure the sustainability of Mecklenburg County's system of care. For example, it is unclear how changes in leadership within DSS and YFS will affect the work conducted under the Systems of Care initiative and to what extent the changes in policies and practices developed over the course of the grant period will be institutionalized.

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