

National Technical Assistance and Evaluation Center for

# Systems of Care



Improving Child Welfare Outcomes through  
Systems of Care: Overview of the National  
Cross-Site Evaluation



# **Improving Child Welfare Outcomes through Systems of Care: Overview of the National Cross-Site Evaluation**

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U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau

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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:

Children's Bureau  
Division of Research and Innovation  
1250 Maryland Avenue, SW  
Portals Building, Room 8152  
Washington, DC 20024  
202-205-8172  
Fax: 202-260-9345  
jan.shafer@acf.hhs.gov

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# 1. Improving Child Welfare Outcomes through Systems of Care

In 2003, the Children’s Bureau funded nine demonstration grants to test the efficacy of a system of care approach to improving outcomes for children and families involved in the child welfare system and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews.<sup>1</sup> This 5-year initiative, entitled *Improving Child Welfare Outcomes through Systems of Care*, focused on infrastructure development to strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles:

- Interagency collaboration.
- Individualized, strengths-based care.
- Cultural and linguistic competence.
- Child, youth, and family involvement.
- Community-based approaches.
- Accountability.

Concurrent with the initiative, the Children’s Bureau supported a national evaluation of the demonstration program. This overview summarizes the initiative and its cross-site evaluation, presents key findings related to the implementation process and outcomes, and highlights lessons learned and conclusions.

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<sup>1</sup> The Child and Family Services Review is a Federal quality assurance assessment of State child welfare agencies’ performance in achieving positive outcomes for children and families. States are assessed for substantial conformity with certain Federal requirements for child protective, foster care, adoption, family preservation, family support, and independent living services. The review process includes a statewide assessment and an onsite review of child and family service outcomes related to safety, permanency, and well-being as well as systemic factors that affect the achievement of positive outcomes.

## 1.1 Child Welfare Driven Systems of Care Initiative

A system of care approach has shown promise for improving outcomes for children and families in other settings, such as the field of mental health (Lourie, Stroul, & Friedman, 1998; U.S. Department of Health and Human Services, 2007). The Children’s Bureau initiative explored its potential for addressing the needs of children and families involved in the child welfare system. The Children’s Bureau built upon the systems of care work of the mental health field, which promoted services that were family-centered, individualized, culturally competent, and coordinated. To succeed as a framework for change, systems of care had to be tailored to the specific mandates and challenges of the child welfare system to protect children from abuse and neglect while also preserving and strengthening families who are typically involved in the system involuntarily.

There is increasing recognition that to meet the complex and multifaceted needs of children and families, child welfare agencies cannot work in isolation. The Children’s Bureau Systems of Care initiative facilitated grant communities to work collaboratively with other child- and family-serving systems toward shared goals of safety, permanency, and well-being of children and their families. Grant communities were required to develop collaborative governance bodies that brought together representatives from public and private agencies, community organizations, and families involved in the child welfare system.

The demonstration was intentionally structured with an emphasis on assessment and planning. The initial year of the grant was designated for a strategic planning process in which collaborative groups assessed their community’s needs and strengths; agreed on a common

vision and goals to guide their work; identified the population of children that would serve as the focus of the initiative; and created a strategic plan to promote use of evidence-based and promising practices to support children and families in the child welfare system. To build capacity and create a supportive culture for achieving sustainable, systemic change, the initiative restricted use of grant funds to infrastructure development rather than direct services.

During the demonstration's implementation phase, grant communities were expected to implement policies, procedures, trainings, and programs aimed at infusing and integrating the six systems of care principles into their communities' child welfare agency and related child- and family-serving systems. These activities, in turn, were expected to lead to improvements in case planning, case management, and service delivery—i.e., strengths-based planning that includes families in a meaningful way, coordinated and integrated service delivery, and receipt of culturally appropriate and community-based services. Ultimately, the Systems of Care activities were intended to result in improved safety, permanency, and well-being of children and their families. (See Appendix A for a broad conceptual framework of the Systems of Care initiative.) To promote accountability, each grant community partnered with a local evaluator to monitor and assess the implementation of its specific Systems of Care initiative.

## 1.2 Systems of Care Communities

The following nine demonstration sites, which represented 18 communities, received 5-year grants by cooperative agreement:

- Contra Costa County Employment and Human Services Department (Contra Costa, California);
- Jefferson County Department of Human Services (Jefferson County, Colorado);

- Kansas Social and Rehabilitation Services (Cherokee and Reno counties, Kansas);
- Clark County Department of Family Services (Clark County, Nevada);
- New York City Administration for Children's Services (Brooklyn, New York);
- North Carolina Department of Social Services (Alamance, Bladen, and Mecklenburg counties, North Carolina);
- Native American Training Institute (Mandan-Hidatsa-Arikara Nation – Three Affiliated Tribal Social Services, Turtle Mountain Child and Family Services, Spirit Lake Social Services, and Standing Rock Child Protective Services, North Dakota);
- Oregon Department of Human Services (Clackamas, Washington, and Umatilla/Morrow counties, Oregon); and
- Pennsylvania Department of Public Welfare (Dauphin and Northumberland counties, Pennsylvania).

The grant communities represented a diverse mix of rural, urban, and tribal settings, and varied in terms of target populations, focus areas, and prior systems of care experience (see Appendix B). Some grant communities identified specific target populations (e.g., children in out-of-home care), while others targeted a broader population of children, such as all children at risk of entering the child welfare system or children already involved in child welfare and related systems. Grant communities could design their Systems of Care initiative and adopt various strategies to meet their particular needs, context, and priorities and to complement ongoing initiatives and reform efforts.

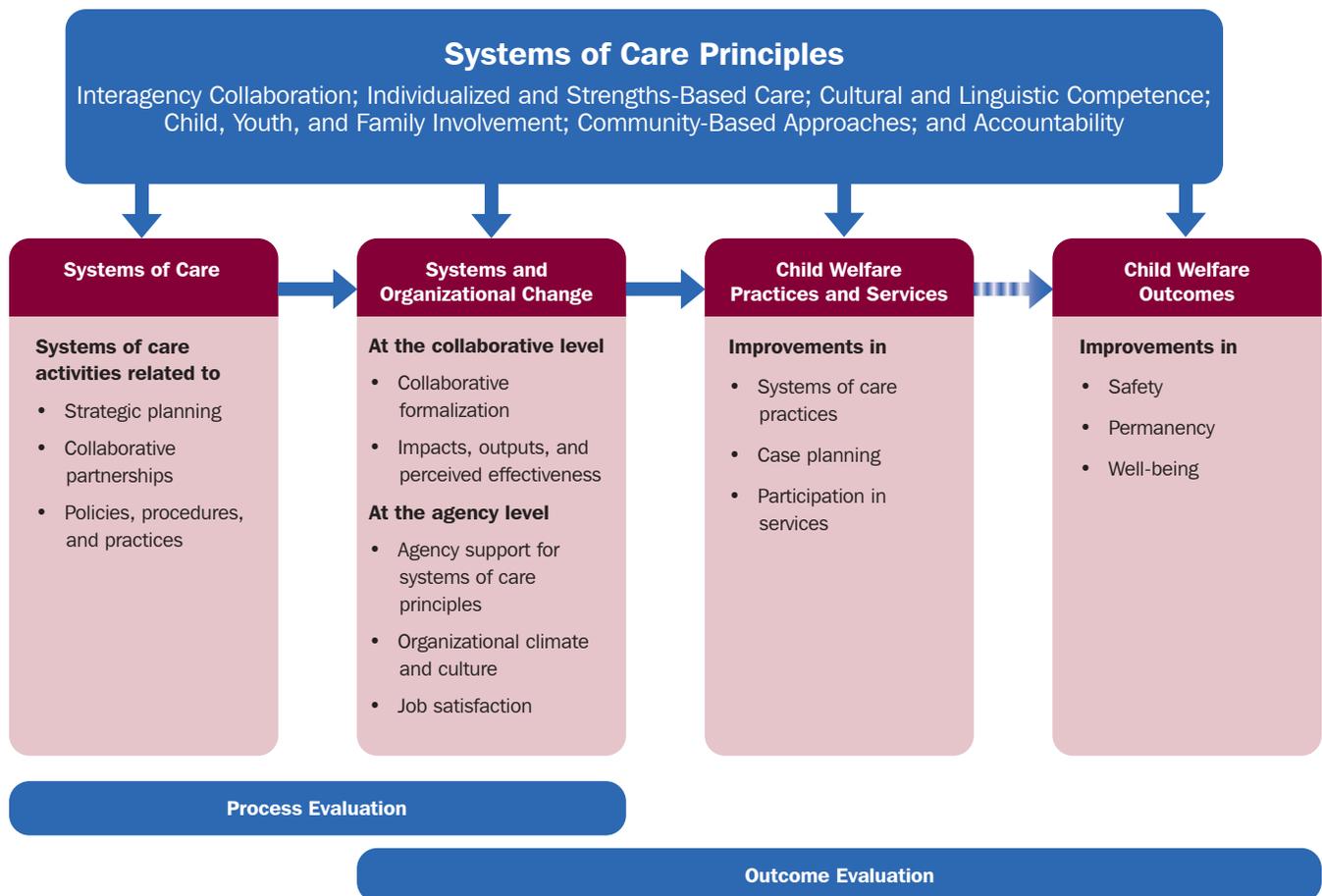
## 1.3 National Cross-Site Evaluation

Grant communities were supported by the National Technical Assistance and Evaluation Center (Center) funded by the Children's Bureau. In addition to

conducting a national cross-site evaluation of the demonstration program, the Center provided long-term, intensive technical assistance to the grant communities. The Center played a pivotal role in the national systems of care “learning laboratory” by helping to build the capacity and potential for success of grant communities, while documenting results and exploring the facilitators and barriers to effective systems and organizational change (see Resources for a list of Center publications). This innovative approach that combined technical assistance and evaluation within a single center made the evaluation not only a means for assessing program impact, but also a tool to inform technical assistance through ongoing lessons learned.

To fully understand the complexity and issues associated with the implementation and impact of the Systems of Care demonstration initiative, the national evaluation adopted a comprehensive mixed methods approach, which included a process and outcome evaluation component. As illustrated in Figure 1, the evaluation examined grant activities related to strategic planning, collaborative partnerships, policies, procedures, and practices, the corresponding impact such work had on systems and organizational change at the collaborative and agency levels, improvements in child welfare practices and services, and outcomes for children and families.

Figure 1: Systems of Care Evaluation Framework



The national evaluation focused on these primary questions:

1. To what extent has the implementation of Systems of Care led to systems and organizational change?
2. What types of systems and organizational change resulted? What actions and processes were undertaken to create systems change?
3. To what extent has the implementation of Systems of Care led to changes in case practice and service delivery and subsequent changes in outcomes for children and families (i.e., safety, permanency, and well-being)?

To address these questions, the evaluation team designed a study that capitalized on multiple data sources, including:

- Interviews with Systems of Care project directors and other personnel, local evaluators, and child welfare and partner agency staff;
- Focus groups with direct service workers from child welfare and partner agencies;
- Surveys of collaborative members<sup>2</sup> and child welfare agency direct service workers;<sup>3</sup> and
- Case-level data gathered through case file reviews of randomly selected child welfare case files from Systems of Care grant sites.<sup>4</sup>

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2 Collaborative members refer to those individuals who participated on interagency structures that were charged with planning for and guiding the implementation of Systems of Care activities in grant communities. A total of 521 collaborative members participated across three survey time points (2005, 2006, 2008), for an average of 174 at each survey administration.

3 A total of 1,722 direct line staff participated in surveys across three time points (2005, 2006, and 2008), for an average of 574 at each administration.

4 The national evaluation team reviewed child welfare case files twice over the evaluation period: 2003 (639 case files) and 2007 (650 case files). Grant sites chose 65–80 cases at random from the total pool of cases reflecting their target population.

Data were collected at multiple time points beginning in 2005 and ending in 2008.<sup>5</sup>

## 1.4 Limitations of the Evaluation

The evaluation had several important limitations:

- Due to the duration of the evaluation and high turnover in collaborative membership and child welfare agency staff, individual survey respondents were not tracked longitudinally, making it difficult to ensure the comparability of the data.
- Due to the small sample size of the individual collaboratives, stakeholder survey data were aggregated across all grant communities, thereby reducing the variability of the findings.
- Different and evolving record-keeping policies and mandates across grant communities made it difficult to interpret whether findings related to cross-site case files were due to case planning and practice changes or changes in record-keeping policies.
- Because the evaluation did not include a quasi-experimental design that “matched” children and families from Systems of Care communities to those who were not receiving this systems change intervention, and because several systems change initiatives were in existence across the grant communities, the evaluation team was unable to definitively link any positive changes in child and family outcomes to the Systems of Care initiative.

Nevertheless, the evaluation provides a valuable foundation for examining the potential for Systems of Care to build capacity and achieve the systems and organizational changes needed to improve the safety, permanency, and well-being of children and families. Although we cannot causally link systems and

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5 Data sources and data collection methodology are described in detail in the technical appendices of *Organizational and Systems Change Resulting from the Implementation of Systems of Care*, available at <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>.

organizational changes to changes in child and family outcomes, we are able to infer, through the triangulation of data from multiple sources, how Systems of Care efforts and activities may have had an impact on individual-level outcomes. Further, valuable lessons learned for future systems of care efforts can be drawn from the successful experiences as well as the challenges of the demonstration grant communities.

This *Overview of the National Cross-Site Evaluation* synthesizes key findings of the evaluation of the Systems of Care initiative. Additional reports

provide in-depth analyses of critical aspects of the demonstration initiative.<sup>6</sup> *Systems and Organizational Change Resulting from the Implementation of Systems of Care* is the primary technical evaluation report.

Other reports provide:

- Comprehensive case studies of the implementation of Systems of Care in two exemplary grant communities;
- An in-depth analysis of the role of leadership in Systems of Care implementation; and
- A focused examination of the principle of family involvement across grant communities.

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<sup>6</sup> Systems of Care evaluation reports are available at <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>.

## 2. Infrastructure Development and Capacity Building Processes

To build capacity for systems and organizational change, communities engaged in local infrastructure development and strategic planning activities. Infrastructure development reflected efforts to modify agency organizational structures and align functions, processes, and policies while incorporating systems of care principles (DeCarolis, Southern, & Blake, 2007).<sup>7</sup> Key activities included developing collaborative interagency governance bodies to set directions and provide oversight, building a leadership and management structure to oversee and carry out activities, establishing the goals and overarching vision for the initiative, conducting assessments of community strengths and needs, and identifying coordinated approaches for integrating systems of care principles into agency policies, practices, and procedures.

### 2.1 Key Elements

Grant communities progressed through initial infrastructure development and planning activities at varying rates. Variations in early progress reflected the presence or absence of a variety of start-up and readiness factors, including:

- Clear understanding of the goals and focus of the Systems of Care initiative;
- Experience with systems of care, cross-system collaboration, and systems reform;
- Strong and consistent leadership; and
- Shared vision for the community's system of care.

As implementation progressed, the following elements also emerged as influential to capacity building processes:

- Dedicated staff and champions; and
- Stakeholder buy-in.

**The Systems of Care focus on infrastructure development was central to start-up and implementation.**

While the funding announcement clearly emphasized infrastructure development, a few grant communities were slow to make the conceptual shift away from traditional service delivery. With guidance from the Children's Bureau and technical assistance, they were able to make course corrections. The eventual focus on infrastructure was critical to helping grant sites implement systems of care principles across all levels of the child welfare agency and integrate them into sustainable policies, practices, and procedures, as well as into cross-system structures and processes.

**The pace of infrastructure development was influenced by grant communities' prior experience and ongoing involvement in systems reform and community collaboration.**

Each grant site used a community-based collaborative to plan and implement Systems of Care activities. While some communities formed new interagency bodies, several communities leveraged and built on existing groups of child- and family-serving agencies, adding new members as appropriate, such as family members formerly involved with the child welfare system. Building on existing collaboratives saved time and recruitment efforts, reduced duplication, and leveraged existing relationships. These groups,

<sup>7</sup> For more information on infrastructure development, see *Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure. A Guide for Communities*, available at [www.tapartnership.org/docs/improvingChildWelfareThroughSOC.pdf](http://www.tapartnership.org/docs/improvingChildWelfareThroughSOC.pdf).

however, sometimes had to balance the commitments and priorities of multiple initiatives.

Prior experience with other systems of care initiatives, particularly those targeting children and youth with serious emotional disturbances and their families, helped some community leaders articulate their vision and prepare for implementation. For other communities, however, it created confusion and served as a barrier as participants struggled to differentiate the Children's Bureau initiative from prior systems of care efforts.

Several communities were able to integrate their Systems of Care efforts into ongoing State or county child welfare reform efforts. Frequently driven by the Child and Family Services Review process, these reforms generally focused on family-centered child welfare practice, differential response to meeting the needs of children and families, and increased accountability. Communities were not only able to align systems of care principles with the underlying values of other systems change initiatives but also position the Systems of Care effort to strengthen ongoing reform.<sup>8</sup>

### Strong and consistent leadership was critical to success.

Leadership was particularly important given the nature of systems change initiatives to challenge the status quo and do things differently. The important role of leadership was identified at multiple levels. At the agency level, supportive child welfare administrators established a constructive climate for change by demonstrating their commitment to the initiative. Child welfare administrators helped to integrate the vision for Systems of Care within the larger mission of the agency, identified opportunities and resources for

integration of the principles, and served as advocates for the initiative with internal and external partners. Project leaders then ensured the initiative's vision was carried forward in day-to-day activities. Effective project leaders, leading from the "middle," were vital to successful planning and implementation.

Given the complex nature of systems change work, a dedicated full-time project director was essential. Experience in the child welfare system and a deep understanding of child welfare issues were important attributes for project leaders to build credibility for Systems of Care and connect the project to the agency's mission.

Many grant communities were challenged to identify the right individual to serve as project director and experienced high turnover in the position. Turnover negatively influenced the progress of start-up and subsequent implementation activities as momentum was lost, decision-making slowed, and collaborative efforts were jeopardized.

### Systems change leaders, in collaboration with stakeholders, need to create a shared vision and a clear plan for implementing the vision.

Leaders need a purposeful vision that clearly identifies the direction the organization will take and articulates the anticipated outcomes. Successful Systems of Care leaders were able to communicate the vision to internal and external stakeholders and inspire others to fulfill the vision. Interviews and collaborative member survey data underscore the importance of aligning the vision with the underlying purpose of helping children and families. While some leaders started with their own vision for the initiative, they often recognized the importance of bringing together key stakeholders—including agency partners, child welfare staff, and family members—to refine that vision and develop a strategic plan for moving forward.

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<sup>8</sup> Detailed examples of how communities implemented Systems of Care within the context of child welfare reforms and other collaborative efforts are presented in *Systems of Care Implementation Case Studies*, available at <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>.

The leadership study<sup>9</sup> found that during implementation, effective leaders could keep their focus on the big picture. They demonstrated perseverance when push back occurred, but exhibited flexibility to revise action plans as needed to overcome challenges. Consistent communication with staff members, partners, and the community regarding the shared vision and initiative's progress helped keep everyone on track. Through communication, leaders aimed to connect the initiative to the values and priorities of the various stakeholders.

### Dedicated positions, champions, and the right staff generated progress.

Hiring or assigning staff dedicated to the day-to-day implementation of specific Systems of Care principles (e.g., family involvement) or activities (e.g., training, community engagement, evaluation) greatly facilitated progress in multiple sites. Tasking specific staff members or committees with planning and coordinating principle-related efforts helped sustain focus on principles, identify resources, overcome barriers to integration, and establish valuable relationships that supported ongoing advancement. Several communities anticipated that the dedicated positions would be sustained beyond the grant's completion.

Communities often credited success to initiative champions at various levels of the organization and among community stakeholders. Passionate about the work, these committed change agents were able to open doors, garner support for the initiative, and serve as valuable resources in times of crisis, such as after a child fatality.

Local evaluators also played an important role in several communities' initiatives. Adopting participatory research approaches, several evaluators contributed to ongoing decision-making and implementation

processes. In addition to helping communities develop logic models, set goals, and measure progress, local evaluators shared data to generate stakeholder buy-in and inform initiative directions. This type of meaningful involvement of local evaluators appeared to build community capacity. Communities found it important to select a local evaluator with the right "fit"—i.e., an evaluator who had knowledge of the child welfare system, experience evaluating systems change initiatives, and strong partnering abilities.

### The buy-in and support of child welfare agency staff and other stakeholders were important elements of successful Systems of Care implementation.

To encourage buy-in and support, agency leaders conducted outreach and social marketing activities, and held meetings with agency staff and community members in which they not only presented information about Systems of Care and its connection to other ongoing initiatives, but also solicited input. Sharing findings from community needs assessments helped increase commitment and consensus about important issues, while cross-systems retreats provided forums for planning how to address issues. In addition, training on systems of care principles—often held jointly among child welfare staff, partner staff, and family and community representatives—coupled with increased use of a shared language, generated a common foundation for understanding systems of care, supported relationship building among stakeholders, and contributed to buy in.

Child welfare workers are the linchpin to incorporating systems of care principles into case planning and service delivery to meet the needs of children and families, and ultimately enhance outcomes. As such, overcoming resistance and gaining support among frontline workers was critical. Engagement of caseworkers frequently hinged on a "brass ring"—a tangible project component that aided day-to-day practice. In one community, the tangible component

<sup>9</sup> For more information, see *Leadership in the Improving Child Welfare Outcomes through Systems of Care Initiative*, available at [www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm](http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm).

was an automated management information system that improved the efficiency of casework documentation. In another, specific protocols for family conferencing meetings helped caseworkers operationalize the principle of family involvement in day-to-day practices. In addition, engagement of middle managers and supervisors was essential so they could model and reinforce systems of care values, communicate relevant policies and procedures, and provide ongoing guidance and support to the frontline staff.

While outreach was frequently emphasized in the early stages of the initiative, findings pointed to the importance of continuing engagement over time to reenergize stakeholders who face competing priorities and to communicate goals and progress to new staff. Leaders noted that recognizing short- and long-term successes and acknowledging the people who contributed to them can help keep stakeholders motivated. Additionally, tracking and sharing data that demonstrate the initiative's impact on outcomes was found to be a powerful tool to sustain stakeholder support.

## 2.2 Process Considerations

### Systems of Care planning and capacity building take time.

While the grant program cooperative agreement provided for a year of planning, the strategic planning process took longer than expected. Many communities needed 1–3 years to develop their strategic plans. In addition, while communities were able to convene collaborative members early in the initiative, it often took several years to strengthen the commitment and trust among the interagency partners and establish the needed infrastructure to support collaborative activities.

### Grant communities' readiness for systems change increased over the course of the initiative.

Analysis of stakeholder survey data demonstrated that organizational and community readiness for systems of care generally increased over time in most communities. Readiness was defined as stakeholders' knowledge and support for Systems of Care, leadership in child welfare and partner agencies, and availability of resources and expertise in planning for, implementing, and adapting systems change efforts.

Individual grant communities experienced different developmental trajectories in terms of their readiness to implement Systems of Care. While there was initial variation in readiness and capacity for implementation, these differences were minimized over time. The focus on building grant communities' readiness through planning and technical assistance activities appears to have enabled less ready communities to build their capacity and thereby “catch up” to communities initially more ready to undertake change.

## 3. Systems and Organizational Change

The national cross-site evaluation explored the effectiveness of a principle-guided system of care approach in creating systems and organizational change and promoting improvements in child welfare practices, case planning, and service provision.

### 3.1 Systems Change

The national evaluation team defined systems change as changes in interagency partnerships and collaboration and focused on measuring such changes at the collaborative level.

**A principle-guided systems of care approach resulted in systems change across child- and family-serving agencies.**

Implementation of Systems of Care promoted interagency collaboration and partnerships among child welfare and child- and family-serving agencies. Surveys revealed that overall, community stakeholders demonstrated increased knowledge, support, and commitment to systems of care over the course of the initiative. Interagency collaborative members awarded strong ratings for capacity building variables (e.g., shared vision and cohesion, leadership, communication) in their communities. Further, community partners perceived their efforts as increasingly effective in promoting positive changes in policies, procedures, and practices and creating positive outcomes for children and families.

**Community collaboratives served as vehicles for increasing interagency collaboration.**

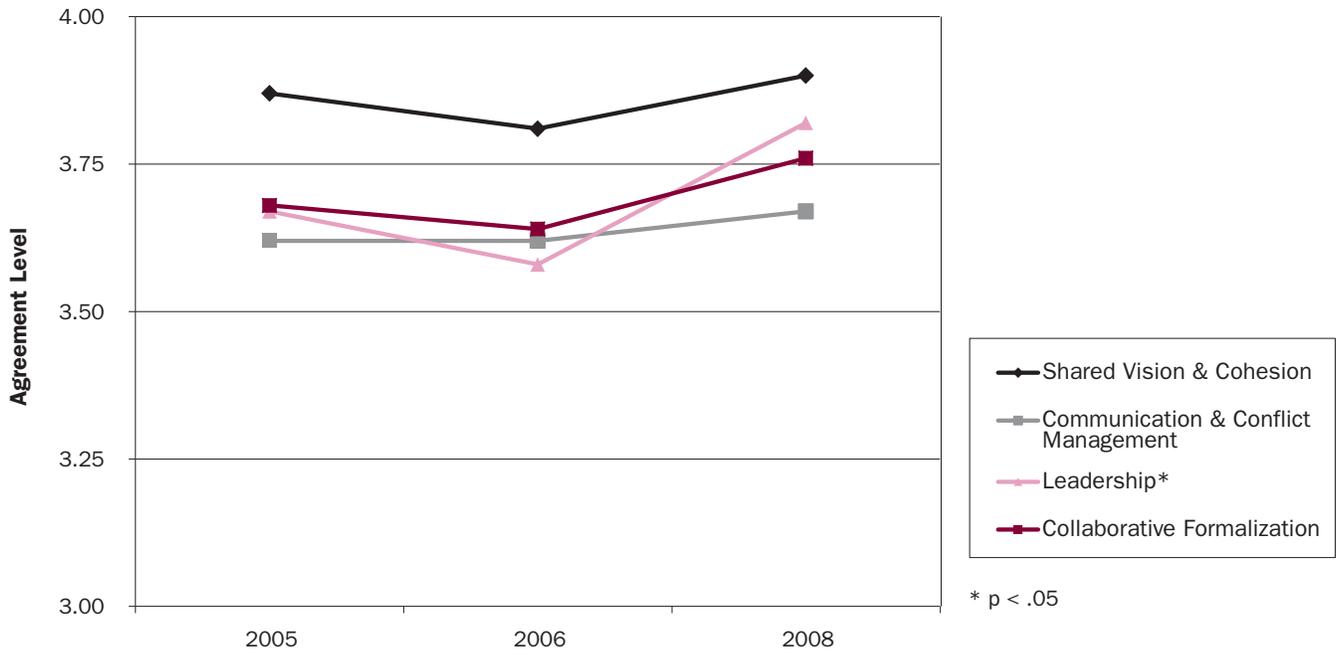
For the majority of grant communities, establishing a new collaborative or incorporating Systems of Care efforts into an existing collaborative were effective means to engage a vast array of stakeholders, including child- and family-serving agencies, community

organizations, nonprofits, community residents, and family members, in planning efforts. By reducing fragmentation and duplication of resources and services, and better coordinating service provision for vulnerable families, systems of care provided a framework for these diverse stakeholders to work together to meet the needs of children and families.

In many cases, the Systems of Care demonstration initiative represented the first time that child welfare was leading interagency efforts. The grant program provided an unprecedented opportunity for child welfare to educate partner agencies about the varied services and supports it provides to vulnerable children and families and to dispel some negative preconceptions. Qualitative findings also suggested that the integration of family and community members as partners in these governance structures helped to alter the child welfare agency's relationship with the community by enhancing public perceptions of the child welfare system. As a result, stakeholders credited the initiative with raising the profile of the agency and garnering community support.

Data from collaborative member surveys indicated that systems of care collaborative groups often followed an uneven, but typical, developmental process. That is, ratings in capacity building variables—such as shared vision and cohesion, communication, conflict management, and leadership—often rose and fell as stakeholders got to know the initiative and one another, began to develop relationships, encountered barriers or conflicts, and then resumed development of trust in the work of the collaborative. By the end of the grant period, the formalization and cohesion of the collaborative increased, leadership roles peaked, and conflict among stakeholders decreased (see Graph 1). These findings provided a positive indication of the grant communities' ability to sustain their interagency

Graph 1: Collaborative Development and Capacity Building Across Grant Communities<sup>10</sup>



collaborative structures. Evidence from the qualitative studies confirmed both the strength and sustainability of these collaborative structures.

### 3.2 Organizational Change

For the purposes of the evaluation, organizational change was defined as changes in policies, practices, and procedures within child welfare agencies. Analysis of organizational change addressed the extent to which communities integrated the six systems of care principles into child welfare processes and structures. Grant communities implemented a wide range of activities and initiatives to address each of the six principles (see Figure 2).<sup>11</sup>

Integration of the systems of care guiding principles in policies, practices, and procedures was central to organizational change.

Complementary changes at systems and practice levels are needed for sustainable impact on child welfare outcomes. Principles were implemented both at the systems level and the direct service level. For example, in the case of family involvement, child welfare agencies worked to involve family members in planning and implementing Systems of Care, while also employing Family Group Decision-Making meetings and other family-centered practices at the case level. Similarly, interagency collaboration and community-based approaches were enhanced at the systems level through the development and activities of interagency collaborative bodies, and at the practice level through collective input into case plans and strengthening connections to community services. Strengths-based and culturally relevant approaches were integrated into staff training and increasingly adopted in caseworker interactions with families. Accountability was enhanced through local evaluation efforts and management

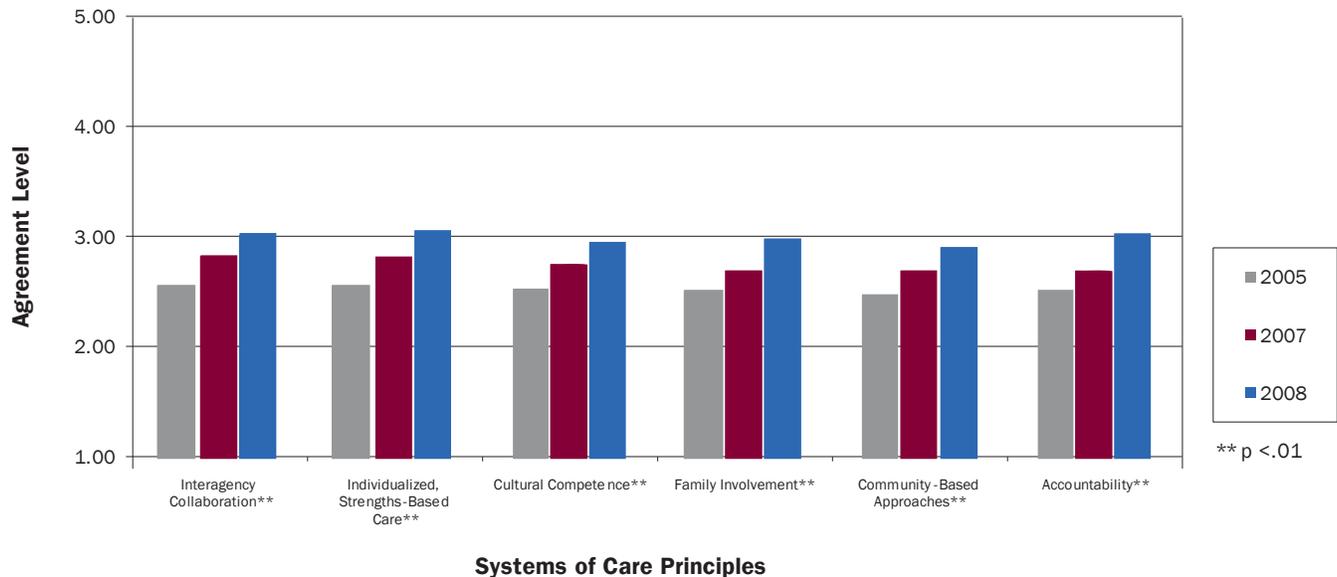
10 Data source: Systems of Care Collaborative Survey. A five-point Likert scale was used to rate respondents' agreement level from (1) strongly disagree to (5) strongly agree on a series of statements reflecting collaborative development variables.

11 For more information on each principle and additional examples of grant community activities related to the principles, see *A Closer Look* series, available at [www.childwelfare.gov/management/reform/soc/communicate/initiative/closerlook/](http://www.childwelfare.gov/management/reform/soc/communicate/initiative/closerlook/).

Figure 2: Overview of Systems of Care Principles

Interagency Collaboration	Individualized, Strengths-Based Care	Cultural Competence	Family Involvement	Community-based Approaches	Accountability
<p>Agencies and organizations providing services to children and families work together to plan, develop, and coordinate care.</p>	<p>Policies and practices identify and draw on the strengths of children, family, and the local community, and acknowledge each child and family's unique set of assets.</p>	<p>Policies, practices, and services are responsive to the cultural, ethnic, linguistic, and racial diversity of children, families, and their communities.</p>	<p>Families and youth are partners in developing their own case plans and are participants in the planning and implementation of systems change activities.</p>	<p>Services and supports are community-based and comprehensive to address holistically child and family needs.</p>	<p>Data are used to evaluate the impact of agency policies and procedures, assess the effectiveness and quality of services, and inform decision-making.</p>
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Multiagency, collaborative governance bodies</li> <li>• Interagency participation in case planning and team decision-making meetings</li> <li>• Cross-agency memorandum of understanding</li> <li>• Cross-training and interagency information sharing</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Strengths-based family assessment procedures and tools</li> <li>• Strengths-based and tailored case planning</li> <li>• Supervisory modeling of strengths-based approach</li> <li>• Training for child welfare and partner agency staff</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Organizational assessments to identify cultural competency issues</li> <li>• Staff training on culturally competent approaches to working with families</li> <li>• Community forums on disproportional representation in the child welfare system</li> <li>• Resources for staff to work with families from diverse cultures</li> <li>• Evaluation tools that reflect values and traditions of tribal communities</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Family and youth participation in case planning conferences</li> <li>• Peer-to-peer mentoring</li> <li>• Membership of families on collaborative governance bodies</li> <li>• Family participation in the design of agency policies and procedures</li> <li>• Parent co-trainers for staff training</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Resource guides and training on community-based organizations and services</li> <li>• Community outreach, liaisons, and social marketing to engage community members and increase resources</li> <li>• Inclusion of community representatives and natural supports in case planning meetings</li> <li>• Family partners to help locate community services</li> <li>• Efforts to increase placements in home community</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Local evaluations of systems of care initiatives</li> <li>• Use of evaluation data in ongoing systems reform</li> <li>• Management information systems linked to case management processes</li> <li>• Strategic planning retreats</li> </ul>

Graph 2: Agency Support for Systems of Care Principles Across Time<sup>12</sup>



information systems that informed cross-system coordination, child welfare administration, supervision, and case planning and documentation.

To institutionalize the principles, grant communities integrated the Systems of Care principles into policy manuals and procedures, sometimes with input from former child welfare-involved families. Communities provided training and developed automated systems to further support changes in practice consistent with new or revised policies. Memoranda of understanding among partner agencies and legal contracts with community providers also helped ensure application of the principles in the provision of supports and services to children and families.

### Child welfare agencies' support for systems of care principles increased over time.

Overall, as shown in Graph 2, data from child welfare staff surveys indicated statistically significant increases in child welfare agency support for each of the systems of care principles over the course of the initiative. During focus group discussions, staff also confirmed that they felt encouraged and supported to adopt principle-guided practices—working in partnership with other agencies and

families in case planning activities, tailoring services to families' unique needs and cultural values, identifying placements and services within a child's community, and maintaining records needed for accountability.

While implementation of the guiding principles was focused primarily within the child welfare agencies, qualitative data suggested that, in some communities, interagency activities resulted in increased support of the principles within other child- and family-serving agencies as well.

Analysis of qualitative and quantitative data revealed variability across and within grant communities in their implementation of the principles. Communities often focused more resources and attention on selected principles, most frequently family involvement, or only addressed a single aspect of a principle (e.g.,

<sup>12</sup> Data source: Systems of Care Child Welfare Agency Survey. Respondents answered questions related to their agencies' support for each systems of care principle; i.e., did they encourage, provide resources and infrastructure, and reward staff for implementation of the principle. Respondents used a five-point Likert scale to rate to what extent they agreed with statements related to agency support of principles: from (1) not at all to (5) to a very great extent. For more information, see *Systems and Organizational Change Resulting from the Implementation of Systems of Care*, available at <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>.

introductory cultural competency training or local evaluations as a mechanism for accountability). While overall progress was made in advancing the implementation of each principle, on average, the data suggested only moderate implementation levels were achieved. These findings are consistent with evaluations of other systems of care initiatives (Manteuffel, Stephens, Brashears, Krivelyova, & Fisher, 2008).

### Family involvement at the case, peer, and systems levels resulted in transformative changes within child welfare and partner agencies.

Across grant communities, systems of care stakeholders reported galvanizing effects of involving families in their systems change efforts. Most grant communities made significant progress in changing case work practice and child welfare agency culture to embrace family involvement.

- At the case level, grant communities enhanced family involvement by implementing or expanding their family teaming approaches to be more consistent with the values and principles of systems of care. Case workers began actively engaging families and their support systems to play more active roles in development and execution of their case plans. Communities also established common definitions, policies, procedures, training, and quality assurance systems to support family teaming.
- At the peer level, communities implemented peer support program models in which families previously involved with the child welfare system helped current families to navigate the system.
- At the systems level, communities provided groundbreaking opportunities and support for families to serve on decision-making bodies (e.g., Systems of Care collaboratives and committees) and contribute to the design and improvement of agency policies and practices. Family members were actively involved in conducting trainings for child welfare

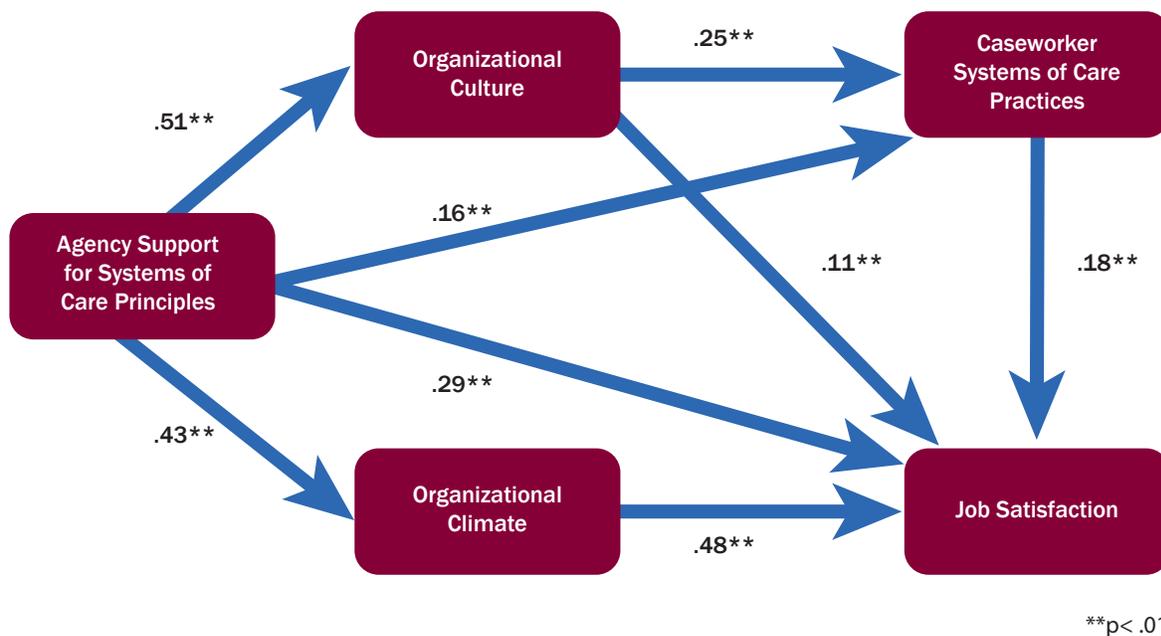
and partner agency staff, providing an important and previously unheard perspective. They also participated in Systems of Care social marketing, provided input on client forms and resource materials, and participated in evaluation activities.

Grant communities tailored their family involvement activities to their target population, including not only birth parents, but also foster parents, kin-caregivers, and youth in foster care.

Evidence from the Systems of Care qualitative studies,<sup>13</sup> supported by local evaluation findings (Anthony, Berrick, Cohen, & Wilder, 2009; Denby, 2009; Lawrence & Snyder, 2009) demonstrate the significant benefits of family involvement activities. Respectful engagement of family members and their peers in decision-making and planning helped families recognize their own needs, strengths, and available resources and become more invested in case plans. Families felt supported, informed, and empowered to make necessary changes. Grant communities not only strengthened families' roles in informing the development of their own case plans but also helped family members develop the leadership skills and capacities necessary to support and advocate for their peers. Peer mentoring, in turn, led to greater family awareness of resources and options, and in some communities resulted in documented improvements in safety and permanency of children. In addition, family members in many communities collaborated for the first time with decision-makers, contributing their perspectives to inform the design and development of policies and programs. Ultimately, the implementation of a system of care approach provided a framework for grant communities to engage families in developing solutions, thereby transforming the relationship between child welfare staff and families involved with the system.

<sup>13</sup> See *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care and Systems of Care Case Studies*, available at <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>.

Figure 3: Systems of Care Organizational Change Model



While considerable strides were made, grant communities reported that increasing and sustaining family involvement was difficult and time consuming. A number of challenges were identified, most notably, a lack of structure and capacity of child welfare agencies to support family involvement, reluctance of child welfare staff to embrace the concept of establishing true partnerships with families, and the need to provide additional supports to family members to partner successfully. Among the strategies used by communities to overcome challenges and build capacity for family involvement were establishing dedicated full-time staff to coordinate family involvement activities, offering training to child welfare staff and family members, developing clear standards related to the requirements and supervision of peer mentors, and creating feedback mechanisms for continued monitoring and program improvement.

**Agencies’ support for systems of care principles was associated with improved job satisfaction.**

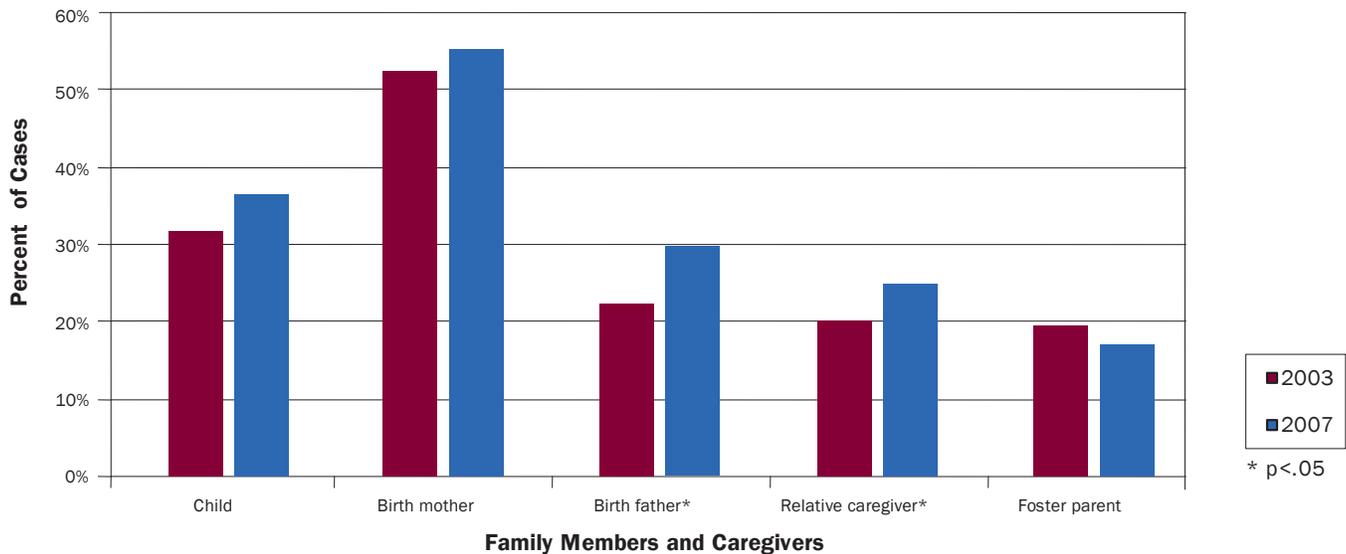
Over the course of the initiative, caseworkers reported moderate improvements in job satisfaction. Survey results among caseworkers showed statistically significant

increases from a mean of 4.49 in 2006 to 4.99 in 2008 on a scale of 1 (very unsatisfied) to 7 (very satisfied).

Analyses revealed that job satisfaction was affected both directly by agency support for systems of care principles and indirectly through the changes in organizational climate and culture. As caseworkers were encouraged to implement strengths-based, culturally responsive, and family-centered approaches to child welfare practice, they perceived a more positive organizational climate—one where agency rules and regulations increasingly promoted effective service provision and roles were more clearly defined. Caseworkers also experienced a more positive organizational culture in which they felt more supported and motivated in their day-to-day environment. Figure 3 summarizes the relationships between the key variables as demonstrated through structural equation modeling.<sup>14</sup> These findings suggest that the implementation of a system of care approach

14 The structural equation modeling analysis of how systems of care principles could affect organizational variables and job satisfaction was cross-sectional and only provided an assessment of agencies at one point in time.

Graph 3: Family Involvement in Case Planning



can potentially contribute to reduced turnover among caseworkers who feel better supported and more satisfied in their jobs.

### 3.3 Child Welfare Practices

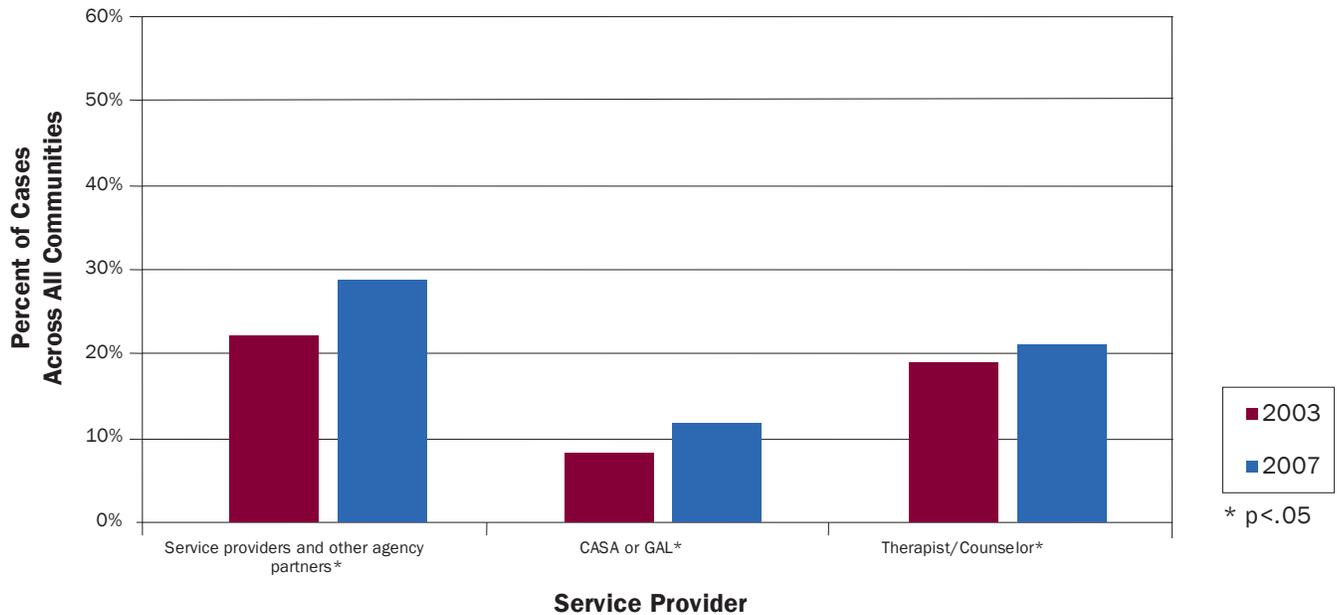
The conceptual framework theorized that systems and organizational change in Systems of Care communities would lead to positive changes in case planning and child welfare services. **Implementation of Systems of Care led to greater participation among partner agencies and family members in case planning and service provision.**

To improve case-level outcomes, Systems of Care emphasized the importance of a holistic case planning model that involved service providers, family members, community members, and other family support systems. As underscored in quantitative and qualitative data collection, grant sites spent significant time and effort on increasing collaboration and family and community involvement at the practice level through Family Group Decision-Making and similar family involvement approaches.

Analysis of case file data indicated that a greater number of family members and interagency partners became active participants in child welfare case planning processes and meetings (see Graphs 3 and 4.). In particular, notable and statistically significant increases were evident in involvement<sup>15</sup> of birth fathers (increasing from 22% to 30% of cases), relative caregivers (increasing from 20% to 25% of cases), and service providers and other agency partners (increasing from 22% to 29% of cases). In addition, family member and caregiver participation in services generally increased over the course of Systems of Care implementation. Increases were statistically significant only for participation by relative caregivers (14% to 21% of cases).

<sup>15</sup> In the case file reviews, people and organizations were recorded as “involved” if there was evidence that they played a role in case planning activities during the review period. These included family members, caregivers, and partners who were involved in the assessment process, identified as a strength in the assessment process, identified by the child welfare agency as being able to address a need identified in the assessment process, consulted in the case planning process, or invited and participated in case planning activities (e.g., Family Group Decision-Making meetings).

Graph 4: Interagency Partners Involvement in Case Planning



Case file reviews also indicated positive trends in service provision by interagency partners. There were sizable and statistically significant increases in services by service providers and other partners (from 9% to 24% of cases), therapists and counselors (from 6% to 17% of cases), and court-appointed special advocates (CASA) or guardian ad litem (from 2% to 6% of cases).

These findings, supported by additional evidence from qualitative studies, confirm the systems-level finding of increased interagency collaboration and are consistent with the systems of care principles of interagency collaboration and family involvement.

## 4. Child Welfare Outcomes

Reviews of randomly selected child welfare case files pointed to evidence of improved child safety, permanency, and well-being. Given the long-term nature of child welfare outcomes resulting from systems and organizational change, and the number of variables external to the Systems of Care initiative, causality cannot be definitively established for changes observed in safety, permanency, and well-being.

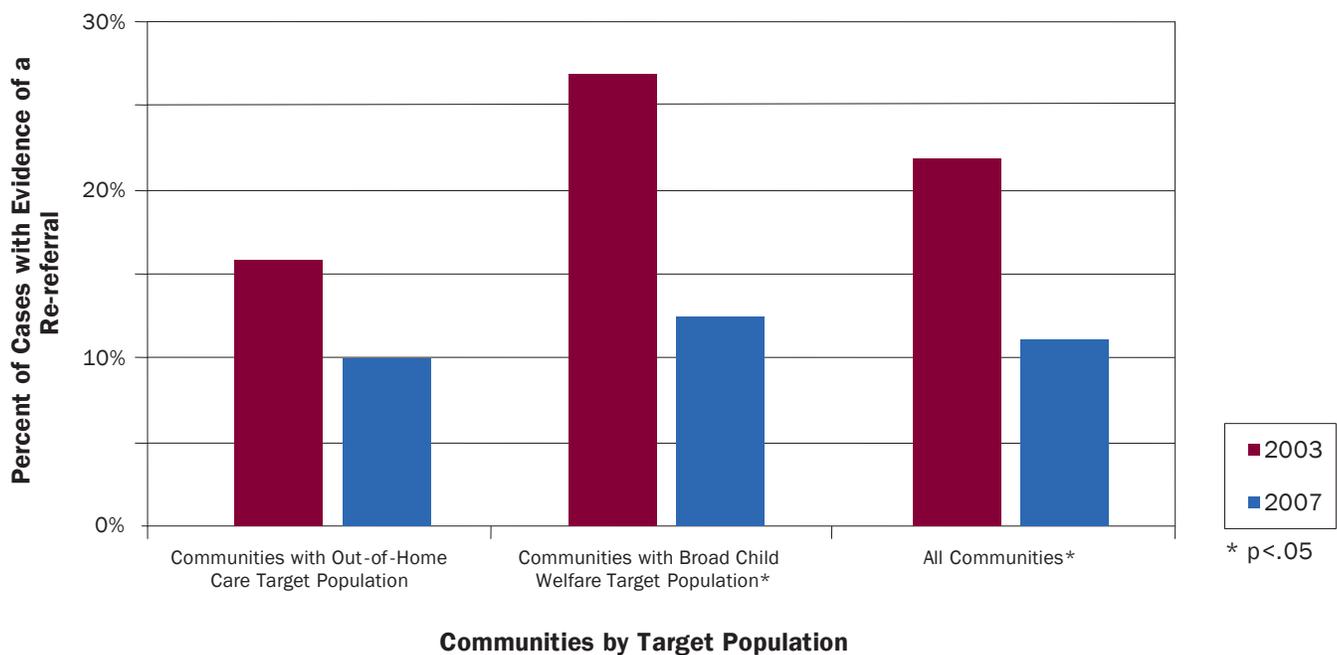
Systems of Care communities experienced improvements in child safety, as shown by a significant reduction in re-referrals into the child welfare system.

Reviews of randomly selected child welfare case files pointed to evidence of improved child safety. As shown in Graph 5, re-referrals to the child welfare agency across communities declined from 22 percent

of cases in 2003 to 11 percent in 2007. Separate analyses addressed re-referrals in grant communities that targeted children in out-of-home care, a higher risk population, and those in communities that worked with a broader child welfare population. Evidence of a re-referral declined for both children from the out-of-home care target population (from 16% to 10%) and children in the broader target population (from 26% to 12%), but such a decline was statistically significant only among the latter.<sup>16</sup>

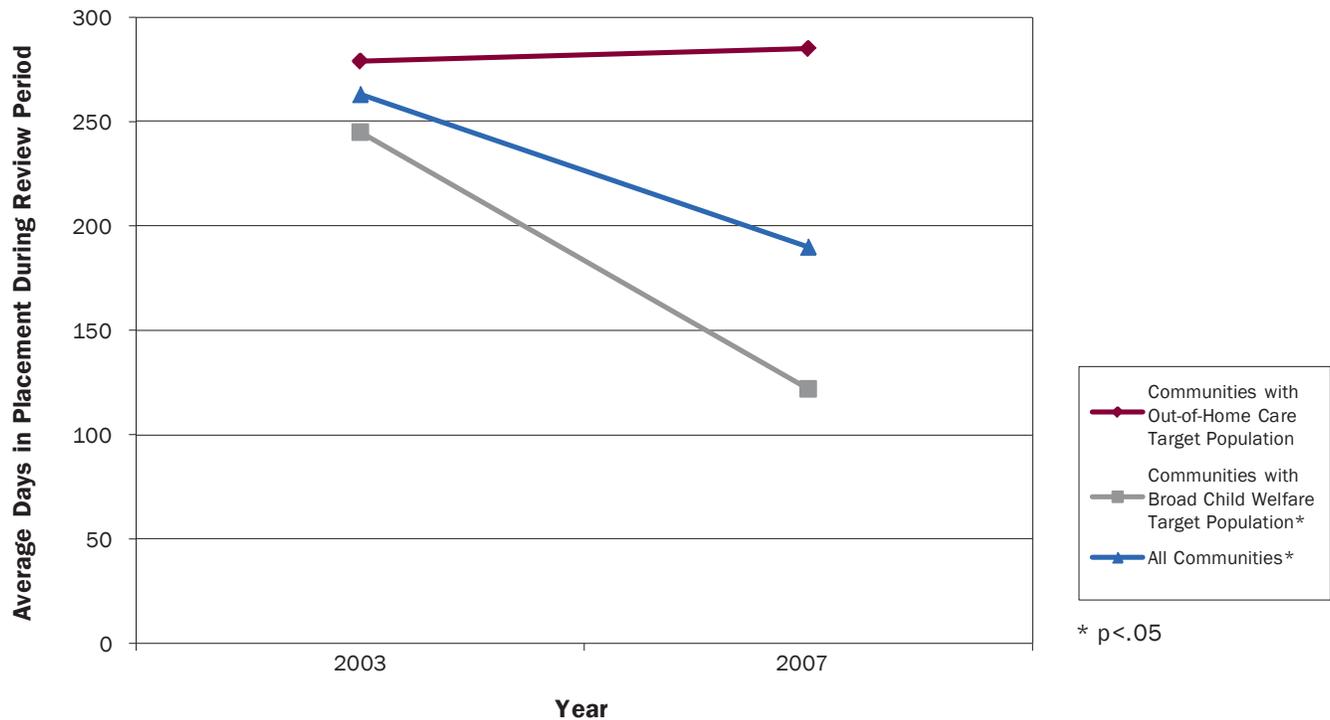
In addition, substantiation of re-referrals declined significantly from 9 percent to 5 percent across communities. There was a significant decrease in the substantiation of re-referrals in grant communities with broader target populations (dropping from 13% to 4%) and a slight, but not significant, increase in re-referrals in grant communities working only with children in out-of-home care (from 2% to 5%).

Graph 5: Re-referral to Child Welfare



<sup>16</sup> The broader target population was much larger than the out-of-home care target population, making it easier to reach the significance threshold.

Graph 6: Average Days in Placement



Case file data revealed several positive permanency outcomes for children in Systems of Care communities.

The average number of total placements decreased from 1.6 to 1.2 across all communities. While communities that focused primarily on children in out-of-home care experienced no change in average number of placements, communities working with a broader child welfare target population (some of whom were placed in out-of-home care) experienced a statistically significant change in average number of placements from 1.4 to .08.

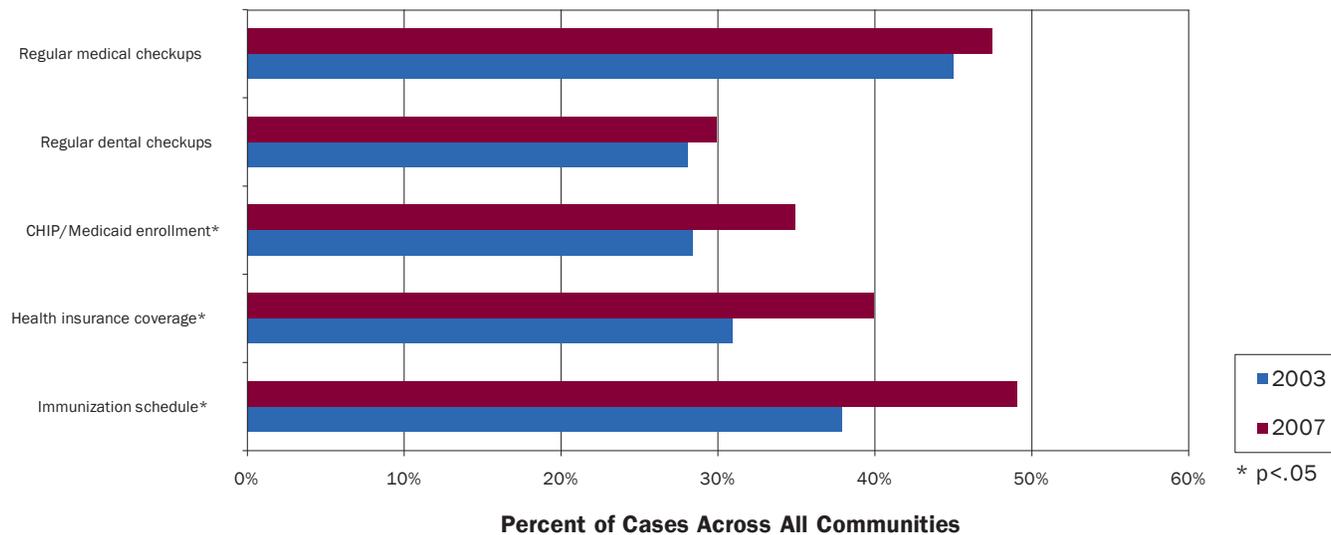
Total days in placement, across communities, declined 28 percent from an average of 263 days in 2003 to 190 days in 2007 (see Graph 6). While the average total days in placement increased slightly among communities that targeted only children in out-of-home care (279 days to 285 days), data revealed a significant increase in the time of the initial placement (from 192 days to 224 days) and decreased time in subsequent placements, suggesting improvements in placement stability for this high-risk group.

Additional analyses revealed that grant communities experienced other positive changes in placement type. For example, a greater number of children were placed with relative caregivers in Clark County, Nevada; more child adoptions took place in Oregon; and children experienced fewer foster care placements in Contra Costa, California.

The well-being of children participating in Systems of Care grant communities appeared to improve over the course of the initiative.

Case file reviews found improvements in child well-being indicators, including increases over the grant period in the percentage of children whose case files documented physical health assessments. As shown in Graph 7, case files also revealed increased documentation of medical checkups, dental checkups, Children’s Health Insurance Program (CHIP)/Medicaid enrollment, health insurance coverage, and immunizations (the last three changes were statistically significant).

Graph 7: Child Physical Health Indicators



## 5. Lessons Learned and Conclusions

The national cross-site evaluation found that Systems of Care helped promote systems change by strengthening interagency collaboration and partnerships among the many organizations and individuals that influence the lives of children and families. Systems of Care also led to organizational changes within child welfare agencies, reflecting integration of systems of care principles in child welfare policies, procedures, and day-to-day practices, and resulting in greater participation of families and community partners in case planning and service provision. Ultimately, Systems of Care communities showed evidence of improvements in child welfare outcomes of safety, permanency, and well-being.

### 5.1 Lessons Learned in the Implementation of Systems of Care

The national evaluation findings indicated that there is no single template or recipe for systems of care and no single factor that guarantees success in implementing child welfare-led systems of care. Nonetheless, the evaluation revealed a number of lessons learned, which hold important implications for future systems change efforts.

1. Systems of care provide an overarching framework to coordinate and augment multiple systems and organizational change efforts within child welfare agencies.
2. The initiative's focus on infrastructure development rather than service delivery helped grant sites to connect and implement systems of care principles across all levels of the child welfare agency and into their policies, procedures, and practices as well as cross-system structures and processes.
3. An early focus on assessment and planning, coupled with intensive technical assistance, can enhance communities' readiness and capacity to implement systems of care.
4. Initiative leaders must recognize how to best leverage and integrate experience with other systems change and collaborative initiatives to align priorities and advance current goals.
5. Child welfare-led systems of care initiatives need strong and consistent leadership at the child welfare administrative level and project level.
6. Dedicated staff responsible for implementing specific principles or initiative components, as well as champions at all levels of the organization and community, are essential to garnering support and furthering successful integration of principles into policies and practices.
7. Succession plans and a shared vision can help minimize disruptions and keep initiatives on track during periods of leadership and staff turnover.
8. Stakeholder engagement and relationship building need to be proactive, inclusive, and ongoing.
9. Connecting the principles to tangible components that aid day-to-day practice can facilitate buy-in among frontline workers, who are a critical link between systems and organizational change and practice changes that lead to improved outcomes.
10. While challenging and time consuming, establishing family involvement at the case, peer, and systems levels can bring transformation within child welfare and partner agencies.
11. Promoting meaningful family involvement at all levels of the child welfare agency requires attention to necessary policy changes, training for child welfare agency staff and family members, requirements for peer mentor positions, clear definitions and procedures for family teaming, supervision, and feedback loops.

12. As a comprehensive approach, systems of care require ongoing and multi-faceted implementation of all six principles.
13. Involving local evaluators in a participatory action research approach throughout the course of the initiative and sharing data with stakeholders on an ongoing basis inform community decision-making, build stakeholder support, and strengthen accountability.
14. Embedding systems of care language and values into policies, procedures, training, and day-to-day practice is a powerful approach to sustain systems of care beyond the grant period.
15. Effecting systems and organizational change is a long-term process that requires ongoing commitment and investment.

## 5.2 Conclusions

Findings from the national cross-site evaluation of the Systems of Care initiative confirm the hypothesis that systems of care can result in systems and organizational changes that lead to improvements in child welfare outcomes. The experiences of the grant communities indicate that a principle-driven system of care approach has considerable potential for strengthening child welfare systems. Building from the demonstration’s experiences, State, county, and tribal child welfare systems around the country can adapt systems of care to fit their local needs and unique characteristics. Guided by strong leaders, they can apply the values and principles of systems of care to unite the diverse perspectives of multiple child- and family-serving agencies, as well as community and family members, toward a shared vision for meeting the complex needs of children and families. Through sustained integration of the principles into policies and practices, child welfare agencies can continue to build greater capacity to deliver individualized, culturally competent, and coordinated community-

based services, and promote positive child and family outcomes. Moreover, they will be able to align implementation of systems of care with the Child and Family Services Reviews process as well as other ongoing systems reform.

The national evaluation answered important questions regarding the efficacy of systems of care. However, the small sample size, limited time frame, and focus of the evaluation leave other questions unanswered:

- How do different approaches to infrastructure development and implementation of systems of care principles affect systems and organizational changes and child welfare outcomes?
- What impact do individual principles have on outcomes and what are the cumulative effects?
- How do organizational culture and climate and other agency factors and contextual variables interrelate to facilitate or impede systems and organizational change?
- What is the long-term impact on safety, permanency, and well-being of sustained systems of care implementation?

Additional research can further elucidate our understanding of child welfare-led systems of care.

As a demonstration initiative and the first cross-site evaluation of systems of care in a child welfare context, this “learning laboratory” is a valuable starting point. The resultant knowledge and lessons learned about what works in building infrastructure and implementing systems of care principles have broad implications and applicability for State, county, and tribal child welfare systems. Ultimately, dissemination of evaluation findings can contribute to cumulative learning, which will help guide and build the capacity of communities to undergo effective systems and organizational change, and as a result, enhance the safety, permanency, and well-being of children and families.

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# Resources

## National Technical Assistance and Evaluation Center Publications

### A Closer Look

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Title: *Family Involvement in Public Child Welfare Driven Systems of Care*

Published: 2008

Available: <http://www.childwelfare.gov/pubs/acloserlook/familyinvolvement/>

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Title: *An Overview of Systems of Care in Child Welfare*

Published: 2009

Available: <http://www.childwelfare.gov/pubs/acloserlook/overview/>

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Title: *Interagency Collaboration*

Published: 2008

Available: <http://www.childwelfare.gov/pubs/acloserlook/interagency/>

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Title: *An Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care*

Published: 2008

Available: <http://www.childwelfare.gov/pubs/acloserlook/strengthsbased/>

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Title: *Cultural Competency*

Published: 2009

Available: <http://www.childwelfare.gov/pubs/acloserlook/culturalcompetency/>

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Title: *Community-based Resources: Keystone to the System of Care*

Published: 2009

Available: <http://www.childwelfare.gov/pubs/acloserlook/community/>

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Title: *Accountability*

Published: 2010

Available: <http://www.childwelfare.gov/pubs/acloserlook/accountability/>

### Children's Bureau Express

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Title: *Family Organizations Promote Systems Change in Child Welfare* (Vol. 10, No. 1)

Published: February 2009

Available: <http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=102&sectionid=2&articleid=2516>

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Title: *Promoting Youth Involvement in a System of Care* (Vol. 10, No. 10)

Published: December 2009

Available: <http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=112&sectionid=2&articleid=2762>

### Evaluation Reports

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Title: *Improving Child Welfare Outcomes through Systems of Care: Overview of the National Cross-Site Evaluation*

Title: *Systems and Organizational Change Resulting from the Implementation of Systems of Care*

Title: *Systems of Care Implementation Case Studies*

Title: *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care Initiative*

Title: *Leadership in the Improving Child Welfare Outcomes through Systems of Care Initiative*

Published: 2010

Available: <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>

## Strategic Planning/Infrastructure Development Resources

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Title: *Improving Child Welfare Outcomes Through Systems of Care: Systems of Care: Guide for Strategic Planning*

Published: 2007

Available: <http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Record?rpp=10&upp=0&m=1&w=+NATIVE%28%27recno%3D56550%27%29&r=1>

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Title: *Improving Child Welfare Outcomes Through Systems of Care: Building the Infrastructure: A Guide for Communities*

Published: 2007

Available: <http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Record?rpp=10&upp=0&m=1&w=+NATIVE%28%27recno%3D60188%27%29&r=1>

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Title: *Systems of Care Infrastructure Toolkits*

- Strategic Planning
- Governance
- System Management
- Coordination of Services
- Communication
- Policy
- Finance
- Continuous Quality Improvement
- Training, Development, and Human Resources

Published: 2010

Available: <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/ntaec.cfm>

# Improving Child Welfare Outcomes through Systems of Care: Overview of the National Cross-Site Evaluation

## **Appendix A—Appendix B**

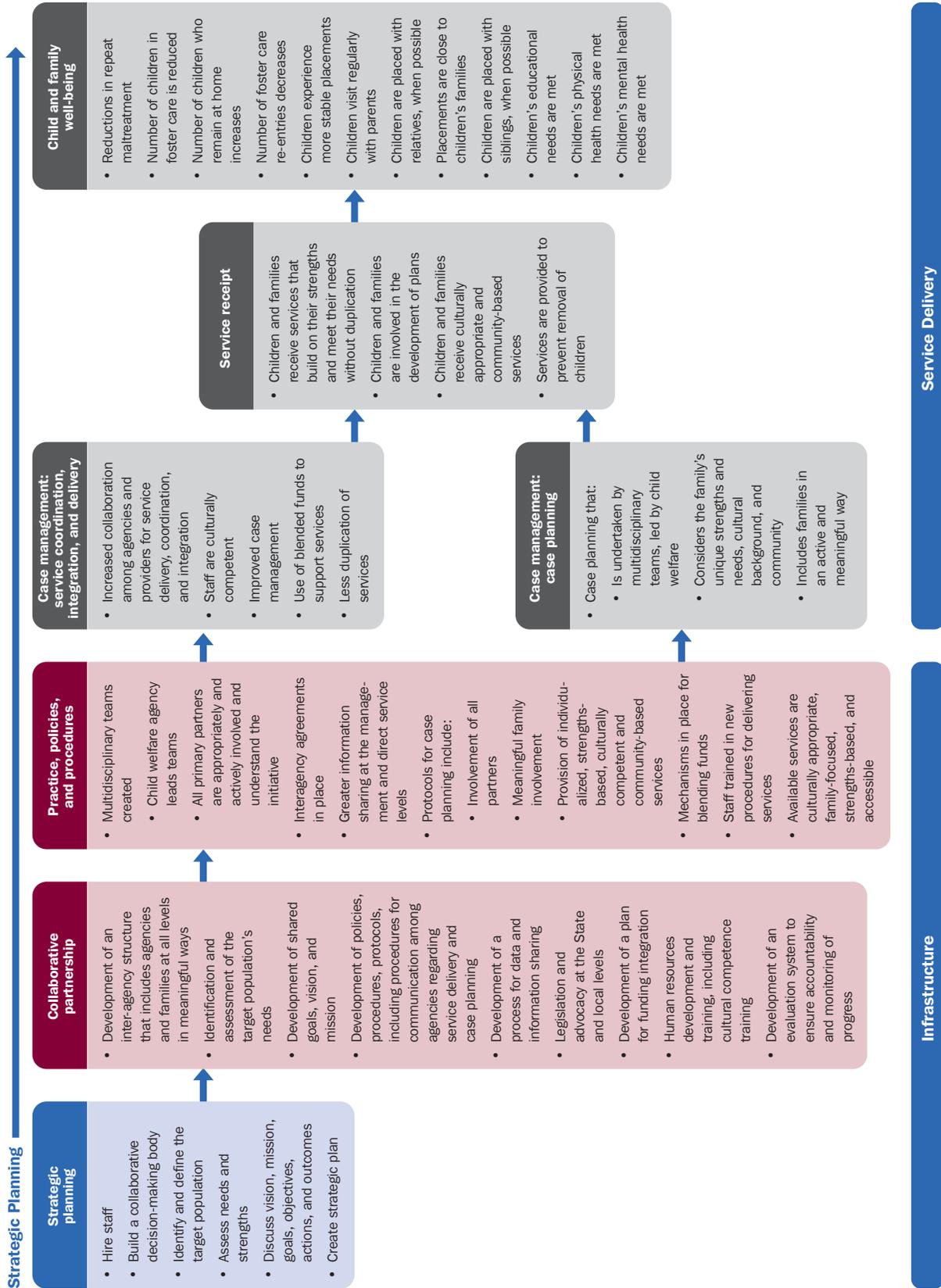
Appendix A: Systems of Care Conceptual Framework

Appendix B: Systems of Care Grant Communities

## Appendix A:

### Systems of Care Conceptual Framework

# Systems of Care Conceptual Framework



## **Appendix B:**

Children's Bureau Systems  
of Care Grant Communities

## Children’s Bureau Systems of Care Grant Communities

<i>Grant Community</i>	<i>Initiative Name</i>	<i>Target Populations</i>	<i>Key Focus Area</i>	<i>Prior Systems of Care Experience</i>
<b>California</b> Contra Costa County	Family-to-Family System of Care	Children and families entering emergency shelter care who were at risk for repeated placement failure  Transitional age youth not participating in Independent Living Skills Programs  Youth jointly supervised by Child and Family Services, Juvenile Probation, or Children’s Mental Health	Expanded Family-to-Family services to address needs of target population; developed Parent Partner Program to support birth parents; and developed consumer-driven Team Decision-Making approach for youth.	A Casey Family-to-Family site  Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care Grant  Initiative began with a very strong System of Care Policy and Planning Council
<b>Colorado</b> Jefferson County	Improving Child Welfare Outcomes through Systems of Care	Children, youth, and families involved in the child welfare system	Developed case flow management, data, and information systems improvements to case practice; utilized geo-mapping to assess needs and resources; and developed cross-systems training to integrate the systems of care principles into other child- and family-serving systems.	Federation of Families for Children’s Mental Health Initiative  A Casey Family-to-Family site

<i>Grant Community</i>	<i>Initiative Name</i>	<i>Target Populations</i>	<i>Key Focus Area</i>	<i>Prior Systems of Care Experience</i>
<b>Kansas</b> Cherokee County Reno County	Developing Family-Based Systems of Care for Local Communities in Kansas	Children and youth at risk of entering or involved in the child welfare or juvenile justice systems	Focused on infrastructure development related to family involvement. Supported the development of a Family Advisory Network to facilitate family involvement in child welfare and promote collaboration and partnerships among all relevant stakeholders.	SAMHSA Systems of Care Grant
<b>Nevada</b> Clark County	Caring Communities Demonstration Project	Children involved with the child welfare system and the kin caregivers with whom they reside	Focused its efforts on developing and implementing a Kin Care Liaison Program to support kin caregivers within child welfare.	SAMHSA Systems of Care Grant
<b>New York</b> Bedford-Stuyvesant Community Borough of Brooklyn New York City	The CRADLE in Bedford Stuyvesant: A System of Care Initiative	Families who have children ages birth to 1 year old, with a primary focus on families who are either the subject of a substantiated maltreatment report, whose children have already been placed in foster care, or both	Employed a community organizing/empowerment approach to increase the coordination of services and the implementation and integration of systems of care into child welfare practice.	None

<i>Grant Community</i>	<i>Initiative Name</i>	<i>Target Populations</i>	<i>Key Focus Area</i>	<i>Prior Systems of Care Experience</i>
<b>North Carolina</b> Alamance County Bladen County Mecklenburg County	Improving Child Welfare Outcomes Through Systems of Care	Children who are victims of, or are at risk for, child abuse and neglect	Developed tools, protocols, and procedures to facilitate the implementation of the systems of care principles into child welfare agency policies, practices, and procedures. Developed training curricula related to the implementation of Child and Family Team meetings within child- and family-serving agencies.	SAMHSA Systems of Care Grant
<b>North Dakota</b> Three Affiliated Turtle Mountain Spirit Lake Standing Rock	The Medicine Moon Initiative to Improve Tribal Child Welfare Outcomes Through Systems of Care	Native American children and families who are involved with tribal and State child welfare agencies	Utilized the Systems of Care initiative to support infrastructure development within the four tribal agencies, including culturally appropriate processes and case management data collection practices.	Project director served as the project director of a SAMHSA Systems of Care Grant
<b>Oregon</b> Clackamas County Washington County Umatilla-Morrow County	Improving Permanency Outcomes Project	Children who have been in out-of-home care for longer than 8 months with a reunification case plan  Children in out-of-home care with alternative permanent planned living arrangement designations that do not include reunifications, adoptions, or guardianship	Utilized family involvement as a key strategy to achieve improved permanency outcomes.	Class action suit requiring the use of a system of care approach within child welfare

<i>Grant Community</i>	<i>Initiative Name</i>	<i>Target Populations</i>	<i>Key Focus Area</i>	<i>Prior Systems of Care Experience</i>
<b>Pennsylvania</b> Northumberland County Dauphin County	Locally Organized Systems of Care for Children in Pennsylvania	Children and adolescents, ages 6 to 18, who are involved in the child welfare system and at least one other child-serving system (e.g., mental health, mental retardation, drug and alcohol, education, and/or juvenile probation)	Developed several strategies to support cross-systems service integration and community engagement to achieve improved outcomes for children and families.	SAMHSA Systems of Care Grant