

National Technical Assistance and Evaluation Center for  
**Systems of Care**



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



# **Systems and Organizational Change Resulting from the Implementation of Systems of Care**

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U.S. Department of Health and Human Services  
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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:

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# Executive Summary

In 2003, the Children’s Bureau launched its *Improving Child Welfare Outcomes through Systems of Care* (Systems of Care) demonstration initiative to explore the use of a principle-guided approach to improving outcomes for children and families involved with the child welfare system. The initiative was designed to promote systems and organizational change across child welfare agencies and other child- and family-serving systems and to address the policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. In addition to funding demonstration grants, the Children’s Bureau supported a national evaluation. This Executive Summary provides a brief overview of the initiative and its cross-site evaluation, highlights key findings, and summarizes lessons learned.

## Introduction and Background

Systems of Care is an initiative that incorporates a core set of principles that combine to meet the diverse needs of children, youth, and families. The six guiding principles reflect:

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

The Children’s Bureau awarded nine 5-year grants by cooperative agreement to public child welfare agencies to engage in Systems of Care infrastructure development activities. The nine demonstration sites, which represented a diverse group of 18 communities, included:

- 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).
- Pennsylvania Department of Public Welfare (Dauphin and Northumberland counties, Pennsylvania).

The demonstration was structured to promote collaborative partnership, strategic planning, and infrastructure development. To plan and implement the initiative, grant communities developed collaborative bodies that brought together representatives from public and private agencies, community organizations, and families involved in the child welfare system. 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 common goals, values, and principles to guide their work; and identified the population

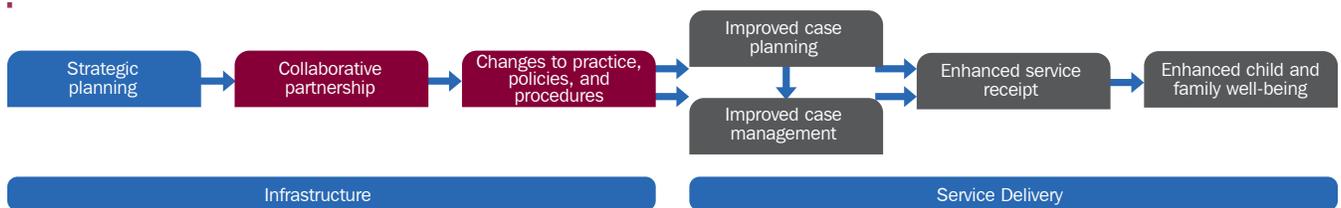
of children that would serve as the focus of the initiative. Collaboratives also developed a strategic plan to promote use of evidence-based and promising practices to support children and families in the child welfare system.

During the implementation phase, grant communities were expected to develop and 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. Figure A presents a broad conceptual framework of the Systems of Care initiative.

Grant communities were supported through a National Technical Assistance and Evaluation Center (Center) funded by the Children's Bureau. The Center was tasked with providing intensive technical assistance and conducting a national cross-site evaluation of the demonstration program. Additionally, each grant community partnered with a local evaluator to conduct an evaluation of the implementation of its specific Systems of Care initiative.

Figure A: Systems of Care Conceptual Framework



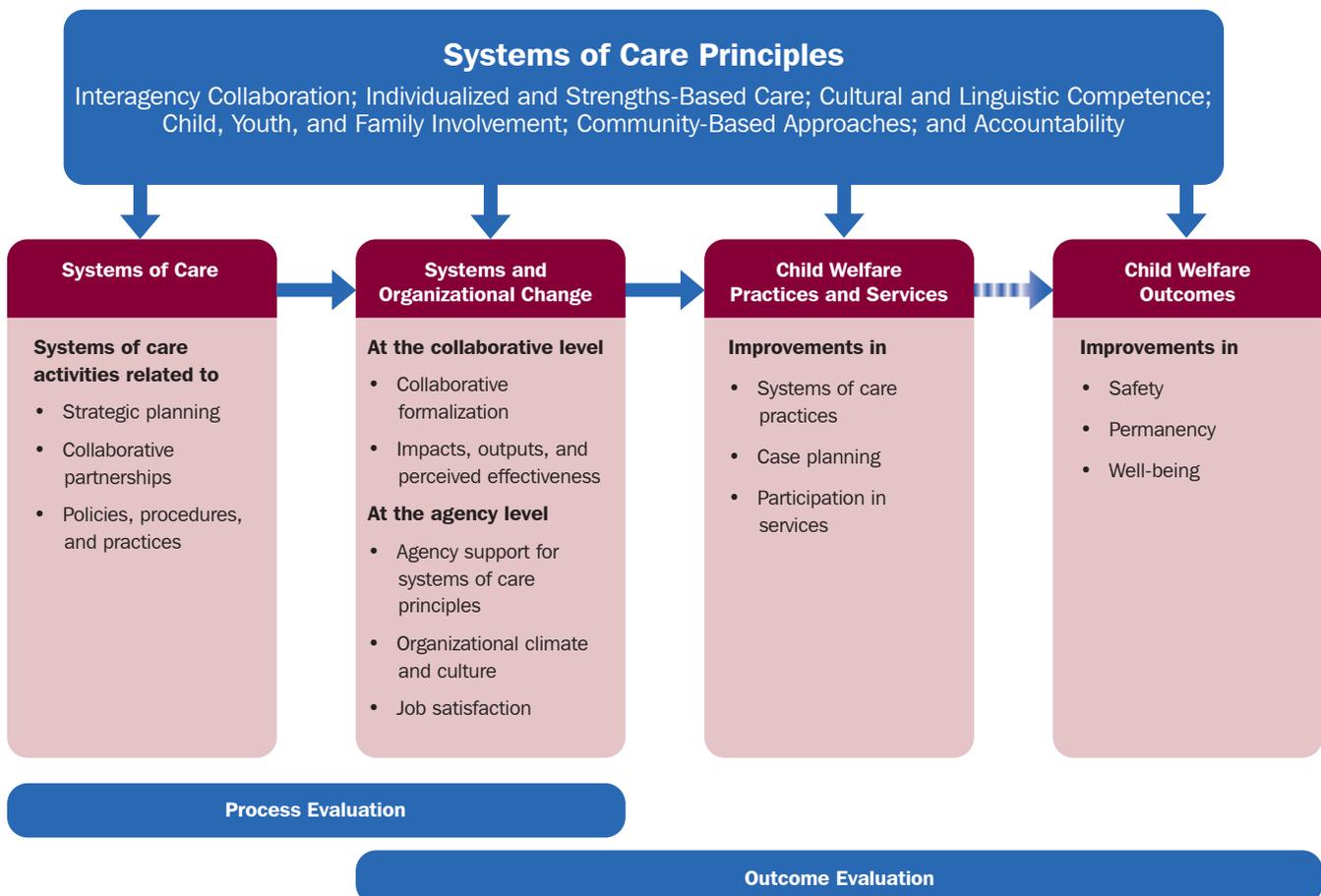
## Overview of the Evaluation

The goal of the national cross-site evaluation was to determine the extent to which the implementation of systems of care enables child welfare agencies to promote systems and organizational change and, ultimately, to improve child welfare outcomes. The cross-site evaluation used a mixed methodological approach, which included a process and outcome component. As illustrated in Figure B, 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 service delivery, and subsequent changes in outcomes for children and families (i.e., safety, permanency, and well-being).

Drawing from a variety of quantitative and qualitative data gathered across grant sites (e.g., interviews, focus groups, surveys, and case-level data), the national evaluation focused on addressing 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 these changes?
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)?

Figure B: Systems of Care Evaluation Framework



## Systems Change

For the purposes of this evaluation, systems change was defined as changes in interagency partnerships and collaboration across child-serving agencies, measured at the Systems of Care collaborative level. Through interviews and collaborative member surveys, the evaluation explored system-level variables related to collaborative formation, collaborative development and capacity building dynamics (e.g., shared vision, communication, and leadership), and the perceived effectiveness of the local collaboratives' efforts.

- Each grant site developed a community-based collaborative body to plan and implement Systems of Care activities. While some communities formed new interagency bodies, others built upon existing collaborative groups. In many cases, the Systems of Care demonstration represented the first time that child welfare was the main agency leading reform. Although grant sites were able to convene collaboratives early in the initiative, it often took 3-4 years to build the necessary infrastructure and develop the commitment and trust among collaborative partners for real systems change.
- As a group, the grant communities witnessed a general linear increase in collaborative and community readiness for systems change and demonstrated increased knowledge, support, and commitment to Systems of Care over the course of the initiative. While there was initial variation across grant communities in readiness and capacity for implementation, these differences were minimized over time. The grant program's emphasis on planning in the initial years and the provision of targeted technical assistance appears to have enabled "less ready" communities to build their capacity and catch up to those communities who initially appeared "more ready."
- While developmental trajectories over the course of implementation were uneven, by the end of

the grant period, shared vision and cohesion improved, leadership roles peaked, conflict among stakeholders decreased, and formalization of relationships strengthened.

- Collaborative members reported that their Systems of Care collaboratives had been successful in creating systems change in local child welfare agencies by supporting the application of the systems of care principles, changing child welfare policy and practice, and improving child welfare outcomes. Additionally, stakeholders reported improved relationships among collaborative members and enhanced public perceptions of the child welfare system.

## Organizational Change: Support for Systems of Care Principles

The evaluation team defined organizational change as changes in child welfare agency policies, procedures, and practices resulting from the implementation of the Systems of Care initiative. Analyses of organizational change centered on an assessment of the extent to which systems of care principles were fully integrated into child welfare agencies' processes and structures.

- Child welfare agency support for systems of care principles increased over time. As a group, grant communities indicated statistically significant increases in their agencies' support for each of the systems of care principles over the course of the initiative. While overall progress was made in advancing the implementation of each principle, on average, the data suggested only moderate implementation levels were achieved.
- Grant communities implemented systems of care principles both at the systems level and 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 information systems that informed cross-system coordination, child welfare administration, supervision, and case planning and documentation.

- While grant sites worked to implement all six systems of care principles, grant sites focused their efforts more prominently on two principles—interagency collaboration and family involvement. The development and formalization of the interagency collaborative bodies helped to integrate the initiative’s goals and values across child-serving systems. Most grant sites emphasized and dedicated significant resources to involving family members with experience in the child welfare system in policy development and planning processes, peer-to-peer mentoring programs, and case planning. Across grant communities, stakeholders reported galvanizing effects of involving families in systems change efforts.

### **Organizational Change: Climate, Culture, and Job Satisfaction**

In assessing the complex pathways to systems and organization change, the national evaluation explored how the implementation of systems of care influenced organizational culture and climate and, in turn, how they affected job satisfaction.

- Over the course of the initiative, caseworkers reported moderate improvements in job satisfaction.
- Analyses revealed that job satisfaction was affected both directly by agency support for systems of care principles and indirectly through perceptions of a more positive organizational climate (i.e., one where agency rules and regulations increasingly promoted effective service provision) and a more positive organizational culture (i.e., one in which caseworkers felt more supported and motivated in their day-to-day environment). These findings suggest that systems of care may potentially contribute to reduced turnover among caseworkers who feel better supported and more satisfied in their jobs.

### **Changes in Child Welfare Practices, Case Planning, and Services**

Systems of Care emphasized the importance of a holistic case planning and service delivery model that involved cross-agency service providers, family members, community members, and other family supports.

- Case file reviews revealed greater participation among family members and interagency partners in case planning processes.
- Provision of services by service providers and other agency partners increased approximately three-fold.

### **Improvements in Child Welfare Outcomes**

The evaluation team reviewed randomly selected child welfare case files and found evidence of improved child welfare outcomes, the ultimate goal of the Systems of Care initiative.

- Re-referrals to the child welfare agency and substantiation of re-referrals declined.
- The average number of out-of-home placements decreased and the average number of total days in placement declined.

- The percentage of children whose case files documented mental health and physical health assessments increased as did documentation of other indicators of child well-being, such as enrollment in Children’s Health Insurance Program (CHIP)/Medicaid, health insurance coverage, and immunization.

## Critical Implementation Factors and Sustainable Elements

The complex, dynamic, and diverse nature of each community and its child welfare system influenced the local implementation of the initiative.

- Project directors identified various infrastructure components that influenced the implementation of their Systems of Care initiatives, including strong leadership, dedicated staff and “champions,” and location of the initiative within the child welfare agency. They also cited strategic planning, policy changes, and staff engagement as critical processes that influenced progress.
- Asked to identify the Systems of Care components most likely to be sustained beyond the grant period, project directors named: integration of systems of care principles into child welfare policies, Program Improvement Plans, and training; increased commitment to collaboration among child- and family-serving agencies; and engagement of the community as a resource and partner in the work of the child welfare agency. For many communities, the most powerful contribution of systems of care was the increased recognition of the importance of the family perspective in influencing child welfare agencies’ policies, procedures, and practices.

## Conclusions and Lessons Learned

The national cross-site evaluation of the Systems of Care initiative found that a principle-guided system of care approach has considerable potential in improving

collaborative infrastructure, changing policies and day-to-day practices, and ultimately, helping to achieve positive outcomes for children and families.

### Limitations

While the national cross-site evaluation applied a rigorous methodology utilizing a combination of qualitative and quantitative approaches to explore processes and outcomes among a diverse sample of grant sites, there are some important limitations regarding the study findings:

- Due to the duration of the evaluation and high turnover among child welfare agency staff and collaborative partners, 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 cross-site case file results 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 that were not receiving this systems change intervention, and because several systems change initiatives are 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.

### Lessons Learned

The national evaluation findings suggest that there is no single template or recipe for systems change and there is no single factor that brings success to 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. The alignment of the systems of care principles with the fundamental premises of the Child and Family Services Reviews makes this an especially appealing approach for child welfare agencies to use to improve the safety, permanency, and well-being of children and families.
2. The initiative's focus on **infrastructure development** was central to start-up, implementation, and sustainability. This required grant communities to make a conceptual shift away from traditional service delivery. The focus on infrastructure 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. **Community collaboratives** proved to be powerful vehicles for systems and organizational change efforts. Collaborative bodies brought diverse stakeholders together to reduce fragmentation and duplication of resources and services and better coordinate service provision for vulnerable families.
4. The initiative's early **focus on planning and assessment** appears to have increased communities' readiness and capacity to implement systems of care. In addition, the use of intensive and tailored technical assistance helped communities address challenges and move forward with implementation.
5. While **prior experience with other systems of care** initiatives helped some community leaders articulate their vision and prepare for implementation, it created confusion and served as a barrier in other communities. Initiative leaders must recognize how to best leverage and integrate prior initiatives to align priorities and advance current goals.
6. Findings underscored the importance of **strong and consistent leadership** at the child welfare agency administrative level and project level. Successful implementation was also furthered by initiative champions with a passion for the work and dedicated staff responsible for implementing specific principles or initiative components. Succession plans and a shared vision can help keep initiatives on track during periods of leadership and staff turnover.
7. **Stakeholder engagement** and relationship building within the child welfare agency and across agencies need to be proactive, inclusive, and ongoing. Overcoming resistance and gaining support among front line workers and supervisors was particularly important to incorporating systems of care principles into case planning and service delivery approaches, and was facilitated by tangible project components that aided day-to-day practice (e.g., automated management information systems and protocols for Team Decision-Making meetings).
8. While challenging and time consuming, **family involvement** at the case, peer, and systems levels resulted in transformative changes within child welfare and partner agencies. Respectful engagement of family members in strengths-based case planning, as well as peer support, helped families recognize their own needs, strengths, and available resources, and become more invested in case plans. Moreover, inclusion of families at the systems level gave them a valuable voice in policy development and service design.
9. As a **comprehensive approach**, system of care requires ongoing implementation of all six principles. While overall progress was made

in advancing each of the principles, findings suggested room for further implementation. Continued integration of the principles into child welfare policies, procedures, and practices can be supported by dedicated staff and cross-agency committees, community summits and events, training, technical assistance, and learning from evaluation findings.

10. A **participatory action research** approach supported communities and built capacity. Local evaluators often were involved extensively in all phases of systems of care efforts including identifying needs, developing logic models and the strategic plan, and providing evaluation results to help refine systems of care activities and efforts.
11. Embedding **systems of care language and values** into policies, procedures, training, and day-to-day practice is a powerful approach to move the work beyond the grant period and sustain systems of care in ongoing efforts to protect children and support families.
12. Organizational and systems change takes **time**. Changing the ways things are done and shifting mind sets entail a complex and gradual process. While the System of Care grant communities exhibited notable progress in developing collaborative infrastructures and implementing systems of care principles, they acknowledged that work remains to be done to achieve the initiative's full potential.

## 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 own 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, around 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 will 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.

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. Additional demonstration and research can further elucidate our understanding of what contributes to successful child welfare-led systems of care. 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.

# 1. Introduction and Background

In 2003, the Children’s Bureau launched its *Improving Child Welfare Outcomes through Systems of Care* (Systems of Care) demonstration initiative. Systems of care had already shown promise in the field of mental health (Lourie, Stroul, & Friedman, 1998; Stroul, 2002; U.S. Department of Health and Human Services, 2007). States and communities implemented systems of care to deliver family-centered, individualized, culturally competent, and coordinated service for children and adolescents with serious emotional disturbances and their families. The Children’s Bureau built upon the work of the mental health field to create its own systems of care based on implementation of six principles:

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

This initiative was designed to promote systems and organizational change through systems of care guided efforts and activities and the realignment of collaborative partnerships between agencies serving children and families involved in the child welfare system. It was also designed to address the policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews.<sup>1</sup>

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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.

Through the Systems of Care initiative, the Children’s Bureau awarded a total of nine 5-year grants by cooperative agreement to public child welfare agencies across the United States. Grant funds were targeted to infrastructure development activities, as opposed to previous funding programs that tended to focus on service delivery approaches. The nine demonstration sites, which served 18 communities, were:

- Contra Costa County Employment and Human Services Department (Contra Costa County, 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).

These grant communities served as a national learning lab to understand how systems of care can be used to build a stronger child welfare service infrastructure that enhances child safety, permanency, and well-being.

As Table 1 illustrates, the grant communities varied in terms of urban and rural settings, target population, and approach. In addition, many communities had prior systems of care experience supported by Federal

(e.g., Substance Abuse and Mental Health Services Administration<sup>2</sup>), State, or foundation initiatives. For more detailed information regarding grant communities, see Appendix A.

**Table 1: 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

<sup>2</sup> For more information, see <http://systemsofcare.samhsa.gov/>.

<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

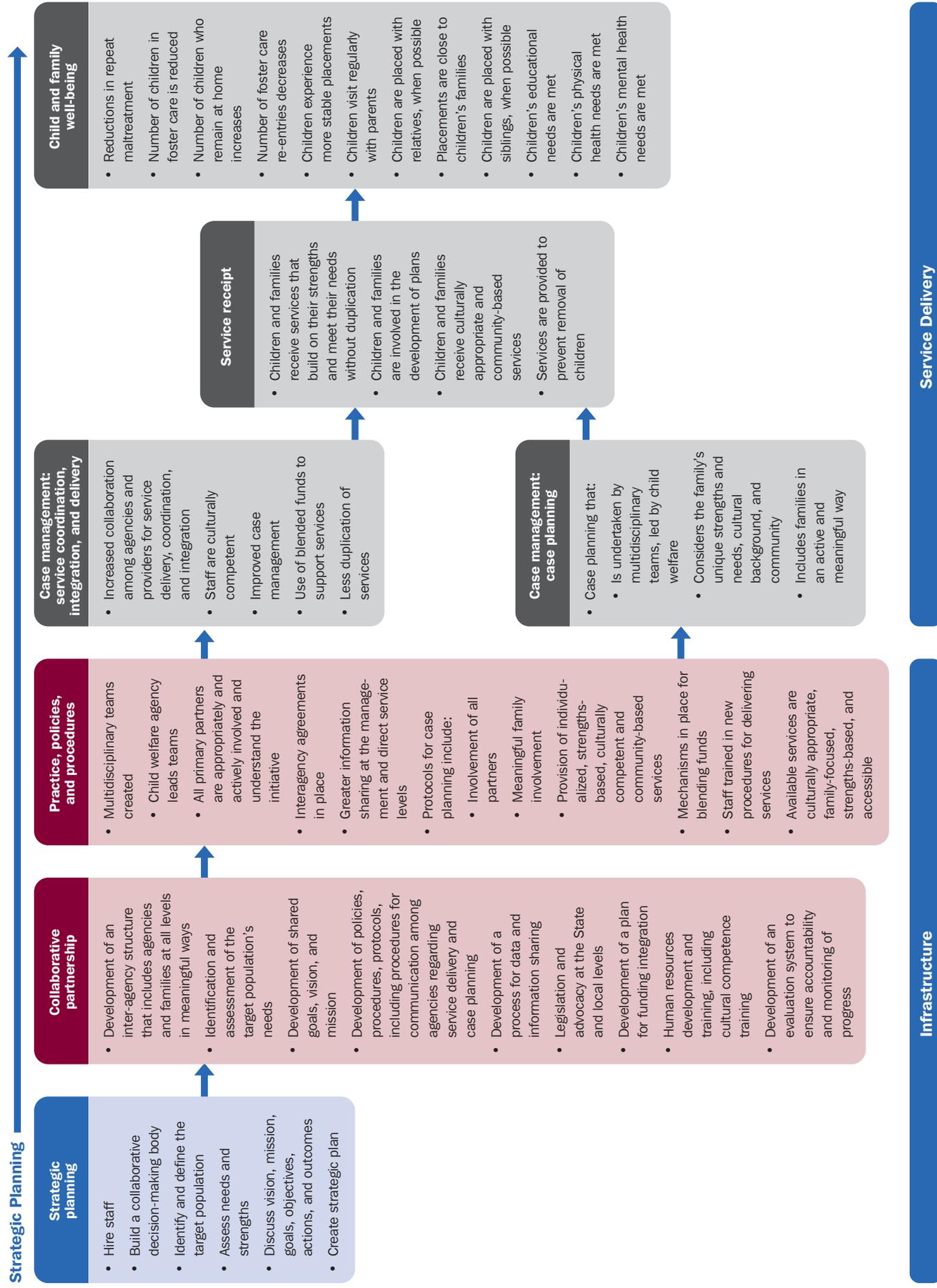
<i>Grant Community</i>	<i>Initiative Name</i>	<i>Target Populations</i>	<i>Key Focus Area</i>	<i>Prior Systems of Care Experience</i>
<b>Pennsylvania</b> Northumberland County Dauphin County	Locally Organized Systems of Care for Children in Pennsylvania	Children and adolescents, ages 6 to 18, who are 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

Grant sites implemented the Systems of Care initiative through the development of collaborative bodies that brought together representatives from public and private agencies, community organizations, and families involved in the child welfare system. During the first year of the initiative, these partners engaged in a strategic planning process to assess their community's needs and strengths, agree on common goals, values, and principles to guide their work, and identify the population of children that would serve as the focus of the initiative. Some grant communities identified specific target populations (e.g., 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. The planning process was an ongoing component of the implementation of the Systems of Care initiative, guiding all activities undertaken in developing a system of care in each grant community.

Through Systems of Care, stakeholders in the collaborative bodies also developed a shared infrastructure to coordinate activities and ensure that within the developed infrastructure, evidence-based and promising practices were used to support and protect children and families. Figure 1 presents a broad conceptual framework of the Systems of Care initiative, including the major areas of activities and the process through which activities at one level (e.g., collaborative partnership) influenced changes in another domain (e.g., case management).

Grant communities were supported through a National Technical Assistance and Evaluation Center funded by the Children's Bureau. The Center was tasked with providing long-term, intensive technical assistance and conducting a national cross-site evaluation of the demonstration program. Additionally, each grant community partnered with a local evaluator to conduct an evaluation of the implementation of its specific Systems of Care initiative.

Figure 1: Systems of Care Conceptual Framework



## 2. Overview of the Evaluation

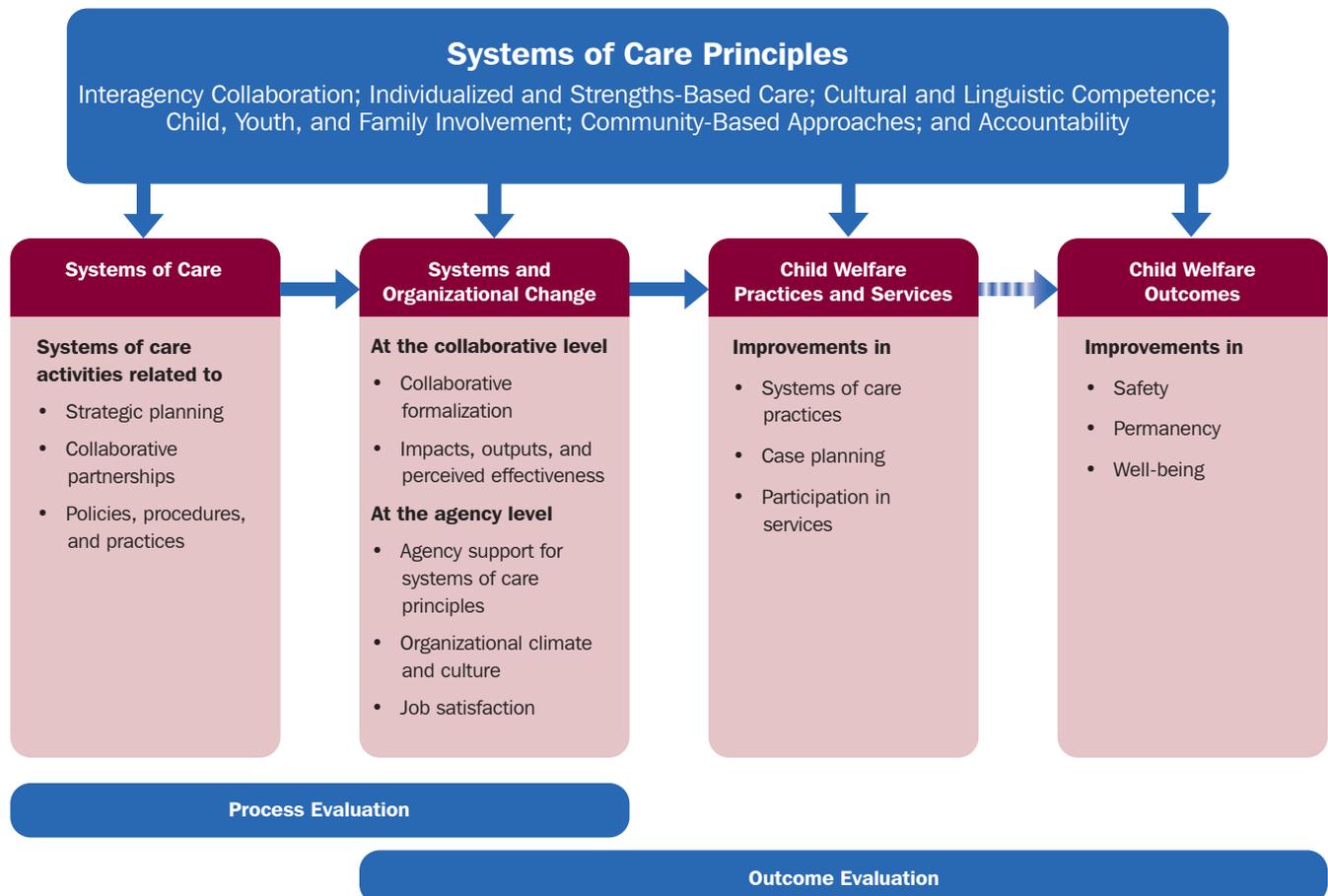
The goal of the national cross-site evaluation was to determine the extent to which the implementation of the Systems of Care initiative enabled child welfare agencies to promote systems and organizational change. Specifically, the evaluation examined the process of implementation and the impact of these efforts on promoting interagency collaboration within child-serving agencies and enhancing child welfare agencies' capacity to develop the policies, practices, and procedures necessary to improve the safety, permanency, and well-being of children and families. An important goal of the evaluation was to document, assess, and analyze grant communities' experiences in order to provide the field with the lessons they learned on how to best implement systems of care in child welfare.

### 2.1 Evaluation Design

Reaching the goal of improved child and family outcomes requires focused systems and organizational interventions at every level of child welfare and other agencies serving this population. The national evaluation team hypothesized that systems of care activities and efforts could result in both systems and organizational changes and these changes could affect child welfare practices and services, ultimately improving child welfare outcomes (see Figure 2).

The national cross-site evaluation used a mixed methodological approach, which included both process and outcome components, to examine each grant community's planning and implementation of its

Figure 2: Systems of Care Evaluation Framework



local systems of care initiative and the corresponding impact such work had on collaboratives, agencies, and children and families. The process component of the national evaluation was designed to advance understanding of the important dynamics involved in planning, implementing, evaluating, and sustaining a systems change initiative in child welfare; the outcome component was designed to assess how systems of care efforts and activities resulted in organizational and systems-level changes.

## 2.2 Research Questions

Using the national evaluation framework, depicted in Figure 2, as a guide, the national evaluation focused on addressing three 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 these changes?
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)?

## 2.3 Measurement Approach

The research literature indicates that systems change initiatives require extensive planning and implementation phases and that individual-level outcomes are not likely to occur during the typical funding stream of grants and other government or privately funded initiatives (Foster-Fishman & Behrens, 2007; Kreger, Brindis, Manuel, & Sassoubre, 2007). Additionally, many of the characteristics of the Systems of Care initiative that are theorized to be its greatest strengths, (i.e., comprehensiveness, locally determined components, and dynamic planning and

programming) also make the initiative particularly challenging to evaluate. Traditional experimental and quasi-experimental evaluation methodologies rely on the ability to isolate recipients of a well-specified treatment or intervention, and compare their outcomes to an equivalent group that did not receive the treatment or intervention. Linking changes at the systems level to the individual level is extremely difficult in a demonstration initiative such as Systems of Care where grant communities selected different target populations and implementation activities. Moreover, without an appropriate comparison group equivalent at baseline on important demographic factors for the child welfare population (e.g., age, type of maltreatment and service episode type, agency size, and community indicators such as percent in poverty), it is difficult to establish causation between systems-level activities and outcomes at the individual level (reflected by the incomplete arrow linking child welfare practices and services to child welfare outcomes in Figure 2).

To address causality, the evaluation team designed a study that capitalized on multiple data sources, gathered at several time points. Specifically, through triangulation or cross-examination of multiple data sources,<sup>3</sup> the national evaluation team attempted to link how changes at the systems and organizational levels could plausibly lead to changes in child welfare practice, services, and ultimately, improved child and family outcomes. For the purposes of the evaluation, the national evaluation team operationalized systems and organizational change as follows:

- Systems change—changes in interagency partnerships and collaboration across child-serving agencies, measured at the systems of care collaborative level. System-level outcomes included collaborative dynamics

<sup>3</sup> Triangulation or cross-examination of multiple data sources enables researchers to corroborate findings across data sets, reducing the impact of potential biases that can exist in a single study and increasing the credibility and validity of the results.

(e.g., collaborative leadership, collaborative formalization) and perceived effectiveness of local collaboratives' efforts in changing policies, procedures, and practices and increasing positive child welfare outcomes.

- Organizational change—changes in policy, procedure, and practice within child welfare agencies. Organizational change outcomes included agency support for systems of care principles, and changes in other perceived organizational constructs such as organizational climate and organizational culture.

## 2.4 Data Sources

A variety of quantitative and qualitative data gathered both across and within grant sites, supported the execution of the national cross-site evaluation. Data sources included:

- Interviews with Systems of Care project personnel, local evaluators, child welfare and partner agency staff;
- Focus groups with direct service workers from child welfare and partner agencies;
- Surveys of collaborative members<sup>4</sup> and child welfare agency direct service workers; and
- Case-level data gathered through case file reviews of a random sample of children and their families.

For a more complete description of the data collection timeline and methods, see Appendix B.

## 2.5 Cross-site Evaluation Implementation Process

To meet the goals of the cross-site evaluation, the evaluation team employed a participatory action

research approach,<sup>5</sup> as evidenced by the active participation of Children's Bureau staff, grant community project staff (e.g., project directors, coordinators, and local evaluators), and grant community collaborative partners in the design and execution of evaluation activities (e.g., data collection, analysis, and reporting). This approach to the evaluation was designed to promote collaboration among all stakeholders, encourage and support participation in the national evaluation, and build evaluation capacity among project directors, coordinators, child welfare staff, and participating communities.

Specifically, the national evaluation team:

- Provided feedback on the development of program logic models and local evaluation plans, and worked closely with local evaluators to identify opportunities for the coordination of data collection to minimize the burden on local stakeholders.
- Developed and shared an evaluation packet with grant communities and their local evaluators that described the proposed design and rationale for the national evaluation and timelines and protocols for data collection. Grant community representatives and local evaluators had the opportunity to provide feedback to inform the design of the national evaluation, including the development of collaborative and child welfare staff surveys and case file review protocols.
- Worked in partnership with local evaluators to develop a plan for the implementation of data collection activities. Local evaluators had primary responsibilities for overseeing the case file review process. Additionally, project directors and local evaluators helped to identify community stakeholders to participate in the data collection in support of the national evaluation.

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4 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.

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5 Participatory action research is used to describe a number of similarly labeled research methods such as utilization-focused evaluation, empowerment evaluation, and community-based participatory research. Participatory action research methods embrace the inclusion of all stakeholders and emphasize the utilization of evaluation to improve program design and implementation.

- Shared all process data with local evaluators and project staff to ensure that the information was available to inform the ongoing planning and implementation efforts of the grant communities and support mid-course corrections, as necessary. This included baseline and follow-up reports for the collaborative survey, child welfare survey, and case file review.

- Conducted bimonthly calls with the local evaluators to discuss the development of logic models, review progress with data collection activities, share information about preliminary findings, and identify solutions to mitigate challenges.

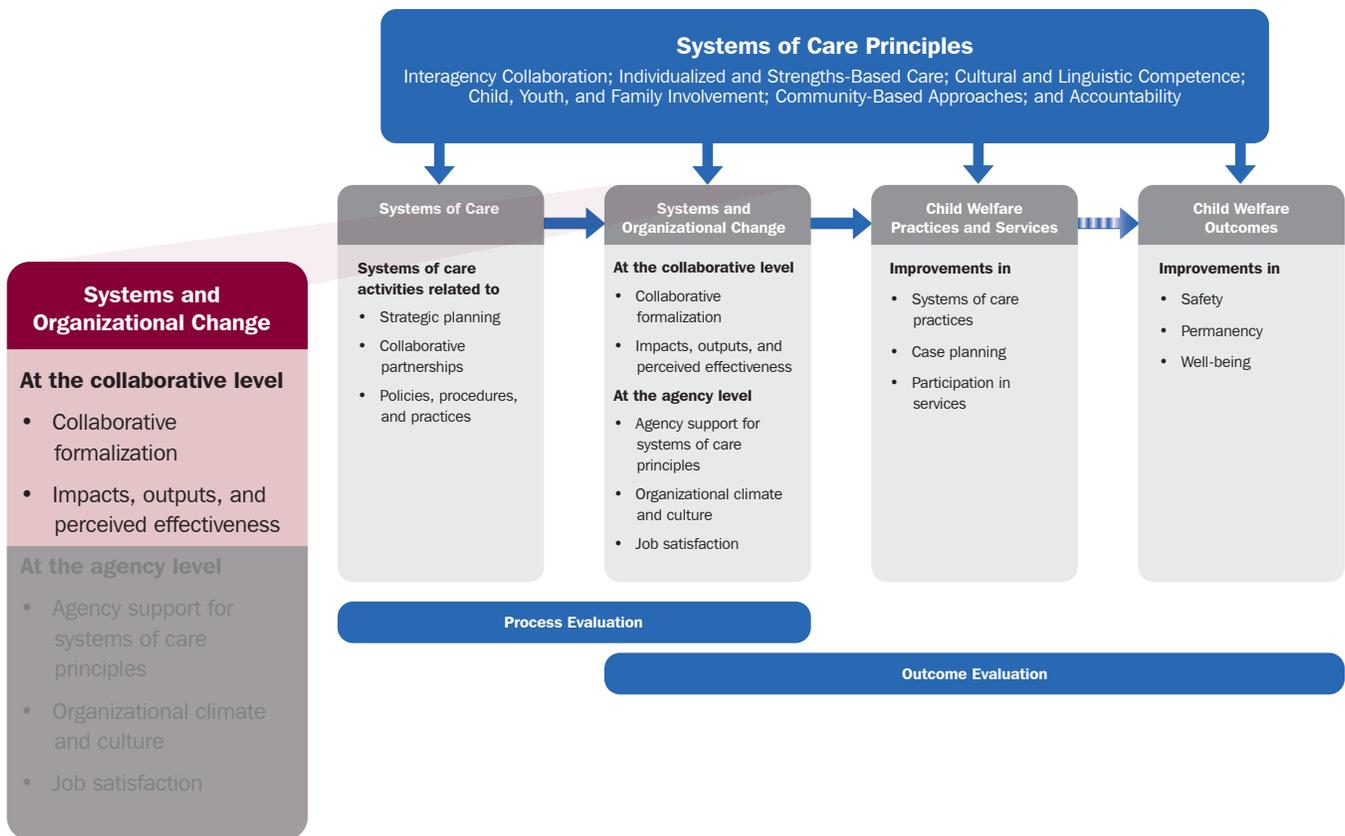
These activities ensured that the evaluation tools and protocols adequately addressed the diversity of the Systems of Care grant communities and that initial and interim evaluation findings were readily available to meet communities' information needs.

### 3. Systems Change

Based on a collaboratively driven model, Systems of Care communities work to improve child safety, permanency, and well-being through partnerships among government and community-based agencies serving children involved with the child welfare system, faith-based organizations, and family members currently or previously involved in the child welfare system. Each Systems of Care grant site used a community-based collaborative to plan and implement Systems of Care activities and efforts. While many grant communities leveraged and built on existing collaborative groups,

For the purposes of this study, **systems change** was defined as changes in interagency partnerships and collaboration.

others established new collaborative structures to support the planning and implementation of their systems of care work.<sup>6</sup> These collaborative bodies were intended to serve as a vehicle for systems change resulting in improved policies, procedures, and practices across agencies.



<sup>6</sup> See *Systems of Care Implementation Case Studies* for an in-depth examination of two grant sites' experiences building on existing community collaboratives.

The national cross-site evaluation examined systems change and assessed important collaborative dynamics and variables that have been empirically shown to facilitate or hinder collaborative development and effectiveness. The evaluation team surveyed collaborative members in each of the grant communities at three times over the grant period (2005, 2006, and 2008). A total of 521 respondents participated across all three time points, for an average of 174 at each administration. The survey focused on the immediate and intermediate collaborative processes (e.g., leadership, shared vision, communication, and formalization) needed for community collaboratives to effectively foster systems and organizational changes (Roussos & Fawcett, 2000; Zakocs & Edwards, 2006). Toward the end of the demonstration initiative, collaborative members also were asked about their perceptions that Systems of Care activities had resulted in improvements at the child welfare agency and in changes in child welfare outcomes, such as safety, permanency, and well-being. On an annual basis, survey data were supplemented with qualitative data gathered through interviews with collaborative members and other important systems of care stakeholders during site visits to grant communities.

As part of a participatory action research approach, evaluation briefs summarizing survey findings were provided to local communities. This enabled the grant sites to learn from the evaluation on an ongoing basis and obtain targeted technical assistance to address the specific collaborative processes with low scores in their community.

The sections that follow present evaluation findings on data collected on three main aspects of collaborative development:<sup>7</sup>

- Collaborative formation.
- Development and capacity building.
- Impacts and perceived effectiveness.

### 3.1 Collaborative Formation

The development of a community-based collaborative takes significant time and effort. While many of the Systems of Care sites were able to convene collaborative members early in the initiative, it often took 3-4 years to build the necessary infrastructure and develop commitment and trust among collaborative partners.

#### Readiness

The national evaluation team assessed two key aspects that influence collaborative formation: collaborative readiness and community readiness for systems of care. Guided by systems change literature, the evaluation team created comprehensive and holistic measures of readiness tailored to the Systems of Care initiative. Survey items tapped into general knowledge and support for systems of care, leadership in child welfare and key partner agencies, resources (financial and services), local and State policies conducive to interagency coordination and collaboration, availability of child welfare data, and requisite expertise in planning for, implementing, and adapting systems change efforts. While collaborative readiness measures focused on knowledge, support, commitment, and resources among participating agencies, organizations, and individuals, community readiness measures explored more widespread

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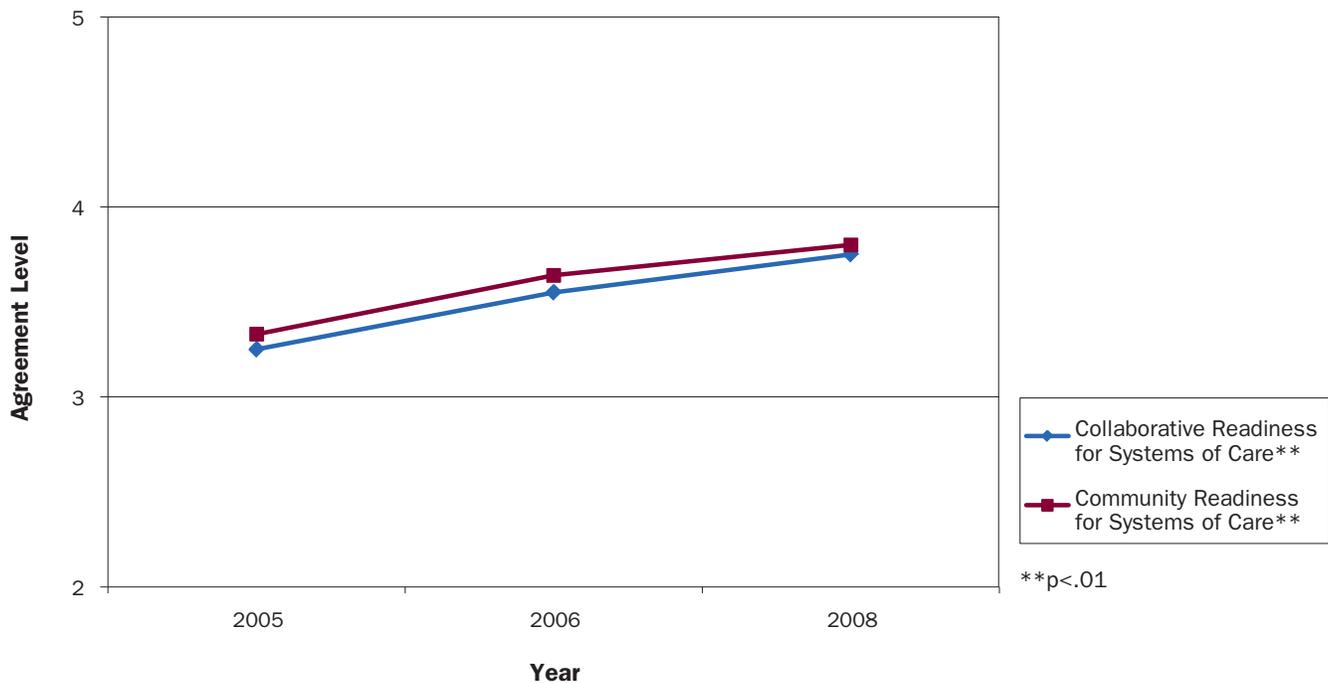
<sup>7</sup> The stages of collaborative development are based on an adapted and simplified version of an open systems framework that was used to explain collaborative effectiveness in obtaining impacts and outcomes for prevention coalitions (Florin, Mitchell, Stevenson, & Klein, 2000). See Appendix C for a more detailed description of how the model was used in the national evaluation.

knowledge, support, and concerns in the surrounding community. See Appendix D for a complete listing of all collaborative scales, items, and reliability information.

Analysis of related survey data demonstrated that the majority of grant communities saw a general linear increase over time in collaborative and community readiness for systems of care. As shown in Graph 1, grant communities reported statistically significant increases ( $p < .01$ )<sup>8</sup> in both collaborative readiness

and community readiness. Between 2005 and 2008, average composite scores for collaborative readiness (1= least ready, 5= most ready) rose from 3.25 to 3.75, while community readiness increased from 3.33 to 3.80. Both of these components of collaborative formation reflected an increase in knowledge, support, and commitment to systems of care over the course of the initiative.

Graph 1: Readiness for Systems of Care<sup>9,10</sup>

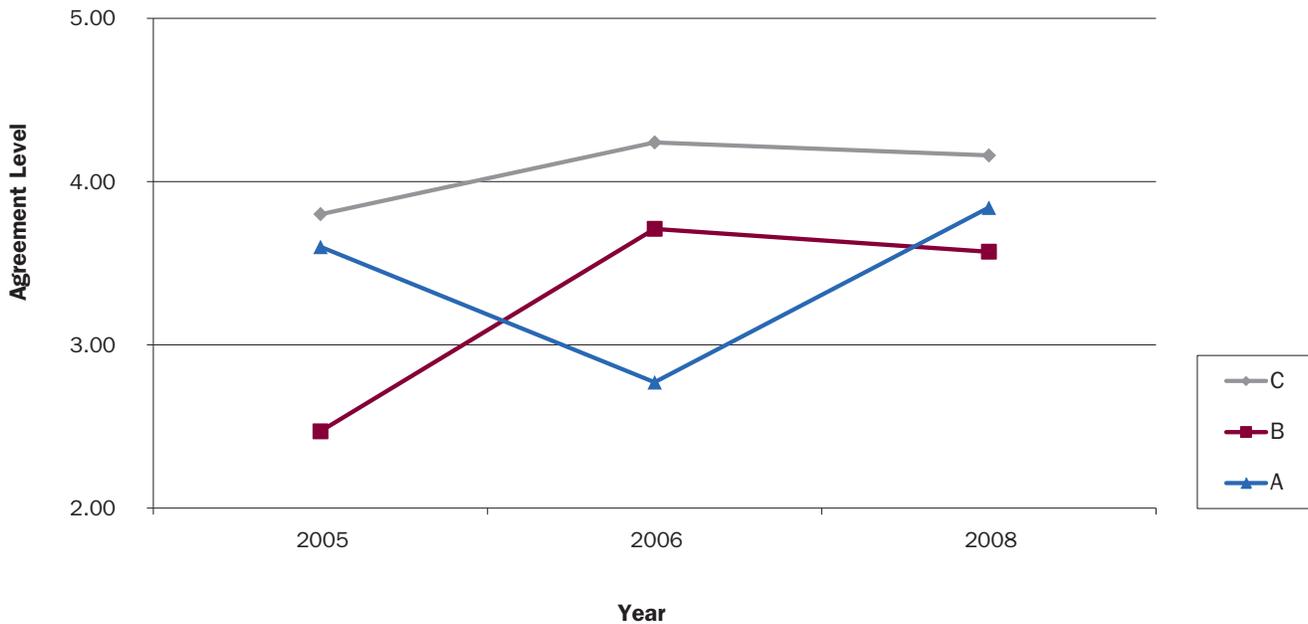


8 A result is called statistically significant if it is unlikely to have occurred by chance. A p-value lower than .05 means that there are only five or fewer chances in 100 that the result could have happened by coincidence. In this report, p-levels lower than .05 and .01 are applied to indicate the levels of statistical significance. The lower the significance level, the stronger the evidence.

9 Data source: System of Care Collaborative Survey. A five-point Likert scale was used in the survey to rate respondents' agreement level from (1) strongly disagree to (5) strongly agree. Survey items queried collaborative members about their perceptions that the collaborative and broader community were ready to implement Systems of Care (e.g., knowledge and support for the program, resources, conducive policies). For more information, see Appendix D and Appendix E.

10 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix E.

Graph 2: Collaborative Readiness for Systems of Care Developmental Pathways of Three Communities<sup>11</sup>



While grant sites generally reported increased readiness over time, the process for systems of care collaborative formation was often not linear. As illustrated in Graph 2, grant communities experienced different developmental trajectories in terms of their readiness to implement Systems of Care. Additionally, grant communities that started out with higher levels of readiness generally experienced slower rates of growth than communities that began with lower levels.

The grant communities' experiences with collaborative formation provided some context to understand the different developmental pathways:

- Site C<sup>12</sup> participated in a previous systems of care initiative funded by SAMHSA to address the

needs of children and youth with serious mental health needs and their families.<sup>13</sup> Participation in that initiative resulted in 5 years of experience implementing a systems change strategy focused on principles similar to those of the Children's Bureau Systems of Care initiative. Previous experience with interagency collaboration and implementation of other principle-based systems change strategies likely explained why Site C began with a relatively high score for collaborative readiness and why this score did not fluctuate greatly during the implementation of this initiative.

- In Site A, one of the two participating local counties also started out with a strong degree of collaborative readiness reflecting the site's high level of activity in the Systems of Care planning phase. During that period, project personnel reached out to all the State-level committees that focused on systems change and systems of care principles; engaged in an intensive social marketing campaign to raise

11 Data source: System of Care Collaborative Survey. A five-point Likert scale was used in the survey to rate respondents' agreement level from (1) strongly disagree to (5) strongly agree. Survey items queried collaborative members about their perceptions that the collaborative and broader community were ready to implement Systems of Care (e.g., knowledge and support for the program, resources, conducive policies). For more information, see Appendix D and Appendix E.

12 Each grant site was randomly assigned a letter for presentation purposes.

13 For more information on SAMHSA's systems of care initiative, visit [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov).

awareness about Systems of Care; and conducted extensive needs assessments. Despite this initial high level of readiness to implement Systems of Care, Site A experienced a notable decrease at the time of the second survey. Qualitative site visit data suggested that this decrease was due to tensions that arose when goals for increasing family involvement were not immediately reached. As the community addressed the issues necessary to successfully implement its family partner program, ratings for collaborative readiness increased.

- Site B initially reported a relatively low rating of collaborative readiness. Qualitative data suggested that this was a result of differences of opinion among leadership at the onset of the initiative regarding how much of the initiative's activities should focus internally within the human service agencies whose work more directly focused on child welfare (e.g., child protective services, domestic violence) as opposed to incorporating other child- and family-serving systems (e.g., education, juvenile justice). The local agencies spent the first year of the initiative developing their capacity for integrating systems of care principles into agency practices, after which time their scores for readiness increased.

While there was initial variation in the readiness and capacity to implement Systems of Care, these differences were minimized over time as “less ready” communities caught up to those who initially scored higher on readiness for systems change. The emphasis on planning in the initial years and the provision of targeted technical assistance to grant communities seemed to have paid dividends by raising communities' readiness and capacity to implement Systems of Care.

### Formation of Collaborative Bodies

Community collaboratives are a central component of planning and implementing systems of care. Communities took different pathways toward the

## Systems of Care in Action: Forming Collaboratives

**Building a new interagency oversight group.** In Site B, the Systems of Care collaborative took the form of an interagency oversight group. This group consisted of representatives from all of the major systems involved with child welfare including juvenile justice, education, the courts, Temporary Assistance for Needy Families (TANF), Head Start, mental health, and domestic violence. This collaborative body was created and co-chaired by the Systems of Care project director and was the first of its kind in the community.

**Leveraging existing collaboratives.** One of the participating communities in Site G capitalized on an existing collaborative body that involved all the major child- and family-serving agencies, community-based organizations, courts, juvenile justice, domestic violence, mental health, and other agencies that addressed the multiple and overlapping needs of the child welfare population. Stakeholders noted that building on this existing structure was advantageous because the majority of partners were already involved. Site I also built on an existing collaborative structure. The State's Collaborative for Children and Families, composed of State agencies, community-based organizations, and family members, gave the Systems of Care initiative a strong foundation and infrastructure from which to build collaboration for the development and implementation of the initiative.

## Systems of Care in Action: Improving Readiness

**Establishing a common language.** Site A prepared for Systems of Care implementation by changing the language used to engage child-serving agencies. The site's Systems of Care collaborative was composed primarily of representatives from the child welfare agency and several private organizations contracted to provide child welfare services in the State. Working together, these partners changed the language used in contract agreements to reflect and require a system of care principle-based approach for working with youth involved in the child welfare system. The use of a common language helped the site communicate a shared vision and implement a consistent system of care approach among the public and private child welfare agencies.

**Conducting a community needs assessment.** Conducted by a research analyst and supported by child welfare agency staff, Site B's needs assessment employed geomapping to identify areas of greatest need based on the concentration of child abuse and neglect cases in the community. Findings from the needs assessment documented overrepresentation of Native American, Latino,

and African-American children and families in two key locations. Historically, overrepresentation had been addressed only internally at the child welfare agency. Through the Systems of Care initiative, findings from the needs assessment were presented to external stakeholder groups, including overrepresented communities that had previously not been part of the conversation. The needs assessment data helped to focus stakeholder attention on disproportional representation and served as a foundation for developing a collaborative strategy to address the issue.

**Documenting theories of change through logic models.** In addition to an overall logic model that documented how change would ultimately affect child welfare outcomes, Site A developed more specific models for each of their key grant activities. Collaborative members reported that this type of modeling and process documentation helped them to understand the role of each planned activity in the long-term change process and to illustrate how these activities would combine to lead to improvements in child and family outcomes.

development of these interagency bodies—some communities capitalized on existing community collaboratives, while others developed new collaborative bodies specifically for the Children’s Bureau Systems of Care initiative. An advantage for those communities that built on established community collaboratives was the considerable time and effort saved in terms of recruiting partner agencies and community members since the majority of the key stakeholders already were involved. However, given the child welfare focus of the grant and the unique role of family involvement, these communities still had to recruit some key members, such as family members formerly involved with the child welfare system and privatized child welfare agencies. A disadvantage of using an existing collaborative body was that these groups often guided the implementation of multiple child- and family-serving initiatives and, therefore, had less time and attention to devote to any particular effort.

For the majority of communities, the Systems of Care demonstration initiative represented the first time that child welfare was the main agency leading reform. Thus, this 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 lead collaborative efforts to improve child outcomes in the local community. Many participating communities credited the initiative with raising the profile of their child welfare agency. For instance, some stakeholders reported that the initiative helped engage partner agencies and the community in dispelling some of the negative perceptions about child welfare agencies.

In addition to the recruitment of relevant stakeholders to the collaborative bodies, grant communities engaged in several developmental tasks and activities during the early part of Systems of Care implementation. These included needs and gaps assessments as well as strategic planning to direct the focus of the initiative. Grant communities noted the particular importance of developing logic models to graphically display how they intended to improve child and family outcomes. Given the length of time it takes to create systems change and change individual-level outcomes, communities benefited by documenting all the immediate and intermediate steps that were required to bring about change. In addition, education and social marketing, which targeted the child welfare agency, partner agencies, and the broader community, raised awareness of systems of care principles and initiative activities.

### **3.2 Collaborative Development and Capacity Building**

Once community collaboratives are formed, they often engage in developing and formalizing their structures through capacity building activities. Collaborative development and capacity building involve leadership development, creation of subcommittees, formalization of roles and responsibilities, and institutionalization of policies and practices. As part of the national evaluation, the following collaborative development and capacity building variables were examined over the course of the Systems of Care initiative:

- Shared vision and cohesion.
- Communication and conflict management.
- Leadership.
- Collaborative formalization.

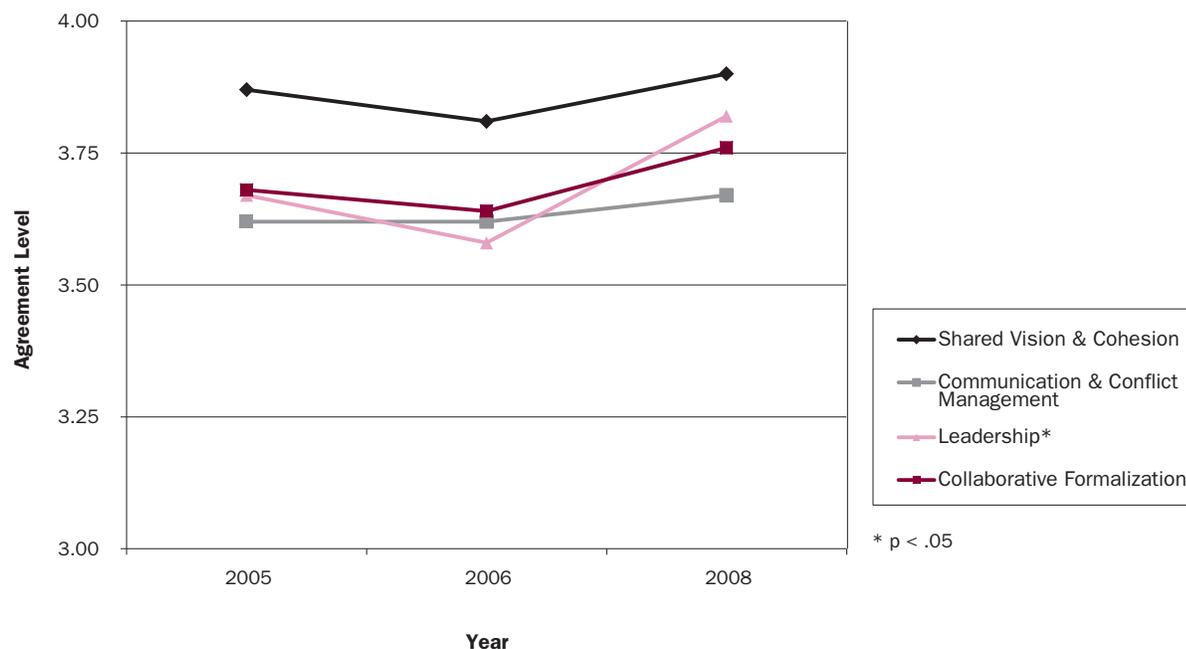
Findings from the national evaluation indicated that many of these collaborative development and capacity building variables were present at fairly strong levels from the beginning of the implementation period (see Graph 3). Overall, there tended to be a drop in collaborative development and capacity building variables from 2005 to 2006. This drop was followed by an increase for each of the variables when community collaboratives were assessed in 2008. In part, these patterns may reflect the changes in leadership discussed below. They also may reflect the uneven developmental processes that community collaboratives often experience during a long-term systems change initiative. Researchers and practitioners have long noted the uneven developmental processes involved in collaborative functioning and effectiveness (see, for example, Florin, Mitchell, Stevenson, & Klein, 2000; Granner & Sharpe, 2004). Additionally, stage-based theories of collaboration development note

that collaboratives do not proceed linearly through developmental stages as events occur in which collaboratives must re-visit earlier stages or target new dynamics as a result of leadership turnover, emerging conflict, or other factors. The increase in all collaborative development and capacity building variables at the end of the initiative in 2008 was a positive indication of grant sites' ability to sustain their interagency collaborative structures and continue with Systems of Care activities and efforts.

### Shared Vision and Cohesion

Shared vision and cohesion scored relatively high throughout the initiative (means of 3.87, 3.81, and 3.90, on a scale of 1 to 5). During interviews and focus groups, stakeholders attributed this to the Systems of Care initiative's initial planning year. The planning year enabled grant communities to bring agency leaders together to discuss infrastructure development,

Graph 3: Collaborative Development and Capacity Building Across Grant Communities<sup>14</sup>



14 Data source: System of Care Collaborative Survey. A five-point Likert scale was used in the survey to rate respondents' agreement level from (1) strongly disagree to (5) strongly agree on a series of statements reflecting collaborative development variables. For more information, see Appendix D and Appendix E.

## Systems of Care in Action: Creating a Shared Vision and Improving Communication

**Cross-systems training.** With a long history of distrust among child-serving agencies as well as between these agencies and the community, Site F recognized that trust needed to be fostered and developed prior to any significant systems and organizational changes taking place. In order for agencies and community members to gain a better understanding of each of the local child-serving agencies' scope of work, Systems of Care staff created an extensive training calendar to bring these groups together. In addition, initiative leaders offered diversity training and invited child welfare and other agency staff and community members to attend.

**Community outreach.** Site F also engaged in extensive community outreach during the first several years of the initiative by holding a series of community forums and dialogues about the role of child welfare and sponsoring annual Family Fun Days to promote child safety and well-being. These events were held at community-based institutions, such as the neighborhood school. Stakeholders reported that they were successful in recruiting a cadre of neighborhood activists and family members to assist in their child protection efforts.

**Cross-systems work teams.** Site G improved relationships among collaborative members by creating cross-system work teams. One team was tasked with addressing case-level issues, such as

collaborative case-management, while the other was tasked with addressing policy and systems-level issues, such as liability issues related to cross-agency information sharing. As a result of the policy and systems-level work team, an interagency collaborative policy was implemented within the community's human service agency that explicitly addressed the issue of cross-agency information sharing and detailed how information could be shared with community-based organizations and informal community partners.

**Annual strategic planning retreats.** Site I established a shared vision during its initial strategic planning retreat and then convened annually to review each participating community's activities and progress in meeting benchmarks and setting goals for the upcoming year. These retreats were attended by representatives from the State's child-serving agencies, parents, local evaluators, and community members. In addition to promoting a shared vision, the retreats supported communication and conflict resolution among attendees. One of the local communities further built on the State annual strategic planning meetings by hosting its own retreat. They used this time to adapt the State vision to the local agency and community context and to use process data to review goals and objectives and make needed modifications throughout the course of the initiative.

which many communities had previously wanted to do but did not have the capacity or resources to carry out. Additionally, grant sites noted that the initiative provided the principles and language necessary to develop a clear and consistent message about Systems of Care and its goals throughout the community and among participating child- and family-serving agencies.

Collaborative member survey responses regarding facilitators and challenges further underscore the importance of a shared vision. Given a list of potential contributors to success, collaborative members rated assets on a scale of 1 (not at all a success factor) to 5 (very much a success factor). Collaborative members reported that the greatest facilitator for Systems of Care work was that, *“the partners have the needs of children and families in mind.”* This asset was collectively rated 4.51 in 2005. *“Collaborative member agreement about the nature of the problem”* was also rated highly (4.01). At the same time, *“poor understanding of the Systems of Care initiative”* was rated as a top challenge (3.46 on a scale of 1, not at all an obstacle, to 5, very much an obstacle). Given that systems change is difficult and long-term work, and participants undergo both peaks and valleys in terms of successful implementation, it is critical for initiative leaders to return to the shared vision and to emphasize the underlying purpose of helping children and families.

### Communication and Conflict Management

Among collaborative variables, stakeholders' ranking of communication and conflict management was somewhat lower than other indicators of collaborative development and capacity (means of 3.62, 3.62, and 3.67 on a scale of 1 to 5, as shown in Graph 3). Site visit interviews revealed this was due, in part, to tension resulting from inter- and intra-agency conflicts. Participants described some resentment and blaming among collaborative members, perceptions that members were not contributing equally, and issues related to funding. Some grant communities also reported turf issues and

a lack of communication among divisions within the child welfare agency.

To overcome these conflicts and improve communication among collaborative participants, grant sites formalized their communication mechanisms. Several grant sites developed memoranda of understanding that specified details for coordinated practices, communication, and funding. Site B supported legislation and related practices to promote collaboration and reduce duplication through interagency agreements. This legislation was drafted by Systems of Care collaborative partners who played an active role in its passage. During site visits, members reported improved relationships among collaborative partners as a result of this legislation.

Collaborative members also underscored the importance of relationships to conflict management. The second highest rated facilitator on the collaborative member survey was *“the partners in the project work well together,”* followed by *“having the right people at the table,”* and *“individual relationships among collaborative members and agency staff.”* Across sites, participants noted cultivating strong and trusting relationships among collaborative members as vital to successful Systems of Care implementation.

### Leadership

From 2005 to 2006, a number of grant sites experienced turnover in leadership positions (e.g., project director, project coordinator). This instability most likely explained the decline in leadership ratings reported between 2005 and 2006 (from an average of 3.67 to 3.58 on a scale of 1 to 5). The subsequent increase in leadership ratings (to 3.82 in 2008) reached the level of statistical significance ( $p < .05$ ).

Collaborative members rated leadership as an important asset of collaborative development. On a scale of 1 (not at all a success factor) to 5 (very much a success factor), *“strong leadership”* was rated 3.96

and “*commitment of key leaders*” was rated 3.88 in 2005. Both items consistently ranked among the top 10 facilitators for collaborative development and formalization. On the other hand, three of the highest rated challenges—“*no clearly defined leader*,” “*staff turnover in key positions of leadership*,” and “*lack of leadership buy-in from key organizations*”—reflected the difficulty of implementing Systems of Care without consistent and effective leadership.

The impact leadership can have on the implementation of a complex systems and organizational change initiative was exemplified by the experiences of Site H. The community’s initial Systems of Care project directors served 6-month rotations as part of the child welfare office’s effort to enhance child welfare leaders’ diversity of experience. This approach provided inconsistency at the beginning of the demonstration project. Acknowledging the negative effects that inconsistency had on the community’s ability to implement the initiative, the State hired an external consultant to serve as the full-time Systems of Care project director. This change in leadership, and implementation of a consistent and full-time project director, greatly facilitated Site H’s ability to implement Systems of Care in its child welfare agency and local community.

### Collaborative Formalization

Participant ratings for collaborative formalization rose from 3.68 in 2005 to 3.76 in 2008. These ratings reflected participant perceptions of the organization and efficiency of the collaborative, structure, flexibility,

clarity of roles and responsibilities, and effective use of member skills and expertise.

### *Impacts and Perceived Effectiveness*

The impacts of a community collaborative are typically not realized until years into the collaborative process. As mentioned earlier, the formation and development of effective interagency collaborative structures takes years to build a cohesive vision, relationships, and the requisite trust among members and agencies needed to produce positive systems and organizational changes. To document systems change, the national evaluation team used measures of *perceived effectiveness*, which are common in the research literature on coalitions. While these data were perceptual, it was also true that belief in the need for change, and perhaps more importantly, belief in the community collaboratives’ ability to produce change, was required before intervention strategies could be implemented effectively. The national evaluation team hypothesized that similar to the concept of self-efficacy, the development of collective efficacy was a necessary pre-requisite for systems change.

To document perceived effectiveness, the national evaluation team asked collaborative members if Systems of Care activities and efforts were successful in: (1) increasing the implementation of systems of care principles in the child welfare agency; (2) increasing the implementation of policies, procedures, and practices that were reflective of a system of care approach; and (3) improving child welfare outcomes (i.e., safety, permanency, and well-being).

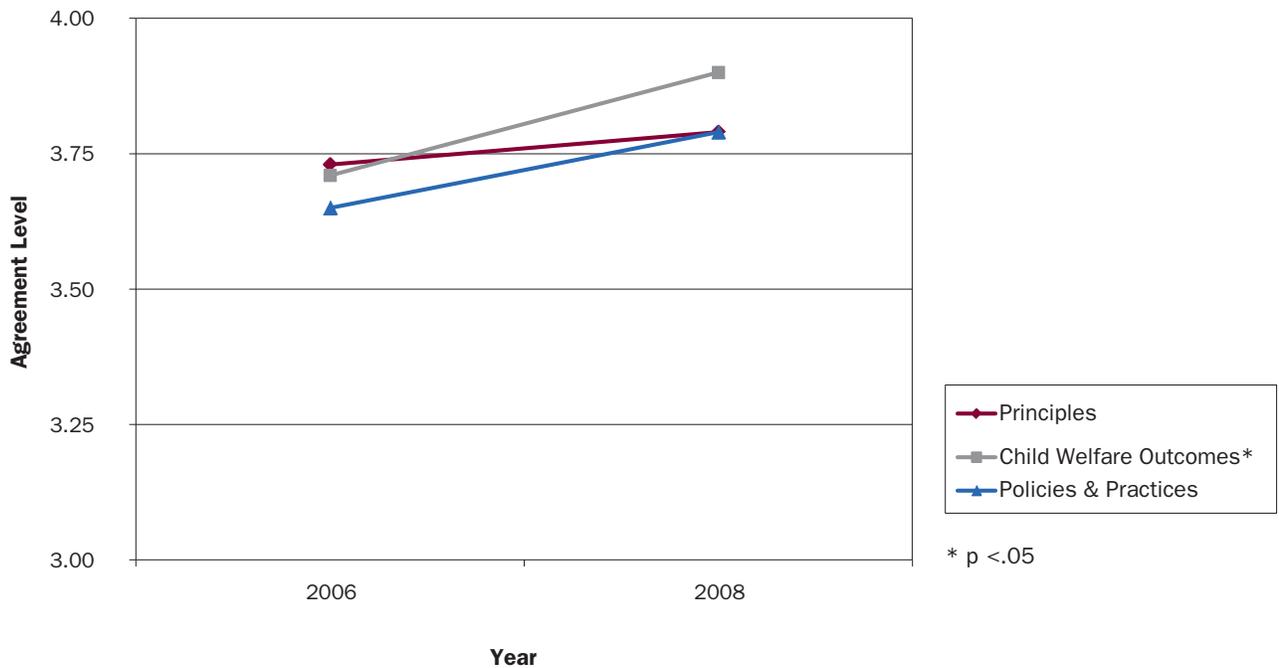
Graph 4 illustrates ratings of the community collaboratives' perceived effectiveness and suggests that participants believed that they produced considerable systems change through Systems of Care efforts. On a scale of 1 to 5, mean cross-site ratings in 2006 and 2008 were as follows:

- Perceived effectiveness in applying systems of care principles (3.73 and 3.79).
- Perceived effectiveness in creating positive changes in agency policies, procedures, and practices (3.65 and 3.79).
- Perceived effectiveness in creating positive changes in child welfare outcomes. (3.71 and 3.90).

The ultimate goal for this change effort—to improve outcomes for children and families—experienced the largest positive change (statistically significant at  $p < .05$ ).

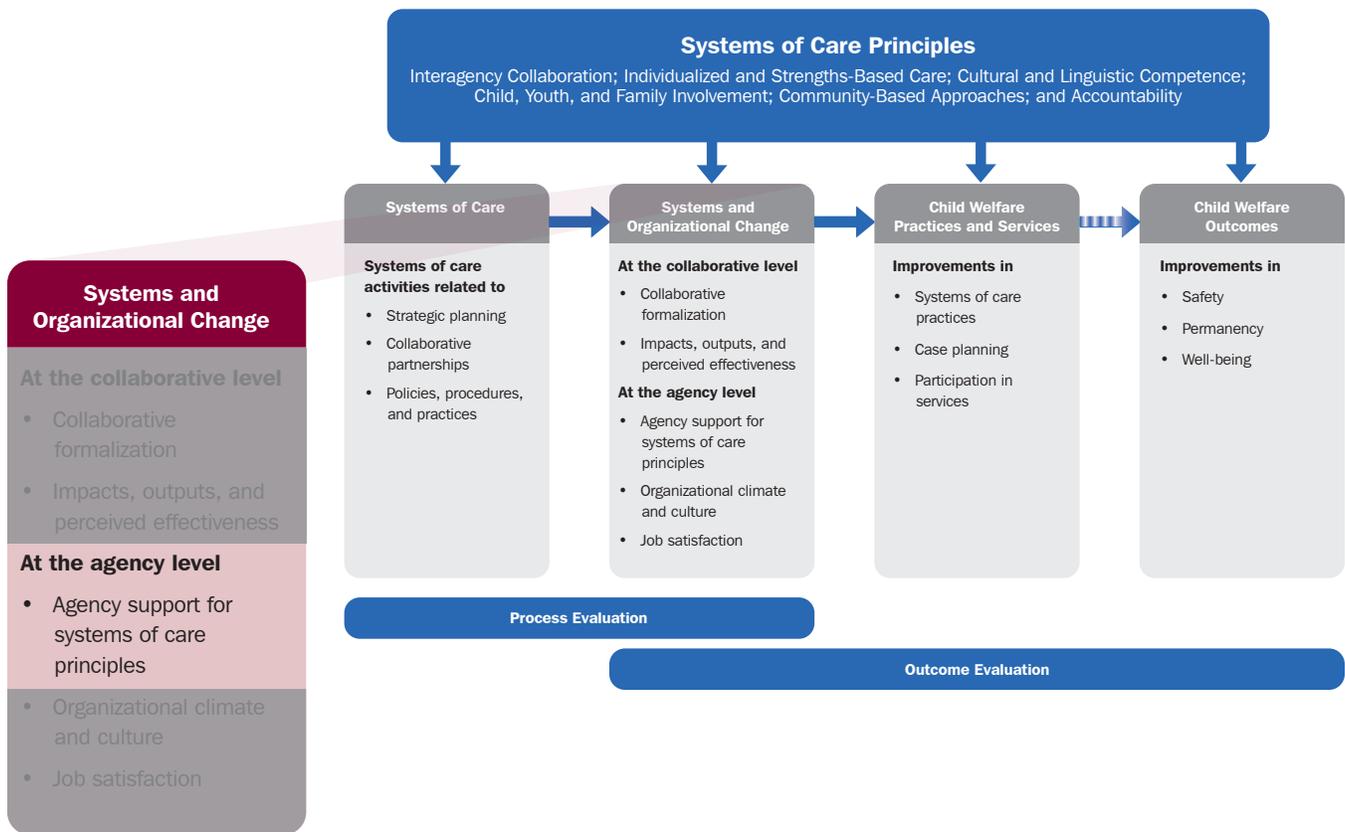
Additionally, during interviews and focus groups, stakeholders reported a number of other positive outputs and outcomes such as improved relationships among collaborative members, increased connections to other collaborative and change efforts, increased engagement of family members and the local community, and enhanced public perceptions of the child welfare system.

Graph 4: Perceived Effectiveness<sup>15</sup>



15 Data source: System of Care Collaborative Survey. A five-point Likert scale was used in the survey to rate respondents' agreement level from (1) strongly disagree to (5) strongly agree. This graph reflects collaborative members assessments of their effectiveness in implementing systems of care principles; creating positive changes related to policies, procedures, and infrastructure; and improving child welfare outcomes.

## 4. Organizational Change: Support for Systems of Care Principles



To examine the impact of the Systems of Care initiative at the organizational level, the national evaluation team first assessed the extent to which the systems of care principles were fully integrated into child welfare agencies' processes and structures. Evaluation staff collected data on agency support for systems of care principles through a child welfare agency survey that asked direct line staff to report the degree to which they were encouraged, supported, and rewarded for implementing systems of care principles. A total of 1,722 respondents completed the survey across three points in time (2005, 2007, 2008), for an average of 574 respondents at each administration. For a detailed listing of all findings regarding organizational level variables across grant sites, see Appendix G.

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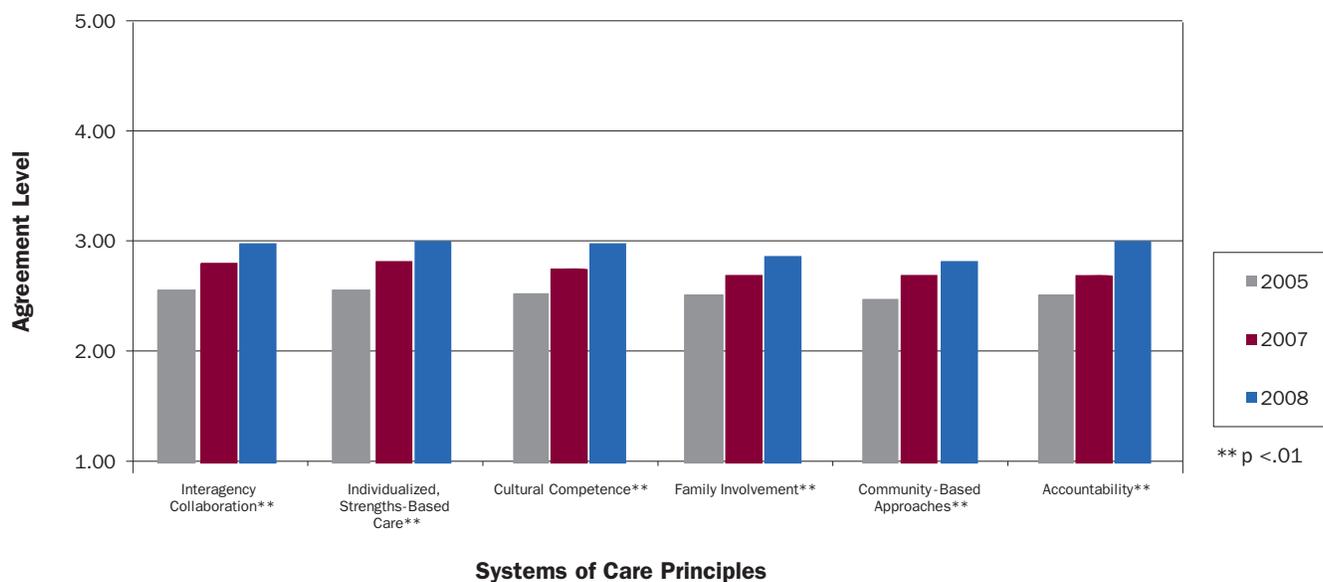
The national evaluation team defined **organizational change** as changes in child welfare agency policies, procedures, and practices resulting from the implementation of the Systems of Care initiative.

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Analysis of child welfare agency survey data revealed that grant communities made concerted efforts and gains to embrace and successfully implement each of the six systems of care principles. As shown in Graph 5, the grant communities reached moderate levels of implementation of the systems of care principles. (The graph shows combined average scores on a scale of 1 to 5.) Overall, the grant communities demonstrated statistically significant increases in agencies' support for each principle over the course of project implementation ( $p < .01$ ). Data analysis for each principle is provided below.

Although combined agency support for each of the systems of care principles increased throughout the initiative, individual grant communities had varied levels of success in their efforts to implement the principles. Thus, while grant sites implemented all principles to build infrastructure and implement their systems of care, some grant sites were more successful with certain principles than others. In particular, annual site visits to grant communities and discussions with key stakeholders revealed that most communities were predominantly focused on two principles—interagency collaboration and family involvement.

Graph 5: Agency Support for Systems of Care Principles Across Time<sup>16,17</sup>



16 Data source: System of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency's 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: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

17 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

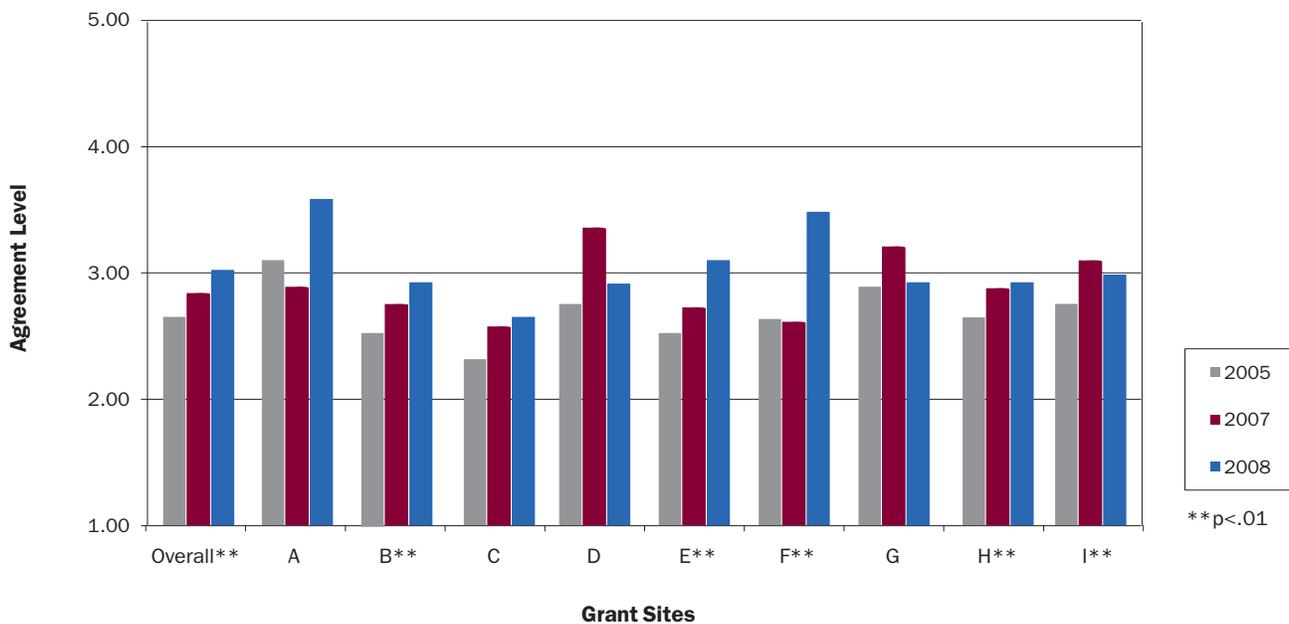
## 4.1 Interagency Collaboration

Child welfare agencies were fairly successful in increasing their support for the implementation of interagency collaboration. As documented throughout Chapter 3, grant communities dedicated considerable time, resources, and effort to developing the readiness and capacity of their communities to implement Systems of Care in child welfare and partner agencies. The development of interagency collaborative planning bodies—encompassing multiple child- and family-serving agencies from public, private, and faith-based sectors—represented collaborative approaches at the systems level. Systems collaboration was supported in some cases by existing or concurrent collaborative initiatives (e.g., Sites I and F) and in one community by State legislation (Site B). As shown in Graph 6, agency

support for interagency collaboration increased at statistically significant levels from 2005 to 2008 for the Systems of Care communities as a group and for several individual grant sites (Sites B, E, F, H, and I).

At the direct service level, child welfare agencies also dedicated substantial efforts to supporting collaboration with partner agencies in the development of case plans that were guided and informed by extensive interagency involvement. Many grant communities focused on specific collaborative processes and practices during their case plan meetings. Generally, these meetings emphasized collaborating across child- and family-serving agencies, including natural supports as identified by the child and family, and empowering family members to decide on the best approach to ensure the safety and well-being

Graph 6: Agency Support for Interagency Collaboration<sup>18,19,20</sup>



18 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency's support for interagency collaboration (i.e., did they encourage, provide resources and infrastructure, and reward staff for working with other child and family-serving organizations). Respondents used a five-point Likert scale to rate to what extent they agreed with statements related to agency support for interagency collaboration: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

19 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

20 Despite substantial increase in agency support for interagency collaboration, the small sample size in Site A reduced the likelihood for statistical significance.

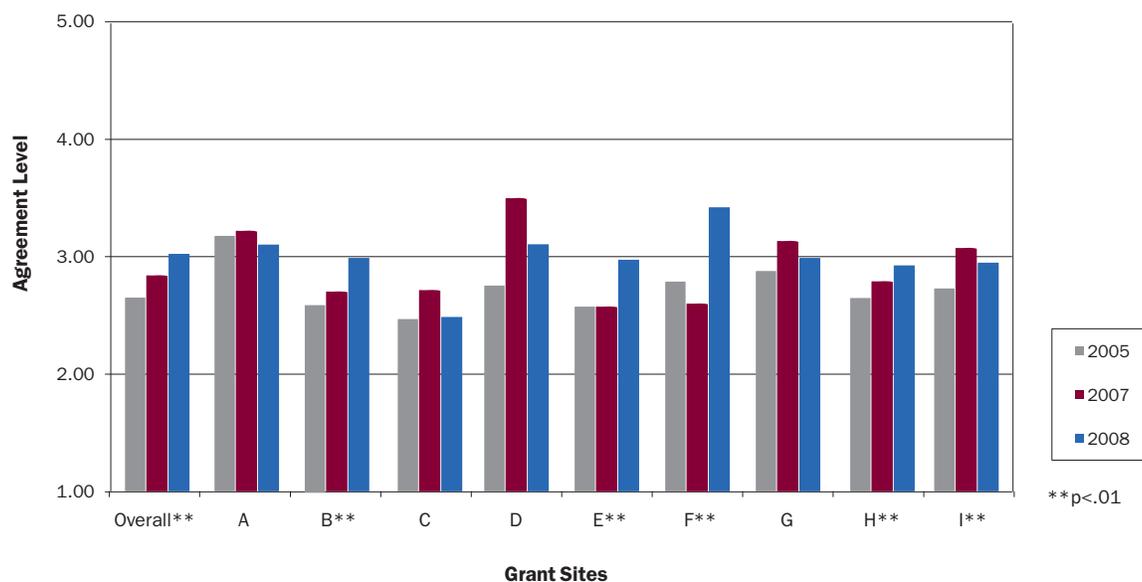
of the child. While such practices often have different names (e.g., Team Decision-Making meetings, Family Group Decision-Making meetings, Child and Family Team meetings), there is generally a collaborative group-oriented approach to supporting families. In Site C, for example, the number of Team Decision-Making meetings increased exponentially over the course of the Systems of Care initiative. Their Systems of Care subcommittee first focused on building an infrastructure and data systems to ensure that each emancipating youth was identified a year prior to leaving the child welfare system. Child welfare workers were then held accountable for holding Team Decision-Making meetings with the emancipating youth. This site also expanded the use of full-time trained workers to facilitate these meetings throughout the initiative.

## 4.2 Individualized, Strengths-based Care

An individualized, strengths-based approach to care encompasses policies and practices that identify and draw on the strengths of children, family, and the local community. This approach acknowledges each child and family’s unique set of assets. By working closely with families, child welfare staff can tailor service plans and interventions to build on the identified strengths of the family and meet their specific needs.

As displayed in Graph 7, there was a statistically significant increase overall in regard to agency support for an individualized and strengths-based approach to care ( $p < .01$ ). While there was variability, five of the nine grant sites experienced statistically significant increases over the implementation period ( $p < .01$ ).

Graph 7: Agency Support for Individualized and Strengths-Based Care<sup>21,22</sup>



21 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency’s support for individualized and strengths-based care (i.e., did they encourage, provide resources and infrastructure, and reward staff.) Respondents used a five-point Likert scale to rate to what extent they agreed with statements related to agency support: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

22 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

These findings reflected child welfare staff beliefs that they were indeed being encouraged, supported, and rewarded for using proactive child welfare practices and individualized approaches that recognized the strengths of each child and family.

During the Systems of Care initiative, many participating grant sites addressed this principle by implementing new assessment procedures that focused on greater documentation of strengths and by incorporating a strengths-based approach during initial family assessments and case planning. Many agencies followed up with extensive trainings on these strengths-based assessments to reinforce their appropriate use and to build caseworkers' capacity to identify and build on family strengths during the case planning process and family and Team Decision-Making meetings. For example, through a partnership between the child welfare agency and the mental health department, child welfare staff in Site C participated in a training program designed to develop their skills in incorporating families' strengths and culture in team-based planning. This site also implemented a training entitled, Words Mean Things, to reinforce the power of language and labels and to encourage more positive approaches to working with clients.

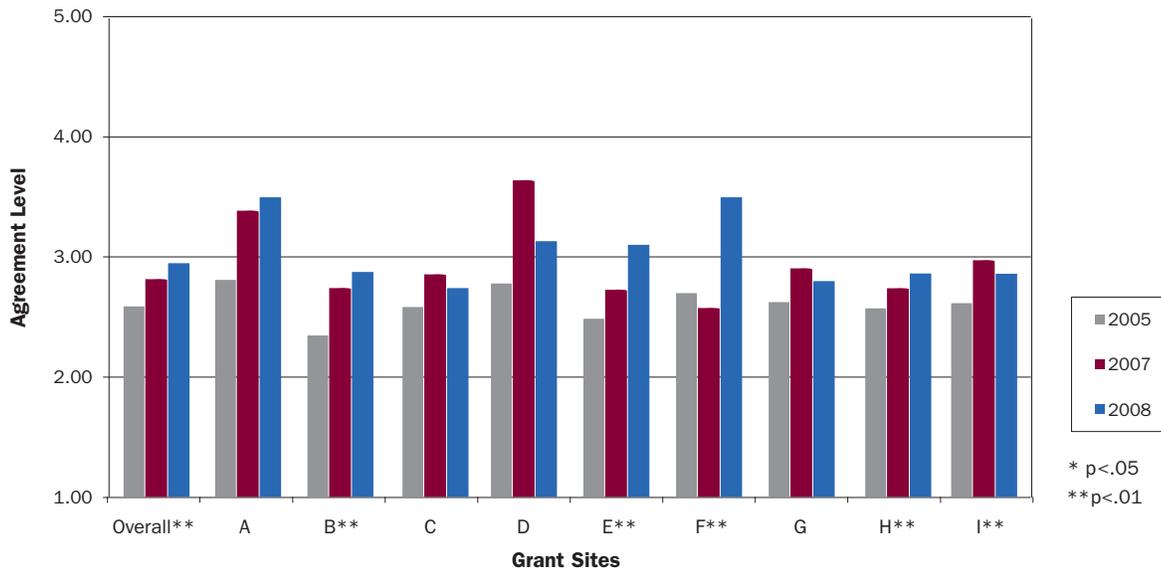
Agency leaders recognized that in order for culture change to take place within the agency and among caseworkers, directors and supervisors needed to believe and buy in to the philosophy and new approach

to working with families. The need for mid-management buy-in was especially important given the high level of turnover among caseworkers, primarily within child protective services and mental health. Supervisors were seen as instrumental in serving as role models for workers, encouraging them, and demonstrating how practice changes could potentially reduce their workloads and lead to improved outcomes for children and families. Site I trained supervisors to use and model a strengths-based approach with direct line staff. Similarly, related training also was provided to supervisors on how to implement and support caseworkers in family-centered practice and intra- and inter-agency collaboration.

### **4.3 Cultural Competence**

Through the implementation of the Systems of Care initiative, grant sites made efforts to incorporate a culturally competent approach into all aspects of the child welfare system—policy making, administration, practice, and service delivery. As such, communities worked to ensure that child welfare policies, practices, and services were responsive to the cultural, ethnic, linguistic, and racial diversity of children, families, and their communities. In addition, a focus on culturally competent policies and practices addressed the overrepresentation of children of color in the child welfare system.

Graph 8: Agency Support for Cultural Competence<sup>23,24</sup>



As can be seen from Graph 8, child welfare agencies' overall support for culturally competent child welfare practices significantly increased during the demonstration initiative ( $p < .01$ ). As with other principles, implementation across sites varied.

Many grant communities addressed the principle of cultural competence by conducting surveys of child welfare agency staff to assess related attitudes, awareness, knowledge, and practices. Findings from cultural competency assessments were then used to identify areas of need and to develop appropriate strategies, particularly staff trainings. Across grant communities, there was extensive activity related to training child welfare workers in culturally competent

approaches to working with clients. For many staff members, these trainings were the first time child welfare agencies had introduced this principle and supported implementation of culturally competent practices. Several communities, including Sites B and C, also held community forums and retreats to raise awareness of disproportional representation of communities of color in child welfare and to develop collaborative responses aimed at addressing biases in case practices and reducing overrepresentation.

Perceptions of cultural competency needs and approaches to address them were largely dependent upon the local community context. In some of the larger communities, cultural competence discussions focused on the recent influx of minority populations and the need to better understand different cultures, as well as the practical need for bilingual child welfare workers who could work with non-English speaking families. In some largely homogenous communities, child welfare workers cited the need to improve competence in interactions with families who lived in poverty and often had to make difficult decisions due to their lack of resources (such as when to see a doctor). Site A, for instance, conducted a *Bridges Out of Poverty* training,

23 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency's support for cultural competence (i.e., did they encourage staff to respond to the cultural needs and values of families, provide resources and infrastructure necessary for staff to work with children and families from diverse cultures, and reward staff who assess and address families' cultural and ethnic needs and preferences.). Respondents used a five-point Likert scale to rate to what extent they agreed with statements related to agency support: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

24 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

## Systems of Care in Action: Cultural Competence

**Conducting organizational assessments.** Early in the Systems of Care initiative, Site A conducted an organizational assessment of the State's central office for social services to assist in the identification of cultural competency issues within agencies, community partners, and families. Assessment results led to the establishment of a cross-function team composed of family representatives, child welfare staff, agency leadership, and community stakeholders to develop strategies (e.g., trainings and workshops) to improve the agency's level of cultural competence.

**Offering cultural competency training.** Site I developed a cultural competency training, which was expanded from 1 to 3 days. The social service agency then established a policy requiring all staff to participate. As the training was piloted, agency leaders determined the need to adapt the training to move beyond a broad overview and awareness of cultural biases to address the disproportional representation of African-American and Native American children in the child welfare system. Additionally, discussions of cultural issues were added to most existing child welfare training curricula to emphasize its importance throughout child welfare work.

**Adopting a train-the-trainer approach.** Site F originally contracted with a private technical assistance firm to provide cultural diversity training entitled, Un-doing Racism. Initially, this was a 3-day off-site training for child welfare and partner agency directors. Over time, Systems of Care project personnel adopted a train-the-trainer approach to offer the training more broadly to staff within local agencies as well as community members. This approach helped infuse cultural competence in child welfare and partner agencies from the top leadership to those working directly with clients.

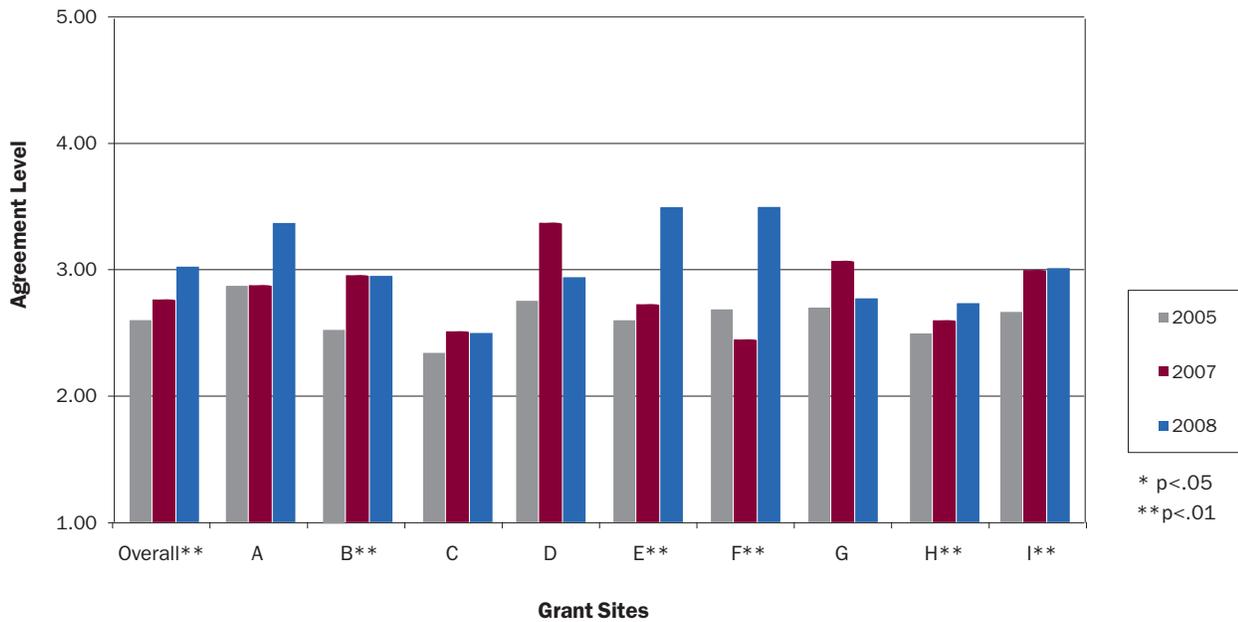
**Reflecting culture in evaluation and education tools.** Site D's focus on cultural competence during the assessment phase helped to inform the development of evaluation tools, which reflected the values and traditions of the tribal communities. To develop the evaluation tools, Systems of Care staff worked with elders in each of the tribal communities to identify the important values, practices, and traditions that constituted their community culture. The cultural competence education process helped to generate support for the initiative and served as a learning opportunity for both the Systems of Care staff and the tribal communities.

an initiative designed to improve communication across economic, ethnic, and racial lines and to build community capacity to address poverty and related issues, including child neglect.

Many communities had difficulty fully addressing the principle of cultural competence. One community, for example, noted challenges in conducting an internal cultural competency assessment, which met with resistance from agency staff. Other communities faced challenges in moving beyond raising awareness to more fully integrating cultural competency into everyday practices and decision-making.

Given the complicated and sensitive nature of cultural competence, some of the more successful grant communities noted the importance of using technical assistance expert consultants in promoting this principle. Dedicated oversight committees and work teams, with representation from community and family members, helped to develop strategic plans and support ongoing strategies. Moreover, grant sites' noted that they were more effective when top agency leadership consistently supported and promoted cultural competence.

Graph 9: Agency Support for Family Involvement<sup>25,26</sup>



#### 4.4 Family Involvement

Most grant sites emphasized and dedicated significant resources to implementing the principle of family involvement within child welfare. As shown in Graph 9, child welfare agency support for family involvement significantly increased overall ( $p < .01$ ) and across most grant communities during the implementation of the Systems of Care initiative. Five of the grant sites experienced significant gains during implementation of system of care.

Child, youth, and family involvement was implemented at various levels:

- At the **systems level**. Families participated in the design and implementation of agency policies, procedures, and practices and were involved in the Child and Family Services Reviews and Program Improvement Plan processes. Families often participated on the Systems of Care collaborative body, as well as on internal child welfare and partner agency teams. Parents also assisted with training child welfare staff, making presentations at conferences, and representing families in public forums and marketing related to Systems of Care.
- At the **peer level**. Families who were previously involved with the child welfare system served as mentors to families currently involved with child welfare (e.g., family partner programs). Many grant sites invested considerable time and resources recruiting family partners and training and supervising family partner programs.
- At the **case level**. Families participated in case planning conferences, often in structured approaches such as Family Group Decision-Making or Child and Family Team conferences.

25 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency's support for family involvement (i.e., did they encourage, provide resources and infrastructure, and reward staff for working in partnership with families.). Respondents used a five-point Likert scale to rate to what extent they agreed with statements related to agency support for family involvement: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

26 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

## Systems of Care in Action: Family Involvement

### **Inviting family members into collaborative bodies.**

Seven sites reported that family members held positions of power in the community collaboratives (e.g., co-chairs of committees or active members of steering committees). Through these memberships, families were able to offer input on planning and implementing Systems of Care activities and influence changes in child-serving agency policies and practices.

**Hiring a family engagement specialist.** Site F experienced a significant increase in agency support for family involvement, due in part to hiring a family engagement specialist. This individual worked to build family representation on various Systems of Care committees and coordinated family activities within the community. The family engagement specialist also served as the liaison to community groups, parent leaders, and other key stakeholders.

### **Tapping the expertise of Kin Care Liaisons.**

Site E hired Kin Care Liaisons who were former and current kin caregivers. The Kin Care Liaisons helped connect current kin caregivers to community resources. Housed at the child welfare agency, they served as internal consultants to the agency, helping staff gain a better understanding of the unique needs of kin caregivers and addressing their questions and concerns. Based on feedback from the Kin Care Liaisons, the child welfare agency was

able to successfully influence and improve agency policy related to kin caregivers.

**Establishing a family advisory network.** Site A established a nonprofit organization dedicated to facilitating and sustaining family involvement in child welfare and promoting collaboration and partnerships among families and child welfare stakeholders.

**Promoting peer-to-peer assistance.** Site C developed a Parent Partner Program that offered peer mentoring and support to child welfare involved families. Site C's local evaluation demonstrated that its family partner program led to significant decreases in time to reunification. 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. Additional qualitative data documented extensive client satisfaction with the program and positive benefits for the partners themselves (Anthony, Berrick, Cohen & Wilder, 2008).

**Holding Team Decision-Making meetings for youth.** Site C held Team Decision-Making meetings for youth transitioning from foster care. The meetings not only supported collaboration among child welfare caseworkers and staff providing independent living services to older youth, but also

## Systems of Care in Action: Family Involvement (cont.)

were a vehicle for increased youth involvement and for bringing youth input into the development of their own case plans.

**Promoting father involvement.** A number of grant communities increased efforts to engage fathers from families that were involved with the child

welfare system. In one site, efforts were made to recruit and train fathers to serve as a family/parent partner in case planning and follow-up services. Other grant sites provided training on father engagement strategies through the Systems of Care initiative.

Family involvement, as reported during interviews and focus groups with Systems of Care participants, had a transformative capacity. Respectful engagement of family members in decision-making and case planning activities helped them recognize their own needs, strengths, and resources and become more invested in plans tailored to their particular circumstances. 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. Moreover, inclusion of families at the systems level gave them a voice in policy development, service planning, training, and evaluation, which they had not experienced before. As a result, the child welfare agency and related child- and family-serving systems were better prepared to improve the fit between their services and family needs. At the same time, families became more motivated to adopt an active role in working toward change. Six of the nine project directors identified their family involvement efforts and activities as critical facilitators to the overall success of their Systems of Care initiative.

While considerable strides were made, grant sites reported that family involvement was difficult and time consuming. The involuntary nature of participation in the child welfare system among families experiencing or

at risk for abuse and neglect increased the challenge of family engagement. Furthermore, it frequently required a shift in mind set from traditional casework practice. There also were a number of practical issues related to engaging and sustaining family involvement, such as transportation issues, setting mutually available meeting times, and obtaining reimbursement for a family's time spent on planning boards or other activities.

This principle, above all others, generated the need for technical assistance activities, including peer-to-peer technical assistance. Some grant communities even provided technical assistance to non-Systems of Care States and counties on lessons learned. Grant communities (e.g., Sites E and F) that used full-time staff to plan for, guide, implement, and adapt family involvement proved to be the most successful in fully infusing this principle into the child welfare agency.<sup>27</sup>

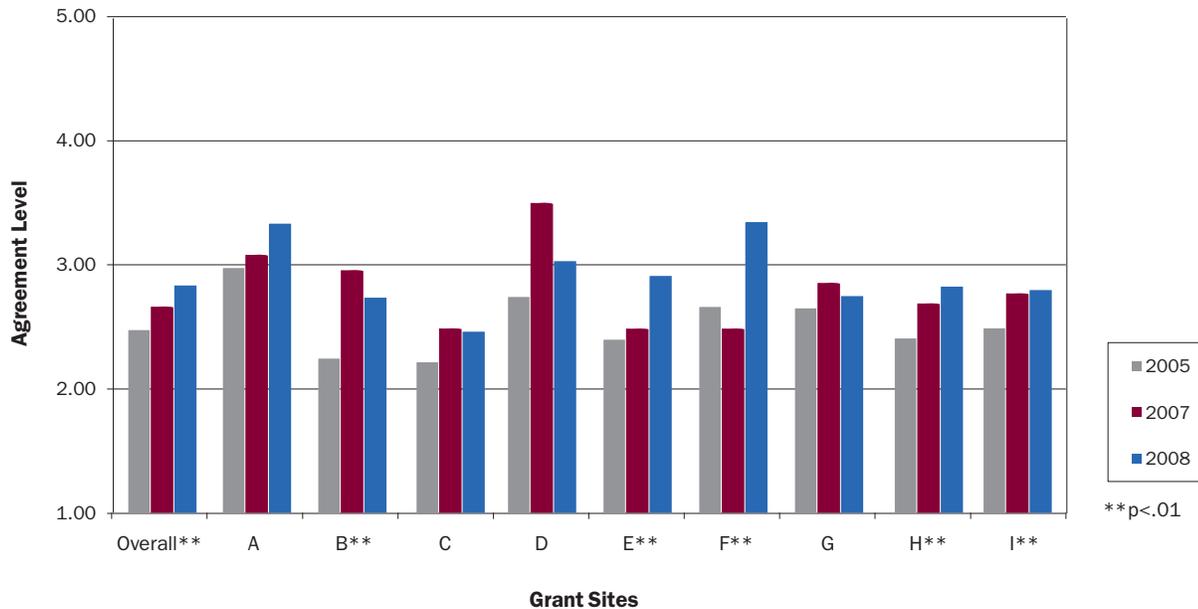
### 4.5 Community-based Approaches

The principle of community-based approaches acknowledges that children and families do best when they have access to local, high-quality services. This is particularly true when children are removed from the home, as placement in the home community and

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<sup>27</sup> See *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care Initiative* for more information about grant communities' family involvement strategies.

Graph 10: Agency Support for Community-based Approaches<sup>28,29</sup>



continued attendance at a local school facilitates positive outcomes for the child and family (Hochman, Hochman, & Miller, 2004; Hyde & Kammerer, 2009). This principle is closely linked to the principle of interagency collaboration, as most grant communities used interagency collaborative structures to identify opportunities to broaden and integrate service delivery, reduce duplication, and enhance the overall quality of the service array in the local community. As shown in Graph 10, staff perception of the child welfare agencies' support for community-based approaches to service provision increased across grant communities ( $p < .01$ ) and in the majority of participating communities, with five sites reaching statistical significance.

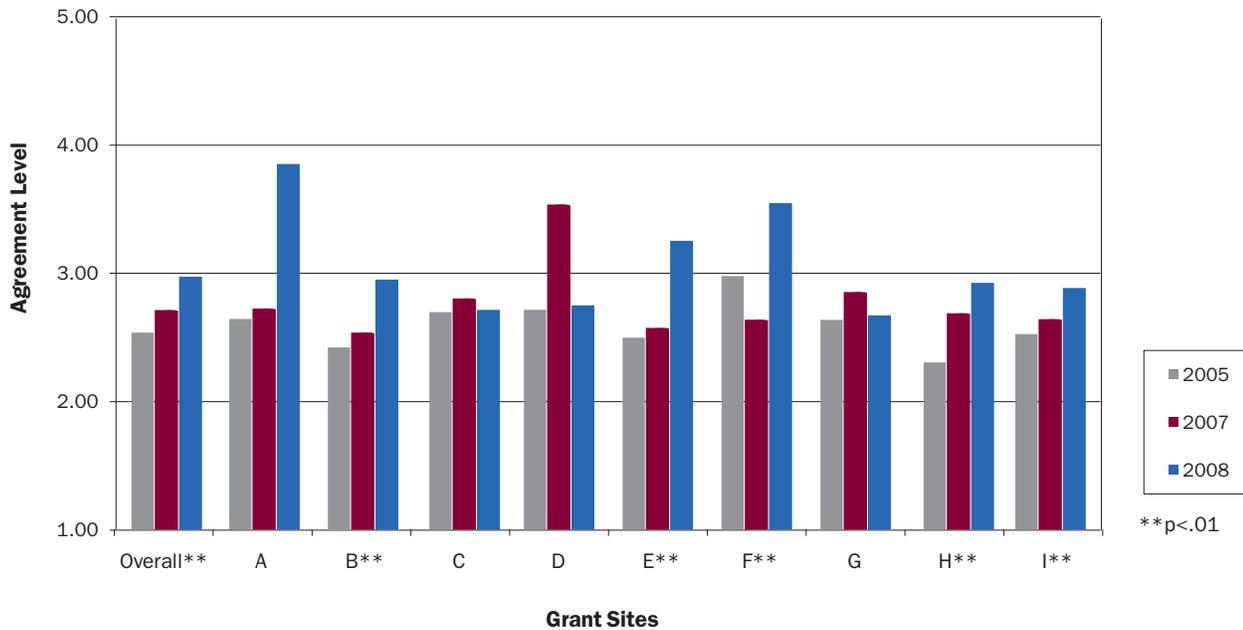
Several grant communities focused on educating child welfare staff about the community resources available to support children and families. Activities included presentations by community-based organizations, development or enhancement of community resource guides, and participation among child welfare staff in cross-agency trainings. Grant sites also implemented the principle of community-based approaches through the case planning process. For example, caseworkers encouraged families to include community representatives in case planning meetings as a resource to the family in executing their case plan.

In two grant sites (Sites B and G), hiring a dedicated staff person helped facilitate community involvement. These coordinators were responsible for developing mechanisms for engaging community members, such as forums, trainings, and cross-agency subcommittees. Another community (Site F) credited increased community involvement to the initiation of a parallel community partnership initiative, which also required a community collaborative body and supported similar principles to those underlying Systems of Care.

28 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency's support for community-based resources (i.e., did they encourage staff to identify placements and services with the community, inform staff of formal and informal services and supports, and reward staff who connected children and families to community services). Respondents used a five-point Likert scale to rate to what extent they agreed with statements related to agency support: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

29 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

Graph 11: Agency Support for Accountability<sup>30,31,32</sup>



Despite efforts to implement the principle of community-based approaches to service delivery, child welfare staff in several grant communities expressed concerns about the limited availability of community resources to meet children and families’ needs in a timely manner and consistent with case plans. For example, staff cited limited substance abuse treatment and mental health services and the lack of available foster homes to place children in their home communities. Interagency collaborative efforts helped identify resources, where available.

## 4.6 Accountability

An important focus of the Systems of Care initiative was ensuring that systems and processes were in place to evaluate the effectiveness and quality of services provided to children and families and monitor State and county child welfare agency performance in ensuring the safety, permanency and well-being of children and families. To hold public and private agencies accountable for results requires agency staff to be critical users of child welfare data for making continuous quality improvements.

Systems of Care grant communities worked to develop accountability and use data management systems to monitor, refine, and improve change efforts. At each time measured, there was a significant increase in the extent to which child welfare agencies were providing supports and resources to facilitate their use of data. As shown in Graph 11, statistically significant increases in agency support for accountability was experienced for the group as a whole and in five of the nine communities ( $p < .01$ ).

30 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried respondents on their agency’s support for accountability (e.g., did they encourage staff to update case records in a timely manner, adequately train staff to understand and use data reports, provide time and resources needed for accountability efforts, and reward staff for updating and completing case records). Respondents used a five-point Likert scale to rate to what extent that they agreed with statements related to agency support: (1) not at all and (5) to a very great extent. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

31 The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

32 Despite substantial increase in agency support for accountability, the small sample size in Site A reduced the likelihood for statistical significance.

Management information systems are a core component of accountability strategies. One of the most successful grant sites in terms of its ability to use the Systems of Care initiative to improve its overall child welfare accountability (Site B) developed an integrated electronic data management information system that guided case management and supported oversight. Another grant community (Site D) encountered challenges in its attempts to implement a similar management information system. In this community, limited hardware capacity and computer and information systems knowledge and skills among staff, coupled with concerns about confidentiality, hindered progress and caused caseworkers to lose confidence in the system. Recognizing that they were trying to introduce a comprehensive system that was too complicated, too early in the initiative, initiative leaders decided to integrate a simpler system, focused on information storage and archiving.

Generally, accountability efforts at both the organization and system levels were supported by local evaluators in each of the grant communities. These evaluators were involved throughout the Systems of Care initiative and often played major roles in carrying out needs assessments, developing strategic plans, creating logic models, and conducting evaluations of local Systems of Care activities. Project directors underscored the importance of working with evaluators who were familiar with the child welfare system and maintained a strong understanding of systems change. Some sites were challenged in finding an evaluator with these qualifications.

Many local evaluators were able to provide timely, on-the-ground feedback to child welfare agencies and their larger Systems of Care collaboratives. Specifically, local evaluators participated in project meetings where they presented findings from local evaluation activities and informed stakeholders about the initiative's progress and its impact on agency policies and practices. Local

## Systems of Care in Action: Community-based Approaches

**Offering training and education.** Site F sponsored monthly “lunchbox spotlight” trainings where child welfare staff learned about community-based organizations and services. Child welfare staff also were provided with a newly developed directory with information on 180 community resources. In addition, training was offered to community representatives who attended child safety conferences and helped support interactions between parents and children in out-of-home care.

**Sponsoring community forums.** The community coordinator in Site G held forums to share information on the Systems of Care initiative, solicit feedback among community members on desired changes to the child welfare system, and identify roles for community members in helping to realize needed changes.

**Having family partners serve as community guides.** Some communities worked with family partners to find useful, accessible resources for families involved with the child welfare system. In Site E, for example, former kin caregivers provide linkages among families, the community, and the child welfare system.

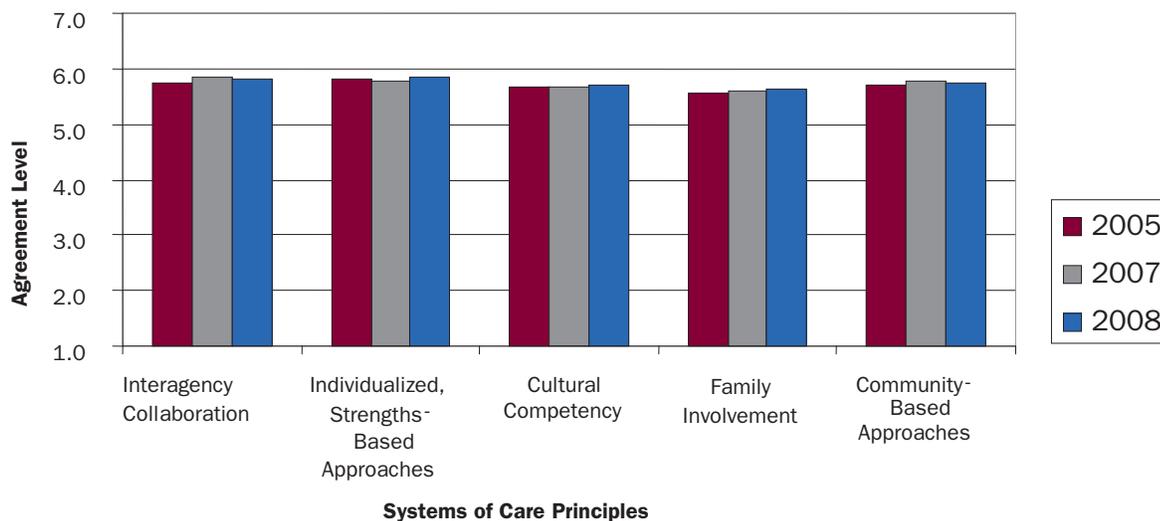
## Systems of Care in Action: Accountability

**Developing an electronic data management system.** Site B developed the Child Welfare Application Timesaver (CAT) system. Linked to the State's automated child welfare information system, the county system helped guide the case management process while ensuring compliance with all related mandates. The system auto-populated multiple forms required for each case, automatically sending completed forms requiring signature to the appropriate person, and reminding caseworkers of important dates such as court appointments and family team meetings. Additionally, digital pens allowed caseworkers to write and enter case notes from the field. The CAT system not only reduced the caseworkers' paperwork burden but also significantly improved the turnaround time for paperwork requiring approvals. Information from the CAT system was incorporated into supervisor meetings, helping supervisors assess the progress of each division and identify and address challenges to service delivery. Additionally, supervisors used CAT system data to inform meetings with caseworkers and point to areas needing additional support.

**Institutionalizing evaluation.** One community (Site C) funded an internal evaluator position within the child welfare agency commensurate with other administrative positions. As reported by numerous stakeholders during site visits, inclusion of an evaluator in the child welfare agency dramatically changed the culture from one that feared evaluation efforts to one that embraced and encouraged the efforts to identify what was working in their system reform efforts.

**Focusing on short-term outcomes.** Site A worked to build the local evaluation capacity in the community, the child welfare agency, and partner agencies. Due to the long-term nature of change at the individual level, this community focused on documenting the immediate and intermediate outcomes that could ultimately lead to positive changes in safety, permanency, and well-being. Documentation of positive short-term outcomes provided the community and collaborative with opportunities to recognize successes that would have been overlooked with a focus only on long-term change processes and outcomes.

Graph 12: Systems of Care Principles in Caseworker Practice<sup>33,34</sup>



evaluators also helped build evaluation capacity. Eliciting agency staff’s involvement in local research activities resulted in increased buy-in and support of evaluation and greater use of data to inform policies and practices. The feedback obtained through this participatory research approach was used to learn from and improve on local Systems of Care efforts.

#### 4.7 Systems of Care Principles and Caseworker Practices

The national evaluation team surveyed child welfare caseworkers to assess the extent to which they were implementing systems of care principles in their practices. Caseworkers were asked to indicate their agreement on a scale of 1 (very strongly disagree) to 7

(very strongly agree) with statements reflecting beliefs in the importance of five<sup>35</sup> systems of care principles and use of practices reflecting each principle.

As shown in Graph 12, caseworkers generally reported fairly strong buy-in to systems of care principles and implementation of related practices. On a scale of 1 to 7, aggregated means in 2005 ranged from 5.58 (family involvement) to 5.82 (individualized, strengths-based care) and in 2008 ranged from 5.63 (family involvement) to 5.84 (individualized, strengths-based care). While the scales that were used differed, caseworkers tended to rate themselves higher in using practices that reflected a principle than they did the agency-wide support of that same principle. With the exception of the increase in interagency collaboration between 2005 and 2007, statistically significant changes were not found over time. Self-report tendencies and high initial ratings might have contributed to the lack of statistically significant increases.

33 Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried caseworkers on the extent to which they perceived they were implementing systems of care principles. Respondents used a seven-point Likert scale to rate to what extent they agreed with statements on each principle: (1) very strongly disagree and (7) strongly agree. For more details regarding the child welfare agency survey, measures, and items, see Appendix F.

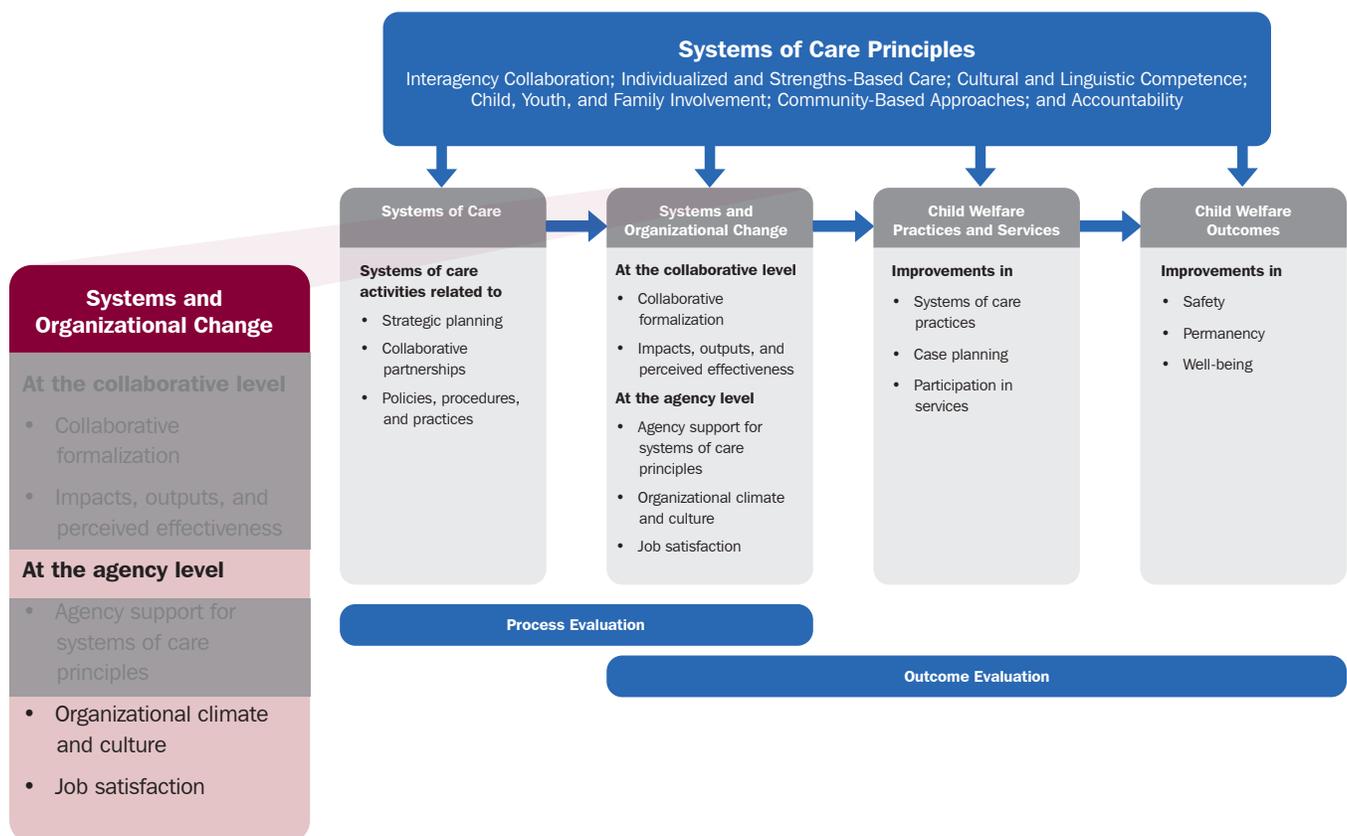
34 There were no statistically significant changes in overall perceptions of implementation of systems of care principles in casework practice from 2005 to 2008. For additional information about related survey responses and statistically significant changes for individual sites, see Appendix G.

35 The Child Welfare Agency Survey did not address the principle of accountability. As defined for Systems of Care, accountability was more applicable at a management level than at the practice level.

## 5. Organizational Change: Climate, Culture, and Job Satisfaction

The national evaluation team theorized that agencies' support for and implementation of systems of care principles could have wide-ranging effects on other important organizational variables. Based on the research literature, findings from systems of care case studies, and interviews with key stakeholders, the team hypothesized that Systems of Care could lead to improved casework practices and higher job satisfaction ratings—both directly and by positively influencing other key organizational and contextual variables (e.g., organizational culture and climate).

Past research on evidence-based and systems change efforts has demonstrated the importance of organizational culture and climate in facilitating or impeding organizational and systems change efforts, predicting ratings of job satisfaction, work attitudes, and better service outcomes (Glisson & Hemmelgarn, 1998; Glisson & James, 2002; Glisson et al., 2008). The national evaluation assessed how Systems of Care affected organizational culture and climate as two “key levers” for organizational and systems change. Given the amount of annual turnover in child welfare agencies and the high cost of recruiting and training new workers (U.S. Government Accounting Office, 2003), caseworker job satisfaction was used as the dependent variable in these analyses. Prior to conducting more



advanced analyses, the national evaluation team first assessed whether job satisfaction increased during the implementation of Systems of Care.

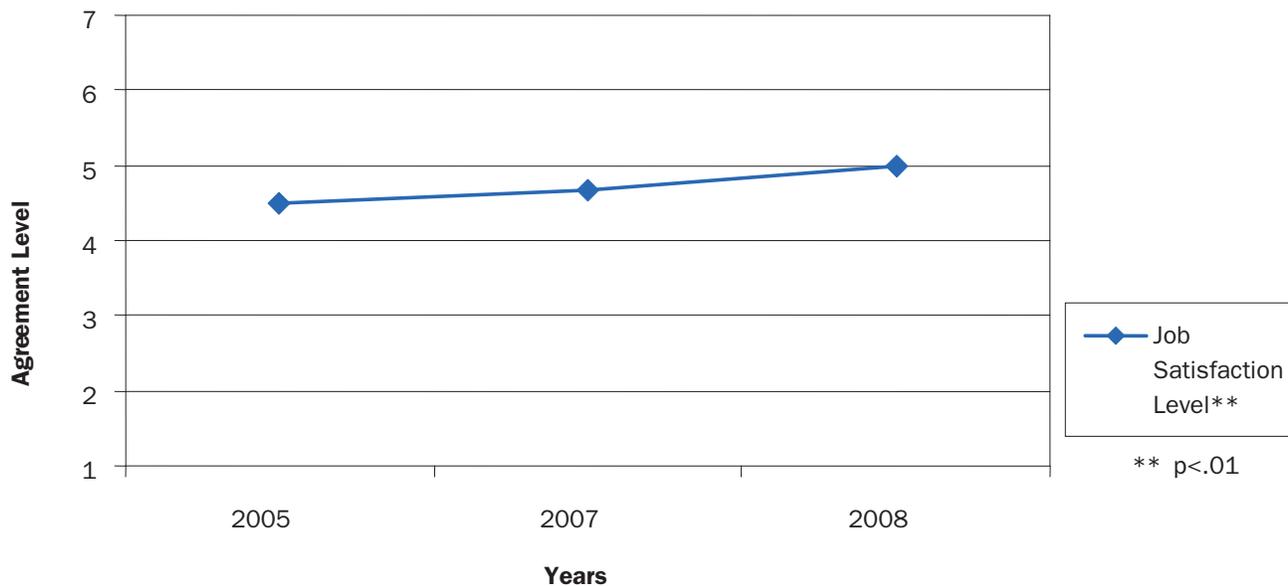
## 5.1 Job Satisfaction

Caseworkers were asked about their: (1) intrinsic job satisfaction (e.g., how satisfied they were with working with clients, the amount of client contact, opportunities for helping people, field of specialization); (2) organizational job satisfaction (e.g., how satisfied

they were with the amount of authority given to do their job, the quality of supervision, the clarity of guidelines, opportunities for involvement in decision-making, and recognition); and (3) overall satisfaction.

Survey results demonstrated that caseworker job satisfaction increased during the Systems of Care implementation. Graph 13 shows composite scores reflecting job satisfaction across all grant sites. Overall job satisfaction scores significantly increased ( $p < .01$ ) from a mean of 4.49 in 2005 to 4.99 in 2008 on a scale of 1 (very unsatisfied) to 7 (very satisfied).<sup>36</sup>

Graph 13: Child Welfare Staff Job Satisfaction Ratings<sup>37,38</sup>



<sup>36</sup> For more detailed information regarding job satisfaction ratings, see Appendix F and Appendix G.

<sup>37</sup> Data source: Systems of Care Child Welfare Agency Survey. Multiple questions queried caseworkers on their intrinsic, organizational, and overall job satisfaction. A seven-point Likert scale was used to rate respondents' satisfaction level from (1) very unsatisfied to (7) very satisfied.

<sup>38</sup> The asterisks indicate statistically significant changes from 2005 to 2008. For additional information about statistically significant changes at other time points, see Appendix G.

## 5.2 Organizational Climate and Culture

As the evaluation results have demonstrated, throughout the course of the Systems of Care initiative, caseworkers perceived increasing levels of support for systems of care principles within the child welfare agency (see Graph 5, on page 33). In addition to Systems of Care having a direct impact on caseworker job satisfaction, the national evaluation team hypothesized that Systems of Care could have other far-ranging impacts by positively influencing agencies' organizational climate and organizational culture.

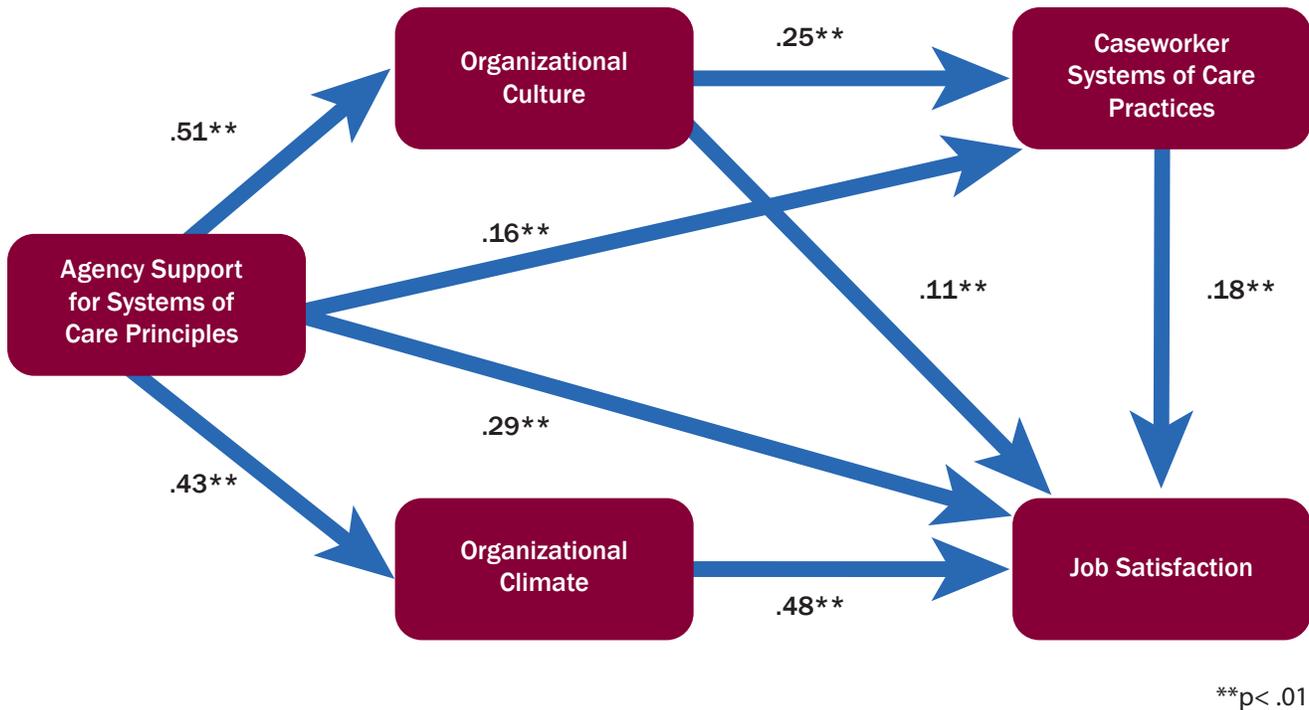
The national evaluation team hypothesized that as caseworkers were encouraged, supported, and rewarded for implementing family-centered and empowering approaches to child welfare practice, their perceptions of organizational climate and culture would improve. For instance, caseworkers would perceive a more supportive culture and improved climate if their supervisors and other staff modeled the system of care approach by working with each other in a strengths-based and individualized manner. Likewise, culture and climate would be enhanced if caseworkers felt they were given the appropriate agency supports to better perform their jobs and work with families in an individualized and culturally competent manner.

Structural equation modeling (SEM) was used to model and assess the impact of agency support for Systems of Care on other variables. This analysis enabled evaluators to posit relational models linking key variables in a sequential order and then evaluate the

Organizational climate is generally defined as the way people perceive their work environment while organizational culture is defined as the way things are done in an organization (Verbeke, Volgering, & Hessels, 1998). For this evaluation, the definitions were adapted as follows:

- **Organizational climate** was characterized as positive when caseworkers perceived that agency rules and regulations promoted, rather than hindered, effective child and family service provision; roles were clearly defined and supported; and caseworkers did not feel overloaded in addressing their responsibilities.
- **Organizational culture** was characterized as positive when staff reported that fellow caseworkers and supervisors supported and motivated each other in their day-to-day work with vulnerable children and families.

Figure 3: Systems of Care Organizational Change Model<sup>39</sup>



model based on available data.<sup>40</sup> Figure 3 illustrates the findings related to the relationships among agencies' support for systems of care principles, organizational culture, organizational climate, caseworker practices, and job satisfaction.

As predicted, findings demonstrated that Systems of Care was directly associated with a positive organizational culture, positive organizational climate, enhanced caseworker practices, and job satisfaction (the arrows in the diagram reflect the direction of the relationship in the model). Path coefficients for structural parameters displayed near the arrows ranged from .11 to .51, representing small to large positive effects. All path coefficients were statistically significant (p < .01), indicating a substantial relationship among key organizational variables and positive associations with job satisfaction.<sup>41</sup>

The model shows that agency support for systems of care principles had a direct influence on caseworker practices and job satisfaction ratings as well as indirect positive effects through enhanced organizational culture and improved climate. In other words, part of the impact of agency support for systems of care principles was mediated<sup>42</sup> through these two organizational constructs (i.e., organizational culture and organizational climate). Overall, this model explained 60 percent of the variance of the outcome variable of job satisfaction.<sup>43</sup> The ability of Systems of Care to affect job satisfaction has promising implications for addressing the high turnover rates that have long plagued child welfare agencies with negative effects on workloads and outcomes for children and families.

39 Data source: Systems of Care Child Welfare Agency Survey.

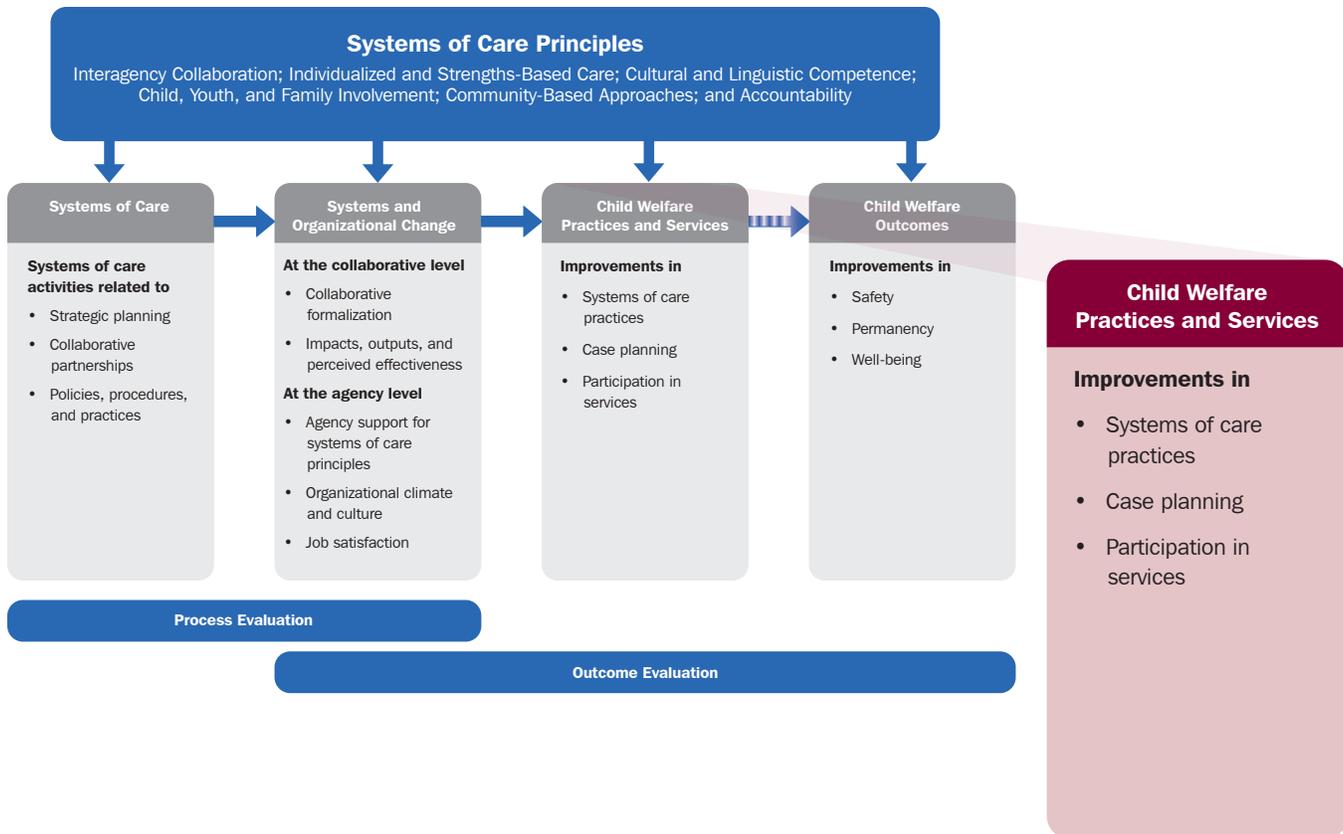
40 For more detailed information regarding the SEM analysis, see Appendix H.

41 The double asterisk indicates that the findings were statistically significant at the .01 level.

42 Lines directed from one variable (A) to another variable (B) denote direct effects; in other words, the direct influence of one variable (A) on another (B). If a third variable (C) appears between direct effects, there is a mediating effect (indirect effect) from A to B.

43 See Appendix H for more details regarding the SEM analysis.

## 6. Changes in Child Welfare Practices, Case Planning, and Services

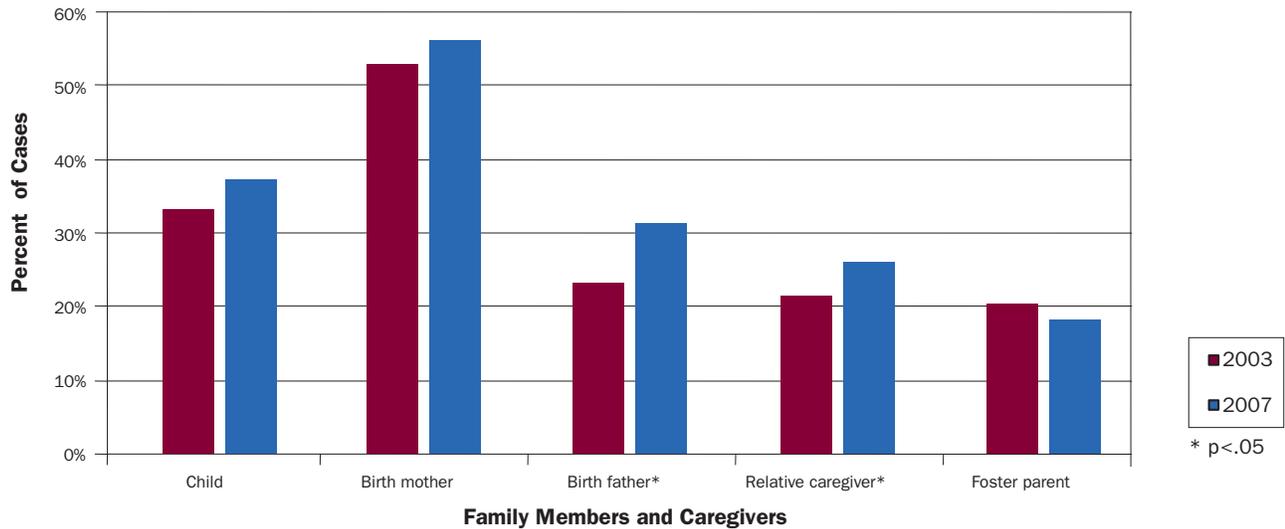


The national evaluation team theorized that systems and organizational change in Systems of Care communities would lead to positive changes in case planning and child welfare services. To determine the impact of Systems of Care at the direct service level, the national evaluation team reviewed child welfare case files twice over the evaluation period: 2003 (639 case files) and 2007 (650 case files). Each

State chose 65–80 cases at random from the total pool of cases reflecting their target population.<sup>44</sup> The analyses examined aggregated results across grant sites and also differentiated between Systems of Care communities that solely targeted children in out-of-home care and those with a broader child welfare target population. The evaluation specifically examined participation in case planning and services.

<sup>44</sup> Multi-county grant sites stratified cases based on county population. Each “case” was operationally defined as one child. For specific information on how case file reviews were conducted, including the protocol, see Appendix I and Appendix J.

Graph 14: Family Involvement in Case Planning<sup>45</sup>



## 6.1 Case Planning

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 a large amount of time and effort on increasing collaboration at the practice level through Family Group Decision-Making and similar family involvement approaches.

As shown in the case reviews and presented in Graph 14, involvement in case planning by family members generally increased over time.<sup>46</sup> In particular, notable and statistically significant increases in involvement were evident among birth fathers (increasing from 22% to 30% of cases) and relative caregivers (from 20% to 25% of cases).

<sup>45</sup> Data source: System of Care Case Read Protocol.

<sup>46</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; were identified as a strength in the assessment process; were identified by the child welfare agency as being able to address a need identified in the assessment process; were consulted in the case planning process; and were invited and participated in case planning activities (e.g., Family Group Decision-Making meetings).

## Systems of Care in Action: Case Planning

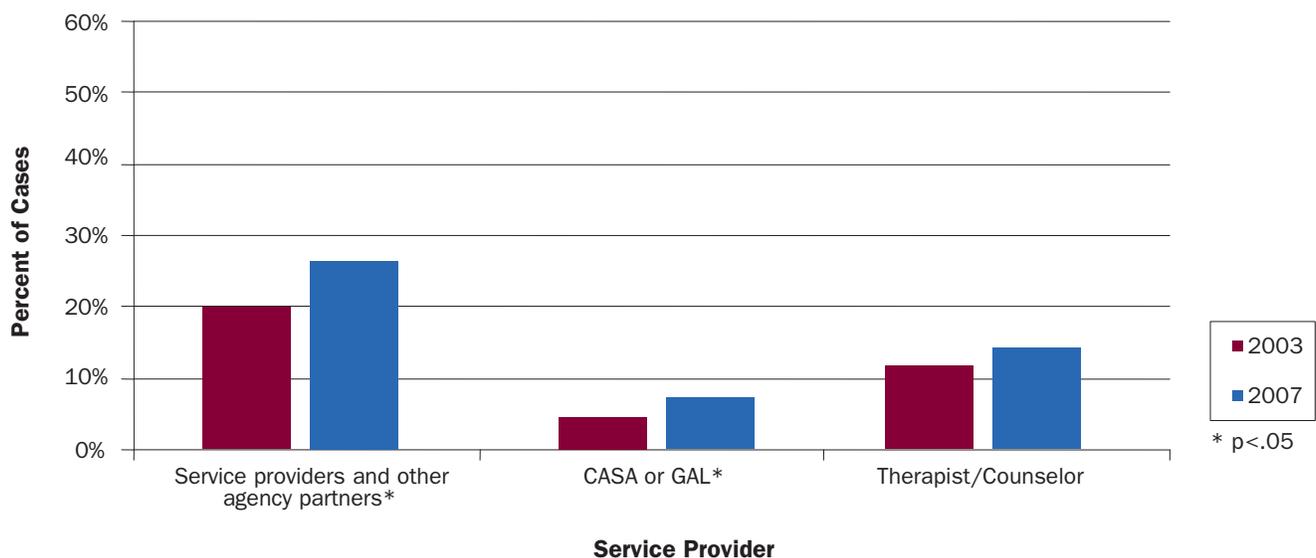
**Changing policies and procedures to support Family Group Decision-Making.** Site G's Family Group Decision-Making approach to case planning was developed around the same time that the Systems of Care initiative was launched. The county recognized that this new model for case planning concretized the systems of care principles into direct service work. It also understood the additional supports that the Systems of Care initiative could offer, including the development of policies and procedures that supported workers' acceptance and use of the model. For example, Systems of Care helped facilitate the development of new policies that permitted flex-time scheduling for caseworkers. This policy was essential to enable workers to schedule and engage in Family Group Decision-Making conferences after traditional business hours, when family members were more likely to be available to participate.

**Using quality assurance and support systems to keep Team Decision-Making on track.** Site C implemented a holistic case planning process that was supported by the Systems of Care initiative. Under the grant community's Team Decision-Making approach, case plans were developed through a collaborative effort between family members and agency personnel. Site C also developed procedures that helped support the implementation and use of Team Decision-Making meetings by case managers. Specifically, the child welfare agency centralized the scheduling and rollout of Team Decision-Making meetings and created a quality assurance system to remind workers, supervisors, and managers via e-mail of the need to schedule these meetings. The site also had two to three full-time trained staff members to facilitate Team Decision-Making meetings during the Systems of Care initiative.

In general, involvement in case planning by interagency partners and service providers also increased over time.

As shown in Graph 15, statistically significant increases were found in participation of service providers and

Graph 15: Interagency Partner Involvement in Case Planning<sup>47</sup>



<sup>47</sup> Data source: System of Care Case Read Protocol.

Table 2: Family and Interagency Involvement in Case Planning by Community Target Population

	Cases in Communities with Out-of-Home Care Target Population		Cases in Communities with Broad Child Welfare Target Population		Cases Across All Communities	
	2003	2007	2003	2007	2003	2007
<b>Family and Caregivers</b>						
Child	37%	42%	30%	33%	32%	36%
Birth mother	53%	59%	52%	53%	52%	55%
Birth father	24%	30%	<b>22%</b>	<b>30%</b>	<b>22%</b>	<b>30%</b>
Relative caregiver	28%	32%	16%	20%	<b>20%</b>	<b>25%</b>
Foster parent	20%	21%	18%	15%	19%	17%
<b>Interagency Partners</b>						
Service providers and other interagency partners	22%	21%	<b>22%</b>	<b>33%</b>	<b>22%</b>	<b>29%</b>
CASA or GAL	7%	10%	<b>8%</b>	<b>14%</b>	<b>8%</b>	<b>12%</b>
Therapist/Counselor	31%	27%	<b>12%</b>	<b>18%</b>	19%	21%

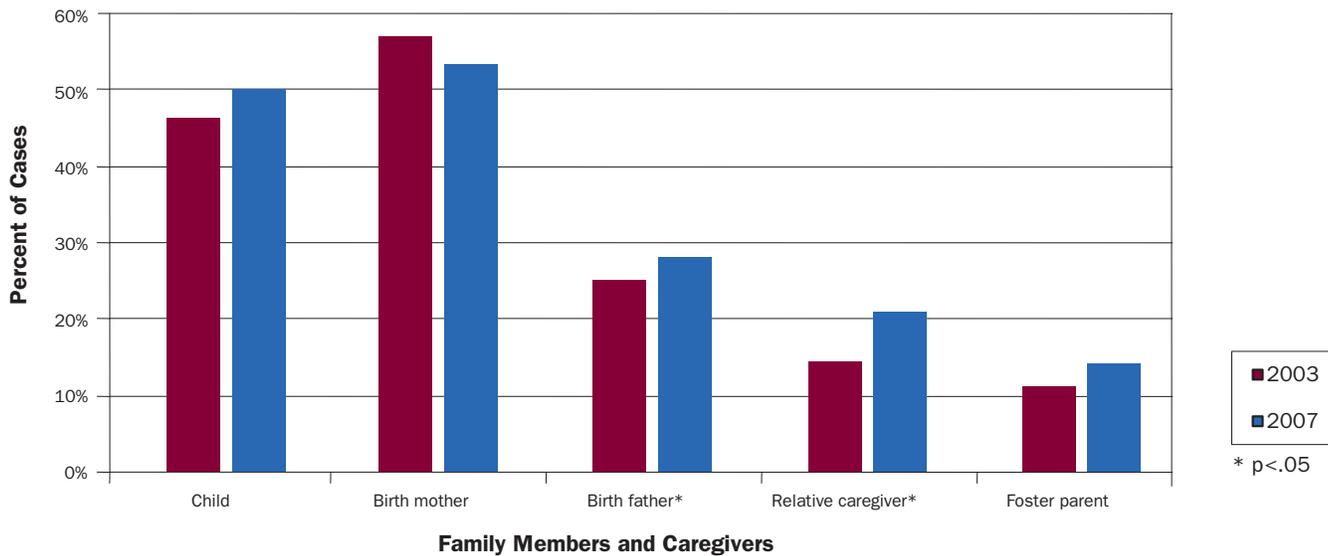
Numbers in bold indicate that the difference between Time 1 and Time 2 is statistically significant ( $p < .05$ ).

other agency partners (from 22% to 29%) and court-appointed special advocates (CASA) and guardian ad litem (GAL) (from 8% to 12% of cases).

Slight differences were evident in case planning when analyzed by community target population (see Table 2). In the grant communities that addressed a broad target population, statistically significant increases were evident in participation by birth fathers and all categories of interagency partners. In grant communities that specifically targeted children in out-of-home care, the case review files indicated an increase in participation among only one of the interagency partners—CASA/GAL—and slight decreases (although not statistically significant) in participation among therapists/counselors and service providers/other agency partners. However, it should be noted that the sample size for out-of-home care was considerably smaller, which makes it more difficult to detect any significant effect—positive or negative.

By and large, these findings suggest that Systems of Care grant communities were successful in implementing the key principles of family involvement and interagency collaboration at the direct service level. For several communities, greater participation in case planning was supported by changes in agency policies, practices, and procedures. For example, the introduction of flex-time scheduling was important to enable workers to hold evening meetings when family members were more available. In one grant site, the development of consistent definitions and guidelines for family involvement across agencies helped guide its implementation. Other sites used their management information systems to track family involvement and alert staff when to schedule team meetings.

Graph 16: Family Participation in Services<sup>48</sup>



## 6.2 Participation in Services and Service Provision

As shown in the national evaluation framework, changes in infrastructure, policy and procedures were expected to lead to changes in case practices, planning, and services. Participation in services by children and families is a crucial link between change at the systems and organizational levels and change at the direct practice level and also potentially at the individual outcome level. (See Appendix B for more details regarding the national evaluation framework.)

Systems of Care communities endeavored to enhance child and family outcomes through the extended involvement of family members in services as well as the provision of services by interagency partners. As presented in Graph 16, case files indicated that family member and caregiver participation in services generally increased for most groups over the course of Systems of Care implementation. Increases were statistically significant only for participation by relative caregivers (rising from 14% to 21% of cases). There was a slight decrease (from 57% to 53% of cases) in the participation among birth mothers, although not statistically significant. As shown in Table 3, this

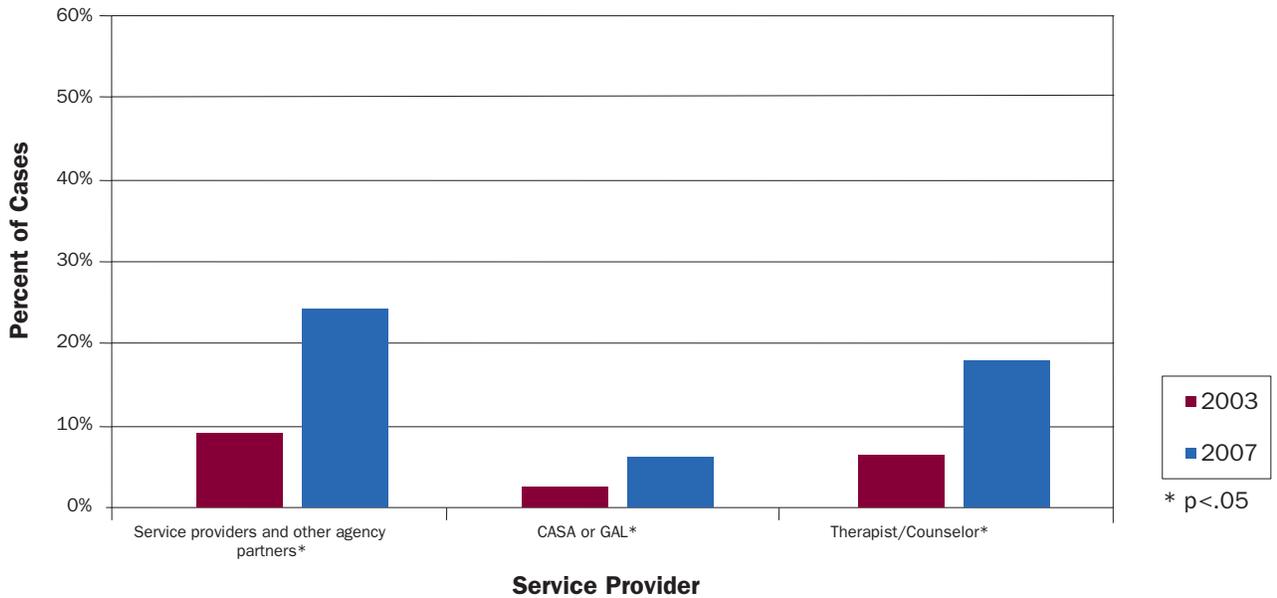
Table 3: Family Participation in Services by Community Target Population

	<i>Cases in Communities with Out-of-Home Care Target Population</i>		<i>Cases in Communities with Broad Child Welfare Target Population</i>		<i>Cases Across All Communities</i>	
	2003	2007	2003	2007	2003	2007
<b>Family and Caregivers</b>						
Child	58%	56%	40%	46%	46%	50%
Birth mother	59%	60%	<b>55%</b>	<b>48%</b>	57%	53%
Birth father	28%	34%	23%	24%	25%	28%
Relative caregiver	<b>17%</b>	<b>25%</b>	<b>12%</b>	<b>18%</b>	<b>14%</b>	<b>21%</b>
Foster parent	12%	12%	11%	15%	11%	14%

Numbers in bold indicate that the difference between Time 1 and Time 2 is statistically significant ( $p < .05$ ).

48 Data source: System of Care Case Read Protocol.

Graph 17: Interagency Partners Provision of Services<sup>49</sup>



decrease in mothers' participation was evident among communities working with broad target populations (mothers' participation declined from 55% to 48% of cases), but not in those working with children in out-of-home care (participation increased from 59% to 60%). Process data were not available in the case files to ascertain the reason for these unexpected declines. It is important to note that because evaluators relied on caseworker files for information, these data did not include participation in voluntary services where there was no formal case plan, and as such, may underrepresent family participation in services.

Graph 17 summarizes case file findings related to the provision of services by interagency partners across all communities. As shown, there were sizable and statistically significant increases in services by interagency service providers and other partners (from 9% to 24% of cases), therapists and counselors (from 6% to 17% of cases), and CASA or GAL (from 2% to 6% of cases).

<sup>49</sup> Data source: System of Care Case Read Protocol.

Table 4: Interagency Partners Provision of Services<sup>50</sup>

	<i>Cases in Communities with Out-of-Home Care Target Population</i>		<i>Cases in Communities with Broad Child Welfare Target Population</i>		<i>Cases Across All Communities</i>	
	2003	2007	2003	2007	2003	2007
<b>Interagency Partners</b>						
Service providers and other agency partners	<b>7%</b>	<b>12%</b>	<b>11%</b>	<b>32%</b>	<b>9%</b>	<b>24%</b>
CASA or GAL	2%	6%	<b>1%</b>	<b>6%</b>	<b>2%</b>	<b>6%</b>
Therapist/Counselor	13%	12%	<b>2%</b>	<b>20%</b>	<b>6%</b>	<b>17%</b>

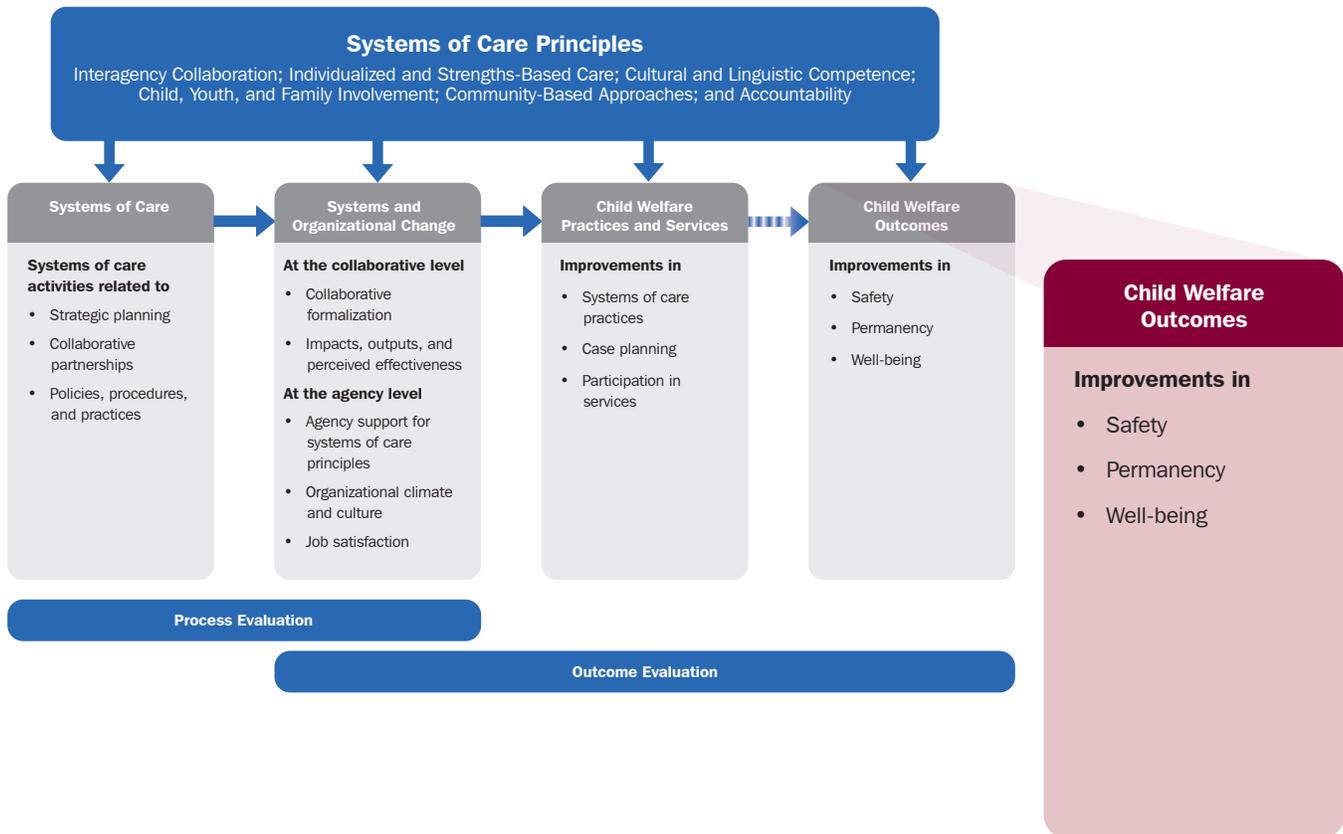
Numbers in bold indicate that the difference between Time 1 and Time 2 is statistically significant ( $p < .05$ ).

As shown in Table 4, increases were larger among communities working with broader target populations as compared to communities targeting children in out-of-home care.

Evidence of trends toward increased participation in case planning and service provision provided confidence in the Systems of Care theory of change outlined in the evaluation framework.

<sup>50</sup> Data source: System of Care Case Read Protocol.

## 7. Improvements in Child Welfare Outcomes



The primary focus of the national cross-site evaluation, as discussed in Chapter 2, was to determine the extent to which the implementation of the Systems of Care initiative led to systems and organizational change. As presented in the previous chapter, *systems and organizational changes* were expected to lead to changes in child welfare practices, case planning, and services, which ultimately should result in improvements in child welfare outcomes. However, systems and organizational change require considerable time and effort. Substantial changes in individual-level child welfare outcomes (i.e., safety, permanency, and well-being) are not expected in the short term. In addition,

these individual-level outcomes are influenced by a number of external variables outside the influence of the Systems of Care initiative. Therefore, any changes observed cannot be attributed to causality.

Recognizing that improvements in child welfare outcomes are the ultimate goal of the Children’s Bureau Systems of Care initiative, the evaluation team reviewed randomly selected child welfare case files from Systems of Care grant sites in 2003 (639 case files) and 2007 (650 case files). Evidence of changes in safety, permanency, and well-being were assessed. For more information on the case file review, see Appendix I and Appendix J.

## 7.1 Safety

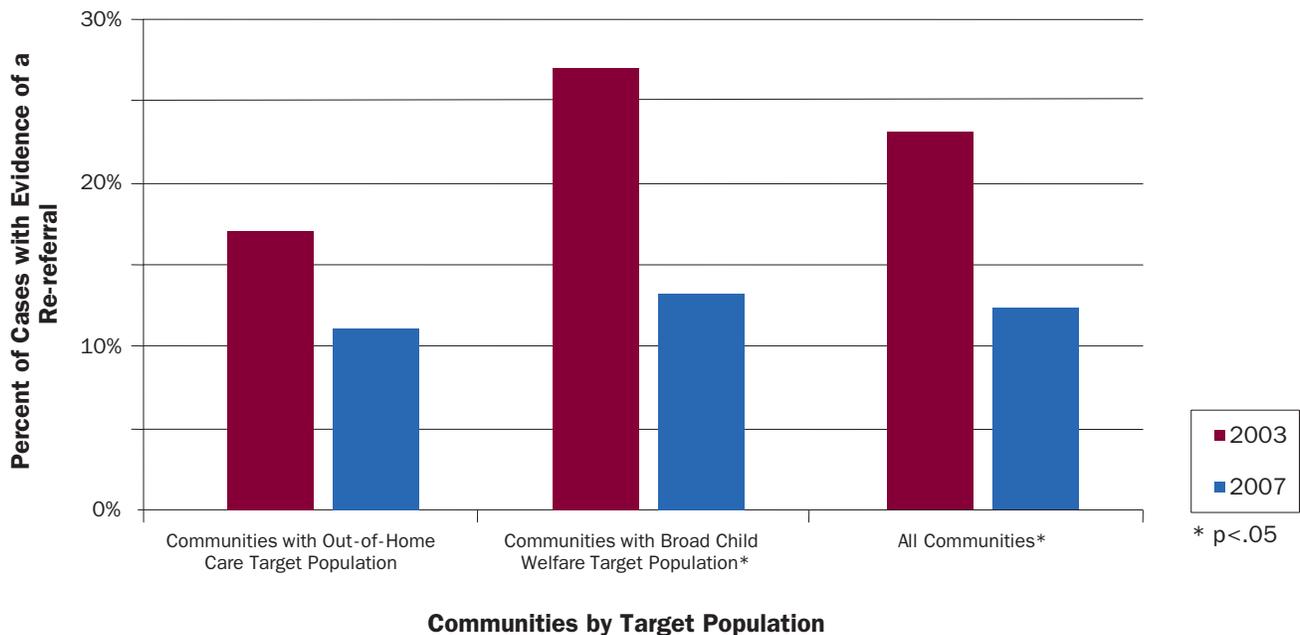
Re-referrals to the child welfare system are often used as key indicators for overall child safety. For this evaluation, case file reviewers looked for evidence of: 1) re-referral to the child welfare system, and 2) whether the re-referral was substantiated.

Evidence of a re-referral across all communities declined significantly from 22 percent in 2003 to 11 percent in 2007. Substantiation for re-referrals also declined significantly from 9 percent to 5 percent. Coupled

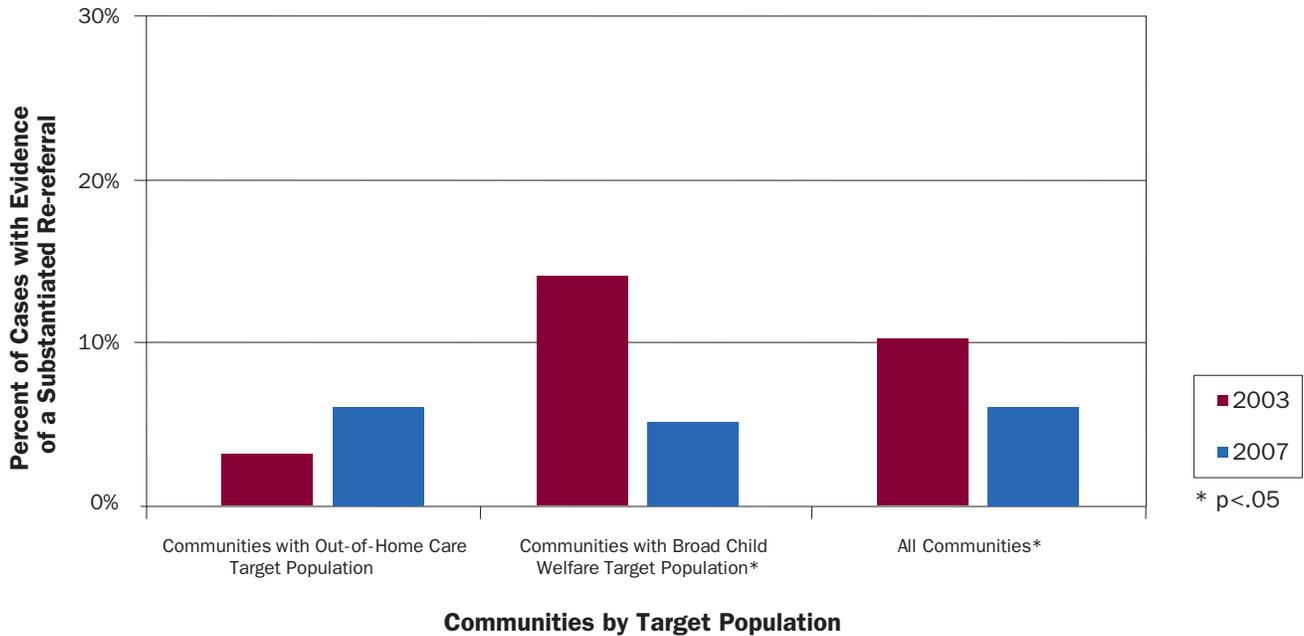
with other positive outcomes throughout the national evaluation, these findings suggested a potential positive impact of Systems of Care on child safety.

Analyses looked separately at re-referrals in grant communities that targeted children in out-of-home care and those in communities that worked with a broader child welfare population (see Graph 18). 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 27% to 12%), but such a decline was statistically significant

Graph 18: Re-referral to Child Welfare



Graph 19: Re-referral Substantiated

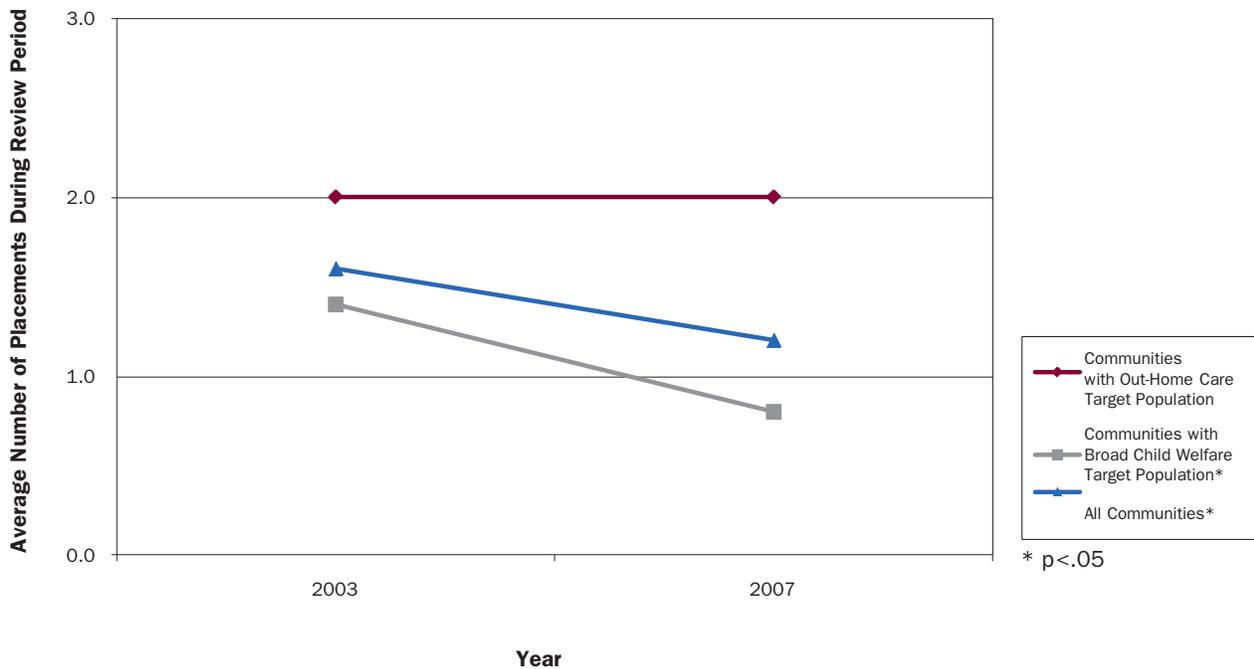


only among the broader target population.<sup>51</sup> As shown in Graph 19, there also was a significant decrease in the substantiation of re-referrals in grant communities with broader target populations (dropping from 13% to 4%) and a slight, but not significant, increase in re-referrals in grant communities working only with children in out-of-home care (from 2% to 5%).<sup>52</sup>

51 The broader target population group was much larger than the out-of-home care target population, making it easier to reach the significance threshold.

52 Additional tables with findings differentiating communities targeting children in out-of-home care and communities targeting a broader population can be found in Appendix J.

Graph 20: Average Number of Placements



## 7.2 Permanency

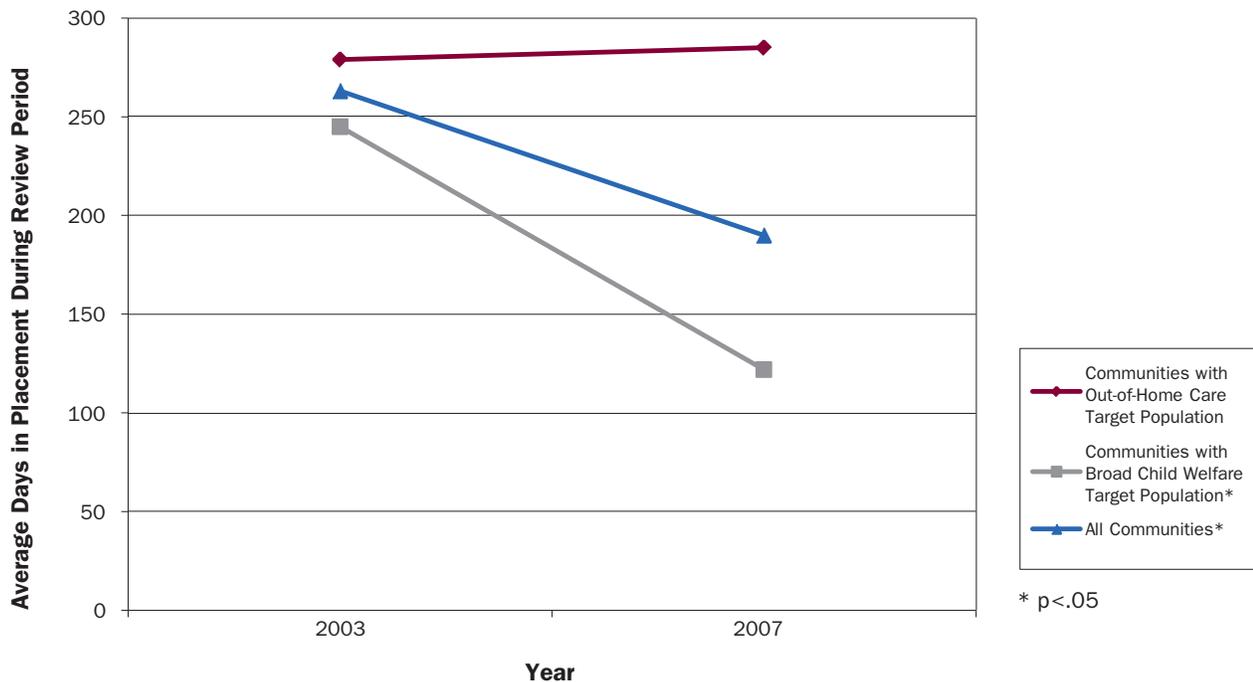
The Systems of Care national evaluation also explored a number of permanency outcomes for children and families involved in the child welfare system. These included total number of placements while in care, as well as total days in the initial placement, and total days for up to three additional placements.

Case file reviews revealed several positive permanency outcomes for children in Systems of Care communities. Across all communities, total placements decreased from an average of 1.6 to 1.2 (see Graph 20). Total days in placement declined substantially from an average of 263 days to 190 days. Both these findings were statistically significant.

Analyses again explored differences between communities working only with children in out-of-home care and communities working with a broader child welfare population (some of whom were placed in out-of-home

care). Part of the rationale for assessing children in out-of-home care separately from the broader target population group was that this population was at greater risk for negative outcomes. Additionally, some outcomes were expected to be different for this population. For instance, while a decrease of time in placement is a positive finding, an increase in time in the initial placement is a positive indicator for placement stability. For the out-of-home care target population, findings indicated a significant increase in time in initial placement (from 192 to 224 days). This reflected an increase in placement stability for this high-risk group as changes in placement often result in an increase in restrictive placement and, more generally, another major life change for the child. Total days in placement, however, also increased slightly (279 days to 285 days). Systems of Care grant communities working with the broader child welfare population were successful in significantly reducing the number of total placements (on average, 1.4 to .08), as well as the number of total days in placement (from 245 days to 122 days).

Graph 21: Average Days in Placement



Graph 21 illustrates average total days in placement for all communities as well as the two sub-groups of communities.<sup>53</sup>

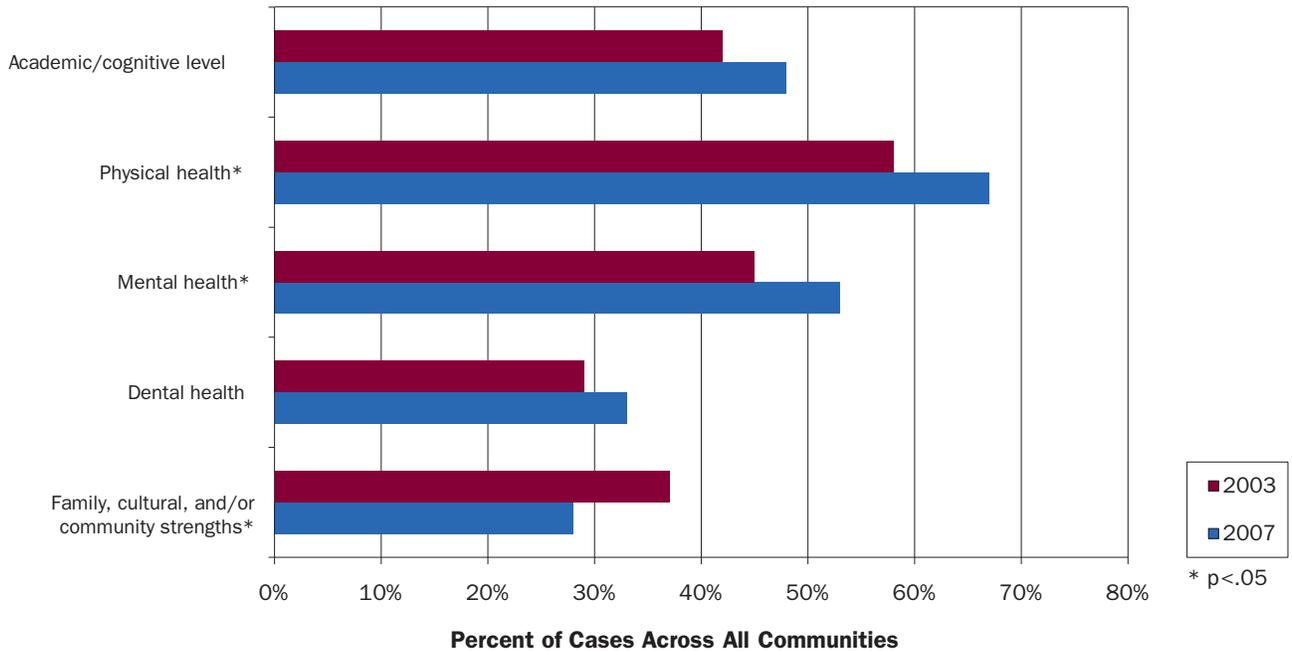
### 7.3 Well-Being

Changes in child well-being are difficult to assess and measure. Similar to the Child and Family Services Reviews,<sup>54</sup> the current study utilized child assessments (e.g., cognitive, physical health) and case file documentation of regular checkups as indicators that children were receiving medical and related services while involved with the child welfare system. Additionally, case file reviewers also looked for practices that were consistent with systems of care principles and checked case files for child assessments of family, cultural, and community strengths.

<sup>53</sup> Additional tables with permanency findings differentiating communities targeting children in out-of-home care and communities targeting a broader population can be found in Appendix J.

<sup>54</sup> The Child and Family Services Reviews indicators include items regarding if the educational, physical health and mental health needs of the child are being met. For more information, see [http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools\\_guide/onsitefinal.pdf](http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/onsitefinal.pdf).

Graph 22: Child Assessments<sup>55</sup>



The well-being of children in participating Systems of Care grant communities appeared to improve during the course of the initiative. Graph 22 displays increases over the grant period in the percentage of children whose case files documented assessments for the following: academic and cognitive levels, physical health, mental health, and dental health. Changes were statistically significant for physical health (from 58% to 67%) and mental health (from 45% to 53%).

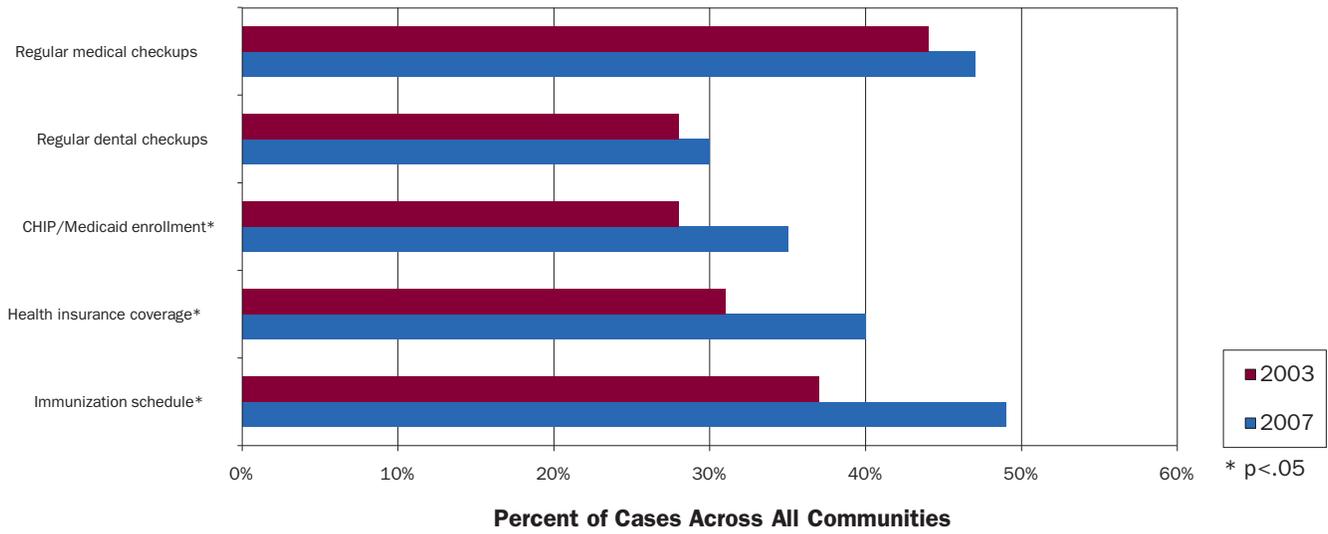
Significant declines were evident in documentation of assessments of family, cultural, or community strengths.<sup>56</sup> While these strength-based assessments decreased significantly for the full Systems of Care population (from 37% to 28%), the decline was not significant for children from communities targeting the broader population (from 44% to 23%). On the other hand, communities working only with children in out-of-home care saw significant increases in assessments of family, cultural, or community strengths, from 22 percent to 37 percent.<sup>57</sup>

<sup>55</sup> Data source: System of Care Case Read Protocol.

<sup>56</sup> The reasons for these declines are unknown as the evaluation was not designed to capture this level of qualitative assessment in the case file review protocol.

<sup>57</sup> Tables with well-being findings differentiating communities targeting children in out-of-home care and communities targeting a broader population can be found in Appendix J.

Graph 23: Child Health Indicators<sup>58</sup>



Graph 23 presents additional data related to the health of children in the Systems of Care communities, as documented in case files. As shown, children experienced increases in 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.). Overall, trends generally suggested improvements in child well-being as well as increases in caseworker documentation of important health and mental health indicators.

58 Data source: System of Care Case Read Protocol.

## 8. Critical Implementation Factors and Sustainable Elements

While the Systems of Care initiative operated under a common set of guiding principles, the demonstration sites adopted various approaches to building infrastructures needed to support comprehensive implementation of the six principles. As discussed throughout this report, the individual trajectories of the Systems of Care grant sites reflected both steps forward and stumbling blocks. The complex, dynamic, and diverse nature of each community and its child welfare system helped shape the course of the community's Systems of Care initiative. Development was influenced by a community's demographics, prior experiences with collaborative and systems change initiatives, available resources, competing priorities, existing administrative structures, and other contextual factors in the child welfare agency, partner agencies, and surrounding community. Furthermore, specific infrastructure components (e.g., leadership, dedicated staff, staff location) as well as processes and activities (e.g., strategic planning, policy changes, staff engagement) also influenced progress over the life of the initiative.

To explore the critical factors that affected implementation, the national evaluation team conducted retrospective interviews with project directors across the nine grant sites. Several of the factors identified by project directors were related directly to the implementation of specific principles and were discussed in Chapter 4. Other factors reflected infrastructure components and processes and are presented below. Understanding how these critical factors affected the demonstration sites can provide insight into promising directions for future Systems of Care sites, while helping to anticipate and address potential problem areas.

In addition to describing critical factors that influenced the Systems of Care project during the planning and

implementation phases, project directors also were asked to identify sustainable policies, structures, practices, and components. These sustainable elements represent successful aspects of the initiative expected to endure beyond the grant period.

### 8.1 Critical Factors

Project directors noted various infrastructure components and implementation processes that influenced their Systems of Care initiatives. Some of the critical factors that were noted as facilitators by one group of project directors were cited as challenges by other project directors. This dichotomy underscores the need for individualized technical assistance and peer-to-peer support in the implementation of systems change initiatives. In general, project directors noted that facilitating factors increased over the project period, while challenging factors decreased.

#### Leadership

Project directors recognized the significant role leadership played in implementation of Systems of Care, particularly given the nature of systems change initiatives to challenge the status quo and do things differently.<sup>59</sup> Supportive and consistent leadership was categorized as a facilitating factor; turnover in leadership posed challenges to moving forward.

The role of leadership was identified at two levels—child welfare agency and Systems of Care project. At the *agency level*, leaders provided staff with the guidance, support, and resources necessary to achieve community goals and integrate Systems of Care with other child welfare initiatives and practices. Support from agency

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<sup>59</sup> For more information about the role of leadership in the demonstration initiative, see *Leadership in the Improving Child Welfare Outcomes through Systems of Care Initiative*.

leaders instilled confidence in the initiative among agency staff.

At the Systems of Care *project level*, strong leaders offered grant communities a steady advocate and a consistent vision for Systems of Care work. As noted in Chapter 3, leadership at the project level was fundamental to project readiness and capacity building. A stable project director, particularly one with good communication skills, was particularly important for grants with multiple communities where the initiative was administered at the State level but implemented at the county level. 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. Site B's initial project leaders lacked familiarity with the child welfare system and were viewed as "outsiders" by child welfare staff, which hindered the initiative's initial progress. Subsequent staff changes to individuals from the child welfare system enhanced the community's capacity to implement Systems of Care.

Project directors noted turnover of leadership staff was a challenge that impeded overall initiative implementation and integration of specific principles. A change in child welfare agency leadership required time and effort to educate the new leader and gain buy-in, while during that time decision-making slowed and collaborative efforts and resources were jeopardized. Other changes in key staff (e.g., coordinator positions) also resulted in a similar loss of momentum.

These findings underscore the need for fostering strong and consistent leadership. Since some turnover is to be expected, succession planning and "building the bench" of future leaders is important to ensure a smooth transition when turnover occurs. A shared vision and a clearly delineated strategic plan can help keep the project on track during leadership and key staff transitions.

## Dedicated Staff and Champions

Many grant communities noted the advantages of hiring a dedicated staff person responsible for the day-to-day implementation of specific Systems of Care activities or principles. For example, Site G's community coordinator and Site B's training coordinator were instrumental in spearheading community engagement activities. Other grant sites similarly benefited from dedicated positions specifically responsible for family involvement and cultural competency. Tasking specific staff members, and in some communities committees, with planning and coordinating principle-related efforts helped sustain focus on that principle, identify and overcome barriers to integration, and establish valuable relationships that supported ongoing advancement.

Dedicated staff and other champions with a strong commitment to systems of care principles and passion for the related work can help build enthusiasm, support, and momentum for the initiative both within the child welfare system and among systems partners. In Site C, for example, initiative leaders' 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 became champions of the initiative, supported the child welfare agency, and became a resource in a time of crisis, helping to mobilize the community and support the child welfare agency.

While dedicated staff and project champions can be instrumental in advancing Systems of Care activities, the initiative should not become associated with a single person who may eventually leave. To achieve sustainable systems and organizational change, buy-in and responsibility must be shared at multiple levels across agencies and systems.

Since the development of systems of care is a comprehensive and complex undertaking, clear delineation of roles and responsibilities is essential. This applies not only to leadership and dedicated staff

positions, but also to the community collaborative body, steering committees and work groups, consultants and evaluators, and participating family members. Clarity of roles, responsibilities, and expectations—and an understanding of their relationship to the overall initiative’s goals, plans, and underlying principles—helps build accountability and keep the initiative on track.

### Location of Staff

Across grant communities, the recipient of the Children’s Bureau grant was the child welfare agency. However, in some communities the staff assigned to manage the initiative were not always located within the agency. Changes in administration, particularly the physical location of key staff and initiative components, were influential in three grant communities (Sites B, E, and F). According to project directors, the physical relocation into the child welfare agency legitimized the Systems of Care initiative, facilitated communication, helped initiative staff interact with relevant child welfare staff, increased the availability of resources, and supported sustainability.

### Focus on Infrastructure Development

Infrastructure development was central to the Systems of Care initiative. The pace of infrastructure development, however, was influenced by grant communities’ understanding of the initiative’s focus and how systems change could be conceptualized in a child welfare system. While the Children’s Bureau 2003 Systems of Care funding announcement clearly emphasized infrastructure development, a few grant communities were slow to make the conceptual shift away from traditional service delivery grants. These communities quickly began planning for the use of grant funds for services. With guidance from the Children’s Bureau and technical assistance providers they began to understand the need for infrastructure development and were able to make course corrections. The eventual

focus on infrastructure was critical to help grant sites connect and implement systems of care principles across all levels of the child welfare agency and into sustainable policies, procedures, and practices as well as into cross-system structures and processes.

### Planning

The Systems of Care demonstration was intentionally structured with an emphasis on assessment and strategic planning. During the first year, each grant community was required to develop a logic model and strategic plan for how it would carry out the individual initiatives. This strategic planning process, informed by stakeholder input and community needs assessments, provided a foundation for infrastructure development and systems and organizational change.

Several project directors noted that participation in the planning process and development of a strategic plan were facilitators. In Site C, for example, the planning process provided an opportunity to build on and leverage prior experiences with a mental health systems of care initiative. An important component of Site I’s planning process centered on integrating the Systems of Care initiative into other existing child welfare reform initiatives. Beyond the initial planning year, stakeholders in this grant community held annual strategic planning retreats to guide and structure their decision-making processes and ensure the initiative remained on track.

### Policies and Procedures

Policies and procedures were viewed as key mechanisms for infusing systems of care principles into the child welfare system and critical to the initiative’s sustainability. Several sites comprehensively revised their child welfare agencies’ policies and procedures manuals, while others developed specific policies related to family and youth involvement at the case planning level.

## Systems of Care Strategies in Action: Changes in Policies and Procedures

**State legislation.** A turning point was reached in Site B by the passage of State legislation that encouraged collaboration among child- and family-serving agencies and provided for local interagency memoranda of understanding to coordinate services. The new law facilitated the grant team's ability to assemble key stakeholders to plan coordinated efforts, identify opportunities for maximizing available resources, and reduce duplication of services.

**Broad-based child welfare agency policies and procedures.** With the support of agency administrators, Site E initiative leaders focused on policy and procedural development that sustained the Systems of Care as a whole. The project director sought input from frontline and

administrative staff, community members, and representatives from partnering agencies. Drafts of the policies and procedures were posted online, and a conference was held to solicit feedback from the community. The feedback was then incorporated into the final version of the agency's policies and procedures manual.

**Specific policies related to principles.** In partnership with a State collaborative for children and families, Site I's Department of Social Services and Systems of Care initiative staff developed a statewide cross-system definition of child and family team meetings and a cross-agency/cross-systems training curriculum to ensure the consistent implementation of child and family team meetings across child-serving systems.

### Staff Buy-In

Once supportive policies and procedures are in place, frontline staff play an essential role in successfully integrating systems of care principles into a child welfare agency's day-to-day practices. Overcoming resistance to change was a commonly cited challenge, particularly as it related to the principle of family involvement. As such, managing resistance and attaining caseworker buy-in were noted by project directors as a critical factor to initiative success. Project directors in four communities identified specific training and education activities that encouraged buy-in and support among child welfare staff:

- **Principle training for caseworkers, families, and community members together.** Family and community partners in Site A developed a 2-day training, co-facilitated by a parent and practitioner, which enhanced understanding and acceptance of Systems of Care among case managers, community leaders, and family members. Similarly, Site C brought caseworkers and birth parents together for a training on family involvement, adapted from the Annie E. Casey Foundation's Building a Better Future curriculum. This training was considered a turning point in attaining buy-in of child welfare staff and cultivating understanding among family members and agency staff.

- **New worker training.** Site A integrated systems of care principles and their connection to child welfare practices into training provided to all new child welfare staff. Staff began to integrate principles into practices at the very earliest stages of their work.
- **Alignment of systems of care principles with other child welfare mandates.** In Site D, the Systems of Care training gave child welfare staff a broad understanding of the Child and Family Services Reviews process and its alignment to systems of care principles. This training helped child welfare staff understand the need for a comprehensive systems approach and recognize the importance of partnering with other child- and family-serving entities to achieve positive child and family outcomes.
- **External conference presentation.** Presenting the Systems of Care framework and goals at a State child welfare conference created external visibility and credibility for Site B's initiative. The favorable reaction to the Systems of Care work among external stakeholders helped legitimize the initiative and increase buy-in internally among child welfare staff who had previously viewed the initiative as separate from the child welfare system.

Beyond training and education, buy-in was advanced through the translation of the concepts underlying the principles into practical day-to-day steps (e.g., specific guidance around team meetings) and also through the introduction of project components that helped caseworkers in their work (e.g., management information systems that reminded caseworkers to schedule meetings or that reduced paperwork). In addition, buy-in increased gradually as initial successes took hold and were recognized.

Engaging supervisors and middle managers also was important to communicate relevant policies and procedures and provide caseworkers with guidance,

feedback, and support on integrating principles into practice. In some cases, supervisors were able to model and reinforce underlying systems of care values in their interactions with staff. Toward that end, staff in one site provided training to supervisors on using strengths-based approaches in performance reviews and other work with frontline staff.

### Time and Resources

As noted in the community member survey, *"taking longer than expected," "lack of resources"* and *"lack of time by participants"* rated among the top collaborative challenges. Project directors reported that other child welfare initiatives, system restructuring, and highly publicized child abuse cases were competing priorities that vied for time, attention, and resources. Additionally, toward the end of the Systems of Care demonstration period, the economic recession began to significantly affect child welfare systems. Cuts in State and local budgets resulted in staff and resource reductions, which also challenged sustainability of Systems of Care efforts.

While external events can divert attention and resources, they also can serve as opportunities to build community consensus around problem areas and mobilize efforts. In Site F, for example, a child fatality helped mobilize the surrounding community's involvement in supporting the Systems of Care initiative and its efforts on behalf of vulnerable children and families. Because systems change takes a long time and considerable effort to achieve, initiative leaders need to exercise patience, continually return to and communicate their overall vision and strategic plan, align the Systems of Care initiative with other ongoing efforts, reengage stakeholders on an ongoing basis, coordinate with partners to identify efficient use of available resources, and work methodically toward the ultimate goals of improving outcomes for children and families.

## 8.2 Sustainable Elements of Systems of Care

Institutionalization of systems of care principles and infrastructure components is needed for long-term sustainability. Project directors identified successful systems of care elements that they believed would be sustained beyond the grant period. These included:

- **Integration of systems of care principles** into child welfare policy manuals, Program Improvement Plans, and training curricula. As a result, systems of care principles and philosophy have been infused into practice standards and approaches adopted by child welfare and partner agency staff working with children and families.
- **Commitment to collaboration** among child- and family-serving agencies, which was facilitated and sustained by memoranda of agreements outlining cross-systems policies and structures for collaboration, information sharing, and accountability.
- **Engagement of the community** in the work of the child welfare agency, greater awareness among child welfare staff of the important role of the community as a resource for families, and a willingness among child welfare agency and community members to work collaboratively.
- **Involvement of children and families** guided by the development of common definitions of involvement across child- and family-serving agencies and increased expectations that all caseworkers would provide a child and family team meeting with the involvement of family members and their supports.

- **Ongoing training** for child welfare and other child- and family-serving agency staff. In particular, several project directors identified cultural competence training as an important aspect of the Systems of Care initiative that would be sustained because agency champions were willing to carry the work forward.
- **Dedicated staff positions** that further implementation of systems of care principles. These included a Systems of Care and special project coordinator in Site I, training coordinators in Site B, and an internal evaluator in Site C.

Additionally, project directors identified specific program components that they believed would endure beyond the grant period. These included family involvement programs such as the Parent Partner Program in Site C and Kin Care Liaison Program in Site E. The integration of the Kin Care Liaison program within Site E's child welfare agency and the hiring of Kinship Liaisons as full-time agency employees reflected the agency's commitment to the long-term sustainability of the program and the support it offers kin caregivers.

For many grant communities, the sustainable aspects of the Systems of Care initiative reside in changes to child welfare policies, training, and practices, which ultimately will alter how services are provided to children and families. To a great extent, the most powerful contribution lies in the recognition of the importance of the family perspective in influencing child welfare agencies' policies, procedures, and practices. Communities incorporated family involvement not only on their own cases but also on decision-making bodies and committees, looking to families to inform how programs are developed, and also paired families to provide mentoring and advocacy to others entering the system. Additionally, the transformation is reflected in the cultural shift among child welfare staff who now recognize that parents can change their own lives for the better.

## 9. Conclusions

Findings from the national cross-site evaluation of the Children’s Bureau *Improving Child Welfare Outcomes through Systems of Care* initiative support the hypothesis that systems of care can result in systems and organizational changes that lead to improvements in day-to-day practices and, ultimately, help achieve positive outcomes for children and families.

### 9.1 Summary of the Key Findings

The Systems of Care demonstration enabled grant communities to develop the infrastructures necessary to promote systems and organizational change. By the end of the grant implementation period, interagency collaborative members reported increased collaborative and community readiness for Systems of Care, observed strong collaborative development and capacity building variables (e.g., shared vision and cohesion, leadership), and perceived their efforts as successful in creating positive changes in the safety, permanency, and well-being of children involved with the child welfare system.

Within child welfare agencies, results demonstrated increases in agency support for all six systems of care principles and changes in casework practices. SEM results provided support for the various pathways in which Systems of Care promoted positive organizational change within a child welfare agency and improved caseworker job satisfaction. Additionally, there were many positive results for Systems of Care grant communities in terms of greater participation in case planning and service provision, and evidence of improvements in safety, permanency, and well-being.

Through a set of guiding principles and structural framework, a system of care approach promotes systems and organizational change. By implementing changes throughout all levels of the child welfare agency (policy, procedures, and practices), Systems

of Care communities were able to develop and sustain a comprehensive approach that could serve as a foundation for both immediate and long-term improvements to care. While the key principles for systems of care are applied across all grant communities, Systems of Care’s flexibility allows implementation to be based on the unique characteristics and needs of local communities. The principles and values associated with Systems of Care also allow it to be implemented concurrently with other systems-based approaches. This flexibility is important as child welfare agencies are required to implement multiple system improvement initiatives to address the many areas of the Child and Family Services Reviews findings through comprehensive Program Improvement Plans.

Findings from the evaluation of the Systems of Care initiative suggested that systems-based approaches can facilitate future improvements to child welfare systems. Founded on a strengths-based approach, Systems of Care enhances crucial collaboration by supporting and offering a voice to families, while facilitating the work of child- and family-serving systems. It has long been recognized that given limited resources, these systems and individuals must work together to ensure that services are provided efficiently and effectively. A system of care principle-driven approach offers a powerful framework for bringing together the many systems and individuals that influence the lives of children and families involved in the child welfare system.

### 9.2 Limitations of the Study

The national cross-site evaluation applied a comprehensive combination of qualitative and quantitative approaches to explore processes and outcomes among a diverse sample of grant sites. Nevertheless, there are some important limitations regarding the study findings.

Due to the small sample sizes of individual collaboratives, the data were aggregated across all grant communities. While such an approach was necessary, variability was reduced as findings from high-performing collaboratives were combined with those of lower performing collaboratives. This could have reduced the ability to find significant differences over time.

In terms of systems and organizational change findings, 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 data comparability. The percentage of respondents by agency also fluctuated over time, which could have influenced results for both cross-site and site-specific analyses. Due to sample size concerns, data from grant communities with multiple implementation sites were aggregated to the State level. While this increased sample size and power for analyses, it also likely reduced the variability of the data.

SEM was used to assess how agency support for systems of care principles could affect other organizational variables (e.g., climate, culture, Systems of Care practices), and ultimately, job satisfaction. It should be noted that this analysis was cross-sectional and only provided an assessment of the agency at one point in time. Future research should incorporate longitudinal analyses, including multilevel models that are able to decompose organizational level impacts on outcomes of interest.

Due to the nature of the demonstration initiative and difficulty in finding equivalent comparison groups, the evaluation team was unable to create a quasi-experimental design that “matched” children and families from Systems of Care communities with those who were not receiving the systems change intervention for the case file analysis. Additionally, because a number of systems change or improvement initiatives

were in existence across the grant communities, the evaluation team was unable to definitively link positive changes in children, youth, and family outcomes to any single initiative. It is more likely that a number of related initiatives interacted to produce results. In other words, when agencies simultaneously implement multiple systems-based approaches, it is challenging, if not impossible, to assign a causal impact to any single systems change approach.

For the case file analyses, communities with multiple implementation sites were asked to stratify the number of case files selected, based on the size of the target population at each site. Data were then aggregated across sites and analyzed. Additional analyses were conducted based on the type of target population. Specifically, communities that targeted an out-of-home care population were analyzed as a group and communities with a broader/wider target population were aggregated and analyzed. Data were analyzed in this manner because out-of-home care populations are a higher risk group than the general child welfare population and outcomes such as permanency can appear very different from the overall child welfare population (e.g., days in placement).

Finally, grant communities have different and evolving record-keeping policies and mandates. As such, within cross-site case file findings, it is often difficult to interpret if results are due to case planning and practice changes or changes in record-keeping policies.

### **9.3 Lessons Learned and Implications for Future Systems Change Initiatives**

Grant communities experienced many successes and some challenges during the initiative as they planned, implemented, and evaluated their Systems of Care efforts. The national evaluation findings indicated that there was no single template or recipe for systems change and no single factor that brings success to implementing child welfare-led systems of care.

Nonetheless, the evaluation revealed a number of lessons learned and implications for future systems change related to the overall framework, collaborative development and capacity building, leadership and staffing, stakeholder engagement, implementation of principles, research and evaluation, and sustainability.

### Overall Systems of Care Framework

**Systems of Care provided an overarching framework and approach to systems and organizational change efforts within child welfare agencies.** At any point in time, child welfare agencies may have a number of systems transformation efforts underway within their agencies, the majority of which are driven by Child and Family Services Reviews findings and accompanying Program Improvement Plans. As an overarching framework, Systems of Care can be used to coordinate and augment these multiple systems change efforts (Lawrence & Snyder, 2009). Moreover, the alignment of the Systems of Care framework with the fundamental premises and values of the Child and Family Services Reviews makes this an especially appealing approach for child welfare agencies to improve the safety, permanency, and well-being of children and families.

**The Systems of Care focus on infrastructure development was central to implementation.** This required grant communities to make a sometimes difficult conceptual shift away from traditional service delivery. Making this shift can be facilitated through guidance and targeted technical assistance that promotes understanding of the various components and strategies required to build a system of care infrastructure. The focus on infrastructure helped grant sites to connect and implement systems of care principles across all levels of the child welfare agency and in their policies, procedures, and practices. Unless all levels of the child welfare agency, as well as cross-system structures and processes, are targeted with coordinated efforts, sustainable systems change is unlikely to occur.

### Collaborative Development and Capacity Building

**Community collaboratives proved to be powerful vehicles for systems and organizational change efforts.** For the majority of grant communities, establishing a new collaborative or incorporating Systems of Care efforts into an existing collaborative proved to be a successful way to engage a vast array of stakeholders (i.e., partner child- and family-serving agencies as well as community organizations, nonprofits, community residents, and family members) in their planning efforts. Systems of care provided a common framework for these diverse stakeholders to work together to meet the needs of children and families by reducing fragmentation and duplication of resources and services and better coordinating service provision for vulnerable families. Moreover, in some grant communities, this was the first opportunity for the child welfare agency to lead an interagency collaborative effort. The collaborative survey found that members perceived their collective efforts as leading to improvements in child welfare outcomes in the local community.

**Prior experience with systems of care was sometimes, but not always, a facilitator.** Some communities with prior systems of care grants were better able to articulate their vision for system transformation and understand the extensive amount of time, effort, and resources required to bring about transformative change. Perhaps more importantly, they were better able to communicate their understanding of systems of care and how the implementation of principles can lead to improved outcomes for children and families. For other communities, however, prior experience with systems of care did not translate into an increased readiness and capacity to implement the new effort. In these communities, there was some confusion about how this initiative was different from prior efforts. Initiative leaders must recognize when building on prior or existing initiatives makes sense and how to best

leverage and integrate prior experiences with ongoing initiatives to advance their goals.

**The early focus on planning appears to have increased communities' readiness and capacity to implement Systems of Care.** The Children's Bureau Systems of Care demonstration required grant communities to spend at least a year planning and designing their Systems of Care. While there was initial variation in readiness and capacity, those differences were minimized over time as "less ready" communities caught up to the others. The relatively high ratings of collaborative variables and dynamics at the onset of implementation suggested that communities took advantage of the planning year, and pointed to the benefits of structured planning for future systems change initiatives.

**The use of intensive and tailored technical assistance helped grant sites move forward with Systems of Care implementation.** Technical assistance supported communities as they negotiated the often uneven developmental processes of systems change and resolved complex local issues over time. The varied developmental trajectories of grant communities, and the fact that several initiative aspects were perceived as a facilitator by one community and a challenge by another, underscore the need for customized technical assistance and peer-to-peer support. Community stakeholder input and the decline in challenges over the course of the initiative suggested that the technical assistance provided was effective.

### Leadership and Staffing

**Strong and consistent leadership at the child welfare agency administrative level and project level was necessary for effective systems change.** Child welfare administrative leaders helped establish a vision for the initiative, opened doors, and provided access to fiscal and nonfiscal resources. Initiative leaders served as advocates to ensure the initiative's vision was

carried forward. In multi-site initiatives, project leaders facilitated communication among all stakeholders, ensured transparency, and made connections with statewide reforms or initiatives. Given the complex nature of the work, a dedicated full-time project director helped advance Systems of Care efforts.

**Identifying the right staff and creating dedicated positions greatly influenced success.** In particular, individuals with extensive knowledge and experience in the child welfare system can build credibility for the work among child welfare staff and have the potential to connect the initiative to the agency's mission. Developing change initiatives in child welfare systems requires an understanding of the culture and complexity of child welfare work, particularly as it relates to the dual goals and inherent challenges of protecting children while strengthening and preserving families. Several communities credited success to initiative champions who were committed, passionate about the work, and willing to go above and beyond. Moreover, hiring or assigning dedicated staff responsible for implementing specific systems of care principles or components greatly facilitated progress in multiple sites.

**Selecting local evaluators with the right "fit" was also important.** Local evaluators who have familiarity with child welfare, experience with evaluating systems change initiatives, and strong partnering abilities can best develop continuous quality improvement processes. Working in partnership with local grant communities, local evaluators helped support the Systems of Care work, informed strategic decisions, and assisted with measurement and progress toward target outcomes. Many grant communities noted benefits of the participatory nature of the local evaluation and the ongoing sharing of evaluation information.

**Succession planning and smooth transitions were critical to avoid disruption of momentum.** Many grant communities experienced turnover among leaders and

key staff as challenges to their progress. As changes occur, it is important to quickly replace staff and transition leadership to ensure the work can continue and to avoid loss of support for the initiative. A shared vision tied to the underlying purpose of helping children and families and a clearly delineated strategic plan can help smooth transitions at times of turnover.

### Stakeholder Engagement

**To implement systems change efforts successfully, initiative leaders needed to be proactive and inclusive in engaging stakeholders.** Building relationships and trust across agencies is critical. Extensive outreach and social marketing were often required to promote buy-in both for those within child welfare agencies and across agencies, particularly for communities without prior systems of care experience. Cross-systems training facilitated a common understanding of systems of care and promoted the use of consistent, value-driven practices. Community needs assessments also helped increase commitment and consensus about pressing issues among various stakeholders. Developing mechanisms for ongoing, community-wide information sharing reinforced critical messages and closed the gaps among multiple groups and stakeholders.

**Engagement had to reach the front line.** Child welfare caseworkers 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. Engagement of caseworkers frequently hinged on a “brass ring,” a tangible project component that helped practitioners in their work. For example, buy-in and support were advanced by one community’s automated management information system, which helped staff document their cases more efficiently and reduced duplicative paperwork. Another community’s Team Decision-Making approach helped caseworkers translate systems of care from theory to practical application. Engagement of

supervisors and middle managers also was essential so they could model and reinforce systems of care values, communicate relevant policies and procedures, and provide ongoing guidance and support to frontline staff for integrating systems of care principles into practice.

### **Engagement activities needed to be ongoing.**

While outreach and social marketing are frequently emphasized in the early stages of a system of care initiative, they should not stop there. Continued engagement—for example, through annual retreats, interagency forums, or discussion of interim evaluation findings—can reenergize stakeholders who often face competing priorities and can burn out easily. In addition, given the high rate of turnover within child welfare agencies, ongoing engagement and routine training were important to communicate initiative goals, underlying principles, and related practices to new staff.

### Implementation of Principles

#### **Supported by infrastructure development, communities implemented systems of care principles both at the systems level and 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 of connections to community services. Strengths-based and culturally relevant approaches were applied to community initiatives, integrated in staff training, and increasingly adopted in caseworker interactions with families. Accountability was enhanced through local evaluation efforts and management information systems that helped inform cross-system coordination, child welfare administration, supervision, and case planning

and documentation. As discussed earlier, addressing the principles in a coordinated fashion at multiple levels was critical to ensuring sustainable systems change.

**Grant communities reported that family involvement, in particular, resulted in transformative changes within child welfare and partner agencies.** Perhaps the most prominent theme across grant communities was the benefit of involving families who had prior experience with child welfare in their systems change efforts. This included birth families, adoptive families, foster families, kin-caring families, and youth in foster care. Respectful engagement of family members and their peers in decision-making and culturally appropriate, strength-based case planning helped families recognize their own needs, strengths, and available resources and become more invested in case plans. Moreover, inclusion of families at the systems level gave them a valuable voice in policy development and service design. However, increasing and sustaining family involvement were not easy and a number of challenges were identified (e.g., transportation issues, setting mutually available meeting times, and obtaining reimbursement for time). Additionally, family members' past involvement in the child welfare system sometimes resulted in stigma and tension. Recommendations to overcome barriers and engage family members as true partners included creating a full-time position to coordinate family engagement efforts, implementing flex-time policies to support staff in meeting with families, introducing policies to allow for reimbursement of time and travel for family members who sit on boards and other planning bodies, providing family members with training to build capacity for serving in new roles, using family members and agency staff as co-trainers for child welfare agency staff, and creating comprehensive training programs for peer mentors and navigators.

**Implementing the principle of cultural competence was a complicated and sensitive aspect of Systems of Care work that required a shift in organizational culture, policies, and practices.**

Approaches to enhancing cultural competence needed to be tailored to the specific circumstances, demographics, and context of the local community. Many grant communities conducted assessments and provided training to child welfare workers in culturally competent approaches. Several project directors singled out these trainings as important elements to sustain after the grant period. Many communities, however, had difficulties moving beyond assessment and training to integrate the principle of cultural competence into practice and address cultural bias in decision-making. Technical assistance tailored to the individual needs and community context can help further cultural competency efforts.

**Limited availability of community resources served as a barrier to furthering the principle of community-based approaches.** Child welfare staff expressed concerns about the limited availability of services, such as substance abuse treatment and mental health services as well as community-based foster homes, to meet children and families' needs. To expand availability of services, community agencies need to explore opportunities for sharing limited resources, coordinating multiple funding streams (e.g., blended funding), altering policies or regulations that hinder service delivery or access, and conducting outreach to nontraditional providers of services and support (e.g., community-based and faith-based organizations).

**As a comprehensive approach, Systems of Care required continued implementation of all six principles.** Communities often focused more resources and attention on certain principles, most frequently family involvement, or only addressed a single aspect of a principle (e.g., introductory cultural competency training). While overall progress was made in advancing

implementation of each of the principles, on average the data suggested that only moderate implementation levels were achieved, suggesting room for further implementation of interagency collaboration, strengths-based care, cultural competence, family involvement, community-based approaches, and accountability. Tasking dedicated staff and cross-agency committees with planning, implementing, and evaluating ongoing activities that reflect systems of care principles can effectively advance the integration of the principles into child welfare policies, procedures, and practices. Continued training, technical assistance, and community summits or other special events also can strategically promote those areas needing additional attention. Further, sharing evaluation findings and celebrating successes along the way can help sustain momentum in the ongoing work.

### Organizational Change

**Agency support for systems of care principles influenced child welfare agency culture, climate, and job satisfaction.** 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. Over the course of the initiative, caseworkers reported moderate improvements in job satisfaction, which was affected both directly by agency support for systems of care principles and indirectly through the changes in climate, culture, and caseworker practices. These findings suggest that the implementation of a principle-driven system of care approach may potentially contribute to reduced turnover among caseworkers who feel better supported and more satisfied in their jobs. In turn, a reduction in turnover

can reduce child welfare agency costs, and moreover, enhance the continuity and quality of services provided to children and families.

### Research and Evaluation

**Participatory action research is a powerful approach to support Systems of Care initiatives.** Community-based collaborative approaches to social problems such as child abuse and neglect benefit from participatory action research methods. Changing the system requires a change in the status quo and thus requires participation by more than the traditional stakeholders. Grant sites emphasized the benefits of participatory methodology and noted that local evaluators' efforts helped build better Systems of Care. Local evaluators were often extensively involved in all phases of Systems of Care, including identifying the need or problem, assisting with the development of logic models and strategic plan, and perhaps most importantly, providing evaluation results to help refine initiative activities and efforts. Due to the extensive involvement of local evaluators, and inclusion of a vast array of stakeholders, local capacity was enhanced in a number of grant communities. Stakeholders strongly recommended the use of participatory action research methods in future systems change initiatives.

**Use of rigorous evaluation designs and longitudinal studies will further build the knowledge base on the effectiveness of systems of care.** As extensively noted in prior research on systems of care and systems change efforts in general, there are numerous challenges in both the implementation and evaluation of such complex efforts (Kreger, Brindis, Manuel, & Sassoubre, 2007; Lourie, Stroul, & Friedman, 1998). Systems and organizational change efforts take considerable time, patience, and persistence to design and implement. The considerable time lag between design and implementation poses enormous challenges for evaluators to demonstrate any type of impact. Additionally, there is often a mismatch between the

level of analysis (individual) and level of intervention (system). Nevertheless, the increased focus of the field on evidence-based research and practice requires the Systems of Care communities, and broader systems change efforts, to move forward and implement more rigorous evaluation designs. While the gold standard in evaluation is the randomized controlled trial, quasi-experimental designs with propensity score matching may be more appropriate for these types of initiatives. The effective implementation of such designs requires matching communities on important child welfare agency and community characteristics (age, type of maltreatment, agency size, and poverty levels), as well as paying careful attention to the number and intensity of additional systems change efforts underway in States and counties.

**Research can further elucidate how organizational culture, climate, other agency factors, and contextual variables affect systems and organizational change.**

The national evaluation team assessed how Systems of Care influenced organizational culture and climate as two key levers for systems and organizational change, particularly as they affected job satisfaction. As the field moves forward in identifying the complex pathways to systems and organizational change, it will be important that future evaluations include these and other key agency and contextual variables (e.g., readiness for systems change, leadership) to determine how these variables may interrelate to facilitate or impede systems change.

### Sustainability

**Embedding systems of care language and values into policies, procedures, training, and day-to-day practice is a powerful approach to move the work beyond the grant period and sustain Systems of Care.** Grant communities were optimistic about sustainable elements of the Children’s Bureau Systems of Care initiative, which featured integration of systems of care principles into policy manuals and Program

Improvement Plans, cross-system commitment to collaboration, increased family involvement, and community engagement. Moreover, systems of care outreach and engagement activities resulted in an enhanced willingness and capacity among child welfare agencies and community members to work together to support vulnerable children and families.

**Systems and organizational change takes time.**

Changing the ways things are done and shifting mind sets within a child welfare agency and across child- and family-serving agencies entail a complex and gradual process. The Systems of Care grant communities exhibited notable progress in building an infrastructure and implementing and institutionalizing systems of care principles, but acknowledge that work remains to be done. A long-term commitment is required to realize the full promise of Systems of Care. The findings from the national evaluation of the demonstration initiative highlighted that with time, sustained collaborative effort, and ongoing implementation of all six systems of care principles, child welfare agencies will be better positioned to work with other child- and family-serving agencies to provide needed services to children and families and achieve improvements in child welfare outcomes of safety, permanency, and well-being.

## 9.4 Conclusions

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. For example, 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 for Systems of Care 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>

## Other Resources

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National Technical Assistance for Children's Mental Health, Georgetown University Center for Child and Human Development—  
<http://gucdc.georgetown.edu//index.html>

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Research and Training Center for Children's Mental Health, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida—  
<http://rtckids.fmhi.usf.edu/>

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Substance Abuse and Mental Health Services Administration Systems of Care—  
<http://www.systemsofcare.samhsa.gov/>

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Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research/  
Federation of Families for Children's Mental Health—  
<http://www.tapartnership.org/about.php>

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