

# Improving Child Welfare Outcomes Through Systems of Care

SYSTEMS OF CARE:  
GUIDE FOR STRATEGIC PLANNING





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# Introduction

The Technical Assistance and Evaluation Center for Systems of Care is working with the Administration for Children and Families, Children's Bureau to provide support to grantees developing systems of care in their communities for children and families involved in the child welfare system. This document provides information and materials that can be especially valuable during the first year of designing a system of care, when strategic plans are developed and refined.

This document contains an overview of the *Improving Child Welfare Outcomes Through Systems of Care* initiative, including some of the major activities and milestones, and presents procedures any community can use to support the planning and development process for designing a system of care. Included are models that have been helpful in similar systems of care initiatives.

The following sections are included in the document:

- **Systems of Care: Systemic Change and Child Welfare Outcomes.** This section discusses the initiative's focus on systemic change and its impact on child welfare outcomes.
- **Systems of Care Principles: Application in the Planning Process.** This section presents seven major actions that communities may be engaged in during the planning phase, and describes the application of systems of care principles to planning efforts.
- **Strategic Plan Process: Activities for Systems of Care Initiatives.** This section discusses the seven major planning actions in detail, including the purpose and suggested activities for each. In addition, it suggests a format for the strategic plan document communities might create.



# CHAPTER 1

## Systems of Care: Systemic Change and Child Welfare Outcomes

The *Improving Child Welfare Outcomes Through Systems of Care* grant initiative was created to address child welfare needs and issues raised in Child and Family Service Reviews (CFSRs), statewide assessments, final reports, and/or Program Improvement Plans (PIPs).

One of the priorities of the *Improving Child Welfare Outcomes Through Systems of Care* initiative is lasting systemic change. The effort is unique in that it:

- Focuses on strategic planning and interagency infrastructure development as a means to influence policies, systems, agencies, and direct practices
- Allocates resources that allow recipients the time and funds needed to design a system of care that will benefit children, youth, and families involved with child welfare and partner agencies

Goals of the *Improving Child Welfare Outcomes Through Systems of Care* initiative are:

- To implement systemic change that will fundamentally transform the child welfare system's policies, practices, and relationships with other child- and family-serving agencies
- To implement and test new and promising approaches to support children and families

- To make lasting improvements that incorporate systems of care principles within the culture of child welfare agencies and the conceptual framework within which services are delivered
- To work collaboratively with partner agencies to ensure child and family safety, permanency, and well being
- To determine the applicability of the systems of care framework within child welfare<sup>1</sup>

Strategies for change may occur at multiple levels, including legislative, policy, system, organization, management, and frontline direct practice.

Exhibit 1 gives an overview of the development of systems of care over a 5-year period, beginning with planning and moving to implementation of system change. This exhibit provides a framework for planning systems of care activities. It is not a precise calendar and communities can reach successive stages at different times depending on local needs and conditions.

<sup>1</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2003). *Application package to request financial assistance (RFA): Child abuse and neglect discretionary activities: FY 2003; 2003B.2 Improving Child Welfare Outcomes Through Systems of Care*, Washington, DC, pp. 64–65.

## Exhibit 1. Planning to Implement Systems of Care

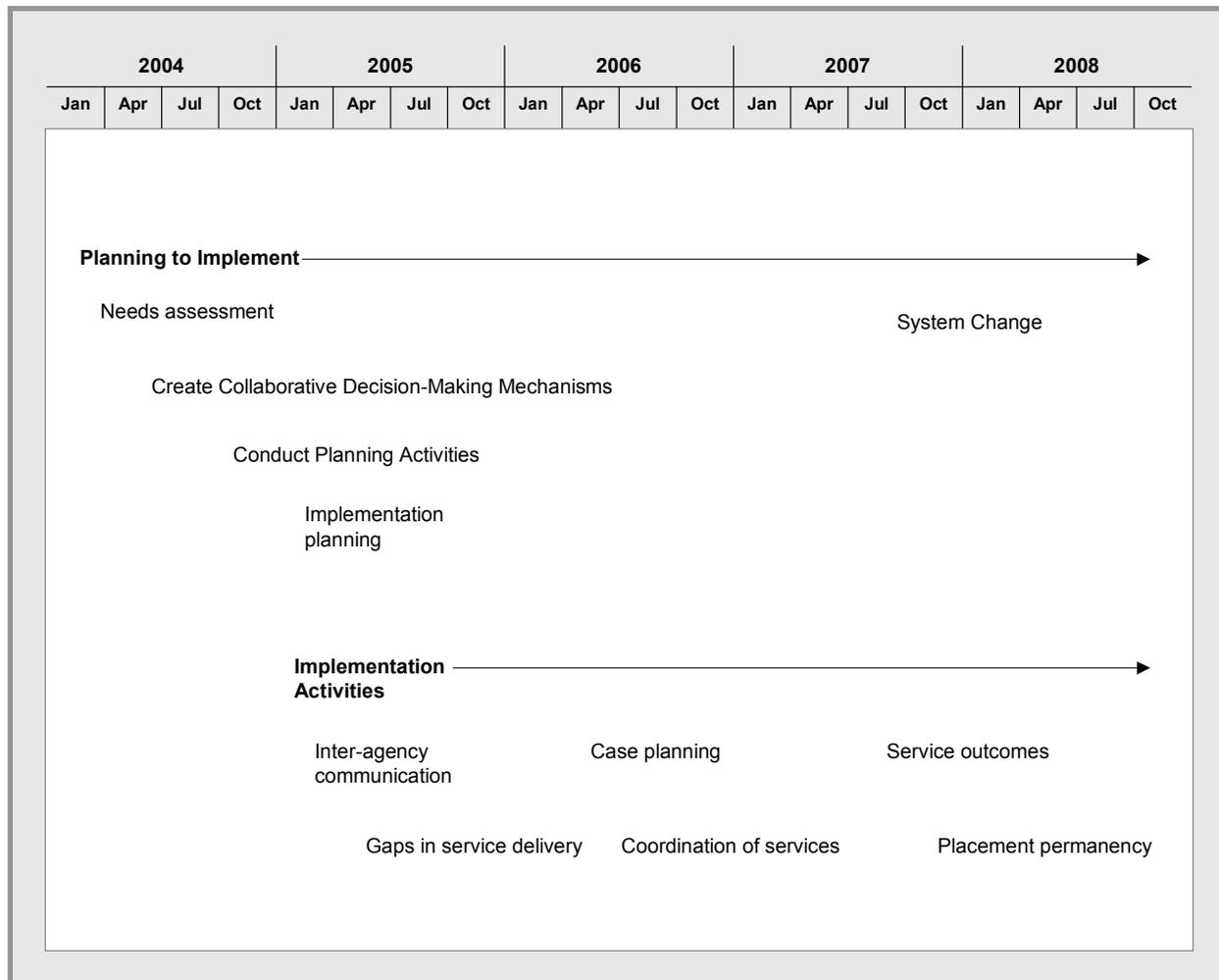


Exhibit 2 provides a more detailed view of Year 1 activities and accomplishments, resulting in communities having well-grounded strategic plans to guide systems of care development. Exhibit 2 builds on the experience of prior systems of care and other successful initiatives that embody similar principles. Communities that have undertaken these activities in their planning process produced

strategic plans that were responsive to community needs and strengths and paved the way for successful implementation.

Exhibits 1 and 2 provide a framework for the sections that follow. These sections provide more detailed information on the activities and results.





## CHAPTER 2

# Systems of Care Principles: Application in the Planning Process

In creating and implementing systems of care, State, county, and local agencies partner with families and communities to address the diverse needs of children and families involved in child welfare and other service systems. Their efforts are guided by several fundamental principles: community-based services; child, youth, and family involvement; interagency collaboration; cultural competence; individualized, strengths-based care; and accountability.

During the first year of designing a system of care, communities will be involved in various planning activities that will prepare them to begin implementation of ongoing infrastructure development, system reform, and systems of care implementation in subsequent years. Seven major actions that communities may undertake as part of a strategic planning process are:

- Identifying and refining the target population
- Assessing the needs, gaps, and strengths of child-serving systems and the community they serve
- Building collaborative decision-making structures on two levels:
  - The initiative level (developing a governance structure and engaging those who need to be involved in initiative planning and implementation)
  - The agency and system level (ensuring mechanisms are in place so child-serving agencies can communicate and involve families and community representatives)

- Identifying vision, mission, goals, objectives, activities, and outcomes for the initiative
- Identifying and planning the activities necessary to achieve goals
- Structuring a local evaluation
- Creating a strategic plan

The strengths and needs of communities and participating agencies can determine whether one or more of these, or other, activities are focused on during the planning phase. The planning process should reflect systems of care principles and address how they will be incorporated into the community's strategic plan.<sup>2</sup>

Systems of care principles are evident in planning activities in the following ways:

- **Community-based:** The strategic plan clearly demonstrates how tasks and activities associated with infrastructure development and system change will facilitate provision of home- and community-based services and supports. The strategic plan reflects the development of local decision-making processes, with a description of key links to State government.

<sup>2</sup> See Appendices A-C for information learned from communities involved in systems of care about the issues to address and indicators and questions that can inform the systems of care planning and development phase. Adopted from Washington Business Group on Health. (1999). *Site capability review work sheet: National resource network for child and family mental health services*. Washington, DC: Author.

- **Child, Youth, and Family Involvement:** Stakeholders involved in planning include parents and youth who currently are or have been involved in the child welfare system. The strategic plan clearly reflects full family and youth participation in the planning, implementation, and ongoing operation of the system of care.
- **Interagency Collaboration:** The planning process engages State and community agencies in the public, private, and faith-based sectors, including child welfare, juvenile justice, mental health, education, substance abuse, health, and (if separate) the agency responsible for serving Native American families. The initiative's strategic plan should clearly reflect interagency collaboration by designating which agency, individual, or interagency mechanisms are responsible for completing tasks associated with strategies, objectives, and goals.
- **Cultural Competence:** Stakeholders creating the strategic plan should represent the diversity and culture of the community. The strategic plan clearly reflects how cultural competence is incorporated into all aspects of systems of care development.
- **Individualized and Strengths-based:** The planning process focuses on the unique needs, strengths, and challenges of the specific community and clearly reflects how stakeholders will work as partners to build on individual and collective strengths. Plans for providing individualized, strengths-based services to children and families will be addressed and prioritized.
- **Accountability:** The planning process utilizes data to inform stakeholders of community needs, strengths, and challenges. The strategic plan reflects accountability by describing reporting mechanisms and timelines for monitoring community progress toward strategies, objectives, and goals.

# CHAPTER 3

## Strategic Plan Process: Activities for Systems of Care Initiatives

**P**lanning should be ongoing and accommodate shifts in a community's environment. Planning activities such as conducting needs assessments and establishing stakeholder groups lay the foundation for implementation activities such as changes to the system of care infrastructure and the accompanying service delivery system.

This section presents processes and activities communities can follow in carrying out the seven major strategic planning actions.

### 3.1 Identifying and Refining the Target Population

#### Purpose

Identifying and refining the target population provides all constituents and stakeholders with information about the intended target population and solicits their assistance in determining if refinements are necessary.

#### Suggested Activity

- Conduct formal and informal *meetings or focus groups* with stakeholders and other interested individuals to provide information regarding the systems of care initiative and its intended target population. Discussion about the selection process, with information about the target population, may be presented with opportunity for dialogue among attendees regarding the need for refinement.

### 3.2 Assessing Needs and Strengths

#### Purpose

Assessments of needs and strengths can be formal or informal and may focus on different parts of agencies and communities, including community environments, service delivery and access, service funding structures, and Federal, State, and local policies and mandates. The primary purpose of any assessment is information gathering for a future activity. While assessments typically are conducted early in an initiative, it can be useful to conduct certain assessments later or to perform ongoing assessments. The following are suggested areas for assessments:

- **Assessing communities and environmental factors.** Identify and assess the characteristics, strengths, and needs of the target population within the context of the community. Community assessments may evaluate the target population's access to services, nontraditional or informal supports, and environmental strengths, weaknesses, opportunities, and threats (community economic and social conditions). The assessment may survey families and professionals, which can serve to raise community awareness of systems of care. Activities can include:
  - Needs assessments
  - Interviews, focus groups, and public forums
  - Environmental strengths, weaknesses, opportunities, and threats (SWOT) analysis

- **Assessing service delivery and access.** Gather information about services available to the target population including location and hours of operation, sources of funding, cost, intensity, target population for particular services, and accommodations for special populations. This activity can be conducted within a particular agency or among all agencies that serve the target population and may take the form of a service map. Activities can include:
  - Needs assessments
  - Service mapping activity
- **Assessing resources (agency and system financial structures).** Evaluate interagency fiscal strategies for purchasing services (cost reimbursement, fee for service, capitation, case rate). This activity can be conducted within an agency, but is most useful when used to assess all service providers for a target population. Activities can include:
  - Resource mapping activity
  - Analysis of current fiscal utilization
- **Assessing collaboration.** Identify the individual strengths of stakeholders and agencies for collaborating on an initiative of major size and scope. Collaboration is an essential component of systems of care and assessing collaborative strengths and weaknesses should be carried out early in the initiative. Activities can include:
  - Stakeholder assessment
  - Environmental SWOT analysis
  - Market analysis
- **Assessing policies and procedures.** Review policies relevant to the target population, which can be agency mandates, restrictions from public or private funders, or State and Federal laws. Learning how State or Federal policies may affect or be affected by the systems of care initiative can be critical for sustainability. Activities can include:
  - Legislative policy analysis
  - Organizational policy analysis
  - Multi-agency policy and procedure analysis

## Suggested Activities

- Conduct an *environmental SWOT* analysis, an in-depth review of the internal and external environment affecting the initiative, which provides baseline information for identifying strengths, challenges, opportunities, and threats in a tribal community, State, county, city, or neighborhood, including policy, system, agency, or direct service.
- Conduct a *needs assessment*, surveying families and professionals, to obtain information for mapping out a strategy for developing the system of care. Carrying out a needs assessment also demonstrates to the community that stakeholders are launching innovative approaches to service delivery. (See Appendix A for a description of one county's approach to needs assessment.)
- Schedule *interviews, focus groups, and public forums* to gather information on what various stakeholder groups want in a model system of care. Hold public forums so stakeholders can learn personally what community members want for their system of care. Public forums also help identify people to include on an advisory board. Place meeting announcements in local newspapers to encourage community participation.

Questions could include:

1. What do you like about the current system?
  2. What do you dislike?
  3. If you could make changes, what would they be?
  4. What characteristics would a model system of care have?
  5. How would you like to contribute to designing and implementing the system of care?
- Conduct a *service mapping* activity, gathering information on the types of resources (services and supports) available to the target population. The activity should capture details on the service or support's location, hours of operation, sources of funding, cost to recipients, length of stay, target population, accommodations for specialized populations (hearing or visually impaired, non-English speaking, non-ambulatory).

- Conduct a *market analysis*, obtaining agency, organization, finance, and productivity data to formulate a set of questions to prompt stakeholder creativity for establishing the system of care as a sustainable method for policy, system, and practice change. The results can be the basis for continued analysis, coalition building, and action planning specifically related to systems of care infrastructure development.
- Conduct an *assessment of collaborating agencies*, gathering information about individuals, groups, or coalitions in a community whose authorized leadership can influence the initiative's outcome. The activity should incorporate the name of the individual, group, or coalition; mission (if applicable); level of influence; whether they are elected, appointed, or volunteers; their knowledge of pertinent issues; and strengths and challenges associated with including them in the systems of care initiative early or in the long term. This activity will help to inform building a collaborative governance structure.
- Conduct a *policy and procedure analysis* to collect information regarding Federal, State, county, and city legislation guiding the administration of child-serving systems, including actions, laws, and regulations governing public agencies and funding. In addition, policies and procedures of specific child-serving agencies should be assessed to identify those that hinder or support systems of care development and implementation.

### 3.3 Building a Collaborative Governance Structure

#### Purpose

Collaboration among child-serving agencies and families is fundamental to effective systems of care. Communities should develop mechanisms for stakeholders to become involved in all aspects of systems of care design, system change, and infrastructure development. A collaborative governance structure will guide activities and bridge relationships among families, neighborhoods, community organizations, and public agencies. (See Appendix B for guidance on creating a collaborative governance structure.) The governance structure should

be dynamic, reflecting the work carried out and possibly changing over time.

While each community will choose to shape its system of care differently, a well-defined inter-agency organization structure should emerge. The elements may include:

- The structure of the governing body (establishing boards, committees)
- Decision-making processes and oversight
- Identification and roles of participants
- Formal links between the initiative governing body and agencies
- Established methods for including leaders who can advance the change process

#### Suggested Activities

- Create an *advisory board* that represents all stakeholders of the system of care including providers; higher education; parents and youth; local and State cross-agency administrators for education, child welfare, mental health, juvenile justice, substance abuse, health, developmental disabilities, and Temporary Assistance for Needy Families; faith community; State, county, and local political leaders; advocacy organizations; and businesses. The group could number 25–30 people and should represent every segment of the community that will be affected by systems of care. (See Appendix C for a description of one county's approach to developing an advisory board.)
- Develop *memoranda of understanding*, which are legal documents that detail the roles, responsibilities, and relationships among project stakeholders.
- Develop a *communications plan* that outlines protocols for communication between participants, State and local governments, the public, elected officials, current and potential funders, families, and other audiences identified by stakeholders. The communications plan covers marketing, public education, information management, and media relations strategies.
- Create a *newsletter* to communicate systems of care developments. A newsletter can inform stakeholders of events in their States,

communities, and elsewhere, address challenging issues, and recognize the achievements of local people who have supported children and families successfully through their work.

- Hold a *news conference* to announce the systems of care initiative. In planning for the news conference, solicit participant ideas about characteristics of a model system of care, recruit volunteers for the advisory committee, develop an interagency agreement that outlines how participants will work together, and articulate systems of care principles. During the news conference, representatives of involved agencies can discuss ways they will collaborate to implement a productive system of care.
- Create a *sustainability plan* that details how the initiative will continue beyond the Federal funding period. The plan should address the community's definition of sustainability, resource development activities, market analysis techniques, and the impact of current activities on the future of the system of care.

### 3.4 Identifying Vision, Mission, Goals, Objectives, Actions, and Outcomes

#### Purpose

The core elements of a strategic plan should focus on the needs and strengths of the local community and be rooted in systems of care principles. Each systems of care initiative may define the elements differently, but individuals and agencies in a community should develop them collaboratively and apply them consistently. (See Appendix D for guidance on developing values, vision, and mission.) The following definitions may be helpful as communities identify these elements:

- **Vision:** The image stakeholders have for what they want the system of care to be.
- **Mission:** The purpose of the system of care.
- **Goals:** Achievements planned for the coming years that support the vision, mission, and systems of care principles from a strategic perspective.
- **Objectives:** Specific targets that indicate goals are being achieved.

- **Action Items/Strategies:** Steps to be taken to progress toward goals.
- **Outcomes:** Quantifiable or measurable results of actions.

#### Suggested Activity

- Foster *stakeholder dialogue* and common ground among key individuals by acknowledging and developing a shared vision and principles, which will help stakeholders remain focused when challenges emerge.

### 3.5 Identifying and Planning Future Activities

#### Purpose

Future activities should address policy, legislative, systemic, organizational, management, and frontline direct practice changes across agencies. Effective strategic planning will result in clear links between major activities and the systems of care vision, mission, goals, and objectives. To ensure progress toward a system of care, the six systems of care principles should be incorporated into planning each activity. (See Appendix E for guidance on incorporating systems of care principles into activities.)

#### Suggested Activity

- Create a *logic model* to link planned activities to initiative goals and objectives and to anticipated outcomes. (See Appendix F for guidelines for developing a logic model.)

### 3.6 Structuring a Local Evaluation

#### Purpose

One of the core principles of systems of care is accountability to ensure systems of care and services delivered to the target population are effective and to identify areas for improvement or change. A local evaluation will help pinpoint systems of care elements that are working and for whom, as well as systems of care aspects that are not functioning as intended.

## Suggested Activities

- Identify an experienced *local evaluator* with knowledge of child welfare practice to launch the evaluation.
- Develop an *evaluation committee* that includes representatives from agencies involved in systems of care, the evaluator, families, youth, and other key individuals who will ensure the evaluation is accepted locally and conducted to provide the most useful information for systems of care development. The committee should be responsible for designing and implementing evaluation activities and determining the best method for disseminating and applying findings.
- Create a *logic model* to help identify processes for planned activities that are expected to lead to improvements in service delivery and the well-being of children and families. The logic model can be used to identify issues or outcomes of greatest interest and the processes or contributing factors that might be examined in an evaluation.
- Identify *key research questions* or the needs or problems the evaluation will address to maximize its usefulness.
- Identify the *research design* to determine whether a needs assessment, process evaluation, outcome evaluation, or impact evaluation will be most relevant. Ensure the evaluation sample—whether it includes children, families, frontline workers, agencies, or other systems of care stakeholders—and the timing of the study are appropriate for answering the questions of interest.
- Identify *outcomes, indicators, and measures* of areas of interest. Determine what achievement is anticipated, what will indicate whether it has been attained, and what specific information will demonstrate the outcome was realized.
- Develop and implement a *data collection plan*. The evaluation committee should develop a plan for collecting data that will answer the research questions, and the local evaluator and the evaluation team should ensure data collection is implemented as planned.
- Identify *key conclusions* from the evaluation. Once the evaluation is completed, the local evaluator and the rest of the evaluation

committee should determine how the evaluation answered the research questions and describe key conclusions.

- Develop and implement a *dissemination plan*. The evaluation committee should determine the best strategy for disseminating findings to achieve the desired goals (raising funds, educating local or State legislatures, recommending changes in agency or interagency policy or practice).

## 3.7 Creating a Strategic Plan

### Purpose

Incorporating planning results into a synthesized document can help communities shift efforts from planning to implementation of the systems of care infrastructure. In a strategic plan, a community can link its needs with Federal, State, or local policies and mandates (CFSTRs, PIPs), and connect systems of care principles to values, mission, goals, objectives, and future activities. The strategic plan should address how activities will produce change (outcomes) in policy (State and/or local), systems, organizations and agencies, individual managers and supervisors, individual direct practice workers, and families. The strategic plan also should outline how the community will use local and national research and work to ensure sustainability.

A thorough strategic plan assesses the community in understandable terms that can inform decision-makers and serve as baseline measures for monitoring progress. Planning documents should include a blueprint of individual and organizational responsibilities, and present timelines for realizing strategies, objectives, and goals.

Prioritized actions should include target dates for the agency or individuals with lead responsibility, and should represent a range of strategies such as policy and systems change, practice change, interagency collaboration, infrastructure design, and new methods for financing and purchasing services. Strategies should be recommended to influence policy, legislative, system, organization, management, and frontline service delivery change.



## Conclusion

One of the most important steps in building systems of care is laying a solid foundation of information through the development of a strategic plan. Although planning effectively can take significant time and resources, which are rare commodities in human services work, strategic planning will pull together the input, ideas, and objectives of diverse constituent groups into a vision of what can happen in a community. Involving more individuals in planning systems of care will increase their investment and help ensure effective systems of care will be sustained.

Communities may pursue a diverse roster of strategic planning activities during the start-up phase of their systems of care work. Despite varied approaches, the commitment of all stakeholders to thorough strategic planning of systems of care will be vital to positioning communities to begin creation of a solid infrastructure, system reform, and full systems of care implementation that hold tremendous promise for a positive impact on the lives of children and families involved in the child welfare system.



# Appendices



## APPENDIX A: Example from the Field: Planning

### Site

Department of Human Services, Jefferson County, Colorado

### Strategy/Approach

#### What Was Done and Who Was Involved

One aspect of infrastructure development we considered important was to recognize and utilize the substantial resources already available within Jefferson County to support and sustain implementation of systems of care principles. Communication about systems of care principles and anticipated activities across the various Jefferson County divisions and departments by project staff in the first grant year led to the identification of a number of potential collaborative projects. One such opportunity concerning community needs assessment was initiated in the summer of 2005.

The referral address geomapping project mapped the areas of greatest need in Jefferson County, based on the geographic concentration of child welfare child abuse and neglect referrals. The systems of care research analyst presented this proposal to Family to Family staff within child welfare and to the Global Information Systems geomapping expert at Jefferson County's Long-Range Planning Department. The Family to Family initiative in Jefferson County is currently involved in strategic planning for the Building Community Partnerships component of the project. Systems of care is collaborating with and supporting these efforts, as we are also initiating targeted community outreach activities. Family to Family staff agreed to collaborate and assist in verifying referral address data in the Statewide Automated Child Welfare Information System (SACWIS) in preparation for geomapping. The research analyst met with the mapping expert on map formatting and map overlay possibilities (from already existing county census data).

#### Time Frame

Initial meetings took place in the summer of 2005 and the first maps of child welfare child abuse and neglect referral addresses by ethnicity of children

in the home were produced in December 2005. The first set of maps showing two key areas of high need (Lakewood and Arvada, overlaid on census income data and showing ethnicity of children) have been presented to various groups by the systems of care project manager and research analyst, and by child welfare program managers to generate discussion about how we may collaborate to address the needs of these communities. Presentation audiences include those within child welfare and the Department of Human Services, as well as community groups.

#### Why This Approach Was Selected

The referral address geomapping project will provide both systems of care and Family to Family with a valuable tool to identify high need areas of the county in which to target efforts in building community partnerships. Such maps will also enhance future planning on the assignment of child welfare caseworkers according to geographic area and ethnicity. In addition, the original maps (based on August 2005 data) will serve as a baseline of the density of greatest need in the county (and ethnic diversity of the referrals), against which future geo-maps could be compared to evaluate the effectiveness of systems of care and Family to Family based services.

#### Systems of Care Principles

The systems of care team has always been attentive to potential interagency collaboration opportunities. Such opportunities, when realized in collaborative planning and implementation, are much more likely to result in long-term sustainability, as multiple parties have a stake in their success and benefit from their products. In addition, translating the wealth of available child welfare data into usable accountability products is a challenge, but when wedded to creative community thinking and feedback, can be among the most productive and sustainable elements of systems of care grant activities.

## **Lessons Learned**

### **Facilitators**

Facilitators to this process included frequent, concise, and in-depth communication between interested parties that helped to distinguish what the benefits of collaboration would be for each. This helped representatives of each party take the message to their respective units and managers to facilitate buy-in at different levels of the organization.

### **Barriers**

Once maps were produced and presented, some initial misconceptions developed regarding what they represented and the ease with which they could be produced. The systems of care research

analyst created an informational letter that summarized key details. This letter was given to all potential presenters and the details were reviewed individually with them to ensure that the map information was not misrepresented and was utilized appropriately. The research analyst is currently gathering feedback from stakeholders about additional elements that could be overlaid or added to the maps to tailor them to specific planning efforts (e.g., school attendance areas, child welfare core services providers). These ideas are being developed and we hope to continue the geomapping project throughout the life of the grant and beyond.

## APPENDIX B: Create Collaborative Decision-Making Mechanisms<sup>1</sup>

*Intent: To establish a collaborative decision-making structure that guides the development of systems of care and serves as a bridge between individual families, neighborhoods, community organizations, and public agencies.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ Stakeholders representing the targeted community are active participants.</li> <li>▪ A method is in place for identifying and selecting key stakeholders involved in all aspects of systems of care development.</li> <li>▪ A structure is defined and developed explaining how stakeholders will work as partners to address the needs and priorities identified by the community.</li> <li>▪ A governance body provides oversight for systems of care activities.</li> <li>▪ Diverse points of view are adequately represented so informed decisions can be made.</li> <li>▪ Similar initiatives in the State or community are aware of how their efforts may be joined with those of the systems of care initiative.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A participatory planning process is in place involving stakeholders.</li> <li>✓ Families who have been involved in the child welfare system are active participants in all stakeholder groups, including the governance body.</li> <li>✓ Roles and responsibilities of stakeholder groups are identified and disseminated to participants.</li> <li>✓ Key individuals from the State and community are on board (elected officials, neighborhood leaders, private, corporate, and faith-based sectors, child-serving agencies, funders).</li> <li>✓ Groups include proven leaders who can advance the change process.</li> <li>✓ State and community initiatives with similar missions and goals are aware of the systems of care initiative.</li> <li>✓ Mechanisms exist for informing child welfare agencies of progress to demonstrate the applicability of systems of care to the CFSR process.</li> </ul>	<ul style="list-style-type: none"> <li>? Is the process for identifying stakeholders reflective of systems of care principles?</li> <li>? Are lines of accountability clear?</li> <li>? Are stakeholder groups culturally and ethnically representative of the target population?</li> <li>? Are communication methods established?</li> <li>? Are legislators represented in some capacity?</li> <li>? Where and when will groups meet and how will families be accommodated?</li> <li>? Are members of the governance body directly linked to decision-makers in their agencies? If not, how will links be made?</li> <li>? Can stakeholder groups be integrated with existing coalitions that have similar missions?</li> </ul>

<sup>1</sup> Source: Washington Business Group on Health. (1999). *Site capability review work sheet: National resource network for child and family mental health services*. Washington, DC: Author.

## APPENDIX C: Example from the Field: Governance

### Site

Alamance County, North Carolina

### Goal

To provide leadership in the integration of agency services in establishing a systems of care approach to working with children and families in Alamance County.

### Strategy/Approach

Developed a Children's Executive Oversight Committee. There exist five statutorily mandated child-serving committees in Alamance County: the Community Child Protection Team, the Juvenile Crime Prevention Council, the School Based Child and Family Team Support Initiative, Community Collaborative for Children and Families, and Smart Start Board. These committees actively engage in work to ensure that services are provided to children and families identified as high risk. Each committee has designated administrative membership (e.g., superintendent of schools, District Court judge, Department of Social Services director) that overlaps with each of the other committees. Given the time commitment, each of the administrators was sending designees to represent them. This committee will bring the administrators together three or four times per year to receive updates on the work of each committee, to continue to work

toward better integration of community systems, and to provide ongoing leadership and advocacy for children and families across systems. Committee members include chief district court judge, superintendent of schools, county commissioner, director of Department of Social Services, director of the Health Department, director of the Mental Health Center, chief court counselor, and the chief of police. Bringing people together was a slow process of building relationships over a 1-year time period as it became clear that we needed to bring decision-makers together to provide leadership for this change process.

### Systems of Care Principles

Developing this leadership committee is a collaboration between community-based agencies and, just as importantly, their respective administrators.

### Lessons Learned

Building relationships takes time.

### Barriers

- Administrators do not always know or understand how they are interdependent.
- Territory is difficult to share.

### What Might Have Been Done Differently

Start earlier in this process.

## APPENDIX D: Develop Values, Vision, and Mission<sup>1</sup>

*Intent: To identify common values among community stakeholders involved in development of systems of care and incorporate them into vision and mission statements that are part of a strategic plan.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ Common mission, vision, and values are established for the initiative.               <ul style="list-style-type: none"> <li>▪ The State, county, city, community, neighborhood, families, formal and informal agencies, providers of services, funders of services, and other interested parties are aware of and involved in the initiative.</li> <li>▪ Inclusive planning processes and communication methods are used to collaboratively develop the values, vision, and mission of the initiative and ensure full participation of individuals invested in systems of care development.</li> </ul> </li> <li>▪ Stakeholders are provided with information on systems of care. Systems of care principles are supported by stakeholders.</li> <li>▪ System reform is addressed in planning.</li> <li>▪ Planning process is inclusive of other initiatives with similar focus, goals, and objectives to decrease duplication of effort.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Values identified by stakeholders are tied to systems of care principles through an inclusive process, resulting in the formalization of unified community values.</li> <li>✓ Vision and mission statements are created and disseminated to the community.</li> <li>✓ A strategic plan and other planning documents are created and disseminated to the community.</li> <li>✓ The values, vision, and mission are reflected in the work activities, tasks, and functions associated with systems of care design, system change, and infrastructure development.</li> <li>✓ Planning processes and the strategic plan are consistent with systems of care principles.</li> <li>✓ Processes are in place to monitor whether the principles are incorporated into grantee activities, tasks, and functions.</li> <li>✓ Structure of the initiative reflects systems of care principles (family involvement, cultural competence, interagency collaboration).</li> </ul>	<ul style="list-style-type: none"> <li>? How will an inclusive planning process be ensured?</li> <li>? Are systems of care principles evident in the values, mission, vision, goals, objectives, and strategies of the initiative?</li> <li>? Is the planning process reflective of systems of care principles (strengths-based, family-focused, culturally competent)?</li> <li>? Does the planning process include a method for updating the strategic plan annually to reflect evolving environmental conditions?</li> <li>? Is the community aware of how environmental conditions may affect development of systems of care (policies, funding changes, staff turnover, changes in leadership)?</li> <li>? How will the plan be disseminated?</li> </ul>

<sup>1</sup> Source: Washington Business Group on Health. (1999). *Site capability review work sheet: National resource network for child and family mental health services*. Washington, DC: Author.

## APPENDIX E: Incorporate Systems of Care Principles<sup>1</sup>

### SYSTEMS OF CARE PRINCIPLE: **COMMUNITY-BASED**

*Intent: To involve the community as partners in systems of care development and planning to ensure investment, ownership, and commitment, resulting in long-term sustainability of the initiative.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ State and community stakeholders are involved in planning.</li> <li>▪ Mechanisms exist for ongoing participation from the State and community.</li> <li>▪ State and community are aware of the initiative and understand its relevance to the child welfare system, children and families, and the community at large.</li> <li>▪ Community strengths and resources are incorporated into the planning document and are consistently included in activities associated with systems of care design, system change, and infrastructure development.</li> <li>▪ Leaders within the State/county/city/tribal community are aware of the initiative and support its implementation.</li> <li>▪ Current initiatives with similar missions are involved in activities, tasks, and functions associated with systems of care development.</li> </ul>	<ul style="list-style-type: none"> <li>✓ State and community leaders are involved in planning and are members of the stakeholder groups.</li> <li>✓ Elected officials participate in and/or are aware and supportive of the initiative and are routinely informed of progress and areas in which they can be actively involved to move the development process forward.</li> <li>✓ A needs assessment has been done to determine the current state of the community as it relates to the child welfare target population.</li> <li>✓ A plan is in place for ongoing communication with the State and community.</li> <li>✓ Resources are mapped (funding, people, technology).</li> <li>✓ Community effort is linked to State and local government decision-makers.</li> </ul>	<ul style="list-style-type: none"> <li>? How is the effort linked to key leaders and decision-makers?</li> <li>? Is the initiative perceived as a State effort? As a community effort? Or is it associated with one agency or individual? How are these perceptions being incorporated into the planning process and the strategic plan?</li> <li>? What defines sustainability of the effort?</li> <li>? How will the stakeholders know the effort was a success? What outcomes are expected? Does everyone involved share the expectations? How do they match with outcomes for similar initiatives?</li> <li>? What needs to be done to ensure State/ community/agency/tribal ownership of the initiative?</li> <li>? Who has the authority to lead the effort? How was this determined? What are the strengths and challenges associated with this decision?</li> </ul>

<sup>1</sup> Source: Washington Business Group on Health. (1999). *Site capability review work sheet: National resource network for child and family mental health services*. Washington, DC: Author.

**SYSTEMS OF CARE PRINCIPLE: CHILD, YOUTH, AND FAMILY INVOLVEMENT**

*Intent: To partner with families who have been involved in child welfare and represent the targeted community in all activities, tasks, and functions associated with systems of care development.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ Participating families represent the target child welfare population.</li> <li>▪ Families with current or past child welfare involvement have equal authority over decision-making and systems of care development.</li> <li>▪ Families are directly involved in the planning process as active participants to complete actions and strategies associated with reaching the initiative's goals and objectives.</li> <li>▪ Families are provided ongoing resources and training to promote their participation in the initiative at all levels of systems of care design, system change, and infrastructure development.</li> <li>▪ Barriers to family involvement are identified and addressed on an ongoing basis.</li> <li>▪ Family input and experience are strengths for planning, public awareness, and sustainability efforts.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Policies, documents, and processes reflect the systems of care principle of family involvement.</li> <li>✓ Meetings are canceled if families cannot attend.</li> <li>✓ Families with current or past child welfare involvement are represented on all stakeholder groups and interagency mechanisms designed to develop systems of care for the targeted community.</li> <li>✓ Families provide training and orientation to other stakeholders and vice versa.</li> <li>✓ Accommodations are made to include families in planning and other activities such as meeting times, locations and dates, stipends for time spent in meetings, food, childcare, and transportation.</li> <li>✓ Families with current or past child welfare experience are part of the evaluation team.</li> <li>✓ Families are involved in public awareness activities and provide information to elected officials as part of a sustainability plan.</li> </ul>	<ul style="list-style-type: none"> <li>? How have family members been recruited to participate in the effort?</li> <li>? How are families directly involved in planning, evaluation, needs assessment, infrastructure development, and training?</li> <li>? Is there a plan for continuously increasing or maintaining family involvement in the initiative?</li> <li>? Are families included in meetings and conferences attended by other stakeholders?</li> <li>? What types of training and orientation do families receive to help them participate effectively as partners in systems of care design, system change, and infrastructure development?</li> <li>? How will families be welcomed and supported on an ongoing basis?</li> <li>? How will families be provided materials for informing elected officials and policymakers about the initiative and its benefits to child welfare?</li> </ul>

**(SYSTEMS OF CARE PRINCIPLE: INTERAGENCY COLLABORATION)**

*Intent: To develop mechanisms for interagency involvement, enabling shared activities, tasks, and functions associated with systems of care development, and to support lasting system change among child-serving agencies.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ Child-serving agencies are involved in activities, tasks, and functions associated with systems of care design, system change, infrastructure development, and sustainability.</li> <li>▪ A direct link and ongoing communication have been established between child-serving agency stakeholders, families, and staff of the initiative.</li> <li>▪ Representatives from a variety of funding sources are involved in the initiative, including State Medicaid, SCHIP, Title IV-B and IV-E, private foundations, and local government.</li> <li>▪ Providers of services to the child welfare target population are involved in the initiative.</li> <li>▪ Interagency approaches are being used to make decisions and develop systems of care.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Child-serving agencies are represented in activities associated with systems of care development.</li> <li>✓ A communication plan is established targeting key staff and decision-makers from participating State and community child-serving agencies.</li> <li>✓ Mechanisms are in place for integration of resources (people, funds, technology).</li> <li>✓ Interagency agreements and memoranda of understanding are in place.</li> <li>✓ Resource mapping has been done.</li> <li>✓ Strategies are in place for involving child welfare agency leadership.</li> <li>✓ The system of care is identified as a catalyst for system change by agencies and individuals participating in the initiative.</li> <li>✓ Potential policy issues are identified, with a plan for addressing them.</li> </ul>	<ul style="list-style-type: none"> <li>? How will competing agency priorities be identified and addressed to develop a common vision for the initiative?</li> <li>? How will competition among agencies for funding be addressed?</li> <li>? How are decisions made by interagency groups (formed for activities associated with systems of care development) applied to day-to-day operations of the grantee agency?</li> <li>? How is communication managed?</li> <li>? How are conflicts resolved?</li> <li>? What other interagency coalitions or groups exist and how can there be integration to decrease duplication of effort?</li> <li>? Are there clearly mapped resources?</li> <li>? Are all partners in agreement about why system change is needed?</li> <li>? Are all partners equally committed to the initiative?</li> </ul>

**SYSTEMS OF CARE PRINCIPLE: CULTURAL COMPETENCE**

*Intent: To incorporate cultural competence into every aspect of systems of care planning and development, resulting in lasting system change.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ All individuals involved in the initiative understand the cultural diversity of the child welfare target population and implications for systems of care design, system change, and infrastructure development.</li> <li>▪ Participants are committed to cultural competence in all aspects of systems of care design, planning activities, system change, and infrastructure development.</li> <li>▪ Culturally specific service providers and nontraditional agencies are involved in the initiative.</li> <li>▪ Participants represent the cultural diversity of the child welfare target population.</li> <li>▪ Cultural competence is reflected in the policies and procedures of child-serving agencies and service providers.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A cultural competence assessment is conducted with a plan for addressing the findings.</li> <li>✓ Cultural competence is reflected in materials, policies, procedures, planning processes, meetings, and conferences.</li> <li>✓ Written materials are available to participants in their primary language.</li> <li>✓ Interpreters are provided to individuals for whom English is a second language.</li> <li>✓ Cultural competence training is provided on a continuous basis for individuals involved in systems of care development.</li> <li>✓ Leaders from ethnic communities are active participants in the initiative and are committed to sustaining it.</li> <li>✓ Culturally competent policies, procedures, and processes are in place.</li> </ul>	<ul style="list-style-type: none"> <li>? Has an assessment of cultural competence been done? If so, has a plan been developed for addressing the areas identified as needing improvement?</li> <li>? How will activities, tasks, and functions that address cultural competence be managed and by whom? How was this decided?</li> <li>? What steps have been taken to begin a cultural competence training effort for the community, and how will this be integrated into the stakeholder groups and child-serving agencies?</li> <li>? How has the cultural competence of the management and governance body of the initiative been assessed? What are critical areas needing improvement? How will issues be resolved?</li> <li>? Do families from the targeted community have access to culturally competent service providers? If not, what can be done to improve this?</li> </ul>

**SYSTEMS OF CARE PRINCIPLE: INDIVIDUALIZED AND STRENGTHS-BASED**

*Intent: To focus on the community's unique needs, strengths, and challenges so actions to develop systems of care will build on the individual and collective strengths of stakeholders, and plans for provision of individualized, strengths-based care will be addressed and prioritized.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ Planning focuses on the community's strengths, needs, and challenges as identified through a participatory process including families, neighborhoods, community organizations, and agency representatives.</li> <li>▪ Skills, abilities, and expertise of stakeholders and community members are acknowledged as an essential resource from which to build the system of care.</li> <li>▪ Planning includes a goal for incorporating strengths-based assessments and interventions for the target population.</li> <li>▪ Planning for the initiative focuses on community capacity building.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The initiative's plan clearly reflects how stakeholders will work as partners to build on their individual and collective strengths to address community needs and priorities.</li> <li>✓ An inventory of community strengths and assets has been completed.</li> <li>✓ A needs assessment has identified challenges and barriers that need to be addressed.</li> <li>✓ Service mapping has determined which service providers already may be implementing strengths-based interventions. The initiative's plan describes how to use these providers to build the capacity of other providers.</li> </ul>	<ul style="list-style-type: none"> <li>? Do planning activities reflect a strengths-based orientation?</li> <li>? How are community assets and strengths incorporated into the initiative's plan?</li> <li>? How will stakeholders be trained on strengths-based interventions? How will training occur within child-serving agencies for various organizational levels of staff, including administrators, supervisors, and direct care workers?</li> <li>? How will service providers be trained?</li> <li>? How can cross-training occur between existing providers of strengths-based care and providers requiring skill building in this area? How will training be provided on a continuous basis?</li> </ul>

**SYSTEMS OF CARE PRINCIPLE: ACCOUNTABILITY**

*Intent: To create data collection and reporting mechanisms for continuous monitoring of community progress toward goals and objectives.*

Issues to Address	Indicators	Key Questions
<ul style="list-style-type: none"> <li>▪ Management and administrative activities, tasks, responsibilities, roles, and functions are identified and described.</li> <li>▪ The initiative's governance body has the capacity, capability, and authority to make decisions based on the data, information, and reports provided.</li> <li>▪ The initiative's plan is flexible enough to be modified when there are changes in the environment or the data indicate alternative action or strategies are needed to address an issue.</li> <li>▪ Feedback loops and communication methods have been created and disseminated to the State and community.</li> <li>▪ The evaluation plan and activities are understood and supported by stakeholders.</li> <li>▪ Evaluation outcomes are routinely presented to stakeholder groups. Data are used in a sustainability plan for informing policymakers, agency leaders, media, and elected officials.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A quality improvement plan is created.</li> <li>✓ Continuous quality improvement indicators for systems of care planning and implementation have been established.</li> <li>✓ An evaluation plan is developed.</li> <li>✓ Means for collecting, monitoring, and sharing data and information have been established.</li> <li>✓ Stakeholders have agreed on a set of measures for evaluating progress.</li> <li>✓ Links between the entity storing data and the stakeholders have been created.</li> <li>✓ A plan for disseminating information to key constituents is in place.</li> <li>✓ The initiative makes necessary changes in direction based on data received. The governance body has approved of and communicated the changes.</li> <li>✓ Use of data is addressed in sustainability planning.</li> <li>✓ Data are provided to child welfare agency leaders to inform them of progress and provide information on the initiative.</li> </ul>	<ul style="list-style-type: none"> <li>? Who has authority to make decisions based on the data provided to initiative participants?</li> <li>? How will data be managed and shared with constituents?</li> <li>? Have performance measures been established to monitor the initiative's progress?</li> <li>? Have all stakeholders been involved in decisions regarding desired initiative outcomes?</li> <li>? Are lines of accountability clear among stakeholders and initiative participants?</li> <li>? How do stakeholders define success?</li> <li>? How do stakeholders agree to measure success?</li> <li>? Who are stakeholders accountable to?</li> <li>? Can existing quality management processes be modified for this initiative?</li> <li>? How can data be used in public awareness activities and presentations to key individuals to enhance sustainability?</li> </ul>

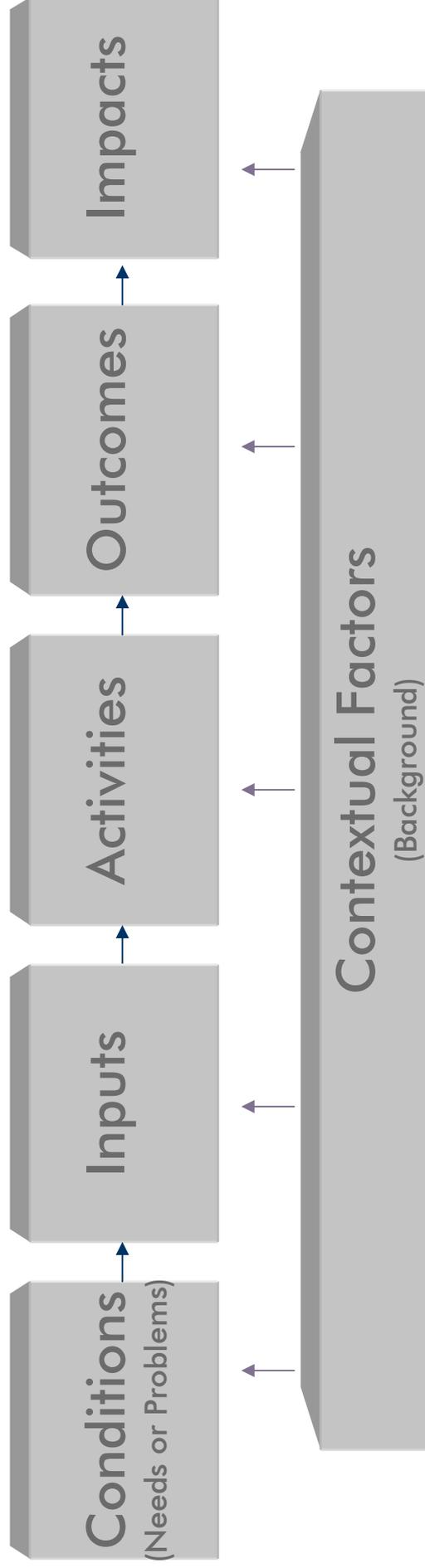


## **APPENDIX F: Developing a Logic Model**



# Logic Model

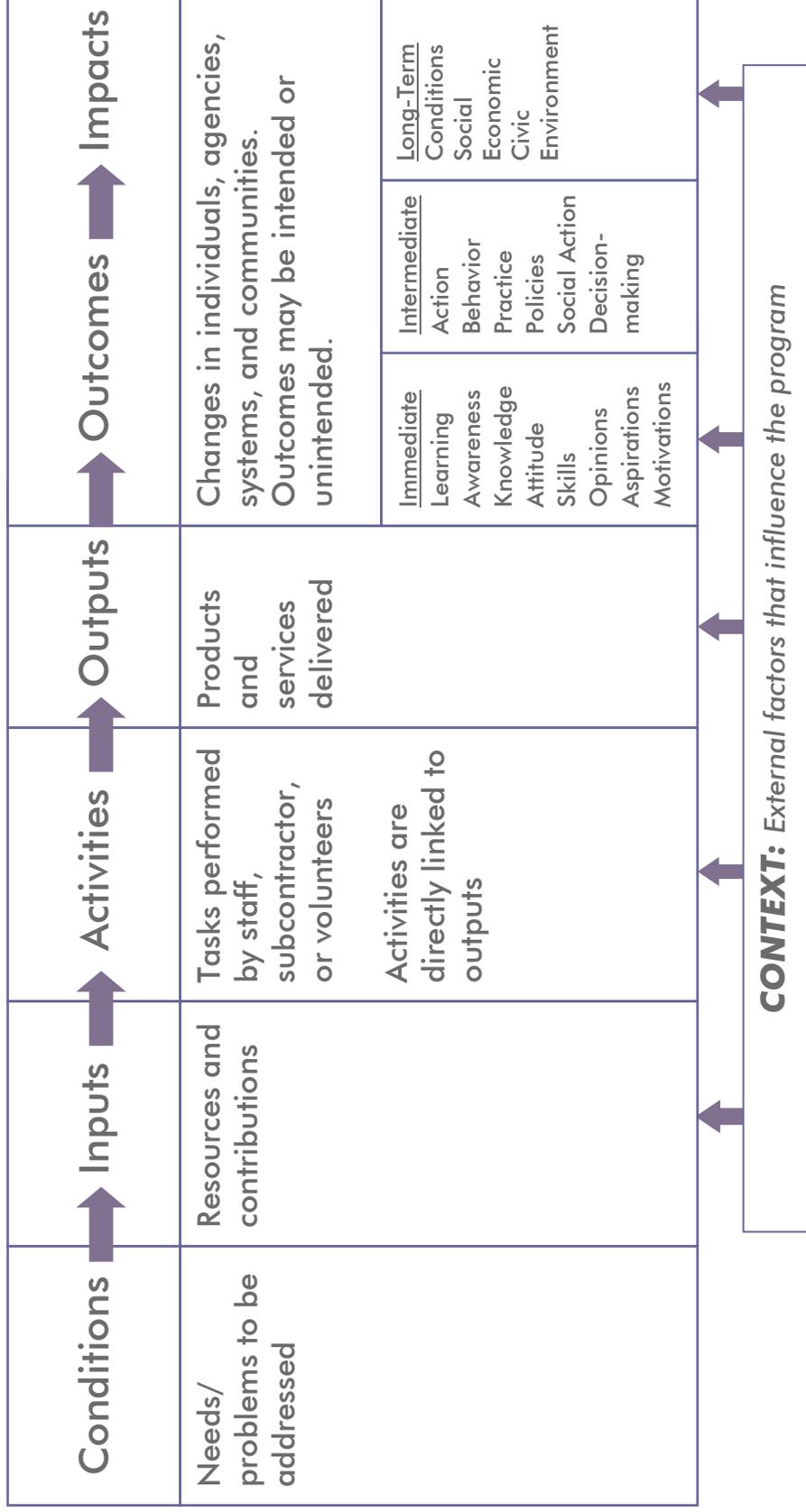
A graphic representation that clearly identifies and lays out the logical relationships among conditions, inputs, activities, outcomes, and impacts under certain contextual factors (background) conditions.



# Logic Model Benefits

- **Identifies goals, objectives, activities, desired outcomes, and impacts of an initiative**
- **Clarifies assumptions and relationships between initiative activities and expected results**
- **Helps specify what to measure through evaluation**
- **Guides assessment of underlying assumptions and allows for self-correction**

# Elements of a Logic Model



# Potential Participants in the Development of a Logic Model

- Collaborative planning body
- Program staff
- Families or youth
- Partner organization representatives
- Local evaluator
- Community members
- Other stakeholders

# Tips for Developing a Logic Model

- There is no single “right” way to develop a logic model
- Developing a logic model should be an interactive, dynamic process
- The logic model is only a tool

# Tips for Developing a Logic Model

- **Keep the model to one page, if possible**
- **Identify and organize the elements**
  - ◆ **Use boxes**
  - ◆ **Group in a logical sequence**
  - ◆ **Start at any point along the model; you might try beginning with outcomes**
  - ◆ **Add arrows to show relationships**