



ORGANIZATIONAL | EFFECTIVENESS

Practice Innovations in Child Welfare

October 2012

APHSA

Practice Innovations in Child Welfare

© 2012 American Public Human Services Association

1133 19th St, NW • Suite 400

Washington, DC 20036

Phone 202.682.0100 • Fax 202.204.6555

Developed by: Melissa Kanaya, Senior Program Associate
American Public Human Services Association

Table of Contents

Background	2
Common Practice Themes	2
Values.....	3
Strategies	4
Practice Innovations	6
Lessons Learned.....	20
Acknowledgments	22
References and Resources.....	24

Background

The field of child welfare has been undergoing tremendous change for the past few years. From the current state of the economy to shifting policies and regulatory requirements to leadership changes, new practices have been emerging around the country. The impetus for these new practices are due not only to environmental changes, but an increased emphasis on improved outcomes for children, youth and families that may be or are being served in the child welfare system. Child welfare agencies are working towards improving results in areas such as a strengthening workforce capacity and program performance, stronger community accountability, greater staff and stakeholder buy-in, and increasing trust with customers and stakeholders.

In order to be responsive to the needs of those they serve and the communities they reside in, agencies must be able to respond to their environment in order to develop and implement innovative practices. These practices are proactive to the needs of the community, are strategic in their focus, flexible and adaptable and producing better, more efficient and sustainable outcomes for children, youth and families.

Designed for child welfare leaders and administrators, this document highlights various practices around the country and is structured in the following way:

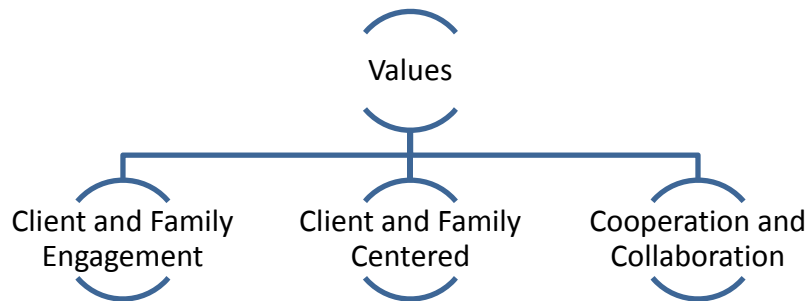
- **Common Practice Themes:** Themes found in various innovative practices. These themes are divided into two categories: Values and Strategies. The Values include client and family engagement, client and family centered, and cooperation and collaboration. The Strategies include organizational capacity and service delivery.
- **Practice Innovations:** Practices in the field including a visual of the themes, which are operationalized in each example. While the examples reflect a small amount of practices in the field, these experiences show how agencies can make changes to their system and shed light on issues confronting communities across the country.
- **Lessons Learned:** Reflections from the leaders of the field examples based on their experiences.

Common Practice Themes

In a review of different practices in the field, what emerged were some underlying themes. These themes fall into two categories: Values and Strategies. This document will discuss these themes and include examples from the field of how these values and strategies manifest themselves within practice.

Values

In the analysis, some common values were consistently present which guided the development and implementation of the practices. These values are client and family engagement, client and family centered, and cooperation and collaboration.



Client and Family Engagement

Appreciating what the client and family bring to the table, child welfare administrators and staff form meaningful partnerships with the customer to bring out the best solutions to the problems and barriers. Developed by the cabinet-level commissioners of health and human service agencies and administrators across the country, APHSA’s policy initiative, Pathways: The Opportunities Ahead for Human Services defines this value as “based on equitable and appropriate responses to each person’s and family’s situation, not how well they may fit bureaucratic requirements; practice models based on evidence-based strategies meeting unique needs and leading to desired outcomes; and the knowledge that engaged communities and families can foster positive and lasting change.”

Client and Family Centered

As the work of child welfare becomes increasingly more and more complex, finding individualized solutions becomes critical. To address this, agencies are client and family centered. The Child Welfare Information Gateway states: Family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active participants in the development of policy, program design, and evaluation, and they are active decision-makers in selecting services for themselves and their children. Family and child assessment is strengths-based and solution-focused. Services are community-based and build upon informal supports and resources.

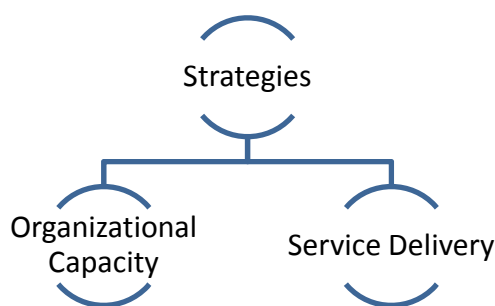
Cooperation and Collaboration

Developed by the field of child welfare, the Positioning Public Child Welfare Guidance (PPCWG) identifies four dimensions of partnerships. Two of the dimensions, cooperation and collaboration are values found to be present in many of the practices. PPCWG defines cooperation “as the process of

working together for a common purpose to achieve a common goal. Typically, cooperation is used to create a seamless system or an easier, non-duplicated point of access for children, youth and families.” Collaboration is defined “as the process of actively working together, requiring a sustained effort of work towards common outcomes at a systemic and practice level.” These dimensions are not mutually exclusive and many times partnerships have elements of both.

Strategies

In addition to values, there were common strategies or foundational supports that were also present which helped to facilitate innovation. These strategies fall into either the category of organizational capacity or service delivery.



Organizational Capacity

Organizational capacity are those qualities and characteristics that make the agency operate and perform effectively. Such foundational areas include the leadership of the agency, the workforce at all levels, and the infrastructure including financing of the agency and programs.

PPCWG defines leadership as “outcome focused, it establishes a compelling vision that sets direction and goals, plans and manages change, makes strategic decisions, garners resources, and builds political and community will. Leadership happens at all levels in the organization, including but not limited to the executive team, senior administrators, supervisors, child welfare workers, and support staff effectively communicates, builds trust, makes sound decisions and improves performance capacity and accountability to achieve clearly defined outcomes.”

In the Workforce chapter, PPCWG notes that agencies are “responsible for the development and implementation of a workforce strategy that recruits, staffs, manages performance, continually educates, retains, rewards, recognizes and adequately compensates a well prepared, supported and appropriately deployed workforce equipped to provide effective services to children, youth and families.”

Lastly, the critical area of Budget and Finance is defined as the ability to “strategize, leverage and maximize resources to meet desired outcomes. It is also fiscally responsible and able to assess and develop strategies to mitigate and manage financial risk. It has broad responsibility to provide sound stewardship of public dollars, matching resources with needs and with the expected impact of using them. It strives to break down fiscal barriers that limit its ability to work collaboratively and creatively.”

Service Delivery

Based on the mission, vision, strategy and practice model, an organization is responsible to develop and deliver services that meet the needs of those it serves and leads to the desired outcomes. Innovative child welfare agencies augmented their current practices to be trauma informed, preventative and focused on early intervention.

Agencies around the country have been recognizing the need to make changes to their systems to reduce the effects of trauma on children and youth. The Chadwick Trauma-Informed Systems Project (CTISP) National Advisory Committee defines a trauma-informed child welfare system as “one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.”

Pathways: The Opportunities Ahead for Human Services identifies prevention and early intervention as two bridge supports leading to better outcomes. Prevention is defined as practices, which “strengthens the social context, avoids temporary fixes that do not reduce dependence, and gets in front of problems before difficult and expensive remedial steps become the only option.” Early intervention is defined as those practices that “short circuits dysfunctional family dynamics before they seriously exceed a family’s ability to cope; reinforces and promotes healthy development of children with special needs early in life; and moves at-risk families toward a more positive behavior path – up-front investments that can treat anti-social behavior and stop declines in individual or family functioning, and that more than repay the resources needed to avert these consequences.”

Practice Innovations

Family Engagement in Larimer County

Larimer County Department of Human Services Children, Youth and Family Division, Colorado



The major strategy Larimer County Department of Human Services, Children, Youth and Family Division uses to improve practice has been to find multiple solutions starting with family engagement. The agency recognizes that the family is the expert in their own family and that they are the most important member of the decision making team. In order to put this value into action the agency felt it imperative to incorporate skill techniques that assist the caseworkers to successfully engage families. The agency researched and incorporated the following that would increase their ability to work with families while keeping children safe:

- Family Group Decision Meetings: 10 years ago the agency incorporated Family Group Decision Making into their practice. They started with one family facilitator, but now have nine facilitators and have expanded the array of meeting types to include Family Safety and Resource Team (FSRT), Family Unity Meetings (FUM), Parent/Child Mediation and increased capacity for Family Group Decision Making.
- Paired Teams: Each unit includes an Intake, Family Assessment Response and Ongoing caseworkers. This structure has a six to one caseworker to supervisor ratio which allows for more supervision time per case and for a one family, one team approach so that returning cases are assigned to the same team.
- House Bill 1451 and Community Partnerships: The agency developed an MOU with their partner agencies (mental health, schools, district attorney, magistrate, probation, community center board, youth corrections, family advocate) to establish an executive board. This board, the Larimer County Interagency Oversight Group works to improve services for children and families through collaboration, blended funding and shared vision.
- Signs of Safety (Safety Organized Practice): Signs of Safety, is a skill technique which focuses on family engagement strategies, balancing safety and strengths. This technique has six main elements, 1) scaling safety, progress and confidence, 2) understanding the position of each family member, 3) finding exceptions to maltreatment, 4) discovering family strengths and resources, 5) focusing on goals, and 6) assessing (scaling) willingness, confidence and capacity.
- RED Teams: A group process in which caseworkers and supervisors review child protective referrals, using a framework to map out the safety and risk, complicating factors, child

vulnerability, strengths, protective factors, cultural considerations and history. This process provides a balanced view of the referral and provides the caseworker with more information to begin the assessment process.

- Group Supervision: A group process in which cases are reviewed utilizing the same framework as the RED Teams. This process is conducive to accountability, group learning, sharing best practices and showing appreciation for good work done within the team.
- Family Assessment Planning Team (FAPT): This is a multi-disciplinary team consisting of mid-level managers from partnering organizations (schools, probation, mental health, human services, family advocate and a FAPT coordinator) which meets weekly to assist families in keeping youth safely at home or stepping youth back home after an institutional placement.
- Differential Response: Their Differential Response model consists of Safety Organized Practice, RED Teams, Group Supervision and Enhanced Screening with Screening Guide.
- Community Life Centers (CLC): The Family Consumer Council, a group consisting of 60 members from community agencies, former clients and youth and members of faith based organizations, has been meeting for two years in an effort to create Community Life Centers within the County. The CLCs will be community driven and each one unique to the community where it is located. They will enable families to receive needed services within their community free of charge. The CLCs will offer preventative services as well as intervention and after care services to families who have been involved in the child welfare system.
- Staff Training: The agency developed a coaching program in which three senior caseworkers provide training to new and veteran staff on Safety Organized Practice and family engagement techniques. The coaches develop a training plan with the caseworker and supervisor, which include shadowing the caseworker and demonstrating the techniques in the field. The agency has also been intentional in developing a training plan for the Division. This includes bringing in experts in Safety Organized Practice who are able to demonstrate the techniques of engaging families within the child welfare system. Approximately \$40,000 per year out of the child welfare budget is spent on training.

One approach the Larimer County Department of Human Services Children, Youth and Family Division in Colorado has instituted is a process called WOWs (worries, opportunities and wells). This approach is used in multiple settings, including supervisor meetings, community meetings and meetings with staff and encourages all to participate in the conversation, focus on the positive and not just on the negative, and brainstorm opportunities for change.

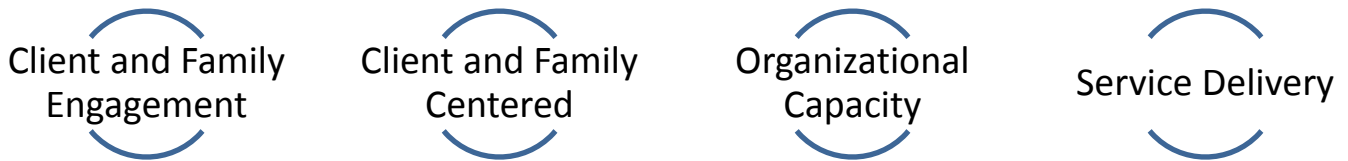
The agency has monthly internal reports that track their progress for each of the Federal outcomes (recurrence, reunification, remain home, no re-entry). The report card is run quarterly and the agency is able to compare their results to other counties and the State overall. All data for these measures is pulled from the SACWIS system.

- Since 2006, Larimer County has experienced an increase in the amount of children that are receiving in home services.
- Since 2005, the number of children in out-of-home care has been steadily been decreasing. In 2005, Larimer County had 779 children in care and in 2001, 369 children were in care.

- Since 2006, the absence of recurrence of abuse in Larimer County has been between 92.80% in 2007 and the 97.40% in 2010.
- As a result of House Bill 1451 and Community Partnerships, the number of services available to families has increased from nine to twenty-one, implementation of the FAP Team and reduced the number of youth in institutional placements.

Family Time Coaching

Vermont Department of Children and Families



In late 2007, the Deputy Commissioner of the Vermont Department for Children and Families Family Services Division was concerned that the agency default decision-making around visitation between parents and children in custody was supervised visitation. As a result, a workgroup made up of various stakeholders was formed and began to educate themselves on best practices, research findings and guidelines from other states. From the start, the workgroup decided that they wanted to elevate parent-child visitation (or family time) to a primary intervention program, as well as make it a better experience for children, youth, and families. They also wanted to use it as an opportunity to build relationships between parents and alternate care providers.

Family Time Coaching, based on Visit Coaching, a model developed by Marty Beyer, Ph.D. at the Vermont Department of Children and Families uses coaches to help parents recognize their children’s changing needs related to attachment, trauma, and development that come with separation. They also help parents to set aside adult concerns and be fully present with their children in the time they have together. There is an initial interview with the parents and the coach to develop a list of the child’s needs that the parents want to work towards meeting.

In order to implement Family Time in Vermont, the workgroup developed guidelines which 1) Describes the values and benefits of family time, separation and loss & family time feelings, Shared Parenting Meetings, and how to create a comprehensive Family Time plan; 2) Presents the Family Time Coaching Model philosophy and structure; and 3) Presents sections on special considerations such as domestic violence, incarcerated parents, involving absent parents, and sexual abuse and the trauma response present in children and parents coming to Family Time and how that impact might be managed. In addition to the guidelines, policies were developed, resources were allocated and training was developed and conducted.

To get buy-in and make the culture shift in Vermont from their current practices to Family Time Coaching, the guidelines were presented to Central Leadership and in turn presented to directors and supervisors with time given to discuss the values and models they were to advocate for. Additionally, time was taken to have challenging conversations about their assumptions and prior practice and the shift in practice. Directors and supervisors were encouraged to have similar conversations in their offices with front-line staff.

The Easter Seals of Vermont developed a yearlong certification process for coaches. In addition to training in core skills (e.g., child safety, clinical, coaching, child development, and partnering), topic specific consultation groups are provided to explore challenges in serving, for example, parents with learning difficulties, substance abuse, and mental health challenges. Coaches are formally observed for skill acquisition and provided ongoing clinical consultation and supervision. Easter Seals of Vermont continues to provide training for coaches.

Family Time occurs in the environment that is most natural and safe for the child – often that is the caregiver’s home, the parent’s home, or in the community. During Family Time, the coach uses a variety of techniques to help parents meet the child’s identified needs. These techniques or “coaching skills” include modeling, assisting, prompting, cueing and intervening for safety.

Following Family Time, the coach and parents have a post meeting (or debriefing) where the parents complete a self assessment and the coach provides feedback notes. The notes, which focus on the child’s needs and how they were met is the transparent documentation for those sessions and are provided to the social worker.

The Vermont Family Time Guidelines also call for Shared Parenting Meetings to occur between parents, caregivers, coaches, and social workers. These are facilitated either by the coach or jointly by the coach and the social worker. The goal of these meetings is to build a relationship between the parents and caregivers, to develop the Family Time plan, and to jointly monitor progress in meeting the children’s needs. While policy provides for Shared Parenting Meetings every three months, most offices have found monthly Shared Parenting Meetings facilitate stronger relationships and allow for more movement in the case. By building communication between those parenting the child in care, these meetings have the potential to provide traumatized children with the continuity and relationships they so desperately need. It is sometimes appropriate for older children to attend, particularly teens who may have their own list of needs.

The last part of the model is a monthly social worker observation. The social worker attends the coaching session to observe and sometimes participate in the post meeting to share in the feedback. This gives the parent an opportunity to demonstrate what they have been working on.

Benefits of Family Time:

- Children have fun and not further traumatized.
- Parents are empowered and aware of their children’s needs.
- Parents are often less hostile and more willing to work with Social Workers.
- Positive relationships and memories are built even when reunification is not the goal.
- Families are building relationships.

For those participating in Family Time Coaching, families have been reunified, co-parenting or good faith agreements have been identified, voluntary termination has occurred and relationships have transformed by the parents and social workers.

Years later after Family Time was developed, in Vermont the terms “supervision” or “visitation” are rarely used and are instead replaced with the terms “coaching” and “family time”.

Hampton Model

Hampton Department of Human Services, Virginia



In 1992, the state of Virginia passed the Comprehensive Services Act (CSA) intending to create a collaborative system of services and funding that is child centered, family focused and community based to address the strengths and needs of troubled and at risk youth and their families.

The CSA required increased local flexibility and accountability, public and private partnerships in service delivery, and increased interagency collaboration and family involvement. Made of various stakeholders, the Community Policy and Management Team (CPMT) administers and oversees the CSA funding. The CSA funding is in the form of a block grant. The CPMT then appoints a Family Assessment and Planning Team (FAPT) which ensures appropriate service delivery.

The Hampton CPMT came up with a vision for a new system “the Collaborative Team Approach”:

- The New Collaborative Team Approach creates community-based options for specific children that do not now exist.
- The New Collaborative Team Approach offers parents creative community based options for their children and commit to their development.
- The New Collaborative Team Approach establishes early discharge dates and rigorously pursues step-down plans.
- The New Collaborative Team Approach states that residential placements are driven by the degree to which we take responsibility for creating alternatives.

Based on this vision, the Hampton Department of Human Services developed over thirty programs, which are community-based, multi-faceted service strategies to address the individual needs of children. These programs serve anywhere from one to multiple children and were developed based on the Collaborative Team Approach and a set of guiding principles. The guiding principles include: families are the experts about their families; child centered, family focused and community based service delivery is the law in Virginia and must be implemented through new practice models; we begin with outcomes not process; Hampton partners with all who can support children and families’ successful outcomes; and do whatever it takes to support the success of children and families.

Two examples of the thirty programs developed in Hampton include the Family Stabilization Initiative and the Parents and Children Together (PACT) Initiative.

- The Family Stabilization Initiative: A collaborative between the Hampton Department of Human Services, the Hampton Court Services Unit and a private provider that serves youth in the juvenile justice system. As youth become known to the Court Services Unit because of charges stemming from family issues, the service is provided as alternative to youth being placed in Detention and/or Foster Care. Case Management, family supportive services, connection to natural/community supports, reduction in out-of-home lengths of stay, linkage to community based services, advocacy with public/private agencies and crisis support is provided. During the first full year of operation 60 children, that might otherwise have spent time in Detention or in foster homes, remained safely in their own homes. Approximately \$100,000 was saved.
- Parents and Children Together (PACT): An initiative supported by a state grant and CSA funding. PACT places entire families together with host families to avoid children entering the foster care system.

As a result of the Hampton Model, the following has occurred:

- No children have been placed in residential treatment since April 2007.
- No children have been placed in group homes since September 2008.
- There is a 85% reduction in foster care placements since 2002.
- 99% of CSA Services are community based interventions, saving over \$600,000 in 2010.
- 88% of children reviewed by the Hampton-Newport New community Services Board (2008) had physical/verbal aggression issues; property destruction; and poor impulse control. All of these youth were supported in their family's homes.

Trauma Informed Practices

Wilson County Department of Social Services, North Carolina



Client and Family
Centered



Cooperation and
Collaboration



Organizational
Capacity



Service Delivery

Children and youth entering into the child welfare system have to some degree experienced trauma in their lives. These traumatic experiences can potentially lead to a variety of issues over the child's lifetime. Recognizing the need to better understand and provide services and practices that are trauma informed, the Wilson County Department of Social Services in North Carolina has been working to take steps to adapt their service delivery. In 2010, the agency was chosen to be one of eight national sites to participate in a Breakthrough Series Collaborative through the National Child Traumatic Stress Network to focus on the effects of childhood trauma on the placement stability of children in foster care.

When the work began with the Breakthrough Series Collaborative, the agency had almost nothing in the area of trauma-informed, evidence-based practices. Using the Breakthrough Series Collaborative Methodology, stakeholders from multiple agencies used the Plan-Do-Study-Act (PDSA) tool to make improvements in this area. The following are some of the changes that were made:

- **Trauma-Informed Assessment:** A screening process and tool has been created for use by foster care staff.
- **Training:** In order to increase sensitivity and awareness among staff and the community about the impact of trauma on children, foster parents and staff have been training on the effects of trauma on children and their behavior.

- Expanded Services: The agency has expanded their clinical services by having a Psychologist and two clinical social workers on staff to provide an array of services to the children and youth they serve.

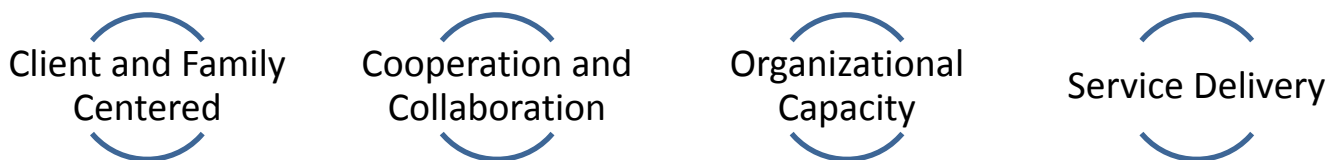
This work originally focused on foster care, but has expanded into child protective services. As a prevention strategy, child protective services staff are able to use the screening questions during the interview and make appropriate referrals and recommendations.

Based in part on the work done by Wilson County, earlier this year the North Carolina Division of Social Services was awarded funding of \$640,000 each year for five years from the U.S. Department of Health & Human Services, Administration for Children & Families (ACF). This grant titled “Project Broadcast: Disseminating Trauma-Informed Practices to Children in the North Carolina Child Welfare System” is an initiative to improve safety, permanency and well-being outcomes of children through improving access to evidence-informed practices and services that will mitigate the effects of trauma in the lives of our children and youth. The goals of Project Broadcast are:

- Coordinate system-level changes across the system of care in the nine demonstration counties -- Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson;
- Develop trauma-informed child welfare workforces and systems across the nine demonstration counties;
- Increase local capacity and access to trauma-specific evidence-based mental health treatments for children and youth in the nine demonstration counties; and
- Develop a plan to incorporate these practices statewide.

Foster Care Redesign

Family Support Services of North Florida, Inc., Florida



In 2008, Family Support Services of North Florida, Inc. (FSSNF) in partnership with the Florida Department of Children and Families (DCF) and Casey Family Programs (CFP), began a comprehensive review and redesign of the local foster care system to reduce the number of children coming into the foster care system. Led by top child welfare officials and community stakeholders, an effort was made to change the child welfare system to achieve positive outcomes for children, youth and families.

The redesign implementation has been conducted in two phases. The first phase highlighted an imperative shift from one of reliance on foster care to a focus on prevention and family preservation. The second phase provides a single point of entry to an integrated system of care. After a literature review, the redesign team found successful practices included family engagement; Constant Positive Regard; family team meetings; integration of specialized services; a higher investment in foster parent selection, education and support; individualized community-based care and caseworker awareness of the community context and community challenges faced by the families touching the child welfare system.

FSSNF, has developed strategies to support the redesign and reduce the number of children in foster care. Features of the FSSNF Community Based Care System include:

- Children and families receive services in their homes
- Natural helping networks are engaged to support families in their neighborhoods
- Common assessment and planning process countywide
- Wraparound services for children and families

FSSNF has developed extensive relationships with formal and informal service providers with over 50 agencies including Casey Family Programs, Neighbor to Family and Gateway Community Services to create a comprehensive array of services that meet the service needs of children, youth and families. Services are divided into four categories: Protective Services In Home, Out-of-Home Services, Independent Living and Adoption. The flexibility of the IV-E funding was a significant contributing factor to the implementation of the redesign.

The following are programs offered by FSSNF:

- **Strengthening Ties and Empowering Parents (STEPS):** The goal of STEPS program is to empower, strengthen and promote healthy families through an array of in-home services. The STEPS program focuses on working in partnership with a family, their support system and an array of informal and formal service providers to prevent a dependency case from being opened, or prevent a child's removal from his/her home. Services are designed to ensure that services are delivered in the home through an individualized case plan that focuses on family-centered practice. Services include parenting skills, behavioral management and money management.
- **Family Assessment Support Team (FAST):** In an effort to safely reduce the number of families involved with the dependency court system, the Family Assessment Support Team (FAST) program is implemented when a case has legal sufficiency for removal of the child, but the family is willing to instead engage in voluntary in home services. This program is a collaborative effort between FSSNF and DCF; staff members are co-located with investigators together to strengthen working relationships and overall outcomes of the program. A joint investigation is conducted within 24 hours and immediately following there is a family team meeting where the assessment and case plan are developed.

- Integrated Practice Team (IPT): The (IPT) helps children remain safely in their own homes by facilitating the development of a comprehensive action plan that incorporates innovative ideas based on areas of expertise to ensure the needs of the family are met while safely maintaining children in their own homes. An IPT staffing occurs for cases where removal is imminent, FAST cases, post-removals as needed to expedite reunification, cases deemed critical by a CPI and supervisor, and cases from Case Management Organizations (CMOs). Families are encouraged to participate in the development of their plan. The program offers the collective knowledge of community resources, stronger case plans and provides follow up support for the family.

The (STEPS) program, the (FAST) program and the (IPT) program have all contributed to positive outcomes. As of August 2011, there has been a 56% reduction in out-of-home care.

In addition, the Foster Care Redesign has had the following results:

- FSSNF tracks monthly performance measures of the STEPS program. During FY 2010-2011, more than 2,500 families and 5,500 children were provided in home prevention services. As a result, 99.2% of the children served were able to be maintained safely at home and 95% of the cases that closed had no verified findings of subsequent maltreatment during the six months following case closure. Parent satisfaction surveys completed for the program indicate a 96% rate of satisfaction with the program and staff.
- Since September 2008, the FAST program has served 716 families involving 1,565 children. Of the cases that have been closed, 18.6% of children were placed in foster care or with the other parent and 48.7% of the families were compliant in completing their case plans and children were able to remain with their families.
- The IPT has staffed 1,464 cases since January 2009.

Family Support Program

Albemarle County Department of Social Services, Virginia



Client and Family
Engagement



Client and Family
Centered



Cooperation and
Collaboration



Organizational
Capacity



Service Delivery

Over about a ten year period, the county of Albemarle, Virginia was experiencing an increasing number of children entering foster care, rising numbers of abuse and neglect complaints and requests from the schools for help with children presenting serious emotional/behavioral problems and extensive social services needs. As a response, the Albemarle County Department of Social Services advocated for early

intervention and as a result, a team of staff from the department, local government and the schools developed the program design, policies and training for the Family Support Program.

The Family Support Program is a prevention and early intervention program in Albemarle County elementary and middle schools that supports children's growth and development, strengths family alliances and promotes school success through home, school and community collaboration. The programs goals include:

- Prevention of foster care placements
- Reduction in reports of abuse and neglect
- Improvement in children's attendance, behavior in the classroom and academics
- A parent or family goal determined by the family, in conjunction with and supported by the Family Support Worker.

The Family Support Program locates social workers employed by the Albemarle County Department of Social Services in county school buildings. The social workers work alongside teachers, principals and counselors to provide case management services including assisting families with access to health, education, legal, housing and social services, improving the safety and security of their family members; helping families move toward self-sufficiency and ensuring parents and school staff work together for successful school performance outcomes. There is also an emphasis on improving school attendance and locating after-school enrichment opportunities that engage children in 10-13 year age range.

Albemarle County Department of Social Services oversees the fiscal, management and program and currently operates in three middle schools and ten elementary schools.

Initially the program was funded as a state pilot using IV-E funding and did not require any federal waivers. Currently, 10% of the program is funded by federal pass through funds and the remaining program costs are locally funded.

The Family Support Program has seen the following outcomes and results:

- Consistent increase in the percentage of children who have been served and not involved with Child Protective Services. In FY 2007 the rate was 86.3%, in FY 2008 the rate was 89.3%, FY 2009 the rate was 92.9%, FY 2010 the rate was 96.1% and in FY 2011 the rate was 97.5%.
- Since FY 2007, the percentage of children served by the program who did not enter foster care was over 98.8%.
- Since implementation overall numbers of children entering foster care have decreased.
- Consistent improvement in children's attendance, behavior in the classroom and academics.

- Parent Surveys note: the program offered hope during difficult times, parents believed they and their children benefited from the support given by the program and they would recommend the program to others.

Child Welfare Military Project

El Paso County, Colorado Department of Human Services, Colorado



El Paso County, Colorado is home to five military installations including the United States Air Force Academy, North American Aerospace Defense Command (NORAD), Fort Carson Army Base, Peterson Air Force Base and Schriever Air Force Base. It is expected that by the year 2013, El Paso County will have over 26,000 military members and between 30,000-35,000 spouses and children related to those officers.

Even though the military operates the Family Advocacy Program (FAP), which provides a variety of programs, resources and services on such issues as partner violence, child abuse, improving family functioning and stress reduction, the El Paso County, Colorado Department of Human Services were receiving a high number of Child Protective Services referrals involving military families. El Paso County, Colorado Department of Human Services found that for the past three to four years, 10% of calls to Child Protective Services involved an active duty military member and that these calls had serious child abuse allegations and were being investigated at a higher rate than the general public.

The FAP and the El Paso County, Colorado Department of Human Services systems operate differently, have their own mandates and guidelines and even databases. For example the FAP has a database they use to track their personnel and can know the history of the individual versus child protection will be much more limited in their knowledge of the individual. This is important because many of the military personnel are on temporary assignment and may have been out of the country.

In order to address this growing issue in El Paso County, the military having its own system and mandates, and the unique circumstances of military families, the agency developed the Child Welfare Military Project. This program is designed to reach out to military families and ensure they receive needed specialized support. The program develops relationships with all levels of the military command, military police and the military Family Advocacy Programs in order to coordinate services, reduce duplication, share resources, strengthen families and keep them together and enable the military

members to continue their career path. By creating a system that works together, both the county and the military installation can better prevent the growing amount of allegations, addresses significant allegations and coordinate services for improved outcomes for children, youth and families.

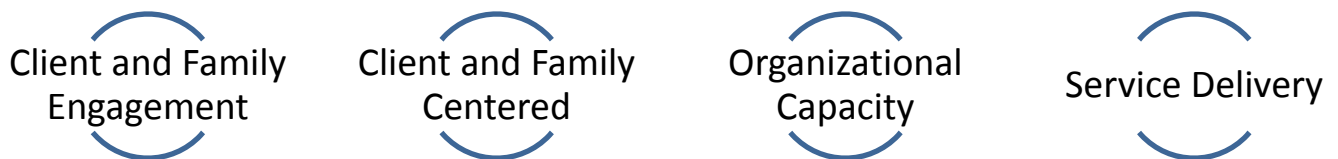
The program began with one caseworker and has since grown to make up a unit including five intake workers and two ongoing workers. The program utilizes specifically trained case workers (e.g., PTSD and TBI training) able to empathize with the children and families and many with firsthand knowledge of the military system. Currently, a caseworker is co-located at Fort Carson. The agency began formally counting military families and found the following:

- In 2009, there were 791 referrals of which 536 were investigated (67% investigated).
- In 2010, there were 1192 referrals of which 464 were investigated (38% investigated).
- In 2011, there were 1352 referrals of which 725 were investigated (53% investigated).

There were two major deployments from Fort Carson in 2009 and 2011, which may account for the increase in referrals and assignments. During times of deployment, military families experience increased stress levels from raising children as a single parent and role changes, worry over their loved ones safety and whether they will be killed or injured, possibility of service extensions and support systems located in other towns or states. Currently, the assignment rate for the county for all referrals is between 45-48%. As these numbers indicate, the need for coordination between the military and the agency is demonstrated.

Youth Support Partners (YSP)

Allegheny County Department of Human Services, Pennsylvania



As part of implementation of the High Fidelity Wraparound service model in the Allegheny County Department of Human Services, the agency employed young graduates of their system to make up the Youth Support Partners (YSP) unit. The goal of this unit is to serve as peer-to-peer mentors and advocates for youth currently in the system.

Beginning with four YSPs in November 2008, the unit has since grown to fifteen. YSP unit members are assigned a caseload between 12 to 18 to assist youth and their families to actively participate in planning

their futures and increase their self-sufficiency by connecting them with supports and community resources. Many times YSP's are able to be more creative and provide out of the box solutions.

Some of the responsibilities of the YSPs are:

- Enable youth to become self-sufficient and independent.
- Support youth to make better choices and see options.
- Connect youth to resources and natural supports that help them meet their needs, or goals/vision.
- Work with team members (Behavioral Health Service Coordinators, Juvenile Probation Officers, CYF workers, family, friends, employers, etc.) to help ensure the youth's voice is included in the planning and that the youth works with others to increase their own chances for success.
- Help youth understand any mandates, court sessions, documents, etc. that they need to know in order to be successful.

Anecdotal evidence from staff, youth and family members show that the YSP staff serve as role models to the youth, an example of a healthy relationship with an adult, and someone who can empathize and provide advice to the youth. The YSP's similar personal experiences enable them to empathize more effectively and build trust with the youths. Youth are also able to relate to them as they have been through the experience before.

Beginning with little in the form of job descriptions and training materials the on-boarding of YSP has become formalized and structured. On-boarding includes: training in professional behavior, extensive training and videotaped behavior rehearsals, completion of the agency's Family Development Credentialing process and learning to apply the principles and philosophies of High Fidelity Wraparound, supervision meetings including an individualized professional development plan and support from DHS colleagues and partner agencies.

Currently the YSP unit is working with the Allegheny County Department of Human Services' Office of Data Analysis, Research and Evaluation to identify outcome measures to show their impact on the lives of the youth they serve. In the meantime, since the inception of the unit, the YSPs have worked with more than 430 youth involved in a variety of the agency initiatives. They have seen the following results:

- Youth served by the agency have a voice in planning for their care.
- Agency colleagues express respect and appreciation for their effectiveness in communicating with the clients.
- YSPs have provided insight on the system to agency management. The agency has not only proactively engaged the YSPs in different meetings and communities but they have been encouraged to voice their opinions and their input is taken seriously.
- Judges in the Allegheny County Courts Family Division frequently request the involvement of a YSP in their cases involving adjudicated teens.

Lessons Learned

The following are some lessons leaders in the field have learned regarding developing and implementing a new practice:

- **Implement a change process:** In order to improve outcomes, agencies used a variety of continuous improvement models and methods as they implemented new practices. Agencies are finding that there is not one way to make the changes necessary to implement a new strategy but multiple processes, models and tools to meet their unique environments.
- **The one change can blossom into many:** The trauma informed work in Wilson County started in the area of placement and soon spread to child protective services and most recently to better support their staff in their work.
- **Take time to understand the culture of the other organization:** In El Paso, the agency hired caseworkers that understood the nuances of the military such as the medical benefits and the dynamics of deployment. In Albemarle, the two different agencies had to understand and trust each other. There were many perceptions and agendas that were brought to the table that needed to be worked out.
- **Understand the jurisdictional issues and the connection between different agencies:** The El Paso County, Colorado Department of Human Services found that there are many territory issues when working with the military which can break down communication and services. They found that if everyone came to the table with what they can offer it is in the best interest of all parties.
- **Have difficult conversations:** Because there needed to be a values shift at the Vermont Department for Children and Families to “family centered”, the agency needed to have conversations with staff on how the values of Family Time Coaching aligned with their own values, their assumptions and prior practice.
- **“It does not make sense to do more of the same – that does not work”:** Hampton lives by this value in which they are in the habit of monitoring their practices and making adjustments. After implementation of Family Time Coaching, the Vermont Department for Children and Families looked at their processes critically. They conducted focus groups with foster parents and found foster parents wanted to be included. One adjustment they made was to set expectations of family time and engage foster parents through training and providing support. The Youth Support Partner program also continually evolves their program. They are continually learning and modifying to ensure that they are providing the best support and leadership to their staff, those they serve and their community. They have modified their documents and made adjustments as their team has been growing.
- **Focus on the back end of the system as well as the front end of the system:** In Larimer, the agency had shifted their focus to the front end of the system that the back end of the system suffered and as a result the number of youth who have been in foster care for more than 24 months has increased and the number of youth who exit our system to permanency has decreased. The agency was focusing on how they treat families as they enter the system, starting with the referral and moving through the assessment process, front loading services and engaging the families through multiple family meetings. However, they were not considering

those youth who had been in our system for many months and how they could effectively engage them and their supports to plan for permanency.

- Change the child welfare model to one that is focused on safety through family and community engagement: In Larimer, their model was more adversarial and paternalistic and since they made this change, their outcomes have improved. Children are remaining safe and outcomes sustained since they have been working with families to develop their safety and support networks.

Child welfare agencies recognize that in order to get better outcomes for children, youth and families they need to implement new and innovative practices within their systems. Introducing a new practice cannot and does not happen overnight therefore agencies must be systematic and intentional. Reviewing some practices around the country, effective agencies operated through a change management or continuous improvement process and implemented practices that had certain core values to child welfare and strategies to address critical areas in the agency and system.

Acknowledgments

Thank you to the following individuals who were interviewed or submitted information for this document. Your time and ongoing efforts to support improved child welfare outcomes are greatly appreciated.

Richard Bengtsson
El Paso County Department of Human Services

Debbie Chlebnikow
Albemarle County Department of Social Services

Gary Cullen
Virginia Department of Social Services

Margaret Dixon
Pitt County Department of Social Services

Jim Drendel
Larimer County Department of Human Services Children, Youth and Family Division, Colorado

Amanda C. Hirsh, MSPPM
Allegheny County Department of Human Services, Pennsylvania

Ruth E. Houtte
Vermont Department of Children and Families

Karen Logan, L.C.S.W., M.A.Ed.
El Paso County, Colorado Department of Human Services, Colorado

Paul McWhinney
Virginia Department of Social Services

Kathy Ralston
Albemarle County Department of Social Services

Jeanine Rasky
Allegheny County Department of Human Services, Pennsylvania

Terri T. Reichert, MSW
Child and Family Services Review Coordinator North Carolina

Joanne M.A. Robertson, MSW, LCSW
Family Preservation Family Support Services of North Florida, Inc, Florida

Wanda E. Rogers
Hampton Department of Human Services, Virginia

Judith M. Schagrin, LCSW-C
Baltimore County Department of Social Services, Maryland

Cheryl Schnell
El Paso County Department of Human Services

April Snead
Scotland County Department of Social Services

Denise Sterling Gallop
Hampton Department of Human Services, Virginia

Kathy Stone
Wilson County Department of Social Services

Denise Suniga
Larimer County Department of Human Services Children, Youth and Family Division, Colorado

Dave Thompson
Minnesota Department of Human Services

Cindy Walcott
Vermont Department of Children and Families

References and Resources

Child Welfare Information Gateway

<http://www.childwelfare.gov/famcentered/overview/values/>

Foster Care Redesign The Journey Begins

http://www.fssjax.org/pdf/Redesign_Phase_1.pdf

Phase Two Foster Care Redesign A New Direction... in Foster Care

http://www.fssjax.org/pdf/Redesign_Phase_2.pdf

Pathways: The Opportunities Ahead for Human Services Open Letter

<http://www.aphsa.org/Policy/Doc/Pathways-Open-Letter.pdf>

Positioning Public Child Welfare Guidance

www.ppcwg.org

Raise the Locals Voice: Albemarle, Virginia

<http://local.aphsa.org/Home/stores/Albemarle-VA11.pdf>

Raise the Locals Voice: Hampton, Virginia

<http://local.aphsa.org/Home/stores/Hampton-VA11.pdf>

Showing the Way Out: Youth Support Partners Use Their Personal Experiences to Support Other Youth

<http://www.allegHENYcounty.us/dhs/research-cyf.aspx>