



THE PREVENTION REPORT

The National Resource Center for Family Centered Practice 2006 #1

THE PREVENTION REPORT, published yearly, is a publication of the National Resource Center for Family Centered Practice, The University of Iowa School of Social Work, 100 Oakdale Campus #W206 OH, Iowa City, IA 52242-5000, (319) 335-4965.

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News from the Center

by: Miriam J. Landsman, Ph.D., M.S.W., Executive Director

The National Resource Center for Family Centered Practice is pleased to present the 2006 edition of *The Prevention Report*. In this issue we highlight community collaboration as an increasingly important component in building successful programs within a complex service environment. This issue presents examples of several initiatives with which the NRC is currently involved:

- a cross-systems approach to strengthening mental health services in the Clinton Community School District in Iowa, funded by the U.S. Department of Education
- a neighborhood-based early learning opportunity program in Johnson County, Iowa, funded by the U.S. Department of Health and Human Services
- Community efforts to eliminate minority overrepresentation in the juvenile justice, child welfare, and educational systems

To give you an update on NRCFCP's other activities, we have begun a number of new and exciting initiatives in the past couple of years. We are working on two federal child welfare projects funded by the Children's Bureau of ACF, DHHS—one on improving recruitment and retention in public child welfare, the second on improving outcomes for youth in transition from foster care to adulthood. Both of these projects involve developing, implementing and evaluating training curricula for public child welfare supervisors and workers. The NRC is collaborating with the Iowa Department of Human Services on both of these projects, and we will be able to offer this training more broadly when the curricula are completed

The work of the Disproportionate Minority Confinement/Contact Resource Center (DMC Resource Center) has continued to expand and to generate considerable interest in the field. We now have active projects focused on reducing overrepresentation of minority youth in the juvenile justice and child welfare systems, and we have expanded this work into reducing overrepresentation in suspensions in public schools as well. We will be convening the fifth annual conference on DMC on November 30 and December 1, 2006, in Des Moines, Iowa. Watch for more details about the conference on our website in the near future: www.uiowa.edu/~nrcfcp.

Finally, we have begun an exciting four-year project, Raices (Roots): Rural Latino Capacity Building Initiative. With funding from the Northwest Area Foundation, Raices involves working with rural Latino cluster communities in Iowa, Minnesota, Idaho and Oregon, to strengthen communities' capacity to reduce poverty using asset-based strategies. We will provide updates on the progress of Raices in future issues of *The Prevention Report* and on the NRC website.

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Collaborating Across Systems to Build Effective Schools

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with
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Clinton Community School District

Introduction

School success is closely tied to social-emotional development and positive mental health for children. “Emotions can facilitate or hamper learning and ultimate success in school. Because social and emotional factors play such an important role, schools must attend to this aspect of the educational process for the benefit of all students” (Zins et al, 2004). “When schools implement high quality social-emotional learning programs effectively, the academic achievement of children increases, incidences of problem behaviors decrease, and the relationships that surround each child are improved” (Elias, 2003). In the context of the No Child Left Behind Act, emphasis on academic achievement should be balanced with social-emotional learning. “A deliberate and comprehensive approach to teaching children social and emotional skills can raise their grades and test scores, bolster their enthusiasm for learning, [and] reduce behavior problems...” (Gewertz, 2003).

In April, 2002, the New Freedom Commission on Mental Health began studying the nation’s mental health delivery system culminating in 2003 with the report: *Achieving the Promise: Transforming Mental Health Care in America*. The Commission recommended changes in mental health care and recommended improved and expanded mental health care programs in schools. According to the Policy Leadership Cadre for Mental Health in Schools (sponsored by the Center for Mental Health in Schools at UCLA) mental health in schools is defined as both “positive mental health (e.g., promotion of social and emotional development) and mental health problems (psychosocial concerns and mental disorders) of students, their families, and school staff” (2001).

Schools play an important role in the lives of the nation’s children and are uniquely

positioned to promote mental health while providing academic skill development and achievement. Schools can help in identifying mental health needs and linking students to appropriate services. Improved access for poor, minority or difficult to reach populations can also be achieved.

However, schools cannot accomplish the task of integrating and improving mental health programs alone. “The challenges of the 21st century demand collaboration across groups to assure both achievement and well being for America’s children and youth. Public mental health and education agencies, schools and family organizations must work together to meet the positive social, emotional and educational needs of every child” (NASMHPD and NASDSE, 2002). The *Report of the Surgeon General’s Conference on Children’s Mental Health* (U.S. DHHS, 2001) called for better coordination of mental health services for children, eliminating fragmentation and focusing on mental health as an integral part of learning and general health. Linking mental health and social service agencies with schools can improve community capacity to serve all students in providing universal, early and intensive programs.

Woodruff et al. (1999) compared practices employed to effectively provide mental health services in schools. They reported the following characteristics of effective service provision across study sites: locating counselors, social workers, and psychologists in the schools; wraparound services, school-based case managers, prevention and early intervention programs; support centers within schools for students and their families; and family advocates who engage families as partners.

The characteristics cited are consistent with what is commonly referred to as a “systems of care” model. A systems of care model

generally involves a local coordinating board comprising representatives of agencies that serve youth and families. The board sets policy, and serves in an advisory and administrative capacity. Another important element of school and community agency collaboration is regular meetings among school and agency staff for information sharing and coordination of efforts.

Clinton Community School District Implementation of a Systems of Care Network

Many of the implications and recommendations for best practice have been implemented in the Clinton Community School District (CCSD) through a U.S. Department of Education Safe Schools/Healthy Students sponsored Systems of Care Network for Elementary School Counseling Program. The program represents an innovative approach to addressing the social-emotional needs of students in elementary schools. The Systems of Care Network goal is to create a learning environment where all students have equal access to quality education and counseling services by providing students and families with access to school-based high-quality mental health and social services. The program works at three levels and includes universal, indicated, and selected processes that are developmentally appropriate and culturally sensitive to meet the needs of all students along a risk continuum. Current counseling and educational opportunities are improved by increasing the numbers of counselors available to students and their families; increasing and improving counseling services; and providing teacher training and involvement.

The National Resource Center for Family Centered Practice has been evaluating the effectiveness of the Clinton Community School District approach to providing elementary school counseling



since 2004. The Clinton Community School District (CCSD) Systems of Care (SOC) network was developed using three levels of developmentally appropriate and culturally sensitive services to accomplish the broad goal of creating a quality learning environment where students could receive school-based access to counseling services. The three service levels were intended to build assets among the general student population as well as identify and work with students requiring more intervention. Level A services are district-wide integrating elementary counseling services through training of teachers and support staff and implementation of appropriate curricula focusing on early academic skills. Level B involves identification and supportive intervention with students who have behavioral, academic or attendance issues. Level C is more intensive and includes mental health assessment and services for students and families in need of intervention or referral to community support services. The SOC approach also included improving collaboration with community agencies for better access to mental health and social services.

Elements of the New Approach

Some of the important changes that occurred included increasing the number of qualified counseling personnel available to students and their families, expanding opportunities for counseling and counseling services, and training of teachers who were also involved in the program. The CCSD adopted a solution-focused approach to the counseling program to increase assets (based on the developmental assets described by Benson, 1997) of positive attitudes about school, homework completion, reading for pleasure, peaceful conflict resolution, and resistance skills; and decrease the number of school absences, low achievement, early initiation into substance use, and aggressive school behavior. The Systems Inventory Profile (discussed below) and Iowa Test of Basic Skills (ITBS) were used to measure changes in assets and academic achievement along with other outcome measures such as school attendance and disciplinary actions.

Changes in Staffing, Curriculum and Training

The SOC program added three counselors and a contract with a local mental health agency for two additional social workers to provide services in the elementary schools. A contract with a school psychologist for ¼ time was also added to the Systems of Care Intervention Team (SCIT) for Level C services. The number of conflict resolution programs in which students work with peers to solve conflicts on and off the playground was increased and the *Second Step* curriculum that had been in place for Kindergarten 1st and 2nd grades was added for the 3rd, 4th and 5th grades. Second Step focuses on three social competencies: empathy, impulse control and problem solving and anger management.

Training was provided to staff on the Teacher Assistance Team concept and procedures and in addition to training on the Systems Inventory Profile. Counseling staff and SCIT members received additional training on the purpose and procedures for SCIT, and reviewed best practices in preventive guidance curriculum delivery as it relates to the Second Step program. Four counselors received training as trainers in Developmental Assets at the Search Institute during Summer 2005 in order to train counselors and teachers on integrating the developmental asset philosophy into the social-emotional curricular activities.

Solution-Focused Teacher Assistance Team

The Solution-Focused Teacher Assistance Team (TAT) was designed to provide early identification of at-risk students and to help teachers when their interventions were not successful. Because the TAT is strengths-based, family-centered and solution-focused, the team begins with identification of student strengths, and then needs and interventions are discussed in the presence of parents who are encouraged to participate. Team members could include a school counselor, current teacher, teacher from the previous year, AEA consultant, Principal, or other teaching staff as needed and decided within each school.

Support Groups

CCSD provided support groups for students on a variety of topics including divorce, substance, abuse, anger management, and social skills. Social workers and counselors worked with groups of students who, with parental consent, registered to participate.

Systems of Care Intervention Team (SCIT)

SCIT, a Level C service, provided diagnostic, prescriptive, direct service, case management, counseling and therapeutic services to students and families. Personal, social, family and academic strengths were identified and needs were addressed through the strengths-based, solution-focused approach. The team worked with the student and the family until goals were met. Team members included a school counselor, school psychologist, social worker who served as case facilitator, teacher, parents or guardians, administrative assistant, and on an as needed basis, a representative from juvenile court services, the office of the county attorney, a school resource officer, Department of Human Services staff, Principal, AEA representative or school nurse is also involved.

Parent Involvement

Parents participated in seven categories of service: community referrals, TAT, SCIT, special education meetings, case management, home visits and evaluations. Parent involvement was also encouraged through quarterly school newsletters with articles on school activities, parenting classes on *1 2 3 Magic*, and family night held at several schools.

Advisory Board

Community oversight of the project is provided through Clinton's Gateway Initiative. The Gateway Initiative is responsible for managing projects including start-up, implementation, monitoring, refining, supervision and reporting. Membership includes representatives from CCSD Administration, school principals and staff, Community Learning Center (parent), Advisory Councils, New Directions, Women's Health Services, the Gannon Center for Mental Health, Clinton Parks and Recreation, Clinton Police Department, Department of Human Services, Area Substance Abuse Council and Juvenile Court Services.



Presentations to Community Agencies

The CCSD project coordinator attended meetings with community agencies to describe the program and increase awareness of the services of the CCSD Systems of Care Network. Some of the agencies included: Lutheran Social Services, Hillcrest Family Services, Bethany for Families, Clinton County Juvenile Court Services, and Clinton County Department of Human Services. These presentations increased awareness and fostered an improved spirit of collaboration. The results of the agency survey which measured change in collaboration is discussed below.

Systems Inventory Profile Survey

The Systems Inventory Profile (SIP) is an instrument developed and tested by the Mississippi Bend Area Education Agency. The SIP uses teacher ratings of student assets to measure strengths. Teachers rank students on a 1 (low asset) to 5 (high asset) scale on 18 social-emotional and academic domains: principal/student interactions, teacher/student interactions, other adult/student interactions, intrinsic motivation, self-help skills, overall academic performance in reading, math and science, interpersonal skills, communication skills, social skills, peer/student interaction, self-concept, mood, attitude towards learning, social participation, economics and student health. Teachers ratings of each student are conducted in fall and spring of each school year.

Results

Need for Academic Support

The number of students in need of academic support - those whose percentile rank in reading comprehension and/or math was at the 40th percentile or less - was significantly reduced. During the 2003-04 school year 859 students (47%) were at or below the 40th percentile. After the first year of the program that number had dropped significantly to 562 students (31.4%) (recorded near the end of the 2004-05 school year).

Social/Emotional Assessment

Elementary teachers provided ratings for each student on the Systems Inventory Profile (SIP). The SIP measures five domains: school, performance skills, interpersonal skills, affect, and community and health. From fall 2004 to

spring 2005, the percentage of students ranked by teachers “with assets” increased at each school while the percentage of those ranked “low asset” decreased. One school had an increase of 21 percent in students ranked “with assets” (increasing from 43 percent to 64 percent), while students ranked “low asset” decreased by 21 percent (from 57 percent to 36 percent).

Service Utilization

Counselors identified ten categories of service provided to students at Levels B and C, and time spent with each student in each of these categories was recorded. By the end of the 04-05 school year, comprehensive mental health assessment, treatment, and aftercare services were provided to 972 students and their families in the target schools, far exceeding the goal of 200 students. Most students received more than one type of service, with 538 students (one-third of students) receiving consultation services. Nearly 30 percent of students received individual counseling (455 students, 28%), and 409 students (25%) utilized group counseling. Family meetings were held with 406 students (25%) and case management services were provided to 316 students (20%). Systems of Care Intervention Team (SCIT) services were provided for 190 students (12%) and Special Education Team meetings were held with 161 students (10%). Community referrals were made for 121

students (8%). Referrals to solution-focused Teacher Assistance Teams (TAT) were made for 109 students (7%), and 47 students and their families (3%) received home visits. In all, 60 percent of Clinton elementary students utilized counseling services during the first year of the program.

Student Assets

Teacher rankings of student asset level scores on the SIP were computed for each student to measure results in the areas of improved positive attitudes about school, home work completion, reading for pleasure, peaceful conflict resolution and resistance skills.

Table 1 presents the number and percentage of students assessed with assets according to the SIP in specific goal areas. From Fall 2004 to Spring 2005, students assessed with a positive attitude toward learning increased by 12 percent, homework completion increased by 12 percent, reading for pleasure increased by 12 percent, peaceful conflict resolution increased by 14 percent, and those with the asset of resistance skills increased by 14 percent.

The number of students with disciplinary action decreased from 340 in 2003-2004 to 283 in 2004-2005 and the number of disciplinary actions taken also decreased from 913 in 2003-2004 to 691 in 2004-2005.

Table 1.
CCSD Changes in Student Assets (2004-2005)*

GOAL AREAS	Target schools			
	Fall04		Spring 05	
Number of students assessed=	1460		1456	
	#	%	#	%
<i>Positive attitude toward learning</i>	490	33.6	658	45.2
<i>Homework Completion</i>	454	31.3	635	43.6
<i>Reading for Pleasure</i>	478	32.8	655	45.0
<i>Peaceful conflict resolution</i>	444	30.4	651	44.8
<i>Resistance Skills</i>	452	31.0	635	43.7

*In February 2005 CCSD was informed that the elementary schools previously placed on the No Child Left Behind “Watch List” were no longer on the list.



Results from Focus Groups with Students, Parents and Teachers

To gain an understanding of the experience students, parents and teachers had with the Systems of Care Network approach, focus groups were conducted in May 2005. When asked where they would rate the services on a 5-point scale, most students, parents and teachers rated services at “about a 5.” Services were reported to be more coordinated with other agencies than in the past. It was very helpful for students to know that, if needed, they could visit the counselor and get help with *any* issue that might arise. Teachers and parents reported that counseling services helped students “deal with their feelings,” and that they could “return to the classroom and get along with others” much more quickly. Teachers, more than students and parents, recognized and appreciated that a strength-based solution-focused approach was being used in the District. Some parents recognized that strengths were being identified and they liked the increased communication with the school; some indicated that they wanted even more communication about how their child was doing at school. In general, parents felt the schools had made very positive changes and noted the changes in their children’s behavior and they wanted to hear more about “the good things that were going on.” (To see the report of results from the

focus groups visit: <http://www.uiowa.edu/%7Enrcfcpr/research/>.)

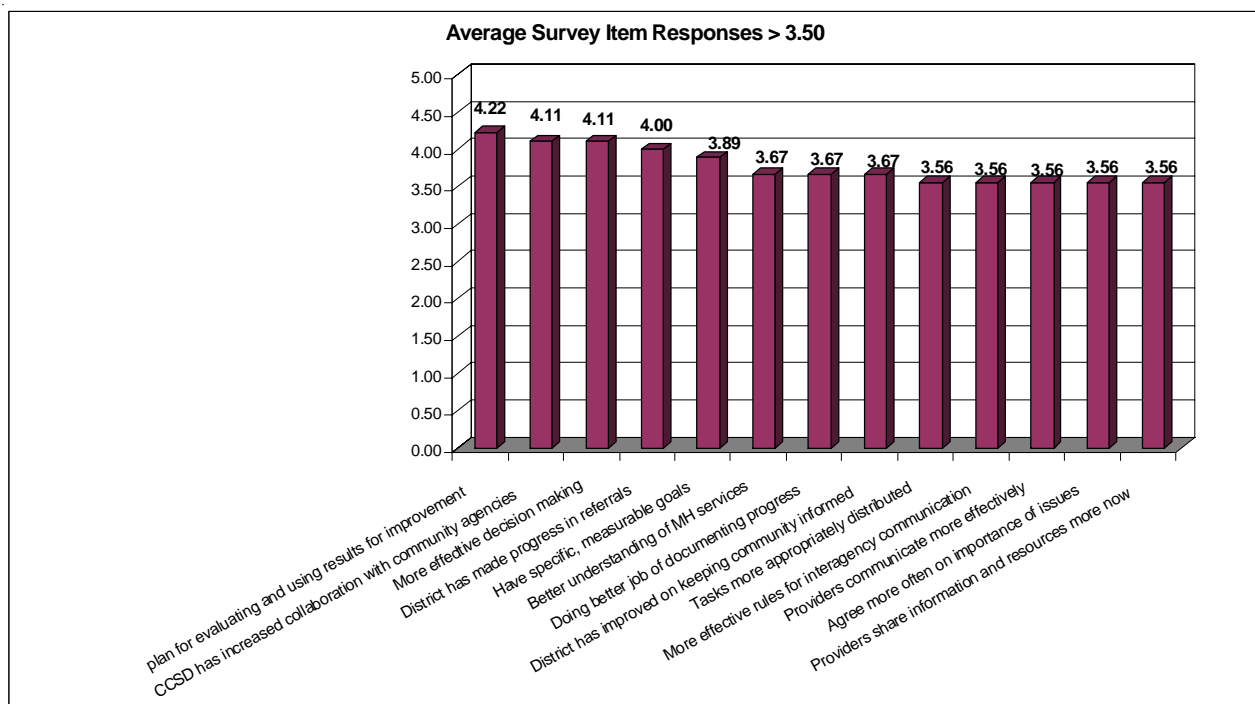
Community Agency Survey

In other work on measuring community collaboration we have utilized social network analysis in conjunction with standard survey techniques to measure and promote strengths in community collaboration (for a more complete discussion see *Measuring Strengths in Community Collaboration* by Richardson and Graf, 2004, at: <http://www.uiowa.edu/%7Enrcfcpr/publications/documents/20041.pdf>). For this evaluation we used only the standard survey approach seeking input on the impact the project was perceived to have on the community including the impact on access to mental health and social services among students and their families.

Responses to the community survey indicated that agency leaders were strongly in favor of the changes brought about in the community by the schools, and they indicated their support for the project and reported increased collaboration. Figure 1, below shows items with mean scores above 3.50, indicating strong agreement with these statements. (Mean scores were computed from a response scale of 1 to 5 where 5=strongly agree and 1=strongly disagree.)

The statements and level of agreement reported as a mean score on a 1 – 5 scale are listed below:

- The school district has a plan for evaluating results and using results to improve elementary student/family access to high quality mental health social services. (mean response=4.22)
- The Clinton School district has increased their collaboration between community agencies and elementary schools compared to a year ago. (mean response= 4.11)
- The elementary school community has a more effective process for making decisions on issues relating to mental health and social services for students and families. (mean response=4.11)
- The school district has made progress in referring elementary students/families to high-quality mental health and social services. (mean response=4.00)
- They have identified specific, measurable goals that they want to achieve for students and their families in accessing high-quality mental health and social services (mean response=3.89)





- There is a better understanding of mental health services for students and families at the elementary schools compared to one year ago. (mean response=3.67)
- The Clinton school counselors are doing a better job documenting their progress (outcomes) in providing access to high-quality mental health and social services for elementary students and their families (mean response=3.67)
- The school district has improved on keeping the larger community well-informed about their work to provide access to high-quality mental health and social services for elementary students and their families (mean response=3.67)
- Tasks are more appropriately distributed among members of the community with respect to providing students/families with access to mental health and social services (mean response=3.56)
- We have more effective rules for handling interagency communication between agencies and the schools who serve elementary students and their families (mean response=3.56)
- Mental health and social service providers communicate more effectively with each other compared to a year ago (mean response=3.56)
- People in our community agree more often on the importance of issues for our community (mean response=3.56)
- Mental health and social service providers in this community share information and resources to assist difficult-to-reach populations more now than one year ago (mean response=3.56)

Summary of Findings

Through collaboration with community agencies, the Clinton Community School District increased counseling staff and made mental health and social services readily available to elementary students who needed them. Along with other school district initiatives, the elementary schools have experienced an increase in math and reading

scores, fewer discipline problems, and an increase in teacher's positive perceptions of student strengths. Counselors utilize solution-focused, strengths-based approaches to help meet the needs of CCSD children and families. Emphasis on the social-emotional aspects of learning for all students has had an effect on academic success, increased students' positive attitude toward learning, improved their skills in completing homework and reading for pleasure, and helped them further develop resistance skills and the ability to reach peaceful conflict resolution.

The results of the evaluation indicated that community agencies communicate more effectively with the schools now compared to two years ago, share information and resources, and distribute tasks more appropriately in dealing with mental health issues. The community is better informed about the work of the Clinton Community School District elementary school counseling program, counselors have improved their ability to document and measure progress, and the elementary schools have more effective strategies for making decisions and meeting the needs of students. Understanding of mental health services for students and families at the elementary schools has also increased along with the capacity of CCSD to serve the mental health and social service needs of its students by joining together with community agencies, sharing expertise, a common agenda, and funding for staff. The CCSD has created a learning environment where all students have equal access to a quality education and counseling services by providing students and families with access to school-based, high-quality mental health and social services.

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MATRIX OUTCOMES CONFERENCE HELD AT CALIFORNIA STATE UNIVERSITY MONTEREY BAY

by: Jerry Endres, MSW

The Institute for Community Collaborative Studies (ICCS) sponsored the *Matrix Outcomes Conference: Evidence Based Practices* held July 15-17, 2005 at California State University Monterey Bay. The NRCFCP along with 14 organizations from California, Nevada, Ohio and Florida co-sponsored the conference. At this first nation-wide Matrix Conference many of the programs “incubated” since 1997 by ICCS presented their process of designing program-based Matrix outcomes for a wide variety of populations, and shared how their staff use the tool for empowerment as well as data reporting. The 140 participants also discussed client and program outcomes measurement, case management models, population data, program and technological innovations to improve services in their communities. A current example is with an Atlanta, Georgia collaborative of seventeen, early childhood centers (toddler to pre-K). The staff are designing their Matrix indicators and will use the tool to support readiness for school, family functioning and access to community resources.

What is new with the Family Development Matrix?

An innovative project that ICCS is partnering with the California Department of Social Services, Office of Child Abuse Prevention and the Strategies organization will build capacity within family resource centers and family support agencies with child welfare partners to use the integrated family outcomes tool, the Family Development Matrix for child welfare redesign. The project includes a relationship with Lisbeth Schorr and the Harvard-based Pathways Initiative (<http://www.pathwaystooutcomes.org/>) to develop outcome strategies for preventing child abuse or neglect and for nurturing children in safe and stable homes.

The Family Development Matrix is a dynamic, strengths-based tool that enables the measuring of family progress by tracking family outcomes over time in relation to prevention and/or intervention activities for client and program assessment, program

planning and outcomes measurement. This innovation for an evidence-based practice model assists staff in the following ways:

- Family Support Workers are more effective in assessing families’ strengths and areas for improvement;
- Empowerment of family decisions and action plans;
- Improved program services resulting from better data to analyze practices;
- Enhanced accountability and reporting methods based on outcomes; and,
- A shared language to communicate with child welfare partners about client outcomes assisting at-risk families.

Using the ICCS online “Matrix Creator” provides an easy method to develop a set of countywide outcomes that are shared and managed by the collaborative group of family resource centers. San Francisco, Stanislaus, Butte, Tehama and Ventura counties and their family resource centers make up the first cohort.

The web based “Matrix Creator” with technical assistance guides the agencies to: Customize a Matrix model that fits the program population

- ◆ Immediate access to categories and indicators from successful programs.
- ◆ Validate the status indicators through field tests with the service population.
- ◆ Assure reliability with case scenarios and sources of evidence.

Train staff to use the Matrix model with the service population

- ◆ Interviews or surveys for continuous assessments,
- ◆ Case planning using the Matrix Family Services Plan
- ◆ Engage the strengths of the family using cultural and community derived wraparound standards and practices

Conduct assessments and data collection

- ◆ Automated data entry and retrieval
- ◆ Reports and charts of Matrix data for strategic planning and continuous improvement.

Visit <http://hhspp.csumb.edu/community/matrix/conference2005/> to see the proceedings of the 2005 conference.

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ERADICATING DISPARITIES: IOWA WORKS TO ELIMINATE MINORITY OVERREPRESENTATION IN THE JUVENILE JUSTICE, CHILD WELFARE, AND EDUCATIONAL SYSTEMS*

(reprinted)

by: Brad Richardson, Ph.D., & Nancy McFall Jean, MSW

For more than a decade, minorities have been overrepresented in the juvenile justice and child welfare systems in Iowa. Now, based on educational data, administrators in the public schools are facing the overrepresentation of children of color in school suspensions and finding ways to eliminate the “achievement gap.” In this article we consider the work of the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa’s School of Social Work to reduce minority overrepresentation in the juvenile justice child welfare, and educational systems, and offer recommendations for social workers who serve these populations.

The Child Welfare System

In Iowa, children of color comprise 12 percent of the population and more than 20 percent of those in the child welfare system (DHHS, 2001). This overrepresentation of minority children has been documented as a national trend; children of color represent nearly half of the foster care population nationwide, although they are only 20 percent of the nation’s children (National Data Analysis System, 2005).

Although data suggest that they are not at greater risk for abuse or neglect, minority children are clearly overrepresented in the child welfare system. From administrative data, we also know that children of color experience a higher number of out-of-home placements and are less likely to be reunified with their birth parents. According to a Casey Family Programs Fact Sheet (n.d.), children of color with the same characteristics as the Caucasian counterparts receive different treatment at every point in the child welfare decision-making process, including the decision to place them out of the home, the number of out-of-home placements, and the rate of reunifications with birth families.

The DMC Resource Center aims to reduce the overrepresentation of children of color in

the child welfare system through the Minority Youth and Families Initiative. This initiative was funded by the Iowa Department of Human Services (DHS) and has pilot projects in Des Moines and Sioux City.

In Des Moines, the project is implemented by PACE Juvenile Justice Center, a local inner-city nonprofit that provides case management and family support services to African-American households referred by DHS when there has been a maltreatment report to DHS and other children in the home may be at risk. The project uses *embedded workers*, social workers who live in the community in which they work. These social workers are culturally sensitive and employ a strengths-based and family-centered approach. The project has been able to prevent re-abuse, prevent the abuse of other children in the families and avoid the need for foster or group-home care. To date, no subsequent maltreatment reports have been filed on any of the families that have participated in the program. Twelve families, including 22 children, have been served by two embedded social workers since January 2005.

In Sioux City, where Native American children and youths are significantly overrepresented in the child welfare and juvenile justice systems, the pilot project created a Specialized Native American Unit within DHS. The unit’s goals include earlier identification of relatives as placement options, recruitment and retention of Native American foster parents, and use of family team meetings. Since January 2005, 10 workers have accepted assignment to the unit and approximately 30 families and 120 children have been served. Eight families were diverted to tribal jurisdiction, and another 15 families participated in preventive services. No maltreatment reports have been recorded among these families.

In both communities, a local planning committee was organized to develop a plan for the project. As a result of the successes seen with the families served, the state has continued the pilot projects for another year.

The Juvenile Justice System

Much like the child welfare system, the juvenile justice system is finding ways to grapple with the overrepresentation of minority youths. Minorities make up only 9 percent of Iowa’s youth population, but a third of youths held in juvenile detention facilities are minorities. The DMC Resource Center works in counties where minorities are significantly overrepresented in secure confinement and assist local efforts to address related issues.

The DMC Resource Center provides technical assistance in support of county-based coalitions that have identified overrepresentation as a priority problem. It analyzes local data, provides training as needed and defined by the communities, attends meetings, and provides information, research, evaluation and assistance in obtaining federal technical support. The DMC Resource Center uses a strength-based, solution-focused, family-centered orientation to community social work and direct practice.

The DMC Resource Center heightens awareness by hosting an annual statewide DMC conference, bringing together social workers, attorneys, police officers, educators, and other professionals and community members for two days to discuss solutions to reduce the overrepresentation of minorities in the juvenile justice system. Conference participants learn about cultural competency and diversity issues and acquire tools for developing effective strategies to reduce overrepresentation. Last year the conference drew 300 participants from 14 states.



The Education System

Minorities are also overrepresented in the number of suspensions from the Des Moines Public Schools (DMPS), which correlates with their overrepresented involvement in the child welfare and juvenile justice system. For example, African-American students are arrested at rates that far exceed their proportion of the population at Des Moines high schools. The *Des Moines Register* (Deering, Alex, & Blake; 2003, June 17) examined arrest data and found that “Black students, who constitute 15 percent of Des Moines’ high school student body, accounted for 33 percent of the 556 arrests.”

Who are the students most at risk for suspension? According to the schools, many of the characteristics listed are the same ones included in the profile of students who drop out of school: African-American males with academic difficulties who are enrolled in special education programs (DMPS, 2005). Data collected at the county detention center and reviewed by the Polk County Diversion Project’s detention review team show that youths who appear at the detention center and are confined have an average of 11 school suspensions.

In 2005, the DMPS requested training for its social workers and psychologists in strengths-based, culturally competent group facilitation. The DMC Resource Center provided the training and worked with DMPS to process information obtained through a series of focus groups conducted with African-American and Latino students who had been suspended and a parallel set of focus groups with their parents.

What we have heard from these focus groups is that students want to succeed in school and their parents want them to succeed. Students realize that sometimes parents must work extra hours to make enough money to support the family, which reduces the amount of time parents can be at home. Many students want mentors and teachers who understand and support them. The DMC Resource Center and DMPS are currently reviewing the findings and developing intervention strategies to reduce minority overrepresentation in suspensions.

Why Do These Disparities Exist?

Efforts to reduce disparities across systems—child welfare, juvenile justice, education, housing and labor—require consideration of the factors that lead to these disparities. Many experts say that the root causes are: poverty (Rozie-Battle, 2002); the presence of racism or lack of cultural competence among professionals working with youth of color; and the lack of services and resources that would help these youths make informed decisions (Villarruel, et al., 2002).

Poverty exposes families to multiple stress factors that may compromise their ability to manage day-to-day activities. Because minority families in this country, particularly African-American families, are more likely than non-minority families to be poor, they are also more vulnerable to social problems, including child abuse and neglect, domestic violence, and substance abuse (Children’s Bureau, 2003).

Despite their need for services, poor families are more likely to live in resource-poor communities, many of which also are geographically isolated from other communities that might offer support and services (Children’s Bureau, 2003). As a result, families that live in poverty are the least likely to have resources available to them, leaving them even further compromised. The more compromised a family is, the more likely that it will eventually come into contact with child welfare or some other social system.

Implications for Social Workers

The disproportionate rate of children of color in the child welfare and juvenile justice systems, and in school suspensions, is of serious concern to social workers. When disparities in outcomes by race or ethnicity occur, agencies must employ strategies to mitigate these disparities and improve outcomes for all children (NASW, 2001). These strategies include the following:

- ◆ Recruiting multiethnic staff and including cultural competence requirements in job descriptions and performance promotion criteria.
- ◆ Reviewing current and emergent demographic trends for the geographic area served by the agency to determine

service needs, including interpretations and translation services.

- ◆ Encouraging the participation of families as major stakeholders in the development of service delivery systems.
- ◆ Maintaining awareness of the effect of social policies and programs on diverse client populations and advocating for and with families whenever possible.
- ◆ Requiring staff to participate in educational and training programs to expand their cultural competence.

Recommendations

Social workers in the child welfare system can help reduce the overrepresentation of children of color in the system by considering the following strategies:

- ◆ Use family group decision-making processes (Casey Family Programs, 2003), which allow the family to participate in a broad range of decisions about the child’s well-being. Involving the child and family in decision making and giving families an opportunity to contribute their ideas about cultural issues should be a valued part of the casework process.
- ◆ Use strengths-based asset model to determine whether reunification with the birth family is a viable option. Studies have shown that African-American children in out-of-home care are more likely to be reunited with their birth families if parents received services; had a high school education, job skills and jobs; and did not have substance abuse problems (Westat & Chapin Hall Center for Children, 2001).
- ◆ Screen for and treat substance abuse disorders. It is estimated that 80 percent of children in out-of-home placements are there as a result of parental substance abuse problems (DHHS, 2000).
- ◆ Locate kin and other persons who can provide support and a sense of permanency for the child, if reunification with the birth family is not an option. In recruitment efforts seek families that reflect the ethnic and racial background of the children for whom the homes are needed, and situations that are in compliance with the Multiethnic



Placement Act of 1994 (P.L. 103-382), the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (P.L. 104-188), and the Indian Child Welfare Act (P.L. 95-608) (NASW, 2005).

For instance when a Native American child requires out-of-home care, social workers must include tribes in decision making and for assistance in locating appropriate placement. Social workers should also consider the particular needs of children who have English as a second language. If children are placed with families of a different race, ethnicity, or culture, the families should receive diversity training when appropriate.

Social workers in the juvenile justice system can help reduce the overrepresentation of children of color in the system by considering the following strategies:

- ♦ Advocate for decreasing the disproportionate incarceration of youths of color and for the construction of appropriate residential programs (Villarruel et al., 2002).
- ♦ Identify the resources that are available to juveniles, including alternative programs, group homes, mentors, after school programs, and therapeutic services. School dropout prevention programs are becoming more numerous and varied. These programs include violence and bullying prevention, after-school recreation, mentoring and academic improvement programs, and social competence curricula to encourage students to refrain from violent behaviors (NASW, 2003)
- ♦ Analyze client data by race and ethnicity to detect disparate treatment; use objective screening instruments to eliminate subjectivity from decision making; coordinate with police to better control who comes in the door of the juvenile justice system; change hiring practices to make staff more representative of youths in the system; hold staff accountable for placement decisions; develop culturally competent programming; and employ mechanisms to divert youth of color from secure confinement (Hoyt, n.d.).

In the education system, disparities in school suspensions can lead to minority children being “tracked” into the juvenile justice system. We know from the Des Moines Public School experience that children of color are more likely than Caucasian children to receive suspensions. Some analysts contend that zero-tolerance laws—enacted by state legislatures and then, in 1994, by Congress—are to blame. Over the past decade, some experts have observed that disciplinary policies originally intended for “dangerous” students and mandating severe punishments (suspension, expulsion, or referral to law enforcement) have been expanded in many districts to cover a broad range of student behaviors, from possession of weapons and drugs to threats, truancy, and tardiness.

The Youth Transition Funders Group (n.d.) found that, “Zero tolerance policies prematurely push struggling students out of schools and into the juvenile justice system, dramatically increasing racial disparities. Some jurisdictions reports that almost half of all their referrals to juvenile court originate from schools.”

Conclusion

While there are many disparities in the child welfare, juvenile justice, and education systems, the DMC Resource Center’s efforts to eliminate disparities in these systems have shown that measurable results can be achieved through a combination of systems change and direct practice.

Poverty and racism may be contributing factors to minority overrepresentation in the child welfare and juvenile justice systems and in school suspensions. However we do not have a clear understanding of why the disparities exist, particularly with regard to African-American youths. We do know that the over reliance on current practices of excessive suspensions, confinement, and out-of-home placements has not been effective in preventing or eliminating disparities.

Social workers must continue to demand better jobs and services for low-income families through advocacy at the state and national levels; and staff in all systems need better training in cultural competency and in using strengths-based, solution-focused, and family-centered services.

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“This article was originally printed in the Fall 2005 edition of the Intersections in Practice annual bulletin of the National Association of Social Workers’ Specialty Practice Sections. For more information, send email to Sections@naswdc.org”



THE IMPACT OF COMMUNITY COLLABORATION TO IMPROVE EARLY LEARNING

by: Brad Richardson, Ph.D., Nancy Graf, B.A., National Resource Center for Family Centered Practice with Brian Loring, Neighborhood Centers of Johnson County

“Children exist in the world as well as in the family. From the moment they are born, they depend on a host of other ‘grown-ups’ – grandparents, neighbors, teachers, ministers, employers, political leaders, and untold others who touch their lives directly and indirectly. Adults police their streets, monitor the quality of their food, air, and water, produce the programs that appear on their televisions, run the businesses that employ their parents, and write the laws that protect them. Each of us plays a part in every child’s life: It takes a village to raise a child.”

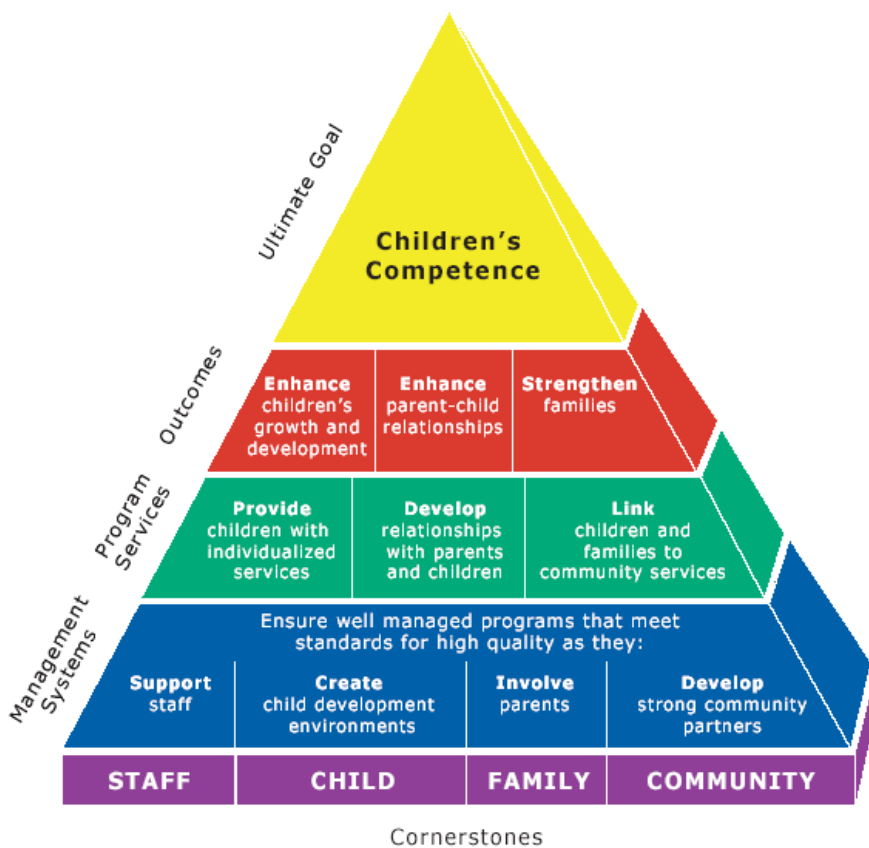
(Hillary Rodham Clinton, 1996)

In today’s village, community collaboration among systems is important for achieving success in early learning for young children. Kishner et al. (2004) developed a conceptual framework organized as a pyramid to illustrate how collaborative services can be developed to promote children’s competence — everyday effectiveness in dealing with their present environment and later responsibilities in school and life. The base of the pyramid is the human factor, the individual building blocks of staff, child, family and community. Management systems and program services are outputs that lead to outcomes and finally children’s competence.

Through the Early Learning Opportunity Act (ELOA), programs were supported to develop strong community partnerships that involve parents to improve services and results for children aged 0 to 5 and their families and to help prepare them for school success.

In Iowa City, Iowa, the Neighborhood Centers of Johnson County (NCJC) began implementing an ELOA project in Fall, 2004 locally called the Johnson County Early Learning Initiative (JCELI, pronounced “jelly”). NCJC is a community-based, family-centered human services agency dedicated to building a better future for people in neighborhoods through programs and activities that educate, strengthen families, and create a sense of community. Programs include: child development, parent involvement, school-age programs, parent education, family support, cross cultural programming for immigrants and refugees, family resource center development, and literacy including English language learning.

JCELI integrates community-based and family-focused strategies to improve the community awareness and support for education of young children, creating a community and home environment of high-quality language, literacy and learning opportunities. JCELI also provides opportunities for professionals to enhance their capacity as providers and as partners with parents. The project goal is to improve education and health outcomes for young children from birth to 5 years and prepare them for a successful school experience by inspiring a genuine love of reading and learning. The National Resource Center for Family Centered practice has served as evaluator of these efforts.



From Kisker E. E., Boller, K., Nagatoshi, C., Sciarrino, C. et al. (2004). *Research for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers*. Princeton, NJ: Mathematica Policy Research, Inc.



Events and activities are designed to promote good health, reading and learning, and emphasize the importance of parents as the first teachers of their children. Activities also help parents build relationships with other parents and early childhood providers. In addition to raising awareness, JCELI identifies vulnerable children and families for support services to ensure their success in kindergarten. Referrals for assessment come from parents and through a network of educators, child care providers and human service agencies. To assist in identifying vulnerable children, JCELI includes training and support for home and center-based child care providers.

A JCELI family support worker who coordinates prevention and intervention services and activities is available to families with children that may need additional support. The continuum is designed to match the needs of vulnerable children and families and prepare them for school success.

Elements of the JCELI Approach

The JCELI program has three primary components:

- 1) Yearn to Learn Community Education Campaign,
- 2) Provider training and support, and
- 3) Early childhood services and interventions.

Yearn to Learn Community Education Campaign is a community-building program utilizing neighborhood events and activities that serve to strengthen families' natural networks of support and provide information and hands-on activities focused on literacy, early childhood education and parenting. Yearn to Learn supports families

living in target neighborhoods and the community in general to help identify children in need of support and intervention services prior to school entry.

Provider Training and Support for home, church, and center-based child care providers is provided based on the philosophy that it takes a village to raise a child; all children and families benefit when all area providers receive training and support. Providers are offered a series of child screening and assessment workshops along with assistance in developing appropriate intervention strategies and supports, along with modest incentives for participation.

Early Childhood Services and Interventions are designed to identify vulnerable children living in the target neighborhoods and offers an array of supports to meet educational and developmental needs. Families complete a referral form which is reviewed by the JCELI coordinator. Following a home visit a family case plan is developed. Intervention services include:

- ♦ Speech, language, or emergent literacy delay assistance through a partnership with the University of Iowa Wendell Johnson Speech and Hearing Clinic;
- ♦ Social and emotional delay assistance through the NCJC early interventionist specializing in play therapy;
- ♦ Behavior needs and delay assistance through the Iowa City Community School District (ICCS) behavior interventionists;
- ♦ Assistance through a partnership with the local Community Mental Health center with staff who specialize in child

psychiatry and psychology, working one-on-one with children;

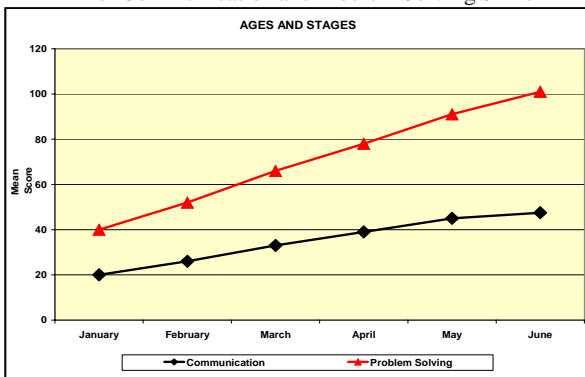
- ♦ Preschoolers Reaching their Education Potential (PREP) for children identified with multiple delays which provides self-contained classroom environments and a 12-month intensive school-readiness classroom experience. PREP is designed to promote positive behaviors, early literacy skills and prepares children for school success.
- ♦ Special Education Services for children who exhibit significant needs where placement in a self-contained special education classroom offered by the local school district in partnership with the Area Education Agency is needed.

Outcomes

Because each child in the PREP classroom had been identified with developmental delay, special efforts were made to integrate language remediation, positive social instruction and pre-academic skills into each day's lesson plan. The PREP curriculum brings together activities that support all of the developmental domains.

Two assessment tests were administered each month to children who received services through the PREP program: The Ages and Stages Questionnaire (ASQ) and the Devereux Early Childhood Assessment (DECA). The ASQ measured communication and problem solving skills; the (DECA) measured initiative, self-control, and attachment. Figures 1 and 2 below show the changes in the mean assessment scores for the first six months of 2005. Scores for students in the PREP program improved for communication and problem solving skills, initiative,

Figure 1. PREP Students: Change in Mean Assessment Scores for Communication and Problem Solving Skills





self-control and attachment to the adults providing care.

ASQ and DECA scores improved significantly and behavioral concerns also showed significant decreases. Students also improved significantly on the ASQ-SE measures of social and emotional behaviors (baseline scores for 14 (48%) of the children initially tested had scores above the “cut-off” on the ASQ-SE indicating further mental health assessment needs and at follow-up only 5 (19%) children scored above the “cut-off.”)

Cooperation and Coordination

Johnson County has a long history of successful collaboration. The longstanding relationships facilitate achieving measurable results for children and families and creating a service delivery system that is integrated, preventive, accessible and efficient. When we surveyed community members some of the more characteristic statements about the community were:

- There are strong and trusting relationships among the health, education, and human services sectors;
- There is shared responsibility for procuring, allocating and managing funds to achieve common goals;
- Collaboration is valued to identify agreed-upon community priorities;
- Citizen and consumer involvement is an important element in planning, monitoring and supporting community efforts ;
- The capacity to deliver services to families in their own neighborhoods utilizing established formal and natural networks for family support is supported.

Blending a variety of health and human service agencies and natural support networks is critical for achieving successful outcomes for young children and families. JCELI works closely with partner agencies relying on the community provider network to identify and fill gaps in services and enhance existing programs. Partner agencies in the JCELI program include: Johnson County Empowerment, the National Resource Center for Family Centered Practice at the University of Iowa School of Social Work, Grant Wood Area Education Agency, Iowa City Community School District, Iowa City Public Li-

brary, Wendell Johnson Speech and Hearing Clinic at the University of Iowa Hospitals and Clinics, the Mobile Health Clinic of the University of Iowa College of Medicine, Victory Temple, 4C’s Community Coordinated Child Care, United Way of Johnson County, Johnson County Department of Human Services, the Johnson County Department of Public Health, WIC, Mid-Eastern Community Mental Health Center, HACAP/Head Start, Johnson County Extension Service, the Department of Education’s Shared Visions program, and Iowa Public Television.

Measuring Strengths in Johnson County Cross-Sector Community Collaboration

Recognizing that strengthening relationships among community providers has benefits for current and future programs, as part of the JCELI project, a social network analysis was conducted to assess provider agency collaboration and changes that occurred during the project period. The analysis provided an initial assessment of the strengths and the structure of collaboration in providing services for young children and their families. The results of the baseline assessment were presented to the community of providers, and the results were also discussed among the directors of the agencies. Our approach was to present the results and follow that presentation with a discussion of reactions and ideas about how to move the network closer to an ideal collaborative structure.

Agencies comprising the network of providers in Johnson County for children birth to age 5 and their families were first identified, and a baseline survey of representatives of these 17 agencies was conducted using social network analysis (SNA) methods. SNA methods have contributed to both inter-organizational analysis and organization theory in general (e.g., Richardson and Graf, 2004). Data collected on the JCELI network of service providers included descriptive information about the network of agencies, and the nature and structure of the relationships within this network through a survey designed to specifically capture relational data.

The network analysis was an assessment of the level of provider collaboration that existed at the time of the survey. The analysis

of these relations is important to assess change in the working relationships among the JCELI network of service providers and among service providers during implementation. These data provide measures that can be used to further the development of collaboration identifying where strong relationships are found as well as where relationships can and should be strengthened. Feedback to network members on the statistical measures and illustrations of relationships within the network members helped to clarify strengths and structure among those involved in the service network. The table and figures below show the results from one example of the relations examined through the evaluation: “working together to provide health or literacy activities in the community.”

[For a more thorough explanation of social network analysis and how to interpret network illustrations and statistics see Richardson, B., and Graf, N. (2004), *Measuring the strengths of community collaboration*, The Prevention Report, 1.]

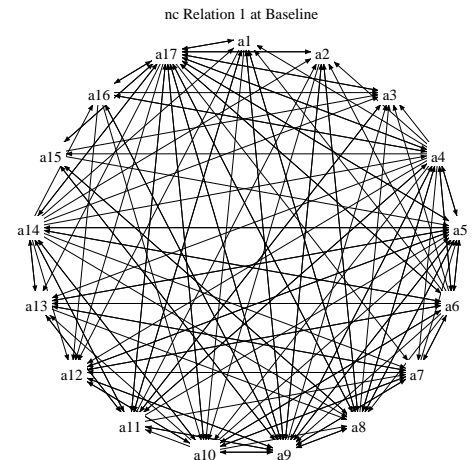


JCELINetwork Collaboration

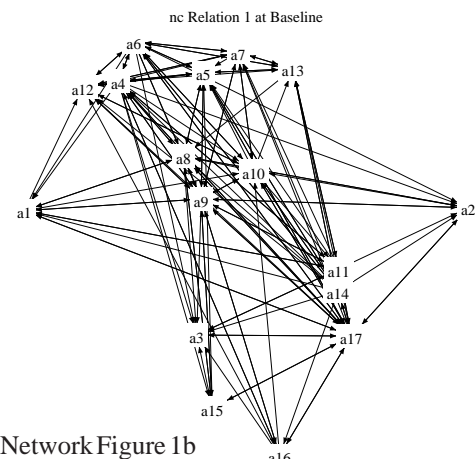
"Working together to provide health or literacy activities in the community" (baseline)

Network Table 1

Agency #	Outdegree		Indegree	
	Number	Percent	Number	Percent
1	6	37.5	7	43.8
2	4	25.0	7	43.8
3	2	12.5	9	56.3
4	15	93.8	8	50.0
5	8	50.0	12	75.0
6	13	81.3	8	50.0
7	6	37.5	9	56.3
8	8	50.0	11	68.8
9	13	81.3	13	81.3
10	10	62.5	10	62.5
11	10	62.5	8	50.0
12	5	31.3	10	62.5
13	6	37.5	8	50.0
14	14	87.5	6	37.5
15	5	31.3	4	25.0
16	6	37.5	4	25.0
17	16	100.0	13	81.3
Avg Degree (std dev)	8.65 (4.101)	8.65 (2.611)		
Max Nodal Degrees	16	16		
Avg Geodesic Distance	1.460			
Avg Density (std dev)	54.0% (0.4984)			
Network Centralization	34.2%			



Network Figure 1a
Illustration of Connections (baseline)



Network Figure 1b
Illustration of Fig. 1a using Multidimensional Scaling of Distances and Similarities

In Table 1, above, agencies who report more outdegrees and receive more indegrees are agencies determined to be at the center of activity. The average geodesic distance is the average of the shortest distance between network members; a measure near "1" would indicate members are directly connected while larger numbers indicate a higher degree of separation. The average density of a network is an important measure because it tells us the percentage of the total number of possible relationships that exist in the network; if all relationship are present the average density would be 100%. Network centralization is also a percentage indicating

how much variability there is in the connectiveness of the members of the network; higher network centralization percentages indicating that the network is more egalitarian and lower percentages indicate more prestige or concentration of activity among fewer members of the network.

In Figure 1a lines represent the connections between nodes (agencies) and the arrowheads capture the direction of the connection ("who said what about whom"). Figure 1b was produced using a statistical technique to locate the agencies in three dimensional space. This gives the appear-

ance of being in the center to those most active and generally more influential in the relationships, and locates those that are less active farther from the center.

The table and figures above indicate a network where collaboration is relatively strong in their reports about providing health and literacy services in the community.

Making Use of the Network Analysis Data

A routine mechanism for incorporating results into practice is the most effective way to use data for program improvement. Likewise, network data are most effectively used



when integrated with efforts to improve community collaboration. Routine review of results by administration and practitioners provides a fact base for making decisions that also have legitimacy in the network for decisions. Ideally, collaboration data should be shared, and agencies should be encouraged to build upon the strengths of existing relationships.

Effective use of network data has been accomplished through the presentation of results to agency directors in the community. In the present instance, network analysis results on community collaboration were presented and those in attendance provided feedback about the current state of collaboration in the network and their perceptions of what an ideal form might look like. Participants provided valuable information for the evaluation as well as improvement strategies for collaboration based on the data. This approach also serves to reinforce a model and mechanism of using evidence-based practice in the local service sector. Any agency seeking to improve collaboration from their perspective could use the data in practice, and some individual improvement strategies were discussed with the network members. Subsequent follow-up can further reinforce the importance of using data to improve and monitor community collaboration.

During the discussion with the JCELI network of providers, feedback was obtained which captured what we believe are some important strategies for examining and using community collaboration information:

1. Collaboration takes place at multiple levels and data should be collected not only from directors but from several levels in the agencies.
2. Collaboration is affected by need and correlates with current funding.
3. Agencies in Iowa and across the country have similar experiences and have reported similar results.
4. A key element for interagency collaboration and coordination is to organize social services so they are family friendly (sometimes referred to as “no wrong door”).

5. To further improve coordination, more recognition needs to be given to knowledge and blending of services and referrals.
6. More sharing of information (brochures, etc.) is needed to know what each other agency is doing and what services they provide.
7. Specific information on new projects such as JCELI is needed to keep agencies up to date on programs in the community.

Qualitative data were also collected through the project giving us information about areas of need in the community to achieve better educational and health outcomes for young children. Responses indicated that the community needs:

- More quality preschool opportunities,
- Better access to health care,
- Early childhood learning standards,
- More home visits,
- More fiscal resources,
- Consistent communication among providers, and
- More family participation.

To gain family participation in neighborhood health and learning activities the following strategies were reported to be effective:

- Provide incentives such as food, transportation and child care;
- Engage participants in simple tasks and activities;
- Outreach through communication and promotion;
- Build trusting relationships; provide home visits; seek additional funding; make connections with schools and preschools;
- Build trust, relationships and break down barriers; and
- Invite families to be a part of the process.

Conclusion

The JCELI has raised overall community awareness about collaboration and the importance of the early learning years for children’s education and health. Members of the community received training on screen-

ing, identifying, and better serving vulnerable children. A central “point-of-entry” was created to improve access to early childhood services and a more coordinated system for identifying children and families in need of assistance for school success was established. Over a six month period of the program, students demonstrated improved communication and problem solving skills, initiative, self-control, and attachment to adult caregivers. The provider community reported improvements in collaboration and coordination including increased trust, a more equal voice, progress toward improving services, and a more inclusive inter-agency environment which encouraged participation by new members. Through discussion of network analysis data, agencies identified strategies for improving individual connectedness in the services network and areas of strength in the community’s capacity to improve services for young children and families.

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Richardson, B., and Graf, N. (2004), *Measuring the strengths of community collaboration*, *The Prevention Report*, 1.

Evaluation of this project was supported by the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Early Learning Opportunities Act (ELOA), Grant #90LO01350. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the DHHS, ACF, Johnson County Neighborhood Centers or the University of Iowa.



Child welfare and juvenile justice professionals, educators, social workers, judges, attorneys, police officers, university faculty and other professionals and community members gathered in Des Moines for two days last December to discuss the over-representation of minorities in confinement and disproportionate contact with the juvenile justice and child welfare systems. DMC Coordinators from around the Midwest and as far away as Massachusetts also attended the conference. This year the conference will be held on November 30th and December 1st, 2006; details can be found at: <http://www.uiowa.edu/%7Enrcfcp/dmcr>

The DMC Resource Center at the National Resource Center for Family Centered Practice, University of Iowa School of Social Work sponsors the Annual Statewide Conference which is titled "Investing in Iowa's Youth,

Investing in Iowa's Future." The DMC Resource Center is a collaboration among the University of Iowa School of Social Work, National Resource Center for Family Centered Practice, the Iowa Department of Human Services and the Department of Human Rights, Division of Criminal and Juvenile Justice Planning.

This year's statewide conference will showcase best practices and policy-based solutions from around the country. Conference participants will increase their knowledge about cultural competency and diversity as well as acquire tools for developing effective strategies for system change and alternatives to confinement. Some of the notable conference speakers from past conferences have included: Heidi Hsia from the Office of Juvenile Justice and Delinquency Planning, Washington, D.C.; Lynn McDonald, author

of the program Families and Schools Together; Terry Cross, executive director of the National Indian Child Welfare Association; Jon McCain, vice president of Youth Services International in Tucson, Arizona.; Bart Lubow from the Annie E. Casey Foundation, James Bell of the Burns Institute, Bill Feyerherm from Portland State University, Howard Snyder of the National Criminal Justice Reference Service, Andre Collins of the National Football League Retired Players Association and Shay Bilchik, Director of the Child Welfare League of America. To learn more about this year's conference or to register for the conference, visit <http://www.uiowa.edu/~nrcfcp/dmcr/>



Opening Plenary: Brad Richardson, Andre Collins Christy Sharp (standing above, left to right) Skywalker Payne, Jon McCain (standing below)



Isisserettes at the 4th Annual DMC Conference



DMC Coordinators from around the Midwest convened at the 2005 Conference.



Opening Plenary Conclusion: Brad Richardson, Andre Collins, Christy Sharp (standing above, left to right), Lauri Schaffner (seated), Skywalker Payne, Jon McCain (standing, below)



Emmanuel Garner, Julia Charles and Salome Raheim



Raíces (Roots): Rural Latino Capacity Building Initiative

What is Raíces?

Raíces is a four-state, four year project focused on building community capacity in rural Latino communities in Iowa, Minnesota, Idaho, and Oregon. The project is a partnership between the Northwest Area Foundation, the University of Iowa Institute for Support of Latino Families and Communities, and the Main Street Project. The name Raíces, or roots, refers to the deep roots that connect rural Latinos to their communities, and the strength of that culture, history, and connection in addressing challenges facing communities today, including poverty, and working together to sustain a vibrant future.

What Communities Are Involved?

The project will work in four states (Iowa, Minnesota, Idaho, and Oregon) address common challenges and share unique strengths. The Northwest Area Foundation brought together Latino leaders to choose “cluster communities” in which to focus these efforts. To date, cluster communities have been chosen in Iowa (Marshalltown, Tama, Toledo, and Ackley) and Idaho (Jerome, Burley, Heyburn and Rupert). Site selection in Minnesota and Oregon is scheduled for Spring, 2006.

Raíces Goals and Principles

Raíces’ goal is to build individual and community capacity to reduce poverty by strengthening community readiness to develop, implement, and sustain asset-based strategies and initiatives toward community improvement. The Northwest Area Foundation is committed to helping communities reduce poverty for the long term through financial investments, leadership training, and technical assistance to build local capacity (commitment, knowledge, skills, and abilities). The challenges facing rural Latinos occur within a larger regional and global context and cannot be addressed by simply providing more “services” or quick fixes. Raíces will work respectfully with rural communities to forge their own solutions. The following principles will be fundamental to all Raíces work:

- A. Latino/a led and accountable to Latino communities;
- B. Participatory approach that respects the knowledge and wisdom of the people most affected by poverty;
- C. Culturally competent and language accessible;
- D. Respect for rural context and realities;
- E. Strength and asset-based toward community capacity-building.

If you have come here to help me, you are wasting your time. But if you've come because your liberation is bound up with mine, then let us work together.

~ **Lilla Watson**, an Aboriginal activist/educator based in Brisbane, Australia. She is said to have used this statement to greet social workers at the edge of her village.



Raíces Activities and Structure

Raíces Cluster Site Activities

At each cluster site, Raíces staff and volunteers will work with rural Latino communities to support:

- **Relationship Building:** Build relationships with communities and work together to identify existing strengths, assets and challenges;
- **Community Organizing and Encuentros:** Work with rural Latinos using the Latin American model of *encuentros*, or community gatherings, in which community is celebrated, issues are identified, and communities learn from each other and plan for action;
- **Fellowship/Leadership Program:** Strengthen rural Latino leadership through family-centered and multigenerational programs;
- **Community Projects Fund:** Coordinate a community grants fund to support work at the local level and address issues identified by the community;
- **Mercado de Recursos:** People, supportive of the Raíces principles, will be available to provide technical assistance and training to communities and individuals.

Raíces Project Infrastructure

The work of the Raíces project will be supported by:

- **Managing Organization Collaborative:** Brings together a public university, a Latino-led community-based organization, and state cluster organizers to leverage resources and build a collaborative model based on empowerment.
- **Regional Leadership Concilio:** Regional Latino leadership council to inform and direct the work of the project and support sustainability after the project’s initial four years.
- **Cross-site Gatherings:** Annual gatherings to bring together rural Latino leaders from each of the states to connect with and learn from each other, and create a united voice on issues affecting rural Latinos.
- **Principle-based Decision-making:** All project staff, technical assistance providers, and project leadership will be accountable to the Raíces principles in actions and process.
- **Evaluation and Learning:** Committed to learning and growth at all levels of the initiative, and evaluation of individual and community level outcomes to share information with communities.

For More Information

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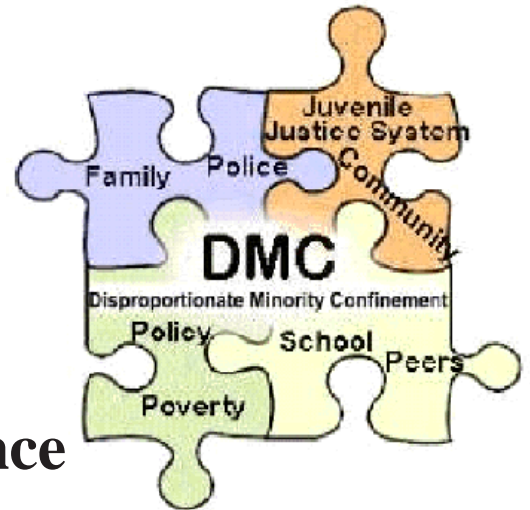
Save the Dates!

November 30-December 1, 2006

Des Moines, Iowa

**"Investing in Iowa's Youth,
Investing in Iowa's Future"**

**Fifth Annual
DMC Resource Center Conference**



Make sure you are notified of the next DMC Resource Center conference! Sign up for the DMCRRC information list serve by sending an email to listserv@list.uiowa.edu. In the body write: `subscribe dmcrc your-name@your-email-address.com`.

This 5th Annual DMCRRC conference will bring together judges, attorneys, juvenile court officers, social workers, police officers, case managers, educators, and community members to discuss common solutions and successes that will impact disproportionate minority contact in Iowa. Participants will increase their knowledge about working with youth and their families, diversity and cultural competence, policy, and best practices. People working with youth in and around the juvenile court system will acquire tools for developing effective risk assessment and alternatives to confinement.

For more information, please visit the NRC website at: <http://www.uiowa.edu/%7Enrcfcp/dmcrc/> or call Brad Richardson at the National Resource Center for Family Centered Practice at (319) 335-4965 or email brad-richardson@uiowa.edu.