



# THE PREVENTION REPORT

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## PROCESS CONSULTATION: TECHNICAL ASSISTANCE TO STRENGTHEN CHILD AND FAMILY SYSTEM REFORM INITIATIVES

by: **Marc Mannes, Ph.D., Executive Director**

This article offers observations on the dynamics of child and family service system reforms and describes an approach to technical assistance known as Process Consultation which The National Resource Center for Family Centered Practice (NRC/FCP) is currently providing throughout the country.

The volume and weight of system reform initiatives—from broad policy and fiscal revisions to specific neighborhood support strategies—are affecting every aspect of the child and family service system. While these reform processes often do achieve their purposes, they also, not surprisingly, generate numerous unintended consequences. This is not to say that the reforms are misguided—they are in fact essential—but only to remind us that complex reforms generate complicated consequences.

### Paradoxes of System Reform

Reform efforts are often paradoxical. Consider some common examples.

- Reforms touted as having a system-wide focus creates the means for certain agencies to

strengthen and expand their sphere of influence at the expense of others.

- The end of categorical funding streams has been a common goal of some reform efforts. The result: funds decategorized at the state level wind up recategorized at the local level.
- Many jurisdictions administer a mix of diverse reform efforts sponsored by varying levels of government and bankrolled by public and private sources. This mix of legislation, restructuring, collaborative planning, and demonstration projects move along parallel tracks and rarely connect.
- Agency adoption of a new philosophic orientation represents a successful crusade for consensus, but often implementation is accompanied by a failure to underwrite the necessary education and training of staff at all levels of reform to see that the new belief system is really properly understood, shared, and carried out in action.

- Vision statements, the product of arduous meetings, tend to oversimplify the practical contradictions which administrators, supervisors, direct service staff, and families face on a daily basis.
- External management boards, advisory groups, and planning committees created in adherence to the laudable principle of promoting community in-

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volvement complicates governance by creating new entities which can legitimately scrutinize and oversee system behaviors.

- The reengineering of internal functions and external relationships with other agencies to streamline authority and consolidate activity can promote collaboration, and it can gridlock reform —when reluctant partners clash over incompatible values, such as the relative importance of custodial care and rehabilitation.
- Altering funding streams so dollars can flow to new partners can build vital interorganizational linkages, but can at the same time feed the discontent of “partners” forced to compete for small awards.
- Reformed practice premised on eliminating power differentials between service providers and clients in order to treat families as equals in the helping process is worthy of praise, but it can also lead to staff and family members feeling uneasy and unprepared for substantially different relationships.

### **Factors Critical to Facilitating Implementation**

System reform efforts challenge most of the assumptions which have guided system operations in the past. They emphasize the development of different goals, revised policy and procedures, new practice methods, and revamped criteria for assessment and evaluation.

In order to support needed transformations, the possible responses to numerous vital questions must be thoroughly discussed and negotiated by key constituents as various aspects of reform implementation unfolds. Some of the more important sets of questions deal with significant process issues such as the following.

### **Core Operational Concerns**

Who will make decisions affecting major factors such as governance, resource allocation, program development, and service access, in addition to other critical pieces such as assessment, training and evaluation? How will those decisions be made?

### **Human Resource Deployment and Utilization**

Who will be involved in making decisions about how work roles and responsibilities at the organizational, interorganizational, direct service, supervisory, executive and community levels be allocated? Once again, how will those decisions be made?

### **Resolving Difference**

How will problems which will inevitably surface as implementation evolves be addressed? What problem resolution strategies will be employed?

### **Gauging Progress**

What information should be gathered on changes in the helping process, agency performance, and professional staff and family members satisfaction with the reforms, to assess and fine tune change efforts? How might the data be collected and what are appropriate analysis strategies?

Devising suitable answers to these questions and then acting on them requires paying as much attention to the informal dimension of the child and family service delivery system as to the formal dimension. The formal dimension focuses on the organization of the system and its structural properties: goals, technology, lines of authority, spans of control, policies and procedures, products, financial resources, rules, task allocation, staff skills and abilities, and communications procedures. The informal dimension responds to human relationships and political forces. This informal dimension includes beliefs and assumptions, expectations, motivation, perceptions, attitudes, sentiments (anger, fear, liking, trust), values, informal interactions, role definitions, group norms, and agency and delivery system cultures.

Many jurisdictions confront unrealistic expectations and demanding timelines for instituting reforms. These constraints fail to account for the time required to address all dimensions of the implementation process. The challenge in facilitating implementation of system reform efforts involves determining how to intervene so both the technical/structural dimension and the interpersonal/political dimension are addressed. Responses to technical matters are, com-

paratively speaking, easily conceived; technical problems can be solved. Strategies to address the informal issues are more elusive to construct and incredibly vexing to bring about. Reform efforts either slow to a crawl, derail, or become maelstroms —not because of technical matters, but because of interpersonal, interorganizational, and political factors.

### **Employing a Process Consultation Approach**

Process Consultation, an approach developed by Edgar Schein offers a promising approach to delivering technical assistance and facilitating implementation of the various aspects of system reform. Process Consultation differs from the purchase of expertise model or the doctor/patient model. Instead of entering the situation as the expert with a kit full of ready made answers, the technical assistance consultant works with an organization the same way that a family-centered practitioner ideally works with a family—as a partner.

The strength and suitability of the Process Consultation approach is based on a model of helping which is consistent with the principles and values underlying the family-centered orientation of most system reform efforts. Process Consultation can be defined as:

A set of activities used by the technical assistance provider to help those individuals being served to perceive, understand, and act upon relevant events in their organizational environment.

The effectiveness of Process Consultation is related to the degree to which it fosters positive development as defined by those receiving consultation. Quality Process Consultation is predicated upon understanding where those being assisted are trying to get to, and then providing assistance which prompts and supports movement in that direction.

Process Consultation attends to both the formal and informal dimensions of the system. When addressing the formal dimension, attention goes toward accomplishing technical tasks. Technical assistance providers employing Process Consultation tap a

range of interventions and always make sure that technical issues such as policy formulation, competency development, program design, performance/outcome measures, and responsive infrastructure, which comprise the formal dimension, are thoroughly dealt with.

The full effectiveness of Process Consultation, however, lies in moving beyond the formal dimension of systems reform and addressing the human relations and political forces which constitute the informal dimension. Effective Process Consultants engage in active listening, promote historical reconstruction, review and analyze events, urge identification of concerns, emphasize a thorough assessment of current conditions, make use of diagnostic questions and probes, provide feedback, and help establish more skillful management of the reform agenda. In responding to the informal dimension, Process Consultation is dealing with the human aspect and interpersonal factors which are essential to accomplishing technical tasks

Process Consultation is responsive to three different and critical levels at which interventions are typically required to engender system reforms. They are (1) the interorganizational, (2) the organizational, and (3) the individual. Oftentimes a package of interventions simultaneously dealing with both the formal and informal dimensions at various levels will be as necessary. When addressing the formal and informal system at an organizational or interorganizational level activities like fostering job definition and job enrichment activities, designing management systems, engaging in role analysis, conducting surveys or interviews for data collection, running intergroup problem-solving meetings, and assisting with team building events can be combined. When addressing the formal and informal system at an individual level, interpersonal skill development, professional growth sessions, and motivational labs can be offered.

The NRC/FCP has provided Process Consultation oriented technical assistance to many states under the auspices of its Cooperative Agreement it has with the U.S. Children's Bureau. NRC/FCP staff have facilitated a reconstruction of historical events, emphasized an analysis of what has

transpired to-date, and made use of diagnostic probes to have a system move toward adopting a family-centered model of practice. We have met with relevant agency staff and managed a process to design an initial training plan in support of a massive system reform agency consolidation effort. In another location, NRC/FCP staff conducted skill-building sessions for community members employed in community-based projects-based upon their direction and guidance as to what skills they wanted to acquire and how the skill-building was to be provided. Finally, in two other sites Process Consultation is helping a senior management team and a group of statewide community coordinators develop teamwork and reinvigorate mutual support for setting and accomplishing program and cross-program priorities.

In addition to these diverse process consultation oriented strategies assisting system reform initiatives, through the Managing Change Through Innovation Project the NRC/FCP is able to offer a specific approach to Process Consultation (See the John Zalenski article in this issue).

Several specific issues currently at the heart of family-centered system reforms can best be dealt with by a Process Consultation approach. Improved communication and more mutual agreements leading to joint actions are needed between the public child welfare agencies, including its traditional affiliation of service providers, and private family support organizations and emerging family support networks. The increasing institutionalization of family support services by public agencies is increasing the pressure for accountability and demanding demonstrations of program and service effectiveness.

Managing the complexity of collaboration and striving to integrate the diverse reform initiatives at the state and local level is essential to prevent the child and family service system from being waylaid or paralyzed by multiple reform initiatives.

Beyond the allure and excitement of reform agendas and the optimism of reformist sentiments, the crosscurrents of conflict and the undertow of resistance one usually encounters in reform settings necessitates a

comprehensive response. A realistic and practical approach to overcoming the inevitable barriers to genuine reform is essential. The approach outlined here can help. We look forward to working with agencies and organizations to help sustain the momentum of reform.

For more information on the Process Consultation approach to technical assistance, contact Marc Mannes at the Resource Center.

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### AFCARS Information Online

The United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (CB), has placed foster care and adoption data, extracted from the Adoption and Foster Care Analysis and Reporting System (AFCARS), on the Children's Bureau's homepage. The CB's homepage can be accessed using the following internet address:

<http://www.acf.dhhs.gov/programs/cb>

The data represent selected states' foster care and adoption activity for the period 4/1/96 through 9/30/96.

# STRENGTHS/NEEDS BASED CHILD WELFARE PRACTICE

by: Marty Beyer, Ph.D.

Child welfare workers in Alabama and Oregon are making significant changes in their work with families. They are emphasizing the strengths of families. Through constructive partnerships, they reach agreement with families about behaviorally specific needs, and the families collaborate in designing services to meet those needs. Foster families and other service providers are supported in meeting identified needs to achieve the goal of a single placement for children. Agency culture has shifted from crisis case management to authorizing workers to pursue “whatever it takes” to meet the child’s needs. These changes are the result of a sustained effort to implement strengths/needs based child welfare practice. This practice establishes a process of negotiation through which families, child welfare workers, extended family, friends, service providers and others reach agreement on the strengths and needs of a family, then jointly design services to create safety and enhance developmental progress for children and families.

## Origins of the Reforms in Alabama and Oregon

While both states have developed approaches to child welfare practice which are similar in principle, the Alabama and Oregon child welfare reforms started very differently. In 1990, the Bazelon Center for Mental Health Law filed suit against the state of Alabama for failing to meet the needs of children and families. The state entered into the *R.C.* consent decree\* which required Alabama to change its approach to child welfare dramatically. *R.C.* is unique among class action litigation. Rather than focusing on procedural requirements, the agreement defined the principles of good practice in child welfare, and it set in place a plan for service development, consultation, and training to implement those principles.

In its early stages, the reform enjoyed extraordinary support. Within two years, counties implementing strengths/needs based service planning in Alabama showed im-

provements on a number of indicators. Alabama became, at one point, the only state in the country with a decreasing number of children entering care. Court reports documented that children were safer, lengths of stay in foster care shorter, placements fewer in number, and reunifications more successful. Families reported improved relationships with their case workers and greater satisfaction with services. Foster parents and other service providers reported a strengthened team approach to children and families. Further, with Medicaid and flexible funds, Alabama reformers assisted families and providers in developing innovative in-home services. In one county, a substance abuse counselor and a family therapist stationed at the public child welfare office provided direct service to families while linking them with more intensive interventions. Alabama’s reform encountered numerous political challenges. However, its focus on changing practice promises significant long term benefits for children and families (Bazelon Center for Mental Health Law, Making Child Welfare Work, forthcoming).

In Oregon, in 1994, the Juvenile Rights Project and Legal Aid informed the state of their intention to sue on behalf of children and families. Recognizing that costly discovery would confirm acknowledged systemic weaknesses, state representatives and the advocates formed a work group to finalize an agreement without litigation. Oregon’s 1995 settlement is unique, driven by principles similar to those animating the changes in Alabama. An initial evaluation of the Oregon child welfare reform has documented considerable progress: the relationship between the worker and family was identified as a statistically significant predictor of case success (Shireman, et al.). In the counties implementing the reform, the process of reaching agreement among families, child welfare staff, and an array of providers has resulted in innovative services. Services have been intensified in the first months of a case. Coaching parents during supervised

visits on responding to their children’s needs appears to be leading to more timely and safer reunification. Such coaching is undertaken by some new partners to the process of reunification—foster parents, case aides, domestic violence counselors, and substance abuse specialists. As in Alabama, workers in targeted Oregon counties have changed the process of contracting for services, and they have begun working with community-based providers to offer support specifically tailored to families. Social network service models such as the Family Unity Meeting and Family Group Decision Making bring together extended families, foster families, school teachers, therapists, substance abuse and domestic violence treatment counselors, and others to reach agreement about how the group will become a support network for the family.

## Empowering Case Workers

In both Alabama and Oregon, strengths-needs based practice has devolved decision making to child welfare caseworkers. In each of these states, giving local offices the decision making authority over flexible funds has been described as “handing a checkbook to each worker.” Workers can design a plan for whatever it takes to meet a child and family’s needs. When this requires a one-of-a-kind service or support, it can be purchased from the flexible funding pool. About 30% of families receive some services purchased through flexible funds. Providers redesign services they offer within existing resources for the majority of families. These services become more effective because they are tailored to a family’s needs.

Addressing a child and family’s needs through strengths/needs based practice also helps to manage the difficult balance between assuring safety and sustaining attach-

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\*The *R.C.* consent decree required the State of Alabama to develop a comprehensive system of care for children statewide. “*R.C.*” is the initials of a child who was the plaintiff in the Alabama litigation.

ments within families. Reformers in Alabama and Oregon recognized that too often a choice is made between safety and attachment—valuing one in a way that calls into question commitment to the other. By focusing concretely and specifically on strengths and needs in a family, child welfare workers understand protective factors *and* risk factors better. Strengths/needs based thinking allows better decision making across the continuum of child welfare interventions—whether the decision involves “preserving” a family, arranging kinship care or a neighborhood foster family placement, preparing for reunification, or supporting another permanent home for a child.

### **PRINCIPLES FOR REFORMED PRACTICE**

Too often what are promised as radical reforms do not impact everyday child welfare practice sufficiently. Changing practice means moving beyond “the court ordered plan” as an indicator of success. It means moving beyond agency referrals and service-brokering forms of case management. It means not accepting “we tried but the family didn’t cooperate” as a status report. Changing practice means having, at the casework level, a “whatever it takes” attitude to achieving safety, permanency, and developmental goals for children and families. Successful reform requires introducing changes in practice at the level of each worker and each family. The set of principles which follows, drafted in Alabama and adapted in Oregon, sets the standards for these changes in practice.

#### **Principles of a strengths/needs based system of care**

- Children belong with their families and need enduring relationships with adults.
- Children should be helped to stay with, or return to, their families through the provision of intensive, individualized services and supports that build on the strengths of children and families and are responsive to their needs.
- Families (biological, foster and adoptive) should be viewed as partners and should fully participate in planning, implementing, and evaluating services.
- When children cannot remain in their homes, foster care and other placements

should be considered as an extension of family life rather than as an alternative to it. The child’s needs for attachment should be addressed through strengthening the family as a resource for the child.

- Services should be comprehensive, addressing the physical, social, emotional, and educational needs of the child and family.
- Services should be individualized, addressing the unique capacities and needs of each child and family so these needs, not the availability of resources, determine the services that are provided.
- Services must be culturally appropriate and responsive to the strengths, needs, values, and preferences of the child and family.
- Services should empower families, i.e., help families to help themselves and to gain and maintain mastery and control over their lives.
- Services should minimize disruption in a child’s life and be as normalized as possible, promoting full participation in community life and preserving family, neighborhood, and community relationships.

### **FLEXIBLE SERVICES**

In addition to improving the way workers engage families, a system of care must have services that result in children remaining safely in their own homes, returning safely as quickly as possible to their biological families, or moving smoothly into permanent homes. When children are out of their homes, they must not be harmed further. Traditional assessment—by child welfare, mental health, schools, and substance abuse and domestic violence treatment providers—is often driven by the services that are available. To be able to design effective services requires a changed attitude toward assessment. Service providers and foster parents have to change to be able to meet children’s needs and help biological families meet children’s needs, rather than maintaining a “slot-driven” system that “slots” the “client” into the next available opening for a standardized service (or onto the waiting list that is often a feature of this approach). Slot-driven services allow a parent to complete the terms of a standard service agreement by attending a parenting skills class, for example, while in actuality becoming no more ready to care for her children safely than

when those children were removed. Slot-driven services allow providers refuge in categorical thinking—to say, for example, “Disabilities are for the school to take care of.” By contrast, the strengths/needs based approach encourages everyone involved with this child and family to understand the child’s needs and how these needs must be met in every aspect of the child’s life.

The parenting skills provider, for example, participating with a parent in defining a child’s needs, must be asked, “How, specifically, could you help this mother learn to meet this need of her child—beginning with visits and gradually extending the time together to the point of successful reunification?” If the provider cannot imagine a way to deliver individualized, at-visit and in-home coaching to support the mother, another provider must be found. Maybe the foster mother can provide this service, with training and supervision, creating in the process a lasting extended support network for the family.

### **Family Participation**

One of the remarkable aspects of the child welfare reforms in Alabama and Oregon is the active involvement of families in designing services they want. Usually, reaching agreement is an informal process that occurs between the worker and the family from the beginning. Often, there is a meeting where everyone involved with the family—other family members, foster family, teachers, and other providers—meet to make sure they are working from a consensus about a child’s needs and to refine the services together. Family service plans address (1) building on strengths of the family and child, (2) agreement about the needs of the child among the network of people necessary to ensure the child’s safety and enhance the child’s development, (3) services designed case-by-case without being limited by existing services, and (4) services created collaboratively with the genuine involvement of the family regarding what they want and what the provider can do. Sometimes the details of the service are decided at the meeting, while in other cases the agency and the provider work out payment and contractual issues later. Service reviews, which can be done through reconvening a meeting, occur regularly to see if the needs

are being met and whether the services have to be adjusted.

### **Local Resource Development**

Individualizing is inconvenient, but providers in Alabama and Oregon adjusted to designing new services for each child and family. In support of a flexible and individualized system, both Alabama and Oregon added local resource developer positions to help workers and providers invent new services to match needs and build on strengths, walk providers through case-by-case service design, set up new billing as necessary, revise contracts, work out service categories with Medicaid, and keep track of flexible fund use. Services become more effective, and service delivery systems become more responsive and efficient when services are (1) individually designed, (2) evaluated according to the results they achieve, and (3) changed as necessary during the life of the family service plan.

### **Seamless Community Support Networks for Families**

The strengths/needs based services planning approach encourages the development of enduring supports for a family in their own neighborhood after the child welfare case is closed. First, the focus on reaching agreement with families, instead of imposing required services, encourages the family's self-sufficiency. Second, whenever possible, family support is not provided by an agency but a church or a community group. This may be facilitated initially with flexible funds to purchase intensive services that taper off to informal community support. Effectively matching volunteers with a family may also occur from the early stages of work with a family. Third, the strengths/needs approach offers a common frame of reference for professionals, agencies, and community groups. Housing advocates, employment programs, substance abuse treatment providers, and child welfare and mental health professionals often have difficulty communicating with one another. The strengths/needs based approach provides a common language.

### **Training and Consultation**

National organizations working with states to develop comprehensive child welfare training projects indicate frustration that

even the highest quality training does not sufficiently change daily practice. Part of the problem is that supervisors rarely attend training with workers. Workers say that when they return from training, crises, time pressures, large caseloads, and paperwork are part of an agency culture preventing changes in practice.

In addition to this separation between the protected learning environment of the classroom and the multiple demands of the field, it is a challenge to teach caseworkers in large groups how to engage families and design effective services. Even strengths/needs based training can deteriorate into teaching how to write strengths and needs lists, rather than focusing on the skills and corresponding personal change needed to become an ally to families and a change agent motivating providers to develop more effective services. Massive training sessions, because of their scale and their distance from normal routines, can allow agencies to evade the ways in which questionable practice is often condoned, however unintentionally. Organizational pressures push workers towards standardized institutional responses—from the initial interview with a family, to the application of risk assessment protocols, to the circumstances requiring multiple placements, to the inability to return children to their own homes.

The reforms in Oregon and Alabama suggests that three ingredients are required to accomplish a successful shift to strengths/needs based practice.

- Combination of small group training and hands-on case consultation.
- Local design of training and consultation to help workers and supervisors implement strengths/needs based service planning in daily practice.
- Emphasis on supervisors coaching workers to build on strengths, reach agreement about needs, and develop services case-by-case to meet needs.

In Alabama, child welfare staff had had little training for years, and an important early step in *R.C.* was requiring weeks of residential casework practice training, de-

signed by agency staff and the Child Welfare Institute. In partnership with Portland State University, Oregon was already providing extensive training for child welfare staff. The trainers have incorporated the strengths/needs based philosophy into ongoing training. Effective strengths/needs based service training with managers, supervisors, workers, case aides, and foster parents should evolve as local offices define what skills they need to improve.

Consultation is the key to improved practice. While the consultants operated differently in Alabama and Oregon, consultation for workers on individual cases has been essential in both reforms. Case consultation guides several aspects of the change process: workers get help on their own cases and can apply a strengths/needs based way of thinking to their own work. The consultant can coach individual workers in the aspects of their practice that require most improvement. Consultation helps workers clarify the needs of children in a behaviorally specific way, as well as providing assistance in developing the skills for reaching agreement with just about any family without giving up. Consultation helps CPS staff, ongoing workers and supervisors attend both to safety and attachment needs. Consultation encourages workers to say no to a referral they know is not going to be effective and arrange a service that will be. Consultation helps the worker support the family's understanding of the child's needs, including arranging services for this purpose to make collaborative concurrent planning a reality.

Consultation must also be specifically designed to encourage supervisors to support strengths/needs based service planning by each worker. Many supervisors, particularly in urban areas, have a crisis mentality. Supervisors are weary. They wish they had the time to meet regularly with staff to discuss cases—both in groups and individually. Typically all they can manage is an infrequent unit meeting to convey administrative information. Child welfare supervisors are not encouraged or supported to provide true supervision, and their role as traffic directors is demoralizing for them and their workers. Since many supervisors are promoted workers who experienced years of nonsupervision by overwhelmed crisis

managers, they do not have a model for successfully supervising strengths/needs based practice. It takes courage for a supervisor to violate the business-as-usual culture of some agencies in order to coach workers to reflect on their cases and then support them in demanding more effective services.

Alabama hired outside experts to work in each county. In Oregon, a much smaller budget was used to develop the capacity of a group of local, regional, and state staff to do hands-on case consultation. In both states considerable effort went into collaborating with local staff to tailor a combination of small group training and case consultation.

The changed relationships in strengths/needs based practice extend beyond professionals in the child welfare system. Foster parents and providers have to learn how to design strengths/needs based services. Case-based service design which includes a variety of providers can be an effective training/consultation approach.

Guiding each worker to engage families effectively and design services to meet children's needs, through a combination of locally-designed small group training and hands-on case consultation and supervisor support, requires consultation and training resources, most of which may come from redirected staff and funds in state and local child welfare offices.

#### **BOTTOM-UP CHANGE PROCESS**

Most failed reforms have arrived in local child protection and foster care units as mandates from the state office. Initiated in this way, there is considerable motivation to undermine or resist change, given what is likely to be the history between state and local offices. Staff may feel they can ride out state office mandates with an attitude that "this trend, like all the others, will pass." In order to achieve changed practice, the reform has to come from workers and supervisors. Locally-driven change empowers workers and supervisors so they can empower children and families. It is essential to involve workers and supervisors in identifying what it would take for them to engage families to meet their children's needs. In Alabama and Oregon, local offices devised their own way of implementing strengths/

needs based service planning. The state office, of course, has to make policy and contracting changes, among others, but these should be driven by the knowledge derived from local practice. A balance between a locally-driven change process and responsive state staff signals commitment to the reform initiative, and it builds its sustainability as well.

An important element of this bottom-up change process is resisting the pressure for rapid statewide change. It is inconsistent with a strengths/needs-based approach with each family to make statewide changes in the service system early on. Once workers are encouraged not to be limited in service delivery to services already available, unpredictable variety in individualized services occurs. This would not be possible if state or local offices anticipated needs by adding to the continuum of services through new contracts. In Alabama, the service created more than any other was individual attention in-home and in-school for children (in the form of behavior aides and individual coaches), while in Oregon it appears that hands-on parenting support during visits and in-home during reunification is expanding the most. Urban and rural counties use different strategies to make services more effective, depending on the unique assets of their community.

In both Alabama and Oregon, it was effective to have local offices compete to become participants in the reform with 20% of the child population being included annually. This resulted in uneven practice in the state (statewide contractors among others were critical of counties using different approaches, despite the fact that a differential response is the soul of the reforms). The phased-in approach allows a more manageable change process and creates time for learning to occur.

#### **Problem of Large Caseloads**

The implementation of a strengths/needs based philosophy can be thwarted by the complaint that caseloads are too large for workers and supervisors to do anything but manage crises. The demand that the state office provide enough staff to achieve manageable caseloads before implementing the strengths/needs approach is understandable,

given how stretched line staff feel. The biggest obstacle to the philosophy is the perception that strengths/needs based service planning is a luxury, requiring more time than traditional practice. Most staff respond that strengths/needs based service planning takes longer at first but saves time in the end, but this has to be experienced to be believed.

In both Alabama and Oregon, additional staff were hired by the implementing counties to lower caseloads, and local decision-making determined how to utilize those staff. Some used new positions to provide intensive reunification and in-home services, while others made the investigative units function better (reducing entries into care and long-term caseloads), and others reorganized so each worker handled a smaller caseload from opening to closing. A safe case closing process also helped reduce caseloads, so staff felt proud of their casework and able to manage it.

#### **Conclusion**

The magic of strengths/needs based service crafting does not come across nearly as well on paper as during case consultation. It can sound like a simplification of good social work. Workers universally say, "This is what I wanted to do, but it is not the way I approached families, until I got support." Many workers recognize that they have not really been appreciating family strengths, that they skip needs and move directly to referring for services, and that they have gotten locked into imposing caseplans on parents. They recognize that focusing on parenting deficits seldom leads to genuine partnership with families. Most workers expect that the process of reaching agreement with families will be too time-consuming in the investigative phase or hopeless in continuing cases, but they find that real engagement of families in the long run saves time, is more rewarding, and has better outcomes for children.

Marty Beyer is a consultant in the Oregon and Alabama child welfare reforms. She has a Ph.D. in clinical/community psychology from Yale University. She has been a consultant and trainer in numerous states on strengths/needs based service planning with children and families.

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## Training Update: Current Trends

by: **Barb Christensen**  
**Director of Training**

The National Resource Center for Family Centered Practice tracks current trends and expressed needs for training, and in this way serves as a communication link for states. Staying current on areas of interest also allows us to gather information and develop curricula to meet the needs of organizations both public and private. In each issue of the Prevention Report we will attempt to highlight some of these trends, discuss how we have tried to meet the needs of organizations, and give a calendar of upcoming training that may be available to interested parties.

### ***Family Development Specialist Training***

This certification training, one of the most frequently requested training packages, is congruent with national movements such as welfare to work, community collaboration, and prevention efforts. Family development is a model of family-based intervention designed to help all families. It is especially designed for low-income families who want to improve family function and achieve economic independence.

Family Development Specialists are problem-solvers, allies, and advocates who are skilled in assisting families to review their strengths, their stresses, and their needs; imagine another reality and set goals to realize it; enhance family relationships; develop competencies needed for economic independence; use developmental resources in their community effectively; and meet

other families for support and collective actions. The eight-day training, spread over several months, is designed for professionals and paraprofessionals and helps them acquire the knowledge and skills they need to do developmental work with families. Participants have structured homework assignments and take a written test on course material.

A training course like this provides an excellent opportunity to support and develop cross systems communication and collaboration. Areas of emphasis include family systems theory and principles of family development work; relationship-building, interviewing, and family assessment skills; goal setting and planning; coordination of community services; identification of and response to family violence, chemical dependency, and depression; empowerment strategies; and techniques of group work, community development, and advocacy.

Training is currently scheduled in Iowa, Illinois, Indiana, Texas, California, North Dakota, and Florida. While class sizes are purposely kept small, there is often room for additional participants. If you would like to investigate the possibility of joining an upcoming class, contact the NRC/FCP and speak with Sarah Nash.

### ***Assessment Training***

The ability to do an accurate assessment of the family system in terms of risk, service

provision, and the family's ability to change continues to be an ongoing issue. The need to be skilled in accurately assessing the family system has spread from the front line social worker to a broad spectrum of providers as states and communities implement legislative and policy changes around differential response systems, welfare to work initiatives, reasonable efforts, court improvement projects, managed care, and juvenile justice reform. The need for common philosophy, language, and skills in family assessment is being felt across systems, and training in assessment provides a unique opportunity for cross systems training and collaborative efforts.

The center works with the contracting state/agency so that the assessment training fits with the state/agency's requirements and recording structures. Assessment training is also fine tuned to apply to the area of expertise needed. For example, assessment training can be tailored to fit the needs of an investigator of child abuse and neglect, as differentiated from the assessment needs of an income maintenance worker. The foundation skills are universal across systems; the application of these skills may vary according to the outcomes desired. Recently, assessment training has been utilized by juvenile probation, child protection service investigators and ongoing case workers, and school linked services.

### *Training in Children's Issues:*

- *Effects of Violence on Children (Abuse, Neglect, Domestic Violence)*
- *Effects of Removal, Foster Care, Termination of Parental Rights*
- *Attachment Disorder: Origins, Treatment Issues*
- *Play and Art Therapy: Uses, Outcomes*
- *Adolescents: Treatment Issues, Conflict Resolution, Mediation, Reunification with Family System after Residential Treatment*

As human service providers are faced with increasingly difficult issues in the protection and treatment of children, it has become imperative that all providers who work with children and families have the ability to see the world from the "eyes of the child" as well as from the adult and legal perspective. Since we now realize that children are not as resilient as once thought, we must attend to the psychological impact of both removal from and staying in the family system and our reaction to it. Training in understanding the child's perspective, in reducing the damage to the child, in dealing with the loss and grief issues that children experience, and in designing case plans that include attention to the needs of the child is being requested with increasing frequency. With court improvement projects being implemented nationwide, training on the impact of court decisions on children is a frequent topic choice for judges and guardian ad litem as well as juvenile workers.

The Center works with the contracting agency to design a training agenda around children's issues that meets the expressed needs of the state/agency.

### *Other Training*

The above represent only a few of the training opportunities from the National Resource Center for Family Centered Practice. Please feel free to contact the center for more information on how we might be of assistance in assessing and meeting your training needs. Our training consultants across the country continue to provide skilled and up-to-date curricula and are consistently well received both in terms of content of material and knowledge/skill of trainer.

## **Family Development Training Opportunities for 1997/1998**

The following is a schedule of Family Development Specialist Certification training that has been scheduled throughout the country. Fees are \$700/participant and a proportional share of the trainer's travel expenses—(to be negotiated with the contracting agency).

### **YOU MAY CONTRACT WITH THE NATIONAL RESOURCE CENTER TO HAVE A FAMILY DEVELOPMENT SPECIALIST CERTIFICATION TRAINING AT YOUR SITE.**

Sept 23-26 & Oct. 21-24, 1997	<b>Champaign, IL</b> Illinois Community Action
Sept 29-Oct 3 & Nov 3-7, 1997	<b>Bismarck, ND</b> JOB Service of North Dakota
Oct 6-8; Nov 5-7; & Dec 11-12, 1997	<b>Indianapolis, IN</b> Indiana CAP Directors
Oct 22-24; Nov 19-21; & Dec 11-12, 1997	<b>Des Moines, IA</b> Various Agencies
Nov 10-13 & Dec 8-11, 1997	<b>Dallas, TX</b> City of Dallas
Jan 7-9; Feb 4-6 & Mar 5-6, 1998	<b>Indianapolis, IN</b> Indiana CAP Directors
Feb 18-20; Mar 18-20 & April 16-17, 1998	<b>Des Moines, IA</b> Various Agencies

We hope to have a class in Wisconsin in early winter and classes in Ohio and Wyoming in the early spring. Please write, call, or e-mail so we can send you some information if you are interested in these training opportunities. Write to:

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National Resource Center for Family Centered Practice  
The University of Iowa  
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112 North Hall  
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## Patch: An Innovation in American Government

It has been a productive year for work on the Patch approach. Through collaborative efforts with Linn County Decategorization and with the financial sponsorship of the Ford Foundation's Innovations in American Government award, The National Resource Center for Family Centered Practice (NRC/FCP) has continued to develop the Patch approach nationally.

In March of this year the NRC/FCP and the University of Iowa School of Social Work hosted a conference on "Innovations in Social Services." The conference gathered together about 150 practitioners, program administrators, academics and other social service professionals to work on issues important to the community based services agenda. Lisbeth Schorr, from the Kennedy School at Harvard University delivered the keynote address, focused on moving the community based service agenda beyond fragile and protected programs to a more sustainable system-wide scale. She addressed the issue of replicating model programs, emphasizing that most important in the process of replicating programs is

allowing local communities to adapt and shape key principles. The challenge we have set ourselves is to create and support a landscape of extremely diverse programs for children and families. She singled out, for significant examples, those programs brought together for the conference. These were Missouri's Caring Communities, Chicago's Children, Youth, and Families Initiative, the St. Paul Children's Initiative, and the Patch/Community Partnerships for Protecting Children project from Cedar Rapids.

In addition to the Innovations in Social Services conference, the NRC/FCP also held a Training Institute in Chicago in March which included sessions on developing a Patch approach and on Managing Change Through Innovation (MCTI), the organizational change process model at the heart of Patch development. This event was an important step in developing a new project area for the Resource Center (see the accompanying article).

These events are a part of a pattern of

activity which also includes direct technical assistance. Resource Center staff has provided consultation on Patch and MCTI to several states. Among the most significant has been Massachusetts where the Patch approach and MCTI has emerged as a strategy for promoting the integration of public sector child welfare workers with the State's Family Preservation and Support Services (FPSS) project Community Connections. The Resource Center has also worked with Linn County's Family Resource Development Association (FRDA) to conduct technical assistance, at the Brownstone Patch site in Cedar Rapids. At the Brownstone site Patch has become a key ingredient of Linn County Decategorization, the Family Resource Center development project, the Community Partnerships for Protecting Children demonstration, the State of Iowa's CPS assessment/differential response reform, the federally funded Family Preservation and Support Services program, the new Iowa Innovation Zone demonstration project and others. This provides interested people with the opportunity to learn how complex reforms develop over time.

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## From the Patch Approach to Managing Change

by: John Zalenski, Ph.D.

Through the work of the NRC/FCP interest in the Patch approach to social services continues to grow in the U.S. "Patch," a bit of British vernacular, means neighborhood. The use of the term links Patch to its origins in the community social work movement developed in Great Britain. The Patch approach uses a flexible change process to create teams of human service workers, located within and working closely with diverse neighborhoods, to help focus the collective efforts of the neighborhood on 1) remediating problems defined locally, 2) identifying the needs of neighborhood residents and priorities for meeting them, and 3)

creating opportunities for family, social, and/or economic development. The work of the Patch approach proceeds by any constructive and creative means necessary. Patch approaches grew in England and Scotland in a variety of ways but always around a core of principles that continues to guide development in the U.S. In a recent formulation, the principles guiding the patch approach to community social work were put this way:

- services must be accessible to people in forms of opening times, and, near to where they lived
- services should not be stigmatizing-people should not have to be labelled as 'clients' before they received help and support
- all people in the neighborhood, including those traditionally only seen as 'clients' are recognized as potential sources of support
- the role of the professional is to link up those with resources to those with particular needs at a particular time, rather than assume that they would themselves always provide the service

- social situations, family and neighborhood networks are seen as the focus of help, support, problem resolution or management and change, and not just individuals who 'had' or 'were' problems
- service users were to be involved in decision making about their lives as fully as possible and also involved in service planning
- team work, both within the agency and across agency boundaries was seen as essential. Just as the 'Problems' were recognized as involving the relationships between identified service users and others, so the relationships between people attempting to help were seen as crucial to problem resolution or management. (Smale, 1996)

Many of these principles are a familiar part of the social services reform agenda. Accessible services allow people to use as little productive time as possible getting the help and support they need. Daily life does not have to be oriented around the scheduling requirements of various service bureaucracies. Productive work, whether it's wage labor, in-kind child care, volunteer work, or education can take precedence over accessing needed services. Further, when accessible services are combined with neighborhood based practice, service users are not stigmatized by their need for service. Freed from the demeaning status and role of "client," service users can contribute their skills and abilities to the collective resources of their neighborhood. A shift can occur from an orientation to the acute problems of individuals to a broader focus on neighborhood needs and the resources required to meet them. Moving from the individual, to the family, to the neighborhood as the focus of understanding and action encourages the growth of a collective responsibility for neighborhood well-being. This substantially changes social service delivery in a Patch. Patch team members find that their work goes beyond providing services. Their work includes an ongoing assessment of the neighborhood, developing a working knowledge of assets and needs, learning the new skills required to link people with resources to people with needs, and developing the ability to create innovative solutions to particular problems.

"Going patch" can be an energizing experience. It is also challenging. It requires a commitment to the core principles inherent to the concept at the same time as it requires reinvention by constituents in each new jurisdiction. It requires wrestling with the details of developing programs committed to integrated service delivery, in a neighborhood setting, using multi-agency teams oriented towards preventing problems, at the same time as it requires vigilance against "programitis," the tendency to think that Patch development can be treated as a technical process of replicating correct program structures in a standardized way.

What this means is that implementing Patch requires the skills to lead change and develop practice, skills that are suitable to diverse communities. This has always been implicit in the development of Patch. From the beginning, the Patch project in Cedar Rapids, Iowa has responded to pressing issues of systems reform. These issues are considerable. They include

- A system of shrinking entitlements to resources and services
- Limited decategorization of state resources in family and children's services
- A complex urban environment with many established non-profit providers
- Competitive non-profits attempting to establish cross-agency collaborative relationships
- A child welfare public sector moving away from direct service, and increasingly towards contract monitoring and case management
- A policy environment in which state and federal agencies generate wave upon wave of major reform, much of it "systems reform" overlapping in significant though unanticipated ways.

These circumstances, and others, shape the challenge of creating the kind of practice represented by the Patch approach.

A set of challenges like these requires the introduction of the managing change ap-

proach. A structured approach to change management helps participants in reform to avoid the limitations of the exemplary demonstration project, protected and isolated by a bubble of special funding and administrative exemptions, as well as avoiding the risks of being diverted into intractable policy and management concerns distant from the goal of changing practice with families.

This has led the National Resource Center for Family Centered Practice to begin a project of consultation and training on Managing Change Through Innovation (MCTI).

The MCTI project at the NRC/FCP developed from the recognition that the key to implementing any reform is knowing how to manage the change process itself. This led consultants and researchers to an extensive cross-disciplinary literature review and an assessment of existing and developing practice knowledge. MCTI is a research based approach to effectively implementing a variety of reforms. In addition to building on the experience of developing Patch and community social work in the U.S. and Great Britain, the approach synthesizes and applies research on the diffusion of innovations, contemporary organizational development, theories of learning and communication, and family therapy/systems theory. A key figure in this effort has been Gerald Smale, Director of Practice and Development at the National Institute for Social Work (NISW) in London. Smale led the effort to develop an approach to training consultants, managers and practitioners in effective strategies for managing change. After working with Smale for several years and training in the MCTI model, staff at the Resource Center for Family Centered Practice have formed a partnership with Smale and NISW to begin the Managing Change Through Innovation project in the U.S.

The timing of this effort is significant. People working in children and family services are currently overwhelmed with change. The shock of this leads to self-protective responses that undermine the potential of reforms. The MCTI consultancy project addresses this by providing a structured way to understand change, and to make the most of the opportunity it presents. It can be especially useful with highly politicized

reforms in which people feel that reform is being done to them and they need assistance to take charge of their piece of the effort.

A summary of the approach is difficult, but glimpses into the process may be useful (the following description is derived from treatments of Smale, 1996 and Wardle, 1996).

### Conceptualizing problems and solutions

MCTI works by training staff to produce a detailed series of change maps which specify those areas where new and revised relationships—at all levels of the system—must be negotiated to successfully implement reforms. The process begins by examining the way problems addressed by reform are conceptualized. By looking at “who sees what as a problem,” and “who sees what as a solution,” the approach spells out areas of negotiation needed to reach consensus on problem definition—and to conceive of problems in relation to solution. This begins to focus reform—not on changing everything—but on changing specifically what needs to change.

This beginning accomplishes several things. It indicates what discussions will be required in order to reach adequate consensus around the way problems are conceptualized. It begins to identify the organizational cultures which must support reform. It builds the recognition that reform spreads through the convergence of what parties to reform know and believe, and what they learn. For example, neighborhood residents who believe that poor housing stock, streets unsafe for children walking to and from school, and a local supermarket selling inferior food at inflated prices are major neighborhood concerns, are unlikely to get enthusiastic about an opportunity to learn parenting skills in a family support program, or to be energized by the prospect of devoting “free” time to an advisory group looking at governance in child welfare systems reform. On the other hand, veteran CPS professionals may see efforts at neighborhood partnerships for child protection as blurring the professional detachment needed to focus on child safety. Or union representatives may see new supportive relationships between traditional “clients” and caseworkers as efforts to increase workloads and lengthen hours without corresponding pay. Neighbor-

hood association volunteers may see reform as social engineering projects that may create high hopes and deep disappointments as researchers and consultants add to their practice knowledge about what works.

Whether these folks are correct in their personal knowledge is beside the point. Asking the question “who sees what as a problem?” initiates the sequence of change maps by detailing perceived problems needing to be addressed, or accounted for, or managed throughout the organization(s) taking part in reform.

Building the change management process from this foundation allows for the invention or reinvention of solutions to fit precisely defined problems. It begins the process of establishing a “metabolism” within the organizational change process. Problems and solutions, need and satisfaction, must be addressed in a way that produces action and energy, not acquiescence or simply compliance.

### Components of the “innovation trinity”

The next level of managing change addresses the people involved in the proposed changes, the nature of the innovation proposed, and the context in which it is being introduced. Taken together, they are known as the “innovation trinity.”

This level adds to the detail and the extent of the mapping. Introducing an innovation will require varying types of participation by a great many individuals. They need to be identified, added to the change maps, and considered as a part of the overall change management strategy. Here change managers need to consider the readiness for change. The diffusion literature supports a typology which defines people according to their readiness to adopt innovations. This becomes a key to strategy later in the change management process. The following are just a few examples.

- Who are the champions within the reform effort, capable of speaking with accuracy, commitment, and enthusiasm about the effort? What is their necessary and possible role?
- Who are the early adopters, those

practioners, supervisors and volunteers who will join in early and give the reform a good start? How can they be brought forward?

- Who are the resistors, those most likely to hold back? Why? Resistors may be obstructionist, resistant to any change as if on principle, but they may also simply be uninformed. This may indicate the need for greater efforts to spread news about the reforms through wider circulation. Also, don’t rule out the possibility that laggards are champions of another innovation. Make sure the change maps are thorough: What do these people define as problems and solutions?
- How does the orientation towards change of each of the identified people intersect with their necessary role? A resistor who simply has to stay out of the way needs to be handled differently than one who has to approve resources for the reform. Similarly, a potential champion may be squandered or converted to an obstructionist by failing to provide an adequate opportunity to participate.

The second component of the trinity addresses the innovation itself. At what stage of development is the innovation? If the innovative practice is in an early stage of development, then the time needed to implement the desired changes will grow. Other considerations about the nature of the innovation address its complexity, its availability, its familiarity: How difficult will it be for people to grasp the nature of the reformed practice? Has the innovation been tried? Is it completely new? Are examples of its application available for study? Will the reformed practice be in line with national standards for professional practice? Analyzing the innovation, both in itself, and in light of the other variables of the managing change process will help to spell out an optimal strategy for successfully introducing it. Finally, it is critically important to understand the order of change required by an innovation. First order change represents a change within existing rules of practice. Second order change represents a change of those rules. Community-based services reform depends on understanding the distinction between the two. A project which “outsta-

tions” CPS workers within a neighborhood without revising practice, without changing the terms of relationship between the child welfare staff and the neighborhood residents confuses the order of change involved. The risk in such a situation is that the accumulated tensions existing between the community and the child welfare system will be exaggerated without the prospect of negotiation to resolve the problems that surface.

The third component of the innovation trinity situates innovation and reform in a larger context. This is a critical aspect of change management, and one often underappreciated. Major reforms operate within a complicated context. During times like these, when change is rampant, major reform efforts requiring systems reform pile up, overlap, interact in ways that require attention. Federal and state legislation, state reorganizations, federal waivers such as the IV-E child welfare reform, foundation demonstrations like the Community Partnerships for Protecting Children, local civic-minded collaborative groups, all may converge upon a particular jurisdiction. Ways of understanding how reform efforts interact, strategies to couple reform efforts to emphasize complementarity, a systematic way of anticipating consequences—all have to play a part in achieving sustainable improvements for families. In part, this attention to the context of change within the “innovation trinity” consists a strategic opportunism, a developed skill of knowing which way “the wind is blowing” and using that knowledge to advance your cause. In part, the context of change, and the change management process as a whole, is a way of developing some “street smarts,” a level of comfort and tolerance concerning the unruly progress of systems reform. This perspective helps to communicate that managing change is not adding yet another set of duties to workplans already heaped high, but rather supplying a promising way of achieving goals that have been a long standing part of the reform agenda.

### **Implementation: redefining relationships**

At this level of analysis, MCTI establishes the sequence for implementation through an examination of the best strategies for transforming the relationships between people in ways necessary to make reform

work. Many of the components of a systems reform agenda are familiar: comprehensive and shared family assessment procedures; interagency agreements/protocols describing the management, supervision, personnel policy and/or service delivery strategies for cross-agency teams; management data systems; integrative finance mechanisms; cross-agency confidentiality procedures; neighborhood governance structures, etc. The temptation in implementing complex systems reform is to mask these components of reform as technical and structural problems. From within an adequately detailed set of “change maps,” however, these components of reform become rooted within patterns of relationship between people applying their knowledge and skills to a series of developmental tasks. The precise ways in which all parties to reform need to change, and the resources and skill development needed to make the changes successful can be articulated. Changes in practice—for example, freeing a percentage of time for CPS workers housed in a neighborhood setting to learn the culture of the neighborhood, how it works to support the everyday lives of families—ramify throughout the service system, creating a need for new practice knowledge, standards of practice and accountability, new supervisory approaches, revised job expectations, among a variety of other implied complementary and supportive changes. A change in one working relationship implies a corresponding set of changes across many others. Mapping these changes creates both understanding and accountability within the change process.

### **The many consequences of reform**

Assessing consequences is the final level in the process of mapping change. The continuous detailing, updating, and revising of the change maps will, by this stage, play a critical role in understanding the course of reform. All reform efforts generate a variety of consequences: intended and unintended, positive and negative, direct and indirect. A change management model that allows perspective on this range of consequences is a clear advantage. A successful reform will generate a landslide of positive consequences of all kinds while managing to contain the negative ones.

Consider this example. A neighborhood

social worker acts on a referral from a teacher that a child is poorly clothed in cold weather. She pays a home visit to the mother and helps come up with some adequate clothing. This intervention prevents a charge of neglect. It also establishes a relationship between the parent, the neighborhood social worker, and a local family resource center. It initiates a discussion with the resource center development group about the extent of similar needs in the neighborhood and precipitates the creation of a clothes closet. Establishing and operating the clothes closet teaches basic program development and management skills. It also establishes relationships between the resource center and individual and organizational donors. This brings new talent to the resource center. A man dropping off some clothes stops to read a bulletin board. He knows how to tune a car, or hang a door, or coach a wrestling team.

On the other hand, bringing services into a neighborhood drives up demand. Problems are worse in the year since moving TANF staff into the neighborhood. Suddenly staff are alarmed by suggestions that the program doesn't work.

In the first case, an assessment of consequences which ended with the report of an incrementally lower neglect report rate would miss the full set of consequences which are arguably more significant to the life of the reform. In the other instance rising indicators of need may reveal a more accurate assessment of the neighborhood and a successful effort to be accepted by its residents. In both cases becoming an effective change manager requires the skill and the ability to understand the full range of consequences generated by the reform process, and use those consequences strategically. Every aspect of the change process should become a resource to advance constructive goals of the project. Every aspect of the change process becomes, potentially, a developmental opportunity.

Understanding the full range of consequences is important to allowing a reform to achieve its full impact. Anticipating consequences through the change maps

- creates a resource for informed judgment on program development and sys-

tems design decisions within a useful time frame

- contributes to theory construction for appropriate evaluation designs within systems reform projects
- provides a way to successfully manage risks and opportunities within an environment of complex and interacting reforms
- enhances the ability of reformers to help positive, unintended and indirect consequences to proliferate in ways that strengthen the resilience and sustainability of change.

Building neighborhood based service reforms for children and families that are vital and sustainable requires the knowledge and the skills of change management. Patch, which is, in the last analysis, a practice led systems reform effort has been successful to the degree that it has institutionalized a process of managing change consistent with the principles of community social work/neighborhood based practice. The Managing Change Through Innovation project at the National Resource Center provides a comprehensive set of skills and techniques for guiding this change process across different levels of reform.

#### **Managing Change Through Innovation**

- applies in contexts in which major changes are already in progress, rather than as a planning strategy for new projects
- works as an approach to process consultation with planning or work groups that need assistance working through the details of reform
- applies as training to build a group of change managers who bring local consultation capacity to the reform over the long term
- operates as a strategy for designing administrative and policy support for evolving systems reform efforts
- adapts to redesigning supervisory relationships as "service development supervision"

- adapts as a way to develop forms of local, neighborhood based social work practice
- supports efforts to respectfully weave services into complex neighborhood cultures.

This research based approach to change management, applied at different points in a reform effort, can have a substantive impact on the course of reform.

To learn more about the Patch approach, or the Managing Change Through Innovation partnership at the Resource Center contact John Zalenski.

#### **References:**

Gerald Smale. (1996). Mapping Change & Innovation. London: HMSO.

Michael Wardle. (1996), in John Brown, Chance Favors the Prepared Mind. London: HMSO.

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# Financing Strategies to Support Comprehensive Community-Based Services for Children and Families

by: Mary M. O'Brien, National Child Welfare Resource Center for Organizational Improvement

This paper highlights reform initiatives in which state and county governments are working to change the financing of child and family services to support more comprehensive, community-based services. It is intended to help those seeking change within finance systems to learn from experience accumulated to date in this area. It presents four approaches to finance reform and describes an initiative using each approach. It also discusses what is known about outcomes of the reforms as well as the organizational strategies that contribute to successful interagency collaboration. The report reflects information from a survey completed in the Spring of 1996. A complete version of the report is available from the National Child Welfare Resource Center for Organizational Improvement.

## Four Approaches to Financial Reform

### I. States support local collaboratives

In this approach, states support local collaboratives in their efforts to achieve more integrated services for the broad population of children and families. Local collaboratives determine what services to work on, and states redirect a wide range of existing funds. West Virginia's Family Resource Networks is an example of this approach.

#### Key features:

- The initiative aims to serve a general population of children and families.
- The state sets broad goals to support the development of more integrated services for children and families.
- An interdepartmental body on the state level supports local collaboratives and works with them to achieve broad-based system reform.
- Local collaboratives:
  - are charged with assessing needs, planning, and implementing plans

for more integrated services for children and families;

- engage a broad range of stakeholders; and
- are able to choose which services/populations to focus on.
- The emphasis is on changing the configuration of existing services.
- The primary financing strategy is to redirect federal and state funds to support the local collaborative's work to develop more integrated service systems.

### II. States pool out-of-home care funds

In this approach, states pool out-of-home care funds across departments and provide those funds to local collaboratives to support the development of community-based services for children at risk of out-of-home care or in placement. Maryland's Systems Reform project has implemented this approach statewide.

#### Key features:

- The initiative serves children under the jurisdiction of different state departments who are:
  - in out-of-home care or
  - at-risk-of out-of-home care
- The state pools state and local level out-of-home care funds from child welfare, juvenile justice, education, and mental health, and works to redirect them to community-based care.
- Through legislation or clear policy, the state changes restrictions on funds traditionally used for residential care to clarify that they can be used for in-home, community-based care.
- Pooled funds are allocated or granted to local collaboratives which
  - set up referral processes with individual agencies; and
  - use the redirected out-of-home care

funds to develop community-based family-centered services for target children and their families.

- Local collaboratives can keep savings—the difference between the amount allocated and the amount actually spent on services—to reinvest in services.

### III. States allow locally driven finance decisions

In this approach, states devolve authority, allowing locally determined finance decisions. Under California's Youth Pilot Project, the state supports local collaboratives working broadly for more integrated services in six counties. To a greater extent than West Virginia, California permits counties to determine what funds will be pooled, and attempts to create those pools on a county level.

#### Key features:

- Six pilot counties have set up a variety of services, ranging from interdepartmental case management for those in or at-risk-of out-of-home care to the expansion of more general family support centers.
- The state has authorized local Coordinating Councils in the pilot counties to pool funds from a minimum of four of a wide range of child and family funds. Only one county has set up a separate funding pool, which currently includes family preservation/family support funds, a portion of the county's Substance Abuse Prevention and Treatment Block Grant, and private foundation funds.
- All of the counties want to be able to pool federal funds, so the state is hoping to use federal foster care funds for preventive and wrap-around services by applying for a child welfare demonstration project.

#### IV. Pooled funds for multi-agency children

In this approach, states and counties pool funds for multiagency children, focusing on a small number of children. In Oregon, Multnomah County Partners Project is an example of a site where funds have been pooled across agencies to provide child- and family-centered and community-based services to a specific group of high-need children.

##### Key features:

- The state and/or county pools funds for a small number of children who are involved in multiple service systems or who are severely emotionally disturbed (SED), and who are in or at risk-of out-of-home care.
- The goal is to provide individualized, family- and child-focused, community-based services.
- Local collaboratives create and oversee service coordination mechanisms—often a case manager who works to develop new services and to convene multidisciplinary teams to develop and monitor individualized service plans.
- Pooled funds include funds for out-of-home care and/or service funds from county, state and/or federal level sources.
- The service coordination mechanism and the providers who contract with it are all at financial risk, working within a set budget and then keeping the savings, or sharing the losses if costs exceed the amount budgeted.

#### Profiles of the Initiatives

##### *West Virginia—Family Resource Networks*

##### **Background**

A 1989 Carnegie Report on Education critical of West Virginia's education system spurred the governor and legislature to focus on education policy, and in 1990 education reform legislation was passed. A Governor's Cabinet on Children and Families was created with the broad mission of enhancing the ability of families to protect, nurture, edu-

cate, and support the development of their children. It aims to change the present categorical, fragmented system to one that is integrated and collaborative, and promotes the development of services that are community-centered, family-friendly and prevention-oriented.

The Cabinet simultaneously pursues a "top-down" and a "bottom-up" approach to change. On the state level, the Cabinet actively forms interdepartmental groups to address integrating or promoting services, and has formed two funds to assist in the development of Family Resource Networks (FRNs). On the local level, FRNs are community organizations that serve as the primary coordinating and planning bodies for the communities' service systems for children and families. The role of the FRNs is to assess community needs, develop local action plans, promote changes, evaluate results, and assist state agencies in improving the service delivery system. The role of the FRNs is to assess community needs, develop local action plans, promote changes, evaluate results, and assist state agencies in improving the service delivery system. In this administrative role they work with the state to reallocate and redeploy public funds and to encourage change in service systems in the community. Further, they agree that they will not deliver services directly. The Family Resource Planning Fund has been created on the state level to support the FRNs in carrying out their planning and evaluation role. As of July, 1996, fifty-one of West Virginia's fifty-five counties were receiving support from the Family Resource Planning Fund. The Direct Services Funding Pool, also created on the state level, is a channel for funds that FRNs can pass on to organizations in their communities not only to develop new services, but, more importantly, to leverage local-level service integration and the redirection of existing funds. Networks have considerable freedom in developing an agenda to meet the needs of children and families as identified by their community.

##### **Collaborative Structures**

On the state level, the Governor's Cabinet, a Family First Council, and a staff group provide leadership, direction, and support to the initiative. The Governor's Cabinet sets

broad policy and deals with large issues surrounding state initiatives concerning children and families. The Cabinet includes the Secretary or Commissioner of Health and Human Resources, Education and the Arts, and Employment Programs. Other members include two other state leaders in Education (state Superintendent of Schools; Vice Chancellor, University System of WV), the Secretary of the Department of Administration, the state's Attorney General, and a member each from the House of Delegates and the Senate. West Virginia's state level Cabinet also includes a parent representative. As part of implementing the family preservation/family support program, the state formed the Families First Council, which meets bimonthly and oversees implementation of the FRN program. One third of the Council is made up of mid-level state officials, one third of consumers, and one third of other community members. A staff group that administers the program and provides technical assistance to the networks is located in the Governor's Cabinet office.

On the local level, a key feature of Networks is that they give a controlling role to non-providers, and focus on providing a significant voice to consumers. Nonproviders—defined as consumers and other community members who are not employees of publicly funded agencies that provide services to children and families—must make up a majority of members of the Network's governing board. A majority of these nonproviders must be consumers, defined as people who receive publicly funded services for themselves or their family. In addition, the Network's governing board must include representatives of at least four public agencies: the public health department, the regional comprehensive behavioral health centers, the local health and human resource agency, and the county school district.

##### **Funding**

West Virginia, through the Family Resource Planning Fund, has worked creatively to bring administrative funds together across department lines and redeploy them to Family Resource Networks. This action has made funds more flexible by changing the purpose and the provider of administrative services. Administrative funds now support

community-based cross systems assessments, planning, and evaluation conducted by community-controlled organizations. The state has found that the most effective use of these funds is to provide local Networks with small amounts of funding—enough to support a 1-2 person staff in organizing the Network to do a thorough needs assessment and plan for services for the area. Then, the state is committed to supporting implementation of the plans through redirection of existing funding streams.

The state has developed the Planning Fund as a cooperative project with the federal government. The governor of West Virginia sent a proposal to the President calling for the development of a fund to support cross-agency assessment, planning, and evaluation, in which a small portion of the administrative funds from 13 federal programs aimed at serving children and families would be decategorized, matched with state funds, and provided to the Networks. The President endorsed the concept and asked the state to work with the Domestic Policy Council, which then asked West Virginia to pursue the concept with their Regional Office. The state has argued that the federal enabling legislation for all of these programs calls for their efficient and effective administration, and for coordination with other programs, so that the cost of planning for this kind of integration and service improvements on the local level should be borne partially by all of the programs.

West Virginia has succeeded in getting two major entitlement programs and two block grants to share the administrative costs of local Networks, and they are also drawing on other flexible state and Federal funds and private sector sources. During state Fiscal Year 1996, the Planning Fund includes monies from the following sources.

- **Medicaid.** The state has reached agreements with both Medicaid (Title XIX) and AFDC (now TANF), under which each of the programs now contributes administrative funds to the Planning Fund. The state has developed cooperative agreements between the Governor's Cabinet on Children and Families and the state agencies responsible for administering each of these programs.

- **Flexible federal funds.** The funds include administrative funds from the child care and development block grant and the community services block grant. The state administrators of these block grants have decided to provide support to the Networks in their role of assessing the need for and developing child care and community services. The fund was recently expanded through the addition of family preservation/family support (Title IV-B Subpart II) funds. Community Based Family Resource Program funds are also used.

- **State agency discretionary funds.** The state and the federal government agreed in principle that federal block grant funds could be used, but the state did not pursue many of these, or Title IV-E child welfare funds, because total federal expenditures were so small that the total dollar amount going into the fund would not be large enough to justify the effort in negotiations. The state decided to "replace" these sources with state discretionary funds from the Human Resources department. Negotiations with the Federal Department of Labor and the Department of Education on obtaining small amounts from ESEA Title I and JTPA funds have gone slowly, so currently the state is "replacing" some of these funds with state Department of Education funds.

- **State Flexible funds.** The fund includes monies from the state Cabinet Allocation and from the Governor's contingency fund.

- **Private funds.** The fund also includes funds donated from the private sector.

The Planning Fund totaled over \$1.4 million in state FY96, and is expected to grow to over \$2 million in state FY97.

The Direct Services Funding Pool, which the Networks can channel to local organizations, includes flexible federal and state funds, state agency funds, and private foundation grants—from, for instance, the Benedum Foundation and the Carnegie Corporation of New York. These funds are available for grants of up to \$50,000 for up to two years to assist Networks in implementing changes in the service system.

## **Changes to Service System**

The Networks around the state start by gathering and assessing needs data in their community, and then develop and work to implement local action plans. As Networks pursue this activity, the state tracks their work. State officials describe a range of projects which sites have undertaken, all of them involve reshaping or reconfiguring existing services. Networks have, among other things, developed family resource centers and one-stop shopping centers, and helped guide restructuring of child development programs, employment programs, and school health centers. The Cabinet is currently collecting and compiling more systematic information on Network activities and outcomes.

## **Sustaining Collaboration**

An important factor in sustaining Family Resource Networks over time has been the effort of staff from the Governor's Cabinet Office. To be effective, the staff needed to work closely with state agencies, and work with Health and Human Resources and other agencies on the family preservation/family support planning effort. The staff saw the development of the planning fund as a way to get state agencies to work together to share costs and increase ownership of the Networks. West Virginia's Governor, while not leading the effort, has consistently been supportive, and this support is seen as being crucial.

## *Maryland—Systems Reform*

### **Background**

System reform has been on the agenda in Maryland for at least fifteen years. In the early 1980s the state required localities to develop interagency plans for at-risk youth. Over the years coordinating councils have been in place to review out-of-state placements. In 1990 a Governor's Office—a Subcabinet, and a Secretary for Children, Youth and Families—was established. In 1987 the state received a grant from the Annie E. Casey Foundation for Systems Reform, and established a model in Prince George's County. This Systems Reform initiative drew on \$1.5 million in out-of-home care funds pooled from across departments. Budget language and legislation allowed funds that had been appropriated for

out-of-home care to be shifted to in-home services. There has been a stream of legislative interest and activity since then in systems reform, with legislation calling for agencies to develop a joint plan for family preservation services and for all localities to establish local management boards (LMBs) with authority across department lines to spend flexible funds. The initial model and the subsequent work of LMBs has focused on two populations and sets of services: (1) family preservation services for children at-risk-of out-of-home care, and (2) community-based services—or return diversion services—for those returning from out-of-state placements.

The broad mission of the Subcabinet is to build partnerships with communities to ensure effective, coordinated, outcome-based, family-oriented services to support the achievement and well-being of children and families. Strategies include community-based planning and management of services, a prevention emphasis, and pooled funding to support the development of services driven by family and child needs.

### **Collaborative Structures**

The Subcabinet for Children, Youth and Families oversees broad policy related to Systems Reform, and includes six core members, plus two appointed by the Governor. Agencies are represented by the Secretaries of Health and Mental Hygiene, Human Resources, Juvenile Justice, the state Superintendent of Schools, the Secretary of Budget and Fiscal Planning and the Director of the Office for Individuals with Disabilities. In addition, the Governor has appointed the heads of Housing and Community Development and the State Planning Office to the Subcabinet. There is a Deputy Director's group that meets regularly to oversee day-to-day management of the initiative, and there is a Systems Reform staff group in the Governor's Office of Children, Youth and Families.

Local Management Boards (LMBs) now exist in all areas of the state, and are comprised of a majority—at least 51%—of public members, with the remaining membership coming from community representatives, business, and labor. The LMBs are appointed by the local chief elected official,

and must include representatives from local agencies. These LMBs must establish core services, including family-based case management and family preservation services, and must achieve outcomes that they negotiate with the state. The LMBs work with local agencies and providers to shape these community-based services.

### **Funding**

Maryland has pooled funds that had been budgeted for out-of-home care and for family preservation by the Department of Health and Mental Hygiene, Human Resources, Education and Juvenile Justice. The subcabinet draws on this pool to provide grants to LMBs to serve a set number of children in each population (family preservation and return diversion), and the grants define how many children from each agency will be served. The Department of Education currently serves as fiscal agent for the funds. The amount put into the pool, and hence the budget provided to each LMB, is generally slightly less than what the agency had been budgeting for out-of-home-care. The LMBs can spend all of the funds in the pool flexibly, on any service the child and family needs.

The LMBs are provided with an incentive—they can keep 75% of the savings (the difference between the granted amount and the actual cost of services for the children they serve). These amounts are calculated one year out, and several of Maryland's jurisdictions are eligible for and have received some savings. The remaining 25% of the savings is retained by the Subcabinet for projects to improve services for children and families.

The state has recently decided to expand the amount of funds pooled from about \$37 million to \$98 million, expanding it to include a broader array of funding streams, including state and federal funds for foster care. A Governor's Task Force is currently looking at the issues raised by this expansion.

### **Changes to Services System**

Pooled funds have been used to develop unusual and creative service packages for children, tailored to their individual needs. The funds have been used for wrap-around

services that are not able to be funded elsewhere, including service components like respite care and transportation. The grant agreements require the LMBs to provide information to the state, so the state has been able to report regularly on the services purchased with pooled funds. The flexible provision of these services does seem to make a difference—the Casey Foundation noted that entries into out-of-home placement in Maryland have decreased significantly between 1989 and 1993, resulting in better care for children and lower costs for taxpayers.

### **Sustaining Collaboration**

A staff member of the Systems Reform group in the Governor's Office attributes the ongoing collaboration to several factors. She notes the ongoing legislative push as a key factor in sustaining the effort, and also notes that the initiative has had bipartisan support in the legislature. The interest from the top has been important—the previous Governor and the current Governor have both been very interested and supportive of System Reform. The Casey Foundation grant was a significant added incentive to a process that was ongoing. Advocates have been interested and supportive, and the state has found that economic arguments are effective, so they have focused on the economic benefits of keeping children and service funds in state.

*California—Youth Pilot Project - A.B. 1741*

### **Background**

This pilot project was legislated in 1993, partly in response to a county interest in gaining the ability to decategorize funds. This interest grew from 1989 legislation authorizing interagency councils to request waivers of regulations from the state, and the Healthy Start initiative, in which state grant funds support local collaboratives in developing school-linked services. As amended through 1995, the Youth Pilot Project authorizes six counties to blend child and family service funds to support implementation of innovative strategies at the local level to provide comprehensive, integrated services to children and families. The law states that the pilots will test the feasibility of allowing communities to make

decisions locally, to blend funding streams to facilitate integrated services programs for children and families, and to increase the efficiency of administering human services. Selected counties are authorized to transfer, into a county child and family fund, funds for at least four of a broad range of services for children and families. Blended funds must be used for innovative services for high-risk, low-income, multi-problem children and families.

In the interest of avoiding the “proliferation of categorical collaboratives,” counties interested in applying were allowed to use an existing collaborative body as the Coordinating Council required by A.B. 1741. Counties were also allowed to use their A.B. 1741 application as their family preservation/family support county plan. Counties selected were Alameda, Contra Costa, Fresno, Marin, Placer and San Diego. Participating counties have conducted community needs assessments and formed broad-based coordinating councils, and are establishing outcome measures. This is a locally driven initiative, so the six sites are all very different, and the initiative emphasizes local control and decision making.

The local strategies being pursued fall along the continuum of pooled funding. Some sites are stressing the development or expansion of neighborhood or family resource centers, with most seeing these as the site for a common, interdepartmental case management system. Others are focusing on small numbers of multiage children in or at-risk-of out-of-home care. The range of strategies they are pursuing, and how they flow into one another, is illustrated by one county’s plan to start with a mini-pilot serving six children involved in multiple systems, and to then expand to serving all of those in or at-risk-of out-of-home care, and eventually to all families visiting the Healthy Start sites who need case management.

### **Collaborative Structures**

A state team has been established of Directors from Departments within the Health and Welfare Agency and senior officials from other state departments and offices, including the Department of Education, the Department of Finance, the Office of Child Development and Education, the California

Youth Authority, and the Office of Criminal Justice Planning. An A.B. 1741 Workgroup made up of management-level representatives from these same departments oversaw the selection process and now meets as needed to manage implementation of the projects. There are also staff people assigned to the project from several state departments, with staff from the Health and Welfare Agency having a lead role. These staff work directly with counties.

On the local level, the pilot legislation requires that the Coordinating Council in each county include the county superintendent of schools, a representative of the juvenile justice system, officials responsible for the funds or services included in the pilot program, and representatives of service providers, labor organizations of public employees, and recipients of services. This council is called different things in different communities, and forms a policy level body.

### **Funding**

Only one of the counties has actually created a child and family fund, and that fund currently includes family preservation/family support funds, a portion of the county’s allocation from the Substance Abuse Prevention and Treatment Block Grant, and funds from a private foundation. Other counties are drawing on private sector funds and/or on family preservation/family support funds. Several counties plan to draw on state residential care funds from foster care and special education.

Several of the pilot community-level sites within the Youth Pilot Project counties have in the past received, or are currently receiving, grants from the Healthy Start program. This program, which is administered by the Department of Education, provides planning and operational grants to local education agencies to provide start-up funds for collaborative service integration efforts. These grants are funded by the state general fund with a required local match. In some counties, therefore, Healthy Start collaboratives and Youth Pilot Project collaboratives are working in tandem to coordinate and integrate services.

A group of foundations organized into the Foundation Consortium for School-

Linked Services has supported Healthy Start, and has also been actively involved with the Youth Pilot Project. The Consortium has given each county a \$40,000 grant to support their pilot efforts. It has also supported the project by providing resources and expertise for county and state staff meetings and educational forums.

State officials noted as important the extent to which counties want to blend federal funds. Particularly, the ability to shift IV-E foster care maintenance funds to front-end services for children and families is seen as crucial to the success of several of the county plans. The state has worked with pilot counties and other counties to develop an application for a Child Welfare demonstration project waiver which would allow any approved county in the state to make this shift, as well as implement other program innovations.

The Substance Abuse Prevention and Treatment Block Grant funds that one county has included in its local fund are not fully decategorized, in that there are still federal restrictions and requirements on the funds. The fact that federal funds are not very flexible has been a real obstacle to decategorizing funds on the county level.

Counties have also found it hard to achieve, on their own, the decategorization of either state or Federal funds. In addition to working with counties on federal funds, the state is examining the issues related to decategorizing state funds. They are also supporting legislation to create a Youth Pilot Program Fund on the state level. This state level fund would be used to pool state general fund dollars, and potentially federal funds that the state has control over, as requested by the counties. The funds would be shifted to the county level through a single negotiated agreement, thereby making it administratively easier to move funds between state departments and down to the pilot counties. These shifted funds would then become part of each county’s Child and Family Services Fund, which could also include local, private, and non-profit dollars. The state-level fund would also allow the state general fund dollars to be continuously appropriated over the course of the project, giving counties the fiscal flexibility needed to support their work.

### **Changes to Service System**

Counties with pilot projects have made progress in changing the service delivery system. Contra Costa county set up two new Family Service Centers, and plans several more, while Fresno County is expanding its existing Healthy Start sites. Placer County has consolidated all of its human services into a single new department, and a few other counties are establishing interdepartmental teams, in some cases expanding on existing case management systems. All of the pilots are required to establish outcomes, but since they are just beginning implementation there is no data yet on the impact of the activity.

### **Sustaining Collaboration**

California's initiative grew out of and has been sustained by the support and commitment of a group of department directors and agency staff. The lead project staff in the Health and Welfare Agency noted that one crucial factor in sustaining the initiative has been the involvement in that group of high level staff from the Department of Finance. The initiative has also been strongly supported by the Governor's Office, the Health and Welfare Agency, and the Superintendent of Public Instruction. The direct and ongoing involvement and support of the Secretary, Directors, Deputy-Directors and staff have helped build the collaboration. The Assemblyman who was the author of A.B. 1741 has also been very supportive of the pilot project. The staff also noted that a good working relationship with the Federal Regional Office has been helpful as they explore funding options.

In addition, state staff mentioned that the involvement of the Foundation Consortium has played a positive role by providing the opportunity for different venues for building relationships. For instance, they sponsored "policy academy" meetings off site for two to three days at a time where state and county staff had a chance to come together to develop plans and to do team building.

*Oregon—Multnomah County Partners Project*

### **Background**

The Oregon Partners Project (OPP) was developed by state and county agencies with

the support of funding from the Robert Wood Johnson (RWJ) Foundation's Mental Health Services Program for Youth. The state and county agencies formed a consortium to pool funds and coordinate services for the families of children with severe emotional or behavioral disorders. The project has pooled Medicaid funds with funds from state and local child welfare, mental health, and education agencies. Key program elements were case management provided by Managed Care Coordinators and flexible funding available to them through this inter-agency pool of funds.

The goal of the project was to develop child-centered and community-based systems of care. The project enrolled children who were 5 to 18 years of age, had a DSM III-R diagnosis and/or an SED designation from a school system, had some functional impairment in two major life areas for at least six months, and were involved with at least two of the Partner agencies.

RWJ funding for the project ran through 1994, and this profile focuses on the project under RWJ funding, when it served approximately 150 children a year and operated with an annual budget of up to \$2.5 million. The project has continued since then with encumbered funds and a grant from the Casey Family Foundation, and project staff are negotiating for the project to continue in a changed local environment. The state is extending its managed care plan to include mental health services under Medicaid in Multnomah County, so there is an effort to coordinate implementation of this with continued operation of the more specialized and interagency managed care coordination for the very-high-needs children served under the Partners Project. This transition makes this initiative an even more important one to watch as planners consider how pooled funding for comprehensive services can be implemented in and enhanced by a managed care environment. One sign of this transition is that mental health services have been renamed behavioral health, so the current contact for this project is the clinical services director of the Behavioral Health Program.

### **Collaborative Structures**

The OPP worked to coordinate services at both the systems level and the case level.

Funding and program direction came from the main partners from four different systems:

- Medicaid  
State Office of Medical Assistance Programs
- Child Welfare  
State and Regional Children's Services Divisions  
County Social Services
- Mental Health  
State Mental Health and Developmental Disabilities Services Division  
Multnomah County Office of Child and Adolescent Mental Health
- Education  
Portland Public Schools  
Centennial School District

On the state level, the project was governed by an Executive Committee of Directors of the State Office of Medical Assistance Programs (Medicaid), the State Department of Human Resources, the Children's Services Division, and the Chair of the Multnomah County Board of Commissioners. A Program and Finance Committee met monthly and oversaw day-to-day operations of the project. It was composed of representatives from each of the partner agencies and key personnel from offices responsible for project administration.

On the local level there was an advisory committee made up of representatives of the local partner agencies and family members and service providers. A screening committee consisting of staff from partner agencies and mental health agencies determined who was eligible and could be enrolled in the project. The Project Office was staffed with a program director, a clinical director, 10 managed care coordinators, and a program development specialist, and also received consultation from psychiatric counselors. The managed care coordinators convene quarterly plan-of-care meetings, and monitor the ongoing provision of flexible services to children. They manage the funding pool available for their caseload, help create new services, and make maximum use of existing resources.

## Funding

The partners involved initially looked at the costs for the children the project was targeting within each of the systems. They then estimated how much it would cost to provide child-centered and community-based services for these children, and came up with a budget of \$1,618/month per child. About 2/3 of the children are Medicaid eligible, and Medicaid contributes about 62% of the rate for these children. The project structured the Medicaid financing as a pre-paid health plan, which allowed the Medicaid funds that flowed to the project to be used flexibly to purchase wrap-around services for children. These Medicaid funds were combined with funds from the child welfare, mental health, and education partners as indicated above. All of these federal, state and county funds were merged with the RWJ funds to create the funding pool. The \$1,618 per month was available to the managed care coordinators to fund flexible services for the children enrolled in the project.

## Changes to the Service System

The National Institutes of Mental Health provided funding for a comprehensive evaluation of the Partners Project, the first phase of which was completed in March, 1996 (Friesen, et al). The evaluation focused on and has made available significant data on service utilization and costs and on child and family outcomes. The evaluation defined nontraditional services as those which could not be covered by Medicaid and hence would not have been available to the OPP children if the program had not existed. Eighteen percent of the pooled funds were spent on these nontraditional services, with over half of this amount going to respite care services, followed by expenditures on transportation, educational assistants, and recreation. One fifth of these nontraditional funds were spent on highly individualized services, such as participation in Big Brothers/Big Sisters, or paying for personal services agreements with providers not tied to specific agencies. A large portion of the traditional funds were spent on day treatment services, followed by individual treatment and family therapy. The evaluation compared children served by the project to a control group and found that OPP led to significantly greater improvements in service fit, social competence of the child, family empowerment, and child and

caregiver satisfaction with services. The evaluation noted that while systems changes were not a focus of the evaluation, "the fiscal cooperation of the Partner agencies in pooling their funds to serve the children enrolled in the project was unprecedented (Friesen, et al).

## Sustaining Collaboration

The current director of the project noted that the RWJ grant was a significant catalyst to bring the players together on both the state and the county level. She also credits as crucial the leadership and vision of the Commissioner of Human Services, who stressed the importance of getting key leaders who control policy and funds to sit down and work together. The involvement of supportive and creative budget staff was also seen as being helpful. Planning time was also seen as important—it took time to work out systems to allow unusual expenditures to be made, and to develop charting systems within mental health that met the demands of Medicaid. She also pointed out that it is important to be flexible over time as there are shifts in the funding sources available to an inter-departmental project like this one. One shift in Oregon is that education funds are increasingly being controlled by the state, while control over social service funds is being pushed to the local level. Another shift, of course, is the move of Medicaid and mental health into managed care. Project staff hope that the project, reconstituted along with the changing environment, can continue to provide individualized services drawing on flexible funding in a managed care environment.

## Conclusions

Reforming systems of care for children and families so that the services delivered are more preventive, coordinated, and driven by child and family needs is a daunting task, complicated by the desire that new services be developed collaboratively in local communities. The four initiatives profiled in this paper are demonstrating that it is possible to bring funds together across department lines and make them more flexible to support the development of more comprehensive and community based services. The challenge is to continue to find ways to redeploy existing resources and develop new resources to advance this key component of the systems reform agenda.

## Reference:

Friesen, Barbara J. et al. "Oregon Partners Project Evaluation: Final Report to the Office of Mental Health Services, Oregon Mental Health and Developmental Disabilities Division," 1996.

For a copy of the full report contact:  
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# Family Group Decision Making: Assessing the Promise and Implementing the Practice

by: Lisa Merkel-Holguin, Policy/Program Analyst, American Humane Association

As the number of children reported as abused and neglected increases, and the number of children in out-of-home care continues to rise, it is not surprising that new approaches are being conceptualized and implemented nationwide to prevent further child abuse and neglect and to reunify families. Gaining momentum since it emerged in the United States in the early 1990s, family group decision making (FGDM) is one such practice that many believe will help reform not only the systems which interface with families at-risk, but also the way professionals engage families to resolve abuse and neglect concerns.

Starting with the New Zealand Family Group Conference Model and continuing through such related models as the Family Unity Model primarily used in Oregon, FGDM creates a new approach to working with families whose children have been abused or neglected. It provides child and family service agencies with a process to engage and empower families to make decisions that protect and nurture their children. It provides families, including extended relatives, tribal members, and even those who may be perpetrators of abuse and neglect, a nonadversarial process and a voice in protecting and ensuring the safety of their children.

With the movement to deliver family-centered, culturally-competent services and to involve families in case planning and decision making, family group decision making has received considerable attention in the United States and abroad. It is hypothesized that FGDM will produce such promising trends as (1) a decrease in the number of children in out-of-home care, (2) an increase in the number of children living with kin, (3) an increase in family involvement in decision making and planning, and (4) a decrease in the number of court proceedings. These hypothesized trends have spurred a rapidly growing interest in, and awareness of, FGDM by child welfare and juvenile and

family court systems in the United States—with the end result that at least 20 communities are currently implementing some form of FGDM.

While communities have varying impetuses for implementing FGDM practices, the cornerstone philosophies tend to be similar. FGDM is characterized as a practice which is family-centered, family-strengths-oriented, culturally-based, and community-based. FGDM harnesses family commitment and wisdom so that family members invest in themselves and the decisions they make to protect their children. It recognizes that families who have the most information about themselves can make the most well-informed decisions and find safe solutions to abuse and neglect concerns. It emphasizes that, first and foremost, families have the responsibility to not only care for, but also to provide a sense of identity for, their children, and that individuals can and do find security and a sense of belonging within their families. It encourages families to cooperate in order to best care for their children, and it categorizes kin as the best resource for protecting children from abuse and neglect. FGDM fosters collaboration and cooperation between the family and the agency and among agencies, encouraging families to take responsibility for themselves.

While much has been written that describes the FGDM process, it is important to identify the four main phases for implementing an FGDM meeting: (1) referral to hold an FGDM meeting, (2) preparation and planning, (3) the FGDM Meeting itself, and (4) subsequent events and planning after the meeting. While the process for conducting an FGDM meeting appears straightforward, communities wishing to adopt FGDM into practice should not approach this lightly. As with any model, implementation and integration of a new practice requires an understanding and working through of the numerous and complex practice, policy, legal, and administrative issues for a community and

its systems designed to work with children and families. With FGDM, some of the key issues include:

- Developing a philosophy statement for FGDM adaptation;
- Considering implementation costs;
- Considering the current legal framework for authorizing FGDM usage, including child abuse and neglect confidentiality laws, worker and agency liability, and other related legislative initiatives;
- Developing policies on a range of issues, including (1) case referral and family selection, (2) participant involvement in an FGDM meeting, (3) private family deliberation, (4) plan development and veto, (5) case review and monitoring, and (6) family cost reimbursement;
- Developing written guidelines for professionals;
- Determining the appropriate staffing levels;
- Identifying community and staff resistance; and
- Developing an orientation process for families and training for professionals.

FGDM remains only one of the many proposed, nontraditional responses to families in crisis that may result in greater permanency, stability, long-term safety, and well-being for children. With the lack of in-depth evaluation and monitoring currently undertaken by agencies worldwide, outcomes-based research is needed to ascertain the short- and long-term consequences and effectiveness of FGDM on children and families, the professionals who work with them, and the child welfare agency. Further training opportunities are needed to determine the needed changes in systems to enhance the success of implementation.

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## Roundtable Series on Family Group Decision Making

In 1995, as part of the Edna McConnell Clark Foundation's Initiative, "Community Partnerships for the Protection of Children," the Children's Division of the American Humane Association (AHA) began studying Family Group Decision Making (FGDM) as an innovative practice that can be used by child protective service agencies to link agencies, communities, and families in protecting children. Since that time, AHA has produced and broadly disseminated resources on this practice and has provided training and technical assistance to help communities interested in replicating this approach.

With an increasing number of communities implementing family group decision making in the United States, there is a need for individuals to share information, learn from each other, and discuss national implications of FGDM on current child welfare practice and policy. Therefore, the American Humane Association, with its co-sponsors—including the National Resource Cen-

ter for Family Centered Practice, and other national and regional partners—is pleased to announce a 1997 Roundtable entitled "Family Group Decision Making: Assessing the Promise and Implementing the Practice," to occur in Philadelphia. The goal of this Roundtable is to (1) increase participant knowledge about the dynamics of family group decision making and its potential for reforming the child and family service system and (2) provide child welfare and juvenile and family court professionals the opportunity to collectively define major practice and policy issues and to identify successful strategies for implementing family group decision making in the United States.

Building on expert presentations, the Roundtable has structured breakout sessions by which participants meet in facilitated workgroups to discuss emerging issues, explore characteristics of successful FGDM initiatives, and develop strategies for enhanced implementation. The expert presen-

tations will encompass practice, research, legal, policy, and administrative issues related to family group decision making.

Mark your 1997 calendars and plan to attend the following Roundtable:

November 3-4      Philadelphia

For more information about the Roundtable program or AHA's Family Group Decision Making initiative, please call Lisa Merkel-Holguin at (303) 792-9900 or e-mail: lmerkel-holguin@amerhumane.org. For brochure or registration information, please contact Mickey Schumaker at (303) 792-9900 or e-mail her at mickey@amerhumane.org.

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## Resource Review

by: Eric Weig, National Resource Center for Family Centered Practice

**Barnett, Ola W., Cindy L. Miller-Perrin, and Robin D. Perrin. (1997). Family Violence Across the Lifespan: An Introduction. Thousand Oaks, CA: Sage. ISBN 0-7619-0707-6.**

This text offers a comprehensive and accessibly written introduction to Family Violence for use in master's-level courses. The work is made up of detailed case studies as well as interviews with expert sources on the following aspects of family violence. These are, the (1) History and Definitions of Family Violence, (2) Theories and Methodology: Investigating the Problem of Family Violence, (3) Physical Child Abuse, (4) Child Sexual Abuse, (5) Child Neglect and Psychological Maltreatment, (6) Children Exposed to Marital Violence, (7) Courtship Violence and Date Rape, (8) Marital Violence,

and Elder Abuse. Although the text is rooted in the presentation of strong scientific evidence and study, the authors have done a fine job in presenting the material in an engaging manner students will appreciate.

**Di Nicola, Vincenzo. (1997). A Stranger in the Family: Culture, Families, and Therapy. New York: W.W. Norton & Company. ISBN 0-393-70228-6.**

This book explores the increasingly common case of dealing with diversity in family therapy. A model of cultural family therapy is outlined with immigrants, refugees and minorities emphasized. Emerging trends identified and discussed are narrative approaches to family therapy, transcultural psychiatry, studies of autobiographical memory and the distributed and saturated

self, translation theory and sociolinguistics. Each individual chapter in this book is divided into theoretical and practical components. As well, the book is divided into sections. In Part I, entitled *Meeting Strangers*, the author analyzes family therapy's use of cultural concepts and introduces conceptual tools, including spirals, masks, and roles. Part II, entitled *On the Threshold: Language, Identity, and Cultural Change*, explores people on the thresholds of two or more cultures and the language and translation issues with which they struggle.

**Fernando, Suman. (1995). Mental Health in a Multi-Ethnic Society: A Multi-Disciplinary Handbook. New York: Routledge. ISBN 0-415-10537-4.**

This book, written by a multi-ethnic team of contributors representing the various professions working in the area of mental health, deals with community mental health care and its ability or inability to be effective in an increasingly multi-ethnic society. Ultimately, in the community mental health care model, an increasingly multi-ethnic society has prompted a shift from “symptoms-thinking” to “needs-thinking,” from looking for illness to promoting health. The book is divided into three parts. The first part is concerned with the current setting of community mental health. The second part centers on confronting issues of race equality in community mental health. The third part of the book is entitled “Seeking Change” and outlines suggestions for a new community mental health model in the multi-ethnic society.

**Freeman, Jennifer, David Epston, & Dean Lobovits. (1997). Playful Approaches to Serious Problems: Narrative Therapy With Children and Their Families. New York: W.W. Norton & Company. ISBN 0-393-70229-4.**

This book investigates what the authors refer to as “Narrative” Therapy. This mode of therapy is utilized in order to maintain child participation and interaction in the family therapy process. By remaining playful and learning to communicate in child’s language, therapists may be able to effectively deal with serious problems without confusing or shutting children out of the process with terms and theories they cannot relate to or understand. In this manner, a cheerful dialog of story-telling is established between therapist and child. As well, the story-telling mode employs a linguistic practice called externalization to separate children from problems. This book is divided into three parts, the last of which contains example stories from real children who have experienced Narrative Therapy.

**Klass, Carol S. (1996). Home Visiting: Promoting Healthy Parent and Child Development. Baltimore: Paul H. Brookes. ISBN 1-55766-261-4.**

This work is concerned with home visiting, a new profession in which adults strive to assist other adults in improving their every-

day family life. The work attempts to portray the complexity and the developmental possibilities in home visiting, where the goals are to help parents, first, to understand child development and, second, to develop appropriate parenting skills. The work is structured in three parts. Part I centers on the complex aspects of the home visitor’s role and relationship with the parent. Part II covers topics that home visitors find most important for effective home visiting. Part III discusses the relationship of person and profession. Ultimately, this work synthesizes (1) the experiences of home visitors and these visitors’ discussions of their work, (2) the author’s understanding of the meaning and purpose of the visitors’ work with families in terms of helping parents to understand their child and their own parenting, (3) scholarly literature on child development, parenting, and family support, and (4) the author’s own professional experience in child development, early education, and early prevention and intervention.

**McCoy, Clyde B., Lisa R. Metsch, & James A. Inciardi. (1996). Intervening With Drug-Involved Youth. Thousand Oaks, CA: Sage. ISBN 0-8039-7372-1.**

This book is meant to be used as a resource for drug abuse counselors, clinicians, and researchers. Prevention initiatives, treatment initiatives, and international perspectives on drug-involved youth are explored in this text which strives to outline the current issues of drug use by young people. The analyses of the problem are explored by experts in the field. Contributors also examine effective programs and outcome measures necessary to reduce drug use among youths, as well as specific preventive and treatment strategies, including family therapy and residential approaches.

**Peters, Ray Dev, & Robert J. McMahon. (1996). Preventing Childhood Disorders, Substance Abuse, and Delinquency. Thousand Oaks, CA: Sage. ISBN 0-7619-0015-2.**

This text is one in an ongoing series sponsored by the Banff International Conferences on Behavioral Science. The authors included in this collection present the most recent research on the effectiveness of pre-

vention and early intervention programs with children from birth to adolescence. Both theory and practice of programs established to prevent social and behavioral problems are discussed. These programs focus on social skills training, anger coping group work, parent education programs, and substance abuse prevention. The authors discuss programs designed to intervene before disorders develop or when they first appear. In all, 14 selections are included in this text.

**Weissberg, Roger P., Thomas P. Gullotta, & Robert L. Hampton. (1997). Healthy Children 2010: Enhancing Children’s Wellness. Thousand Oaks, CA: Sage.**

This volume contains a number of studies, projects and programs which demonstrate the positive consequences of a wellness orientation. The goal of this book is to increase the quality of physical and mental health care for children. It describes the latest research and theories concerning family, school, and community prevention and health-promotion programs to improve the health status of children. Empirically based preventive and health-promotion strategies that schools and communities can implement to enhance children’s social, emotional, and physical wellness are also outlined. This volume is unique in its detailed presentation of systemic efforts through decades of methodological rigor.

**Weissberg, Roger P., Thomas P. Gullotta, & Robert L. Hampton. (1997). Healthy Children 2010: Establishing Preventive Services. Thousand Oaks, CA: Sage. ISBN 0-7619-1090-5.**

Young people in today’s society face great risks to their current and future health. This can be seen in the large number of younger children smoking, drinking, participating in gangs, and performing acts of violence. The contributors to this text discuss empirically based strategies to form better environments for children to develop in. Preventive service programs with strong design and implementation can enhance children’s social and emotional health. The contributors first examine ways to strengthen families. Second, theory-guided evaluation to outline the process of program implementation is ex-

pored. Overall, three themes prevail in this work. First, scientists, practitioners, and policy makers must collaborate and diversify coordinated family, school and community based prevention services. Second, detailed evaluation of prevention programs is essential in order to document and identify ways to improve service quality. Lastly, prevention programs must be effectively conducted in order to insure implementation quality.

**Welty, Kate. (1996). A Framework for Foster Care Reform: Policy and Practice to Shorten Children's Stays. Baltimore, MD: The Annie E. Casey Foundation.**

This publication of the Annie E. Casey Foundation identifies predominant problems in today's foster care. Caseloads are increasing, children endure longer stays, children of color are significantly overrepresented and children are being inappropriately placed in group care. The scope of reform suggested in this work centers on several points in the foster care system. These include public policy, program management and structure, and program operations. The results of this research provide a framework for child welfare leaders working to reduce the number of children in foster care over 18 months. Foster care agencies will improve the lives of foster children only by utilizing a comprehensive approach to system change.

**Wolfe, David A., Christine Wekerle, & Katreena Scott. (1997). Alternatives to Violence: Empowering Youth to Develop Healthy Relationships. Thousand Oaks, CA: Sage. ISBN 0-8039-7031-5.**

It is the thesis of this book that current policies aimed at dealing with personal violence are obsolete and ineffective. This book offers new strategies and approaches to dealing with personal violence through prevention and empowerment. In the course of the work, the following statements are explored: "The expression of violence is most commonly seen in relationships." "Violence does not affect everyone equally, but affects women, children and minorities most significantly." "Prevention of violence entails building on the positive through empowerment." "Youth are important resources and should be seen as part of the solution."

## **11th Annual Empowering Families Conference**

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**Dr. Terry Tafoya**, Executive Director Tamanawit Unlimited - *Mending the Sacred Hoop and Embracing the Shadow: Building Communities from the Ground Up*

**Dr. Scott Henggeler**, Director of Family Service Research Center - *Family Based Services for Juveniles and Their Family: Outcomes for Everyone*

**For registration information, contact:**

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# Materials available from the National Resource Center for Family Centered Practice

## PRINTED MATERIALS

### **AGENCY-UNIVERSITY COLLABORATION IN PREPARING FAMILY PRESERVATION PRACTITIONERS (1992) \$6.00**

This collection of papers from the Second University Educators Conference on Family Preservation explores issues on the effective relationship between family preservation practice and academic training.

### **ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SER- VICES IN CONTEXT (1992) \$49.75**

A brief history and review of the research on family-based services. Based on data from the NRC's multistate study, analyses of family-based services with different client populations and modes of service delivery are presented. Separate chapters focus on child neglect, physical abuse, sexual abuse, delinquency/status offenses, and services in rural areas, in the office setting, and under public/private auspices. Complementing the statistical models are descriptive case studies of the programs, families, and their social workers.

### **ANNOTATED BIBLIOGRAPHY: FAMILY CONTINUITY (1993) \$5.00**

This publication, the result of a collaboration of the National Foster Care Resource Center, and The National Resource Center on Family Based Services, provides annotations of resources focused on "Family Continuity," a new paradigm for permanency planning for the 1990's.

### **ANNOTATED DIRECTORY OF SELECTED FAMILY BASED SERVICE PROGRAMS (1994) \$25.00**

Descriptions of 370 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and contact person.

### **BEYOND THE BUZZWORDS : KEY PRIN- CIPLES IN EFFECTIVE FRONTLINE PRACTICE (1994) \$4.00**

This paper, by leading advocates and practitioners of family centered services, examines the practice literature across relevant disciplines, to define and explain the core principles of family centered practice.

### **CHARTING A COURSE: ASSESSING A COMMUNITY'S STRENGTHS AND NEEDS (1993) \$4.00**

This resource brief from the National Center for Service Integration addresses the basic components of an effective community assessment.

### **CHILDREN, FAMILIES, AND COMMUNI- TIES--A NEW APPROACH TO SOCIAL SERVICES (1994) \$8.00**

This publication from the Chapin Hall Center for Children presents a framework for community-based service systems that includes and builds upon community networks of support, community institutions, and more formal service providers.

### **CHILDREN, FAMILIES, AND COMMUNI- TIES: EARLY LESSONS FROM A NEW APPROACH TO SOCIAL SERVICES (1995) \$5.00**

This is a street level view of the experience of implementing a system of comprehensive community-based services. Another report in a series on the Chicago Community Trust demonstration.

### **CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECT- ING FAMILIES IN A LARGE METROPOLI- TAN COUNTY: EXEC SUMMARY: (1990) no charge**

### **FINAL REPORT: (1990) \$15.00**

A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about these groups of families, changes over time and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I. Heinz Endowment.

### **COMMUNITY RESPONSE TO HOMELESS- NESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM EXECUTIVE SUMMARY (1996)no charge**

### **FINAL REPORT(1996) \$8.00**

An evaluation of a HUD-funded demonstration project of the Hawkeye Area Community Action Program (1990-1995). This project provided transitional housing and supportive services for homeless families with the objectives of achieving housing stability and economic self-sufficiency. Data include background information from participants obtained through structured interviews, and self-sufficiency measures at intake, termination, and six month follow-up to evaluate progress in housing, job, education, and income stability.

### **COMMUNITY SOCIAL WORK: A PARA- DIGM FOR CHANGE (1988) \$7.50**

This book is a collective product of a work group in Great Britain set up to articulate core characteristics of community social work.

### **COST EFFECTIVENESS OF FAMILY- BASED SERVICES (1995) \$3.00**

This paper describes the data and cost calculation methods used to determine cost effectiveness in a study of three family preservation programs.

### **CREATING CULTURES OF FAMILY SUP- PORT AND PRESERVATION: FOUR CASE STUDIES (1993) \$3.50**

This document explores issues relevant to the effective integration of family preservation and family support programs called for in new federal legislation.

### **DEVELOPING LINKAGES BETWEEN FAMILY SUPPORT & FAMILY PRESERVATION SERVICES: A BRIEF- ING PAPER FOR PLANNERS, PROVID- ERS, AND PRACTITIONERS (1994) \$2.00**

This working paper explores the connections in policy, program design, and practice needed to enhance the chances for success of linked programs.

### **EMPOWERING FAMILIES: PAPERS FROM THE FOURTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1990) \$10.00**

A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Programs and Practices, Program Issues, and Practice Issues--reflecting new and continuing developments in family-based services.

### **EMPOWERING FAMILIES: PAPERS FROM THE FIFTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1991) \$10.00**

A collection representing the third published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections--Training and Education, Research, Practice Issues, Program and Practice Issues, and Program and Policy Issues.

**EMPOWERING FAMILIES: PAPERS FROM THE SIXTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES** (1992) **\$10.00**

A collection representing the fourth published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Diversity, Research, and Expansion in family-based services.

**EMPOWERING FAMILIES: PAPERS FROM THE SEVENTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES** (1993) **\$10.00**

This is the latest collection of papers from the NAFBS conference in Ft. Lauderdale. Chapters address family empowerment and systems change, child protection and family preservation, determining outcomes for community-based services, and wraparound services for SED youth.

**EMPOWERING FAMILIES: PAPERS FROM THE EIGHTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES** (1994) **\$10.00**

This collection presents the best from the national conference. Key issues include reunification practice, family-centered residential treatment, culture and therapy, and a variety of research and evaluation issues.

**EMPOWERMENT EVALUATION: KNOWLEDGE AND TOOLS FOR SELF-ASSESSMENT AND ACCOUNTABILITY**

(1996) **\$27.00**

This volume derives from a conference of the American Evaluation Association. It addresses the concepts, methods, and tools needed to integrate evaluation into the everyday practices of running programs.

**EVALUATING FAMILY BASED SERVICES** (1995) **\$35.00**

Major researchers in the field of family based services contribute chapters on all aspects of the evaluation process appropriate to a variety of program models.

**FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES:**

**EXEC SUMMARY** (1988) **\$2.50**  
**FINAL REPORT** (1988) **\$15.00**

*(Includes the Executive Summary)*  
Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in eleven family-based placement prevention programs.

**FAMILY-BASED JOB DESCRIPTIONS** (1986) **\$7.50**

A compilation of job descriptions for family-based service workers (including social workers, supervisors, administrators, family therapists and paraprofessionals) which are currently in use by selected public and private family-based programs throughout the country.

**FAMILY-BASED SERVICES FOR JUVENILE OFFENDERS** (1990) **no charge**

An analysis of family characteristics, service characteristics, and case outcomes of families referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. In *Children and Youth Services*, Vol. 12, No. 3, 1990.

**FAMILY-CENTERED SERVICES: A HANDBOOK FOR PRACTITIONERS**

(1994) **\$15.00**

This completely revised edition of the Practitioners Handbook addresses core issues in family centered practice, from assessment through terminating services. Also included are a series of chapters on various topics such as neglect, substance abuse, sexual abuse, and others.

**FAMILY-CENTERED SERVICES EMPLOYEES MANUAL, IOWA DEPARTMENT OF HUMAN SERVICES** (1985--Rev. Jan, 1991) **\$5.00**

Iowa Department of Human Services family-centered services regulations, which define and structure the Department's preventive services program, and accompanying procedures manual.

**FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL** (1994) **\$5.00**

This manual describes the methodology and includes the structured interview and all standardized instruments administered in this NCCAN-funded research study.

**FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FINAL REPORT**

(1994) **\$8.00**

Final report from NCCAN-funded research study on family functioning and child neglect, conducted by the NRC/FBS in collaboration with the Northwest Indian Child Welfare Association. The study is based on structured interviews with neglecting and comparison families in Indian and non-Indian samples in two states.

**FAMILY GROUP CONFERENCE** (1996) **\$20.00**

This volume offers a complete presentation

of the Family Group Conference, the extended family network child protection model from New Zealand.

**FAMILY PRESERVATION AND INDIAN CHILD WELFARE AMERICAN INDIAN LAW CENTER** (1990) **\$12.00**

This collection of essays looks at the application of family preservation to Indian Child Welfare. Historical, contemporary, therapeutic, program implementation, staff training, and program evaluation issues are treated. Only available directly from the American Indian Law Center, Inc., Box 4456 Station A, Albuquerque, NM 87196. **NOT AVAILABLE FROM THE NATIONAL RESOURCE CENTER.**

**FAMILY PRESERVATION USING MULTISYSTEMIC TREATMENT: A COST-SAVINGS STRATEGY FOR REDUCING RECIDIVISM AND INSTITUTIONALIZATION OF SERIOUS JUVENILE OFFENDERS** (1993) **no charge**

This brief manual provides an overview of the multisystemic approach to treating serious antisocial behavior in adolescents and their multineed families. Dr. Henggeler outlines the focus of the approach on the family, the youth's peer group, the schools, and the individual youth, along with the structure of the family preservation program, and the research which documents the program's effectiveness.

**GUIDE FOR PLANNING: MAKING STRATEGIC USE OF THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM**

(1994) **\$8.00**

This document presents a comprehensive framework for implementing the federal family preservation and support services program.

**HEAD START OUTCOMES FOR HOMELESS FAMILIES & CHILDREN: EVALUATION OF THE HACAP HOMELESS HEAD START DEMONSTRATION PROJECT** (1996) **\$6.00**

This study reports findings of a transitional housing program for homeless women and children.

**HOME-BASED SERVICES FOR TROUBLED CHILDREN**

(1995) **\$35.00 [includes s/h]**

This collection situates home-based services within the system of child welfare services. It examines the role of family preservation, family resource programs, family-centered interventions for juveniles, issues in the purchase of services, and others.

**INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE; CLEVELAND, OHIO--SEPTEMBER 25-26, 1989; FINAL OR BRIEF REPORT**

(1990) **no charge**  
Final report of a two-day conference on family preservation services research, co-sponsored by the Bellefaire Jewish Children's Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

**INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL** (1987) **\$2.75**

Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local departments of social services--including chapters on funding principles, interventions, closure and evaluation. This program was implemented in 1985 and expanded to 14 jurisdictions in 1986.

**KEY CHARACTERISTICS AND FEATURES OF COMMUNITY-BASED FAMILY SUPPORT PROGRAMS** (1995) **\$6.00**

This is a thorough review of issues determining the success of Family Support programs.

**KNOW YOUR COMMUNITY: A STEP-BY-STEP GUIDE TO COMMUNITY NEEDS AND RESOURCES ASSESSMENT** (1995) **\$28.00**

This is a manual and tool kit for conducting a community needs and capacities assessment. The price includes a computer diskette containing sample forms. Please indicate Mac or DOS version.

**LENGTH OF SERVICE & COST EFFECTIVENESS IN THREE INTENSIVE FAMILY SERVICE PROGRAMS**

**SUMMARY REPORT (1996) \$2.00**  
**FINAL REPORT (1996) \$17.00**  
Report of an experimental research study testing the effect of length of service on case outcomes and cost-effectiveness in three family based treatment programs.

**LINKING FAMILY SUPPORT AND EARLY CHILDHOOD PROGRAMS: ISSUES, EXPERIENCES, OPPORTUNITIES** (1995) **\$6.00**

This monograph examines opportunities for family support in child care settings.

**MAKING A DIFFERENCE: MOVING TO OUTCOME BASED ACCOUNTABILITY FOR COMPREHENSIVE SERVICE REFORMS**

(1994) **\$4.00**  
This resource brief from the National Center for Service Integration presents the basic components of a program level outcomes based accountability system.

**MAKING WELFARE WORK: A FAMILY APPROACH** (1992) **\$3.15**

This is an account of Iowa's Family Development and self-sufficiency Demonstration Grant Program (FaDDS). It describes a family support approach to welfare reform.

**MANAGING CHANGE THROUGH INNOVATION: TOWARDS A MODEL FOR DEVELOPING AND REFORMING SOCIAL WORK PRACTICE AND SOCIAL SERVICE DELIVERY** (1992) **\$7.50**

This manual treats the dynamics of the change process in a variety of settings.

**NEW APPROACHES TO EVALUATING COMMUNITY INITIATIVES: CONCEPTS, METHODS, AND CONTEXTS**

(1995) **\$12.00**  
Evaluating coordinated service interventions is a complex process. This volume examines a set of key issues related to evaluating community initiatives.

**POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL; Oregon Children's Services Division**

(1990) **\$3.00**  
Discusses the conception, development and implementation of the PAFT project including positive research findings for 50 at-risk families. Part two describes therapeutic challenges of adoption, intervention techniques, and the treatment model developed by the project.

**POST ADOPTION RESOURCES FOR TRAINING, NETWORKING, AND EVALUATION SERVICES (PARTNERS): WORKING WITH SPECIAL NEEDS ADOPTIVE FAMILIES IN STRESS; Four Oaks, Inc., Cedar Rapids, Iowa** (1992) **\$4.25**

Information about the PARTNERS model for adoptive families with special needs children. Includes a description of support services, screening, assessment, treatment planning, treatment and termination phases of the project, and descriptive statistics of the 39 families served. Part two describes therapeutic challenges of adoption.

**PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES, Oregon Children's Services Division** (1987) **no charge**

Presents a program model based on recurring evidence about the nature of neglectful families.

**PUBLIC-PRIVATE PROVISION OF FAMILY-BASED SERVICES: RESEARCH FINDINGS** (1989) **no charge**

A paper presented at the NAFBS Third Annual Empowering Families Conference (Charlotte, NC) discussing research findings on differences between family-based services provided by public and private providers.

**RACIAL INEQUALITY AND CHILD NEGLECT: FINDINGS IN A METROPOLITAN AREA**

(1993) **no charge**  
Despite contradictory evidence, child neglect is believed to occur with greater frequency among African-Americans for a variety of reasons. This article describes racial differences among 182 families referred for neglect in a large metropolitan area.

**REALIZING A VISION** (1996) **\$5.00**

This working paper positions the progressive children and family services reform agenda within a complex welter of change, and it poses a provocative answer to the question: "Where do we go from here?"

**REINVENTING HUMAN SERVICES: COMMUNITY- AND FAMILY-CENTERED PRACTICE**

(1995) **\$25.00**  
This collection of articles explores aspects of the move towards a community-based service system. The book explores social work, economic development, school-linked services, and community policing. Crossing these different service sectors is a common understanding of community- and family-centered practice.

**REPAIR: REASONABLE EFFORTS TO PERMANENCY THROUGH ADOPTION AND REUNIFICATION ENDEAVORS**

**Executive Summary (1996) \$4.00**  
**Final Report (1996) \$17.00**  
REPAIR created a family based approach to residential treatment characterized by reduced length of stay, integration of family preservation and family support principles, and community based aftercare services to expedite permanency. The Final Report describes the conceptual approach and project design, lessons learned from imple-

mentation, and evaluation results (including instruments). [Funded by ACYF, Grant #90CW1072].

**THE SELF-SUFFICIENCY PROJECT: FINAL REPORT (1992) \$5.00**

Final evaluation report of a federally-funded demonstration project in rural Oregon serving families experiencing recurring neglect. Includes background and description of project, findings from group and single subject analyses, and evaluation instruments. (See the Self-Sufficiency Project: Practice Manual below).

**THE SELF-SUFFICIENCY PROJECT: PRACTICE MANUAL (1992) \$3.15**

This manual describes a treatment program for working with families experiencing recurring neglect, based on a federally-funded demonstration project in rural Oregon. Includes project philosophy and design, staffing, discussion, and descriptive case studies (See the Self-Sufficiency Project: Final Report above).

**SOURCEBOOK: ANNOTATED RESOURCES FOR FAMILY BASED SERVICE PRACTICE: 4th Edition (1993) \$5.00**

Descriptions and ordering information for selected resources on: family therapy, FBS theory and practice, research and evaluation, legal issues, family-based services management, and training. Lists FBS service associations and program directories. Includes many unpublished materials prepared by social service departments, not generally available in libraries, which can be ordered from those agencies.

**STATE LEGISLATIVE LEADERS: KEYS TO EFFECTIVE LEGISLATION FOR CHILDREN & FAMILIES: A REPORT (1995) \$1.00**

This is the report of an eye-opening survey on how far children and family advocates have to go towards building a sustained legislative agenda.

**STATE SURVEY ON PLACEMENT PREVENTION & FAMILY REUNIFICATION PROGRAMS: FINAL REPORT (1990) \$5.00**

Results of a 1989-90 nationwide survey of state child welfare administrators and specialists regarding the extent to which placement prevention/reunification services have been implemented. Includes data from 37 states. Issues include eligibility requirements, exclusions, costs, service length and availability, state expenditures and state legislation regarding placement prevention and reunification services. Similarities and differ-

ences between public agencies and purchase of service programs are featured.

**STRENGTHENING FAMILIES & NEIGHBORHOODS: A COMMUNITY-CENTERED APPROACH (1995) \$8.00**

This is the final report of the "Patch" demonstration project, a model for community-centered social work practice that is now generating national attention.

**STRENGTHENING HIGH-RISK FAMILIES (A HANDBOOK FOR PRACTITIONERS); Authors: Lisa Kaplan and Judith L. Girard (1994) \$25.00**

This accessible handbook on family-centered practice addresses the range of issues to be considered in working with high-risk families. Practice strategies are set within the context of the development of family preservation services.

**TECHNICAL ASSISTANCE RESOURCE GUIDE (1994) \$3.00**

This guide presents a variety of materials important to implementing the family preservation and support services program. Topics addressed include organizational change, program development, community assessment, family-centered practice, cultural competence, and evaluation.

**THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1990) no charge**

An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families, or reunification once placement has occurred. Also examines data from 11 family-centered placement prevention programs that further specifies and compares these models. Reprinted with permission from Child Welfare, Vol. LXIX: No. 1, (Jan/Feb 1990).

**TOGETHER WE CAN: A GUIDE FOR CRAFTING A PROFAMILY SYSTEM OF EDUCATION AND HUMAN SERVICES (1993) \$11.00**

This is a guidebook to a five stage process for creating and sustaining community collaborations.

**TO LOVE A CHILD (1992) \$6.00**

This book describes the many ways in which responsible and caring adults can contribute to the lives of children: mentoring adoption, family foster care, kinship care and others.

**TRAINING MANUAL FOR FOSTER PARENTS (1990) \$12.00**

Created by Dr. Patricia Minuchin at Family Studies in New York, the Manual includes a theoretical section describing the rationale, goals, themes and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

**TRAINING RESOURCES: FAMILY CONTINUITY (1993) \$2.00**

A bibliography of training resources of the National Resource Center for Family Centered Practice, The National Foster Care Resource Center, The National Resource Center for Special Needs Adoption, and other organizations.

*For a detailed description of audiovisual materials, see page 35.*

## REQUEST FOR NRC/FCP INFORMATION & ORDER FORM -- Fall, 1997

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Please make checks/money orders payable to the National Resource Center. Purchase orders accepted. (Sorry, we cannot accept credit cards.) Shipping/handling--all orders \$5.00 minimum (for over 10 items please add \$.25 for each additional item ordered).

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\* cost per copy for multiple copies

\*\* no charge for one copy

TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Agency-University Collaboration: 2nd Univ Educators' Conf Proceedings (1992)	\$ 6.00	_____	_____
Alternative Models of Family Preservation: FBS in Context (1992)	49.75	_____	_____
Annotated Bibliography: Family Continuity (1993)	5.00	_____	_____
Annotated Directory of Selected Family Based Service Programs (1994)	25.00	_____	_____
Beyond the Buzzwords: Key Principles in Effective Frontline Practice (1994)	4.00	_____	_____
Charting a Course: Assessing a Community's Strengths & Needs (1993)	4.00	_____	_____
Children, Families, and Communities--A New Approach to Social Services (1994)	8.00	_____	_____
Children, Families, & Communities: Early Lessons From a New Approach to Social Svcs (1995)	5.00	_____	_____
Chronic Neglect in Perspective: Executive Summary (1990) [\$.30*]	nc	**	_____
Chronic Neglect in Perspective: Final Report (1990)	15.00	_____	_____
Community Response to Homelessness: Evaluation of the HACAP: Final Report (1996)	8.00	_____	_____
Community Response to Homelessness: Evaluation of the HACAP: Executive Summary (1996)	nc	**	_____
Community Social Work: A Paradigm for Change (1988)	7.50	_____	_____
Cost Effectiveness of Family Based Services (1995)	3.00	_____	_____
Creating Cultures of Family Support and Preservation: Four Case Studies (1993)	3.50	_____	_____
Developing Linkages Between Family Support & Fam Pres Services (1994)	2.00	_____	_____
Empowering Families: Papers 4th Annual Conference on FBS (1990)	10.00	_____	_____
Empowering Families: Papers 5th Annual Conference on FBS (1991)	10.00	_____	_____
Empowering Families: Papers 6th Annual Conference on FBS (1992)	10.00	_____	_____
Empowering Families: Papers 7th Annual Conference on FBS (1993)	10.00	_____	_____
Empowering Families: Papers 8th Annual Conference on FBS (1994)	10.00	_____	_____
Empowerment Evaluation: Knowledge & Tools for Self-Assessment & Accountability (1996)	27.00	_____	_____
Evaluating Family Based Services (1995)	35.00	_____	_____
Factors Contributing to Success & Failure in FBS: Executive Summary (1988)	2.50	_____	_____
Factors Contributing to Success & Failure in FBS: Final Report (Includes exec sum) [1988]	15.00	_____	_____
Family Based Job Descriptions (1986)	7.50	_____	_____
Family-Based Services for Juvenile Offenders (1989) [\$.50*]	nc	**	_____
Family-Centered Services: A Handbook for Practitioners (1994)	15.00	_____	_____
Family-Centered Services Employees Manual, Iowa DHS (1985, Rev. Jan 1991)	5.00	_____	_____
Family Functioning of Neglectful Families: Family Assessment Manual (1994)	5.00	_____	_____
Family Functioning of Neglectful Families: Final Report (1994)	8.00	_____	_____
Family Group Conferences in Child Abuse and Neglect Cases (1996)	20.00	_____	_____
Family Preservation Using Multisystemic Treatment: Cost Savings Strategy (1993) [\$.80*]	nc	**	_____
Guide for Planning: Making Strategic Use of Fam Pres & Support Services Program (1994)	8.00	_____	_____
Head Start Outcomes for Homeless Families & Children: Evaluation of the HACAP (1996)	6.00	_____	_____
Home-Based Services for Troubled Children (1995) [includes shipping/handling]	35.00	_____	_____
Intensive Fam Pres Svcs Research Conf, Cleveland, OH ___Final [2.25*] and/or ___Brief [.35*]	nc	**	_____
Intensive Family Services: A Family Preservation Service Delivery Model (1987)	2.75	_____	_____
Key Characteristics and Features of Community-Based Family Support Programs (1995)	6.00	_____	_____
Know Your Community: A Step-by-Step Guide to Community Needs . . . (1995)	28.00	_____	_____
Length of Service & Cost Effectiveness in Three Intensive Fam Svc Progs (1996) Exec Summary	2.00	_____	_____
Length of Service & Cost Effectiveness in Three Intensive Fam Svc Progs (1996) Final Report	17.00	_____	_____
Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities (1995)	6.00	_____	_____
Making a Difference: Moving to Outcome Based Accountability for Comprehensive Service (1994)	4.00	_____	_____
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Managing Change Through Innovation: Towards A Model for Developing... (1992)	7.50	_____	_____
New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts (1995)	12.00	_____	_____
Post Adoption Family Therapy (PAFT): A Practice Manual (1990)	3.00	_____	_____
Post Adoption: Resources for Training ... PARTNERS--Four Oaks (1992)	4.25	_____	_____
Program Blueprint for Neglectful Families: Oregon Children's Svcs Division (1987) [\$.1.00*]	nc	**	_____
Public-Private Provision of Family-Based Services: Research Findings (1989) [\$.50*]	nc	**	_____
Racial Inequality and Child Neglect: Findings in Metro Area (1993) [\$.50*]	nc	**	_____

continued on next page



TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Realizing a Vision (1996)	5.00	_____	_____
Reinventing Human Services: Community- & Family-Centered Practice (1995)	25.00	_____	_____
REPARE: Reasonable Efforts to Permanency Planning Through Adoption...(1996) Exec Sum	4.00	_____	_____
REPARE: Reasonable Efforts to Permanency Planning Through Adoption...(1996) Final Report	17.00	_____	_____
Self-Sufficiency Project: ___Final Report--\$5.00/___Practice Manual--\$3.15 (1992)	5.00	or 3.15	_____
Sourcebook: Annotated Resources for FBS Practice--4th Edition (1993)	5.00	_____	_____
State Legislative Leaders: Keys to Effective Legislation (1995)	1.00	_____	_____
State Survey on Placement Prevention & Family Reunification: Final Report (1990)	5.00	_____	_____
Strengthening Families & Neighborhoods: A Community-Centered Approach (1995)	8.00	_____	_____
Strengthening High-Risk Families: A Handbook for Practitioners (1994)	35.00	_____	_____
Technical Assistance Resource Guide (1994)	3.00	_____	_____
Three Models of Family Centered Placement Prevention Services (1989) [\$50*]	nc	**	_____
Together We Can: A Guide for Crafting a Profamily System of Education & Human Svcs (1993)	11.00	_____	_____
To Love a Child (A complete guide to adoption, foster parenting, etc.) (1992)	6.00	_____	_____
Training Manual for Foster Parents (no charge for shipping/handling) (1990)	12.00	_____	_____
Training Resources: Family Continuity (1993)	2.00	_____	_____

**AUDIOVISUAL MATERIALS:**

**Video Tapes--**

Circularity & Sequences of Behavior (1992) [price includes s/h]	\$25.00	_____	_____
Family-Based Services: A Special Presentation (1990) [add \$5.00 for s/h]	\$80.00	_____	_____

**Slide Show--**

Home-Based Family-Centered Services: A Basic View (1980)--Rental Only [add \$5.00 s/h]	\$10.00/mo	_____	_____
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**Audiotapes--**

Empowering Families 1989 Pre-Conference Institute: Research Roundtable			
Audiotape 1 (sessions 1 & 2)	\$6.00	_____	_____
Audiotape 2 (sessions 3 & 4)	\$6.00	_____	_____
	\$10.00/both	_____	_____

Subtotal	_____	_____
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**AUDIOVISUAL MATERIALS**

**CIRCULARITY AND SEQUENCES OF BEHAVIOR (1992)** (\*includes s/h) **\$25.00\***  
This 30-minute training videotape describes the family systems concepts of circularity and sequences of behavior, and then demonstrates how the concepts are utilized in a child protection interview with a family where inadequate supervision of young children is an issue. Useful for training family-centered practitioners in any human services program.

**FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990)** **\$80.00\***  
(\*Plus \$5.00 shipping)  
Videotape: 24 minutes. A lively introduction

to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.

**HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980)**  
Rental Only **\$10.00/mo**  
An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards

of directors, and policy-makers. Includes an 8-page study guide.

**EMPOWERING FAMILIES 1989 PRE-CONFERENCE INSTITUTE: THE RESEARCH ROUNDTABLE--AUDIOTAPE 1: SESSIONS 1 & 2; AUDIOTAPE 2: SESSIONS 3 & 4**  
(1989) **\$6.00/ea tape or \$10.00/both**  
Session 1: Focuses on current debates in family-based services. Session 2: Discusses measurement in family-based services research. Session 3: Focuses on issues in research design. Session 4: Looks at the ethical and political issues in family-based research.

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New Materials Now Available Through the Center

Community Response to Homelessness: Evaluation of the HACAP  
Transitional Housing Program (1996)

Community Social Work: A Paradigm for Change (1988)



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