

# Improving Outcomes for Children, Youth, and Families ... Together We Can!

**Susan N. Dreyfus**

President and CEO

Alliance for Strong Families and  
Communities

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# Alliance for Strong Families and Communities

OVER  
100  
YEARS



To strengthen the capacities and influence of our national network of high-impact nonprofit human-serving organizations so that *together* we may pursue our vision of a healthy society and strong communities for all children, adults, and families.

Driving for impact through strategy, connections, and influence.



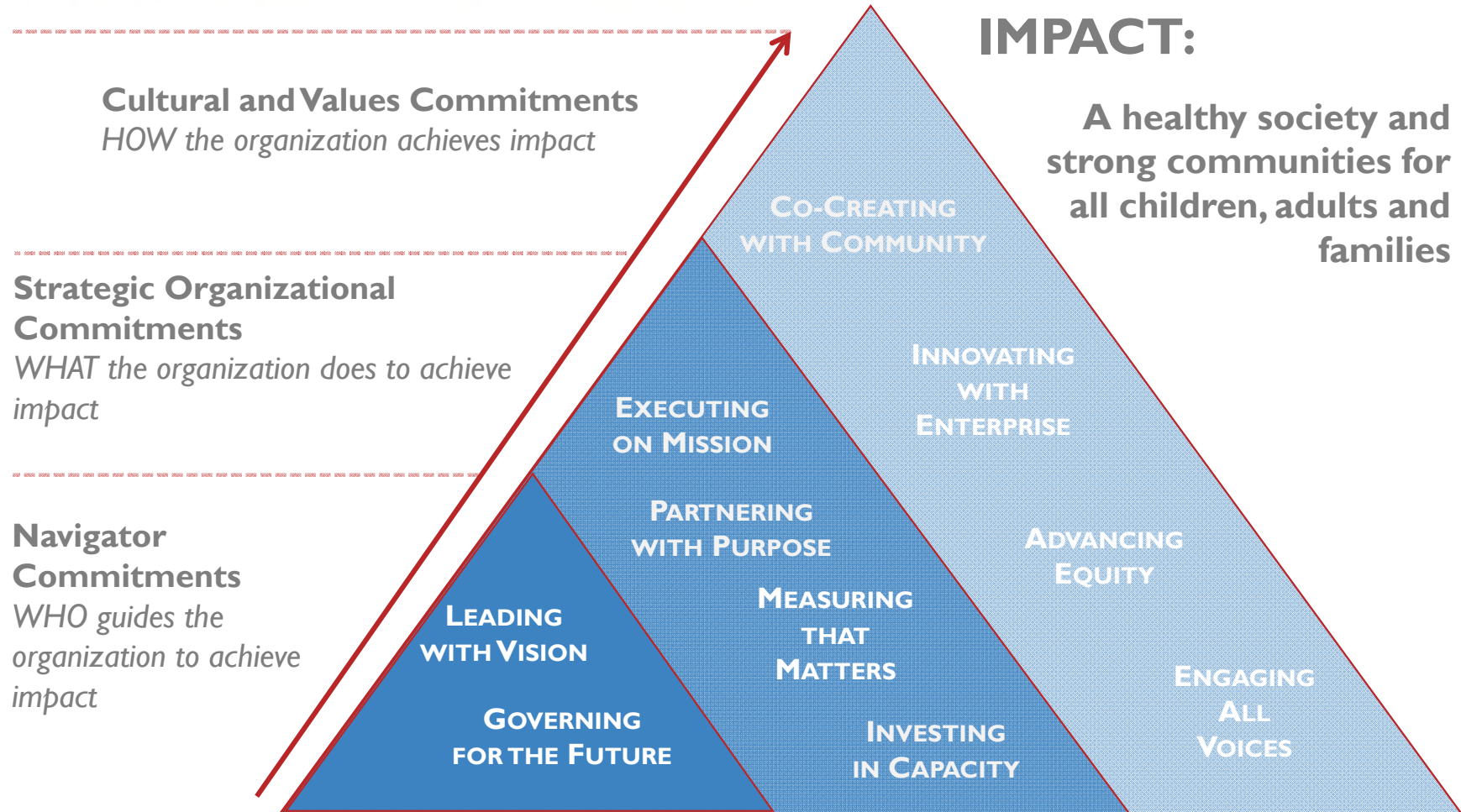
# Commitments of High-Impact Social Sector Organizations

OVER  
100  
YEARS



## IMPACT:

**A healthy society and strong communities for all children, adults and families**





A new normal is emerging—  
disruptive, yet full of opportunity



# Our new normal

OVER  
100  
YEARS



A move from program thinking to social and systems change thinking

Home- and community-based systems of care within our reach

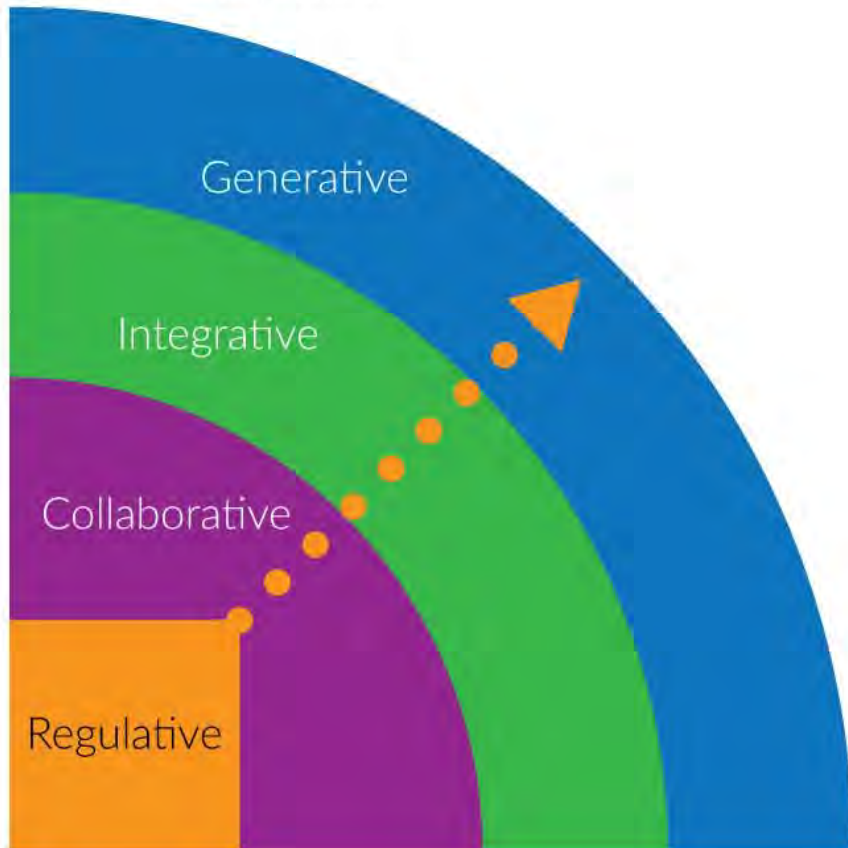
Shift in our traditional funding sources

Converging sciences and big data

# Moving from Program Thinking to Systems Change with Results

## Human Services Value Curve

Efficiency in Achieving Outcomes



Effectiveness in Achieving Outcomes

### Regulative

**Focus:**

Serving people who are eligible for particular services

### Collaborative

**Focus:**

Helping people receive all services for which they are eligible

### Integrative

**Focus:**

Helping people receive integrated services that address the root cause or need

### Generative

**Focus:**

Co-creating with multiple systems across agencies all working towards the same vision at a community level

The key to successful systems change is the intentionality of pulling four levers :



Policy  
Practice  
Regulatory  
Fiscal





**It's time to get it done!**

A 21st century child- and family-centered system of care



# Eight accelerants to get us there



**Systems leadership required**  
**Walk the talk of being family-centered**  
**Partnerships that are truly “resource” generating**  
**Poverty, equity, and neighborhoods**  
**Converging sciences**  
**Data analytics: our new frontier**  
**Integrating health and social care**  
**Financing for results**

# Systems leadership required







Walk the talk of being child- and family-centered





Partnerships that are truly “resource” generating

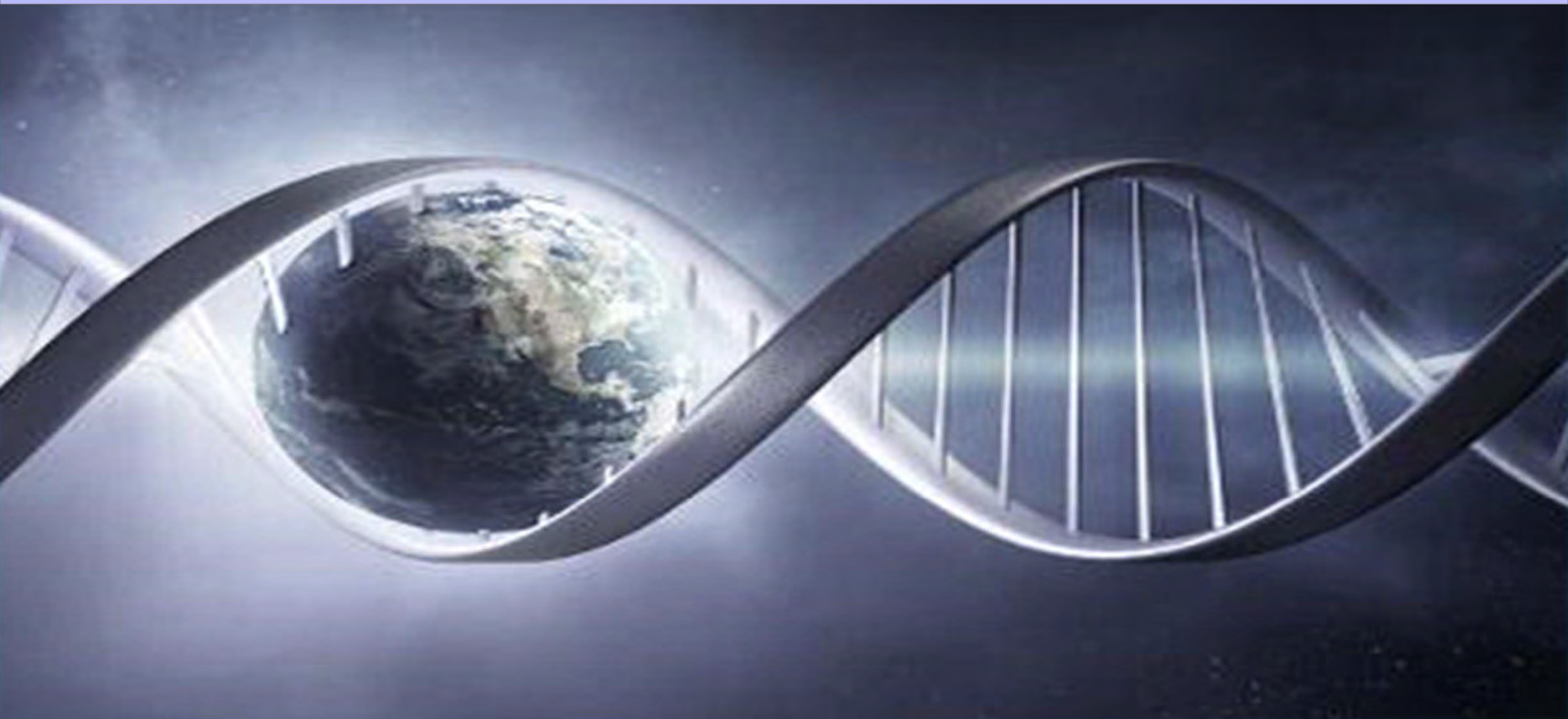




Poverty, equity, neighborhoods



# Converging sciences







Data analytics: Our new frontier



Integrating health and social care



# Financing for results





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# Transformation

Tom Woll

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Strategic Change Initiative



# 10 Transformational Agenda Items

OVER  
100  
YEARS



1. Change our organizational identity
2. Adapt our organizational culture
3. Review the role of campus facilities
4. Adopt change leadership methods
5. Rethink staff training and support
6. Reconsider all treatment approaches
7. Promote service integration
8. Address child and family trauma
9. Engage families and promote stability
10. Work with and in communities



# Iowa's 15 Desired Outcomes

OVER  
100  
YEARS



- Children should remain in their own homes whenever safely possible. Children will only be removed from their homes when safety requires it. A uniform assessment process will be used to help make these decisions.
- We will provide families the necessary supports to help their children stay safely in their own homes.
- Children will not “grow up” or stay for extended periods of time in out of home care settings. Children will grow up in family settings with permanent families whenever possible.
- When a child is removed and the plan is for that child to return home, every effort will be made to return the child to their own home as soon as possible.
- Permanency decisions will be made as quickly as possible when it is clear that a child will not be returning to their own home. Keeping siblings together whenever possible will be a priority. Every child leaving care will have a permanent connection to a caring adult.

# Iowa's 15 Desired Outcomes

OVER  
100  
YEARS



- Out of home care providers will become responsible for finding permanent homes for children who will not be returning to their own homes and will be paid for these search, home finding and engagement activities.
- When a child will be returning home, out of home care providers will develop and implement a “family engagement plan” within the first 30 days.
- Families will be involved in all aspects of decision-making and planning during the time their child is in out of home care.
- Every effort will be made to place a child as close to their own home as possible and weekly family contact or home visits with families will be expected.
- The same family support services currently used with “community families” will be expected to be used with all “residential families.” Out of home care providers will be paid for providing these family support services.

# Iowa's 15 Desired Outcomes

OVER  
100  
YEARS



- The success criteria for out of home care providers should be: quality of family engagement, length of stay and success upon reintegration back into their own home or into the community.
- Service delivery should be incentivized. The state will pay more for those services that are needed the most and that can successfully produce the results that are most needed.
- Short-term treatment will be added as a service option. The state will pay extra for this. Eventually most treatment that is accessed will be short-term treatment.
- The “community-based service gaps” that currently result in out of home placements will be identified and those gaps will be filled whenever possible. Therapeutic foster homes will be developed to meet one of the identified service gaps.

# Iowa's 15 Desired Outcomes

OVER  
100  
YEARS



- Those working within the system of care will need to understand the principles that underpin the system. All staff who work with children and families will be trained in:
  - Why we need to engage the families of the children we serve
  - Why children need to grow up in permanent family settings
  - How to prepare children for a successful return to their homes
  - Successful patterns of family engagement
  - How to demonstrate cultural sensitivity and cultural humility
  - How to see families as the solutions and not as the problems
  - How to help improve levels of family stability
  - The practice of offering trauma-informed care
  - Ways to form trusting relationships and have supportive conversations
  - The importance of continuity of care and service integration
  - How to develop a prepared, well trained and viable workforce.
  - How to imbed evidence-based practice into the delivery of services
  - How to successfully meet children's educational needs and goals
  - Ways to help Providers and the State of Iowa to adjust their cultures



# System of Care

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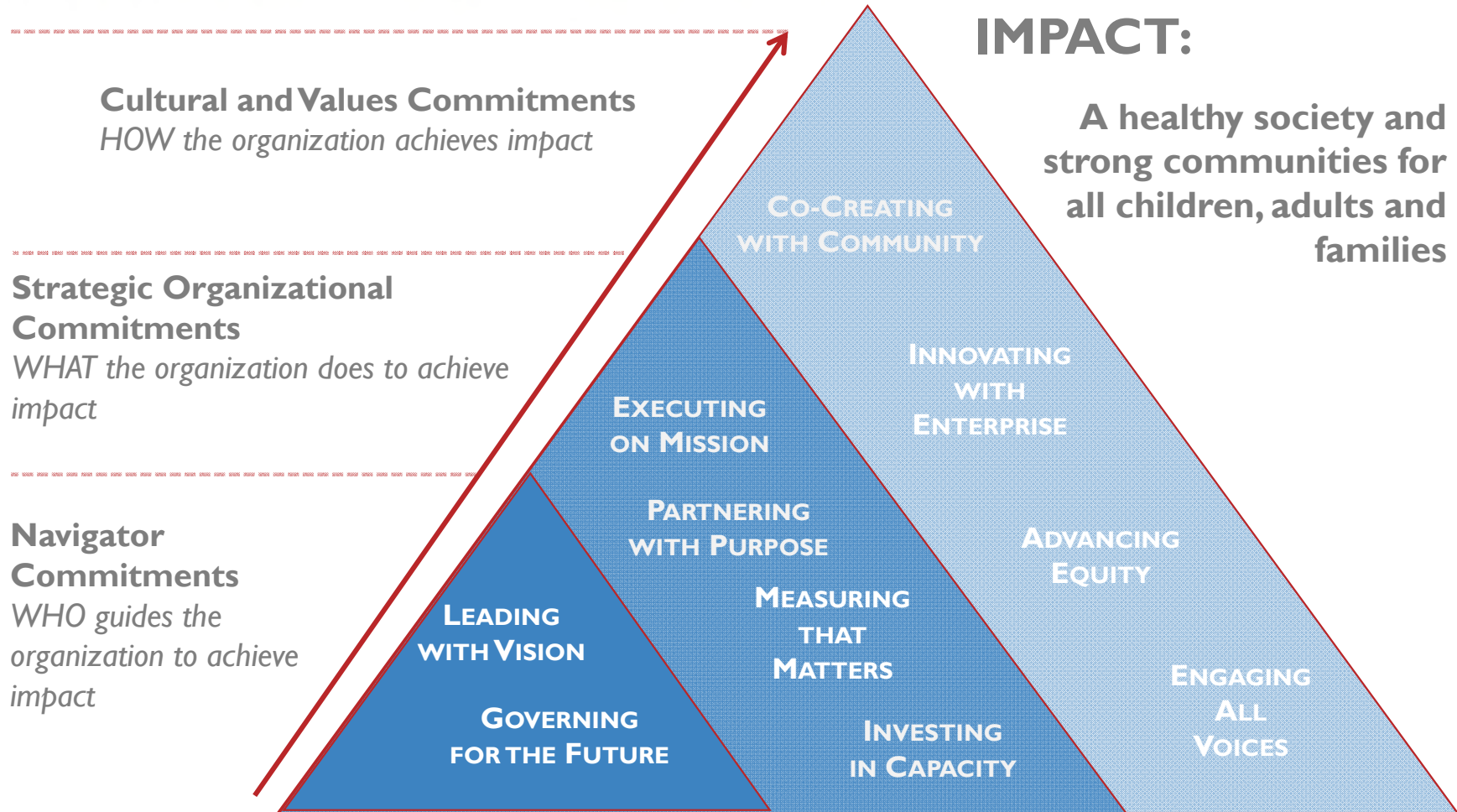
# Commitments of High-Impact Social Sector Organizations

OVER 100 YEARS



## IMPACT:

**A healthy society and strong communities for all children, adults and families**



# State of Iowa

## New Systems Map

### Values

*Child Centered, Family Focused, and Family Driven/Community Based/Culturally Competent and Responsive*

#### **Guiding Principles**

- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings when ever possible.
- Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safety possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Services will be tailored to families and children to meet their unique needs
- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision-making will be outcome based, resource-driven and continuously evaluated for improvement

Who is Included in the System	Entering the System and Initial Assessment	Determining Intervention Options	Assignment of Interventions	Current Key Components of the Various Service Types of Interventions	How Disruptions are Handled	Desired Outcomes
<p><b>All Items in Current Map</b></p> <ul style="list-style-type: none"> <li>• DHS</li> <li>• Children</li> <li>• Family</li> <li>• Juvenile Court</li> <li>• Attorneys</li> <li>• Schools</li> <li>• Providers</li> <li>• Law Enforcement</li> <li>• Mental Health/SA/Physical health/medical</li> <li>• Intake</li> <li>• Reject</li> <li>• Accepted child abuse assessment</li> <li>• Accepted family assessment</li> <li>• Accepted CINA assessment</li> <li>• Information &amp; Referral</li> <li>• Law enforcement</li> <li>• CPA (SWIII)</li> <li>• Assesses</li> <li>• All accepted assessments</li> </ul> <p><b>Plus</b></p> <ul style="list-style-type: none"> <li>• Care Coordinator</li> <li>• Data Analysts</li> <li>• Community Connections</li> <li>• Policy Makers/Legislators</li> </ul>	<ul style="list-style-type: none"> <li>• Uniform Assessment of service need</li> <li>• Barriers to providing it in the home</li> <li>• Child welfare and JCS families will receive comprehensive uniform assessments at point of entry too drive practice and service decisions</li> <li>• Capture data around worker effectiveness and outcomes</li> <li>• In-depth Assessment               <ul style="list-style-type: none"> <li>○ At time of decision when level of care will change</li> <li>○ That is behaviorally based</li> <li>○ To preserve stability</li> <li>○ To determine the best intervention</li> <li>○ Identify current connections for youth and families</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Assessment results steer service &amp; setting</li> <li>• Change culture of failing at less restrictive levels of care</li> <li>• Supporting outcomes that match need of assessment</li> <li>• Support success</li> <li>• Remain current direct line staff</li> <li>• Making connections to providers to meet the need</li> <li>• Comprehensive service array to avoid hand offs and make access to services user-friendly</li> </ul>	<ul style="list-style-type: none"> <li>• Based on assessments</li> <li>• Family Finding</li> <li>• Shared risk &amp; accountability</li> <li>• Ongoing identifying, engaging and maintaining family connections throughout the life of the case               <ul style="list-style-type: none"> <li>○ Checks for tracking</li> <li>○ Assign tasks to maintain involvement</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Data system</li> <li>• Trauma competent</li> <li>• Levels of foster care vs. basic traditional therapeutic</li> <li>• Subsidized guardianship</li> <li>• Therapeutic foster care</li> <li>• Service contract for providers that drives wraparound, high intensity services that has performance measures of keeping kids out of foster care (use family preservation workers)</li> <li>• Use private providers to drive conferencing, locate kinship care givers and natural supports in the community</li> <li>• Build contracts that incentivize outcomes such as visits with parents, going home in less that 4 months, not returning to placement etc.</li> <li>• Common agreement on the value of FTM and when FTM is held               <ul style="list-style-type: none"> <li>○ Pre-removal</li> <li>○ Within X time of removal</li> </ul> </li> <li>• Parent Partners as advocates and engagement of families to participate in services</li> </ul>	<ul style="list-style-type: none"> <li>• Access to wraparound</li> <li>• Continuity of care coordination</li> <li>• Measure number of disruptions and re-entries</li> </ul>	<p><b>See List Above</b></p>