

From “Good Enough” to “Best Possible”

An Assessment Tool for the
Child and Family Services Plan

The Policy Institute for Family Impact Seminars



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From “Good Enough” to “Best Possible” An Assessment Tool for the Child and Family Services Plan

by Elena Cohen and Theodora Ooms

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Roundtables. FIS conducted a series of four Roundtables on the Implementation of the Family Preservation and Family Support Services Program (a child welfare initiative enacted in August, 1993) that provides grants to states to build a continuum of family preservation and support services. The purpose of the Roundtable series was to help federal (in Washington and ACF regional offices), state, and local officials build the partnerships needed to implement the underlying goals of this landmark legislation.

From "Good Enough" to "Best Possible" was developed for the fourth Roundtable to highlight criteria that state and federal officials could use to assess whether the five-year plans would move each state further along in the direction of accomplishing the program's broad vision. It was revised to incorporate the discussions held at the Roundtable and the suggestions of many individuals.

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Acknowledgements

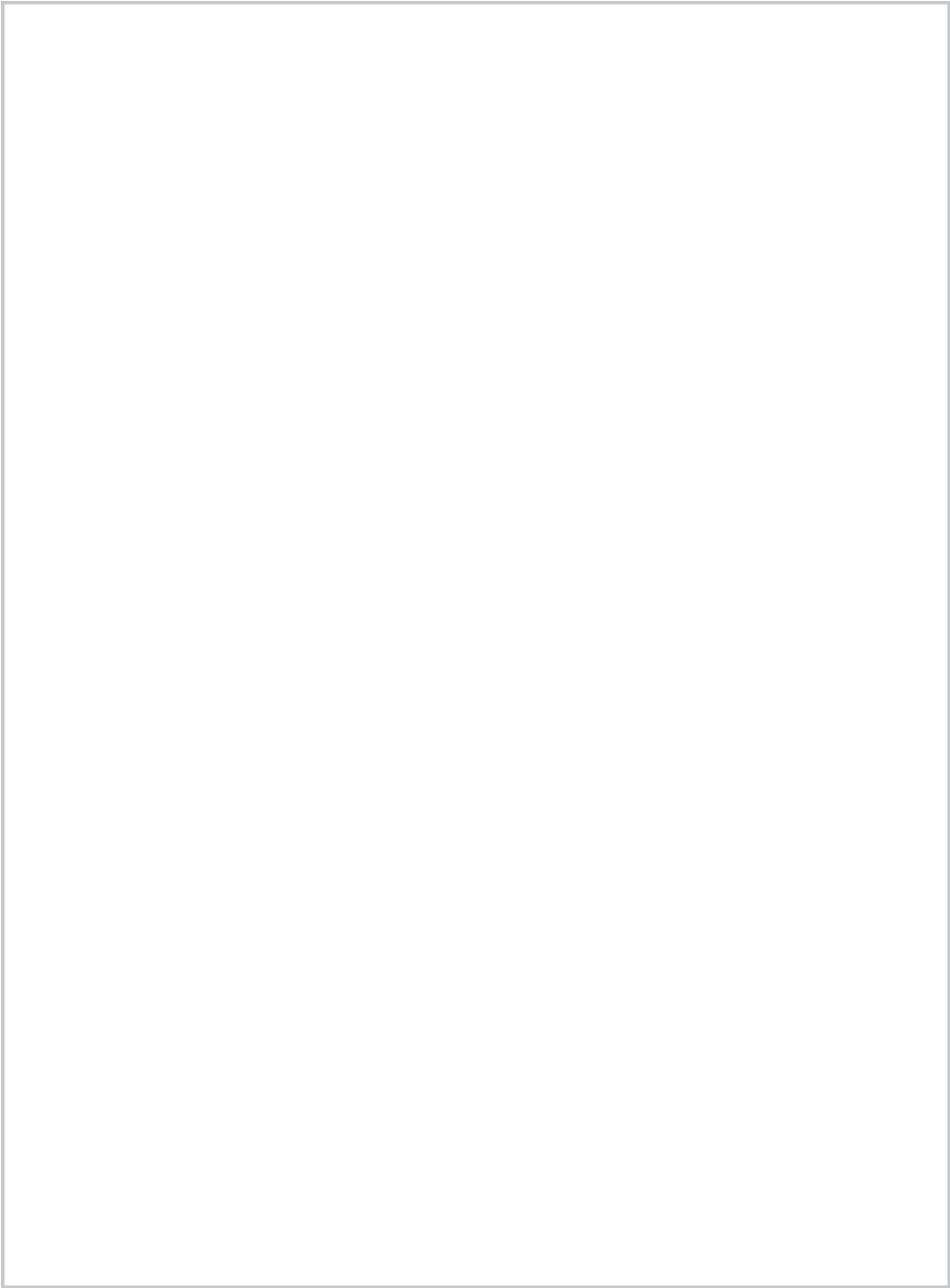
The Family Impact Seminar is grateful to the following individuals who reviewed earlier copies of this document and provided insightful advice on its final preparation: Marcia Allen, National Resource Center on Family-Based Services; MaryLee Allen, Children’s Defense Fund; Ira Barbell and Jennifer Miller, Annie E. Casey Foundation; Barbara Blum, Foundation for Child Development; Carol Emig, Center for the Study of Social Policy; Susan Notkin, Edna McConnell Clark Foundation; Anne Peretz, The Family Center, Boston, MA; Margaret Rawle; Maryland’s System Reform Initiative; and Mike Weber, Intensive Family Preservation Services National Network.

Special thanks to staff from Department of Health and Human Services, Administration for Children and Families (ACF) and Administration for Children Youth and Families (ACYF), Children’s Bureau, for their invaluable assistance in organizing and participating in the Roundtables, for their thoughtful review of this document, and for their valuable comments.

Thanks to the Annie E. Casey Foundation, Edna McConnell Clark Foundation, the Foundation for Child Development, and the Ford Foundation for providing the funding for the Roundtables for the Implementation of the Family Preservation and Family Support Program, and to the Pew Charitable Trusts for funding the production of this document.

FIS owes special thanks to Emiliano Compean and Laura Yost-Grande for their work in the production, design, and layout of the original document.

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From “Good Enough” to “Best Possible”

An Assessment Tool for the Child and Family Services Plan

Introduction

The Family Preservation and Support Services Program (FP/FS), enacted in August 1993, is landmark legislation. Under FP/FS the federal government will provide grants to state child welfare agencies during the next five years that are to catalyze reform of child and family service systems. States are encouraged to undertake an ambitious planning process involving a wide group of stakeholders. This process is to result in submission of a five-year Child and Family Services Plan by July 1 1995.*

The federal legislation offers a bold new vision of how service delivery should be made more effective and responsive to families’ needs. The Program Instruction (PI), issued by the Administration for Children, Youth and Families (DHHS) in December, 1993, gave states and communities considerable flexibility in implementing the program. But such flexibility, of course, entails less specific prescription; and many in the states and localities understandably feel that they have been asked to (in Heather Weiss’s metaphor) “invent the plane as they fly it.”

Although no blueprints for the program exist, several useful publications are now available or in process that summarize the lessons learned from recent state and local demonstrations and reform initiatives in child welfare and other programs with similar goals. (See references.)

Most directly useful for the state planning efforts is a new planning guide, *Making Strategic Use of the Family Preservation and Support Services Program*. This document provides a detailed discussion of the tasks, components, and options involved in developing the Plan, drawing on many recent state and community examples. (See Allen, Emig, & Farrow, 1994). Additional information, consultation and technical assistance are, or soon will be, available from the federal regional offices, federally-funded Resource Centers and a wide range of private sector organizations and individuals.

* On October, 1994 the Department of Health and Human Services issued its Proposed Rules (PR). This document includes some excerpts from the Proposed Rules to illustrate points in the text. All the tables are shaded. The reader should be aware that these regulations are not in final form.

The Family Impact Seminar designed this Assessment Tool both to introduce and to complement these other information sources. Many complex tasks will be involved in developing and implementing a State Child and Family Services Plan (the Plan) so that there is a danger of becoming bogged down in the details. It is therefore important for those deeply involved in the process, as well as those outside it, to step back from time to time and ask the following questions:

- Does this Plan address the central goals of the legislation?
- Is the Plan going to be “good enough” to secure approval from the federal government?
- Is every effort being made to craft the “best possible” plan to meet the needs of the children and families to be served?

The government officials, community leaders, service providers, advocates, and families involved in implementing the FP/FS Program are embarked on an ambitious, complex, and at times bewildering journey. This Assessment Tool is designed to help them along the way. *From “Good Enough” to “Best Possible”* is intended to be an introductory map outlining the main features of the new terrain. It raises some questions that highlight the various routes that need to be considered. It also includes definitions and diagrams that clarify some terms that may serve as signposts and/or checkpoints to help assess the progress of a Plan. It highlights especially tools designed to implement a family perspective, since we believe that this perspective is still not well understood.

This Assessment Tool is organized as follows:

- Part I briefly discusses the broader context which helped determine the design of this legislation, including the emerging new child and family services paradigm and the “reinventing government” movement.
- Parts II and III present an organizing framework and set of questions to use in assessing the development of a state’s Child and Families Services Plan.
- A Summary Checklist brings together all the questions included in the text and a few selected references.

I. Origins and Context

Family Preservation/Family Support (FP/FS) Program Origins

The Family Preservation and Support Services program represents a major new direction in federal policymaking, but it has roots in service reform initiatives that date back at least two decades. The new program combines two new service approaches that share a common philosophy and set of principles but have somewhat different roots:

- Family preservation programs developed from several demonstration programs designed to prevent unnecessary out-of-home placement and ensure permanency planning for children that were pioneered by Families Inc. of West Branch, Iowa and Homebuilders of Tacoma, Washington in the 1970s. Those goals served as the philosophical underpinning of the first major federal child welfare reform law, the Adoption Assistance and Child Welfare Act of 1980.
- Family support programs have their roots in the settlement house and parent education movements of the early twentieth century. In the 1970s and 1980s, a variety of informal, community-based programs serving young families began to be established around the country. Many of these programs joined to form a national network nurtured by the Family Resource Coalition. The family support movement consists largely of these free-standing, community-based, and privately supported programs available to all young families without special eligibility requirements. However, states increasingly have established state-wide programs that embody these family support principles and practices but are targeted on particular population categories, and/or are embedded in formal systems such as schools.

Figure I.

DEFINITIONS

Family Support Services
Family Preservation Services

Family support services are “community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and supportive networks to enhance child rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families.”

Examples of community-based support services include respite care for parents and other caregivers; early developmental screening of children to assess the needs of these children and assistance in obtaining specific services to meet their needs; mentoring, tutoring, and health education for youth; and a range of center-based activities (informal interactions at drop-in centers, parent support groups) and home visiting activities.

Family preservation services typically include “services designed to help families alleviate crises that might lead to out-of-home placement of children; maintain the safety of children (and other family members) in their own homes; support families preparing to reunite or adopt and assist families in obtaining services and other support necessary to address their needs in a culturally sensitive manner.”

Examples of family preservation services include intensive preplacement preventive services, respite care for parents and other caregivers (including foster parents); services to improve parenting skills and support child development; follow-up services to support adopting and reunifying families; and services for youth and families at risk or in crisis.

Source: Proposed Rules (1994), *Federal Register*, 59(191), p. 50647.

The Systems Reform Context

The FP/FS program should be seen in the broader content of reform of child and family services. HHS has made it clear in the Program Instruction and Proposed Rules (PR) that the FP/FS funds are to be used as a catalyst for improvements in the entire system of child and family services. It is therefore important that those implementing the program be aware of, and effectively linked to, similar initiatives to reform other service systems.

Although the family preservation and family support approaches were developed somewhat in isolation, they have much in common with new family-centered service delivery approaches emerging in other program areas. This has most notably been the case with intervention services for children with special health care needs and for children and youth with serious emotional disturbances [for example the Child and Adolescent Service System program (CASSP)], but it has also occurred in certain education, housing and welfare programs. All these initiatives have been launched in response to a growing recognition of the many failures and inefficiencies and the inhumane character of the complicated, disconnected array of federal and state categorical programs serving children and families. Although they began as service demonstrations, the reforms broadened into attempts to modify and work around the categorical framework and develop more comprehensive and coordinated systems of care.

From these developments a broad agreement on the important characteristics of a more effective service delivery system began to emerge. While there is not complete concurrence on these characteristics, it is widely agreed that services need to be comprehensive, flexible, coordinated, community-based, family-centered, culturally responsive, and outcome-oriented. This new thinking about service delivery is related to a shift in the underlying social science theory away from a disease-based, linear, reductionistic model of human behavior and society towards a more holistic, systems- and prevention-oriented theory.

As the struggle to implement such services on a broad scale proceeded, several conclusions began to emerge:

- Fundamental changes in many aspects of current service delivery systems, including financing, management, organization, and staff development, are needed at all levels of government to support and sustain the new service models.
- Meaningful coordination and collaboration between programs, public and private sectors, and levels of government are essential.
- Families, as consumers of services, and community leaders are critical sources of information on the redesign of services. Both should be involved in planning service implementation to ensure that their needs are met.

These critical concepts together constitute child and family systems reform. Reform initiatives are bubbling up in every program sector and in many communities. However, there is some danger that unrealistic expectations and a failure to manage the painstaking complexities of implementation will lead to disappointment and disillusion.

Figure II.

Vision of the New Role of the Government Executive

1. Developing a clear vision
2. Creating a team environment
3. Empowering employees
4. Putting customers first
5. Communicating with employees
6. Creating clear accountability

Source: Gore, A. (1994). "The New Job of the Federal Executive," *Public Administration Review*, 54(4) pp. 317-31.

The Evolving “Reinventing Government” Context

To change the direction of large institutions and bureaucracies is a highly complex endeavor which requires considerable time and resources. Fortunately the Family Preservation and Family Support Program (FP/FS) program is being implemented at a time of ferment and change in the way governments are doing business. Mounting evidence of the ineffectiveness of many government programs and the accompanying public distrust of government has led to a call for radical reform of the ways that government carries out its responsibilities. Drawing on some new management concepts pioneered in the corporate sector, major efforts are underway to reform the administration of government. These have been labeled the “reinventing government” movement.

Federal and state employees in many agencies are being asked to change their assumptions, attitudes and behavior and to work in new ways with each other and with the non-government sectors. The key tenets and proposed recommendations of the reinventing government movement are well articulated in the 1993 summary and accompanying reports of Vice President Gore’s National Performance Review (NPR).

Human service agencies are, understandably, prime targets for these bureaucratic reforms. The NPR reports underscore two main themes that are echoed in the FP/FS program and shape the way it is being implemented:

1. The NPR slogan, “moving from red tape to results,” calls for a shift away from measures of program activity (inputs/process), towards achieving results (outputs/outcomes). In practice, this entails moving from the question “Does this action/decision comply with the rules?” to the question “Does it work?” or “Will it accomplish results that will benefit the government’s customers (clients) and owners (the public)?”
2. The NPR report, *Strengthening the Partnership to Intergovernmental Service Delivery*, recommends a shift in intergovernmental relations. “The intergovernmental relationship should be a partnership, not an adversarial or competitive system... Federal financial support should be provided to achieve broad goals, but also should provide latitude and flexibility in how to accomplish them and be tailored to real local need...” (Gore, 1993, p.4).

The pendulum in intergovernmental relations is swinging away from hierarchical oversight and control to partnership and interaction between governmental levels. Further, this model provides greater autonomy to states and encourages innovation at state and community levels. Accountability through the system is provided by supporting and rewarding what works rather than by regulation.

Figure III.

The Process of Joint Planning

The PR defines the process of joint planning as “the revitalized partnership process between ACF and the state and between ACF and the Indian tribe in the development and implementation of child and family services programs.” Joint planning includes the processes of discussion, consultation and negotiation between the parties. It may also include federal technical assistance as needed for the development of the plan or the federal guidance and technical assistance after the plan has been developed and approved. This is provided through follow-up review and discussion of progress in accomplishing the goals and objectives identified in the plan and updating the plan as appropriate.

Through joint planning, state and federal staff, and Indian tribes and federal staff, with appropriate consultation and participation of other state, local and community-based stakeholders, review and discuss key strategic decisions such as:

- Priorities for services and for target populations;
- Proposed goals and objectives;
- Unmet needs, services gaps, and overlaps in funding;
- Other funding resources available to provide the services needed;
- The state and local organizations, foundations, and agencies with which the state or Indian tribe can consult and coordinate services;
- Ongoing plans to move toward the goals and objectives by improving the service delivery system and ensuring a more efficient comprehensive system of care for children and families; and
- Methods for reviewing progress toward the selected goal and objectives.

Joint Planning is required for approval of the five-year Child and Family Service Plan and is proposed for the development and approval of the Annual Progress and Service Report.

Source: Proposed Rules (1994), *Federal Register*, 59(191), pp. 50651-50652.

This shift to performance-based management is already underway in some state agencies. At the federal level, the first steps are being taken as many agencies, including HHS, attempt to implement the NPR recommendations related to management and improving intergovernmental service delivery.

The Family Preservation and Support Services Program reflects some of this new thinking about government and effective service delivery, although it is not formally linked with the federal “reinventing government” initiative. It sets out a broad vision, encourages the involvement of a diverse range of stakeholders at the community and state levels, including families as “customers,” and is not highly prescriptive. As a result, it requires a shift from a hierarchical, top-down philosophy of governing to a partnership model. This is most evident in the FP/FS requirement that the five-year plan be jointly developed between the state and regional child welfare officials.

Joint Planning in the FP/FS Program

Joint planning is not a new exercise for federal and state child welfare officials. But the vision of the joint planning process as spelled out in the FP/FS Program Instruction (PI) and in the Proposed Rules (PR) is new and differs from Title IV-B joint planning in several respects.

The primary role of the regional officials in the joint planning process is not, as it may sometimes have been in the past, to assure compliance with a detailed set of regulations. Rather, the FP/FS joint planning process is envisaged to involve a highly proactive, interactive, and consultative relationship between state and federal partners, each of whom has special knowledge and expertise. Furthermore, the process of consultation between the states and the regional offices is expected to become an ongoing process that does not end with the submission of the five-year Plan. Mutual consultation is expected to occur at every stage of the planning, implementation, evaluation, and reassessment process.

If the partnership between state and regional officials is successful, both should feel “ownership” of the Plan. Thus, when finally submitted to the federal government, official approval should be a mere formality.

In summary, then, what is new about the FP/FS Program?

First, in contrast with existing narrowly defined categorical entitlement and demonstration programs, it provides five-year grants to states to catalyze movement by states and communities towards a new vision of child and family services that requires substantial reform of service delivery systems.

Second, in contrast with the current pattern in child welfare of detailed, prescriptive regulations and monitoring, the FP/FS program shifts much of the responsibility to states and communities to decide how to implement this vision.

Third, in contrast with the state child welfare plans prepared largely by state officials, the FP/FS requires, and provides first-year funds for, an intensive strategic planning process involving a wide range of stakeholders, including those in the communities.

Fourth, in contrast with the current carefully circumscribed lines of accountability within child welfare, accomplishment of the goals of the FP/FS entails sharing responsibility and resources with systems and expertise that reach across many program boundaries.

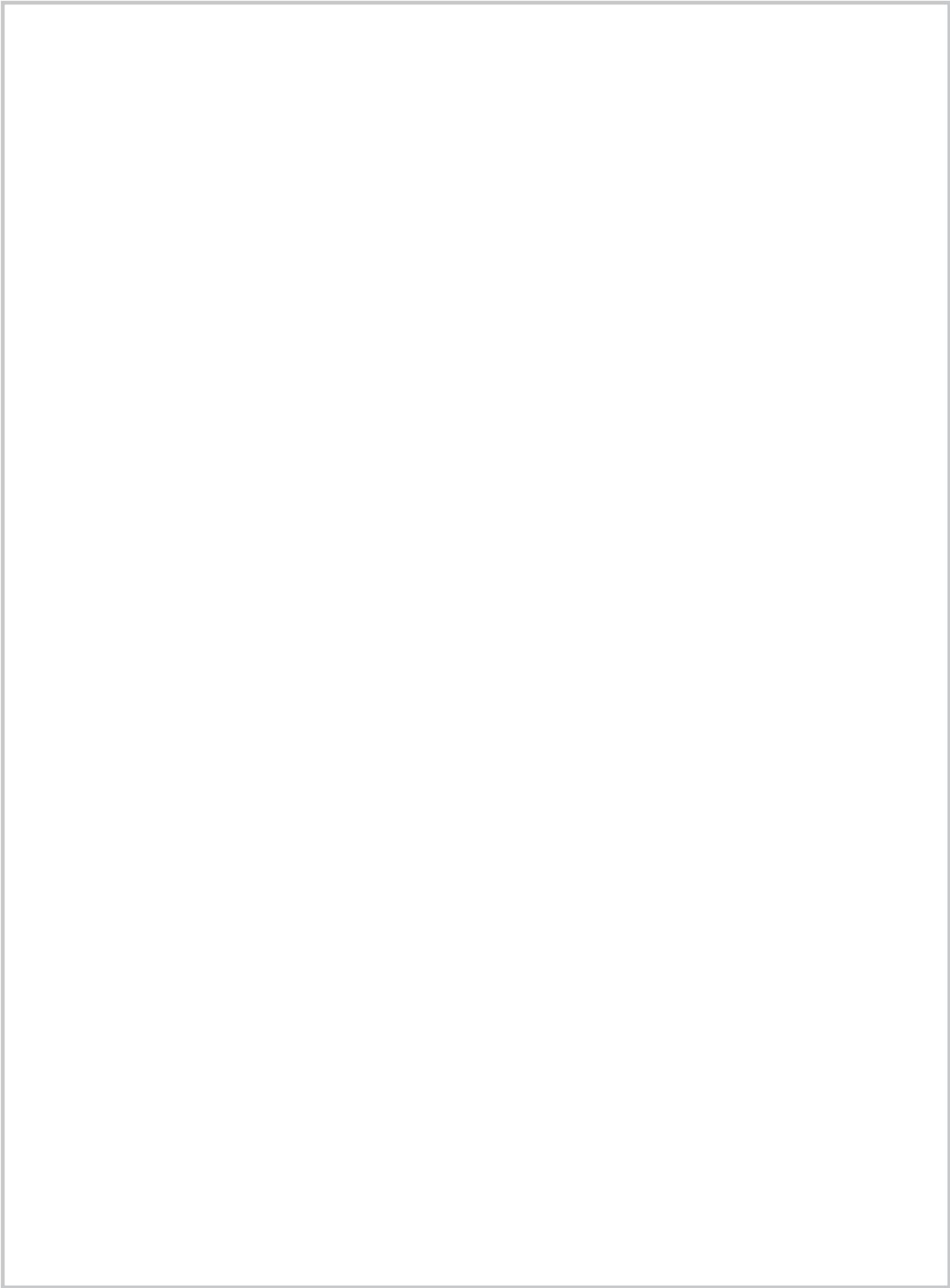


Figure IV.

Summary of the Child and Family Services Plan (CFSP) Requirements

- **Vision statement.** A vision statement is a statement of the grantee's philosophy in providing child and family services and developing or improving a coordinated service delivery system.
- **Goals.** Specify the goals, based on the vision statement, that will be accomplished during the five-year period of the plan. Goals must be expressed in terms of improved outcomes for the safety and well-being of children and families, and in terms of a more comprehensive, coordinated and effective child and family service delivery system.
- **Objectives.** (1) Realistic, specific, measurable objectives that will be undertaken to achieve each goal. Each objective should focus on outcomes for children, youth, and/or their families or elements of service delivery (such as quality) that are linked to outcomes. Each objective should include both interim benchmarks and a long-term timetable, as appropriate, for achieving the objective. (2) For states and Indian tribes administering the Title IV-B, Subpart 1 program, the Plan must include objectives to make progress in covering additional political subdivisions, reaching additional children, expanding and strengthening the range of existing services and developing new types of services.
- **Measures of progress.** Plan for measuring the results, accomplishments, and annual progress toward meeting the goals and objectives in the CFSP.
- **Baseline information.** (1) Goals, objectives, funding and service decisions should be based on an analysis of available information on the well-being of children and families; the needs of children and families; the nature, scope, and adequacy of existing child and family and related social services programs; and the trends of these indicators over time. (2) Plan must include the type of information used in developing the plan, an explanation of how the information was used to develop the goals and objectives and to determine the specific services to be provided, the populations to be served, and the geographic areas where services will be available; a description of how information will be used to measure progress annually over the five-year CFSP period; and explanation of how information will be used to facilitate the coordination of services.
- **Consultation.** (1) Internal and external consultation process used to obtain broad and active involvement of major actors across the entire spectrum of the child and family services delivery system. (2) Explain how this process was coordinated with or was a part of other planning processes in the state. (3) Involvement of nine required categories of participants in the consultation process. (4) Ongoing consultation process to ensure the continued involvement of a wide range of major actors in meeting the goals and objectives over the five-year operational period of the plan and developing the Annual Progress and Service Report.
- **Service coordination.** (1) Ongoing coordination process of the full range of child and family services provided by the state agency as well as other service delivery systems providing services for children and families. (2) How services under the Plan will be coordinated with services or benefits of other federal or federally-assisted programs serving the same population will be coordinated to achieve the goals and objectives in the Plan.

Continued on Page 20

II. A Framework for Assessment: Going Beyond “Good Enough” to a “Best Possible” State Plan

It is possible that some states will react to the program’s latitude by avoiding substantial efforts to reform services. States are faced with many other pressures of a programmatic and fiscal nature. A natural reaction may be to ascertain the minimum steps they must take to develop an acceptable, “good enough” Plan.

However, at the federal, state and local levels, the general hope and expectation is that when developing the Plans, states and communities will strive for the best results by designing a Plan that goes beyond being “good enough” to become the “best possible” Plan for that state.

Since states differ greatly in terms of their experience with family preservation and support and services reform, they are encouraged to tailor their Plans to their own particular needs and capacities. They are also expected to take into account the various economic, political, and organizational constraints operating within the state and its communities. As a result, there will be many different ways for states to develop and implement an acceptable five-year Plan.

Federal officials are expected to play a new role in the FP/FS joint planning process. There are few criteria (and no checklists) that Federal officials can use to determine whether a Plan meets the requirements. The proposed rules spell out some basic structural components that each state must include in the Plan, but no set of specific “minimum” standards exists for each component.

Federal officials therefore, will have to decide whether the various components of a state plan are acceptable. Thus, it becomes essential that federal and state officials come to an understanding about what constitutes an acceptable “good enough” and a desirable “best possible” five-year Plan. This is no easy task and will require considerable negotiation and discussion by both parties.

Figure IV. Continued from Page 18

Summary of the Child and Family Services Plan (CFSP) Requirements

- **Services.** (1) Description of the publicly funded child and family services continuum: child welfare services (including child abuse and neglect prevention, intervention and treatment services and foster care); family preservation; and services to support reunification, adoption, kinship care, independent living, or other permanent living arrangements to be provided FY 1996 and 1997. (2) For each service described: the population(s) to be served, the geographic area(s) where the services will be available, the estimated number of individuals and/or families to be served and the estimated expenditures for these services from federal, state, local and donated sources.
- **Family preservation and family support services and linkages to other social and health services.** (1) How the funds under Title IV-B, Subpart 2 of the Act, will be used to develop or expand family support and family preservation services, how the family support and family preservation services relate to existing family support and family preservation services, and how these services will be linked to other services in the child and family services continuum; (2) Whether and/or how funds under CAPTA (Child Abuse Prevention and Treatment Act) and independent living programs are coordinated with and integrated into the child and family services continuum and the services in other federal and non-federally funded public and nonprofit private programs including Children's Trust Funds and private foundations.
- **Services in relation to service principles.** How the child and family services are designed to assure the safety and protection of children as well as the preservation and support of families and how they are or will be designed to meet the other service principles (flexible, easily accessible and respectful of cultural and community diversity).
- **Services in relation to permanency planning.** How these services will help meet the permanence planning provisions for children and families (e.g. preplacement preventive services, reunification services, independent living services).
- **Decision-making process.** How agencies and organizations were selected for funding to provide family support services and how these agencies and organizations meet the requirements that family support services be community based.
- **Significant portion of funds used for family support and family preservation services.** Specific percentage of FY 1995 and 1996 family preservation and family support funds that the State will expend for community-based family support and for family preservation services, and the rationale for the choice. Also how this distribution was reached and why it meets the requirements that a "significant portion" of the funds must be spent for each service.
- **Staff training, technical assistance, and evaluation.** (1) Staff development and training plan in support of the goals and objectives of the CFSP. (2) Technical assistance activities that will be undertaken in support of the goals and objectives in the plan; and (3) Evaluation and research activities underway or planned with which the state agency is involved or participating and which are related to the goals and objectives of the plan.
- **Quality assurance.** Quality assurance system that will be used to regularly assess the quality of services under the CFSP and assure that there will be measures to address identified problems.

Source: Proposed Rules (1994), *Federal Register*, 59(191), p. 50669.

The summary framework outlined below was initially designed to assist state and regional officials to fulfill one of the joint planning responsibilities, that is, to decide what is an “acceptable” five-year Plan. We hope that it will also serve to encourage and stimulate efforts to create the “best possible” Plan. We suggest that state and regional officials, in consultation with other stakeholders represented on the planning team, use some of the suggested questions to review their goals, decisions, or proposed actions from a perspective which asks how each will help accomplish the FP/FS program’s broad vision.

Five Criteria for Assessment of the Child and Family Services Plan

In this section the goals and principles described in the PI and proposed rules are condensed into five underlying themes that we believe provide the key criteria for assessment. For each of these categories we include several overarching questions to frame an assessment of the Plan as a whole, or an assessment of its separate parts as they are being designed and shaped. These questions are designed to assess whether and how each of the criteria is being addressed in the Plan. Although the questions can be used at different stages of the planning process, they also may be used to review the Plan as a whole after it is drafted.

1. Emphasize prevention.

A major goal of this legislation is to shift existing service systems towards a stronger emphasis on prevention of family crises, family breakdown and out-of-home placement. The CFSP should aim to promote child safety, development and well-being through strengthening and supporting their families and to keep children living at home if they are safe there.

- What strategies does the Plan propose to help redress the current service system’s bias towards crisis intervention?
- What specific efforts are being made to strengthen and/or create new community-based preventive and supportive services?
- What resources have been diverted from institutional services to community-based services?
- What resources have been diverted from remedial to prevention-oriented services?

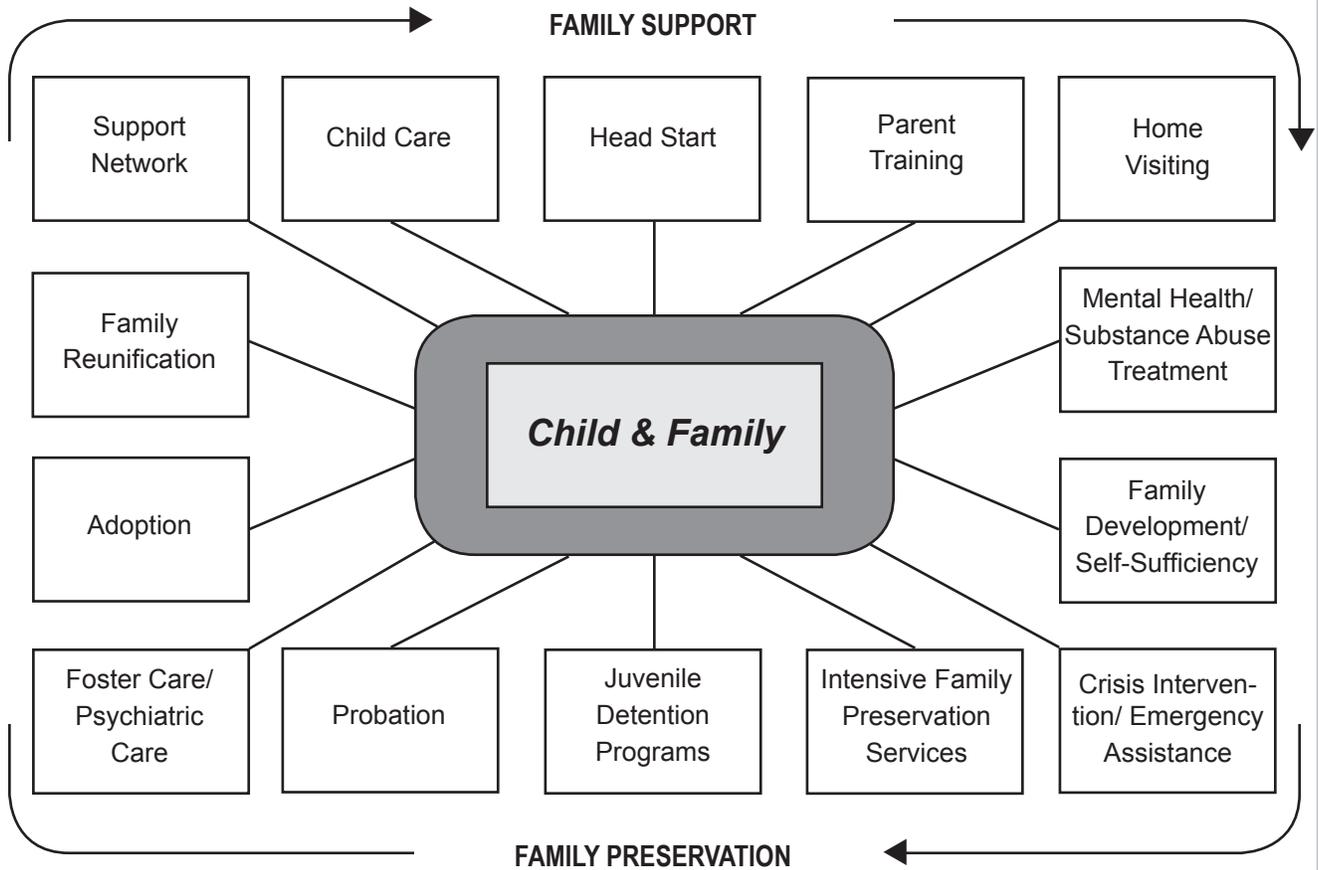
2. Expand child and family-centered services.

The program provides funding which may be used to establish new family-centered services (FP/FS) and/or help the existing service system become more family-focused and family-centered.

- To what extent does the proposed plan direct resources to new or expanded family-centered services?
- What specific changes in financing, organization, management, staffing, in-service training, etc. are being proposed to help existing services become more child and family-centered?

Figure V.

Spectrum of Supports and Services



Source: *Family Impact Seminar*, 1993.

3. Establish a more comprehensive and coordinated continuum of services.

The FP/FS links together in one program the twin philosophies and approaches of family preservation and support to create a spectrum of child and family services that range widely in type and intensity. The addition/expansions of these two components should help to create a more comprehensive array of services. In addition, since services are provided by such a wide range of public and private providers, enormous challenges are involved in ensuring smooth coordination and effective linkages between them.

- How will this proposed action or strategy assist in the establishment of a more comprehensive, diverse, and accessible array of services for children and families?
- Which types of services are being made more available or accessible?
- Is the strategy based on a careful assessment of existing gaps in the states and communities services continuum? How are they related to assessed needs, strengths and capacities?
- Are present or new family support and family preservation services required to collaborate with other services for children and families?
- What arrangements have program administrators made to link these services together more effectively?

4. Join forces and resources.

The FP/FS program requires consultation with nine categories of stakeholders during the planning process. It also requires coordination with other federal or federally-assisted programs and recommends finding ways to share resources. Thus, the program makes clear that its goals can be accomplished only if the child welfare agency combines forces with many outside sources.

- What strategies does the Plan provide to obtain input from the nine stakeholder categories and, more generally, to obtain perspectives beyond the traditional child welfare constituencies?
- How does the Plan identify the most important stakeholders to involve actively and what strategies are planned to do so?
- What agreements are being made to coordinate and share resources across programs and sectors in order to implement the Plan?

5. Plan and implement major changes in service systems.

States are encouraged to plan the broad changes in the service system required to support family-centered approaches to service delivery. These system reforms include strategies for changes in organization, financing, management, data and information systems, as well as in training and technical assistance.

- Does the Plan develop implementation strategies for, and assign resources to, changes in the system infrastructure such as financing, management and staffing?
- Does the Plan mobilize the resources required to support and sustain service improvements, such as staff development and technical assistance?

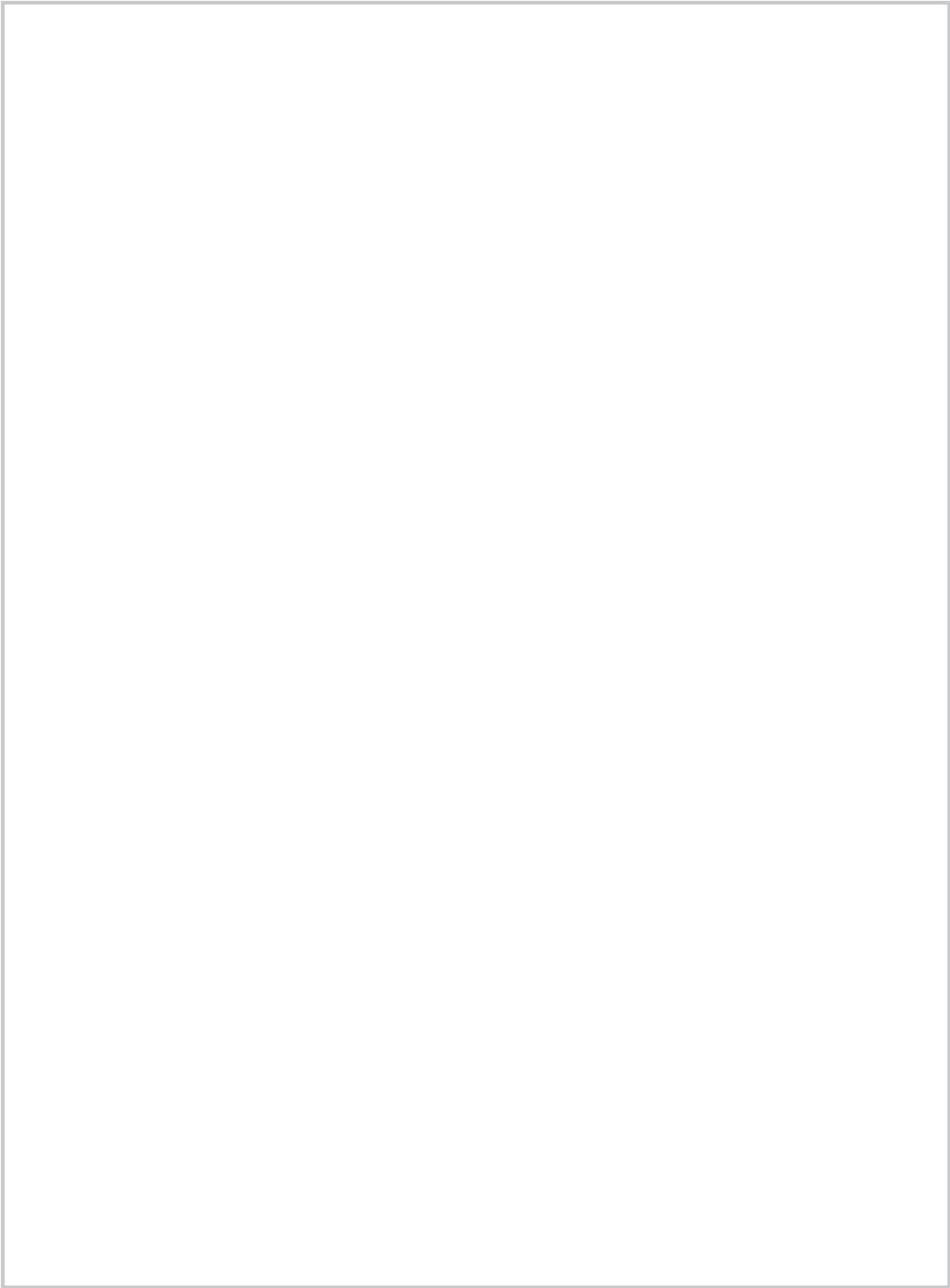


Figure VI.

DEFINITIONS

Systems-Centered, Child-Centered Family-Focused, Family-Centered

Systems-centered. The strengths and needs of the **system** are the driving force behind service delivery. System- or program-centered practices exist, explicitly or implicitly, for the convenience or benefit of the service system or program.

Child-centered. The strengths and needs of the **child** are the driving force behind service delivery. Child-centered practices place an individual child at the center of the family, rather than consider the child in the context of the family and the family system.

Family-focused. The strengths and needs of the **family**, as determined by the service providers, are the driving force behind service delivery. Family-focused practices focus on the family as the unit of intervention, but are not empowering or based on a recognition of family strengths and competence.

Family-centered. The priorities and choices of the **family** are the driving force behind service delivery. Family-centered philosophies, principles, and practices enable and empower families by building on family strengths and resources.

Source: *Institute for Family-Centered Care* (1994). Bethesda, Maryland.

Figure VII.

Principles for Planning from a Family Perspective

A **family perspective** is a framework for policy making and program implementation that acknowledges the impact that changes in family life have on the major institutions of society, recognizes the family as the essential partner in human services delivery, and integrates the family as the unit of concern in policy analysis and program evaluation.

The following are the principles that guide the implementation of a family perspective:

1. Policies and programs should encourage and reinforce family, parental and marital commitment and stability, especially when children are involved.
2. The first presumption of policies and programs should be to support and supplement family functioning, rather than substituting for family functioning.
3. Policies and programs must recognize and support the strength and persistence of family ties, even when they are problematic.
4. Policies and programs must treat families as partners when providing services to individuals.
5. Policies and programs must recognize the diversity of family life.
6. Families in greatest economic and social need, and those determined to be most vulnerable to break down, should have first priority in government policies and programs.

Source: Ooms, T., & Preister, S. (Eds.) (1988). *A Strategy for Strengthening Families: Using Family Criteria in Policymaking and Program Evaluation*. Washington, DC: The Family Impact Seminar.

Part III. Assessing the Tasks and Stages of the Planning Process

Development of the five-year Plan consists of a number of somewhat discrete tasks and stages. These are not strictly sequential and may overlap in time so that the results and decisions will feed into one another. Several of these tasks are highlighted in the PI and the PR and described in detail in the Strategic Guide (Allen et al., 1994). In addition, we include others that are discussed in the more general strategic planning and systems reform literature.

Assessing the Political, Economic, and Organizational Context

Each state child welfare agency operates within a particular context and is influenced by a unique set of factors that will help to shape its joint Plan. One of the critical initial tasks for the joint planning effort is to undertake an inventory and assessment of the various factors and forces that may serve as barriers to reform or, alternatively, that provide opportunities to support and reinforce the planned changes.

Barriers can derive from the legislation, regulations, and/or local factors. Some examples of these barriers are: ongoing elections, high executive turnover, resistance from special interest groups, media coverage of “horror” stories, budget pressures, taxpayer revolts, and economic downturns.

Opportunities include other current reform initiatives that can be productively linked with the FP/FS, serious commitment to child and family services reform from the Governor and/or leaders in the legislature, enabling state legislation, and strong advocacy and foundation support.

Figure VIII.

DEFINITIONS

Consultation, Cooperation, Coordination, Collaboration

Consultation is a process designed to obtain information about general or particular substantive topics or to get advice and counsel related to the design, planning or implementation of an initiative. Different types of consultation require distinct approaches, time frames, and products. (When the consultation process is targeted to a specific area of expertise, it is also called *technical assistance*)

Cooperation is characterized by informal relationships and agreements that exist without any clearly defined organizational structure. Participants retain their autonomy, resources are not pooled, power is not shared, and interactions are episodic.

Coordination is characterized by the sharing or exchange of some resources by participants. Typically bilateral, coordination occurs between two or more groups that come together around a specific task. Different organizational structures, such as coordinating councils or committees, may be created to plan and guide the coordination activities. Specific tools, such as written interagency agreements, may be used to facilitate mutual referral between agencies.

Collaboration is both a process and a relationship structure. Collaboration as a process can occur at many levels: between a worker and family at the service delivery level, and between units within an agency or between programs/agencies at the community or state levels.

Source: Cohen, E. et al., (1994). *Head Start: A Key Partner in System Reform?* Washington, DC: Family Impact Seminar.

- What strategies are being planned to overcome any current economic, political, ideological and institutional barriers that have been identified?
- What strategies are planned to take advantage of the economic and political trends and opportunities that could support and reinforce the state’s FP/FS efforts?
- What mechanisms are being used to link the states FP/FS planning effort with any crosscutting governance structures at the Cabinet or Governors level, such as state Child and Family Councils or Commissions ?
- What kinds of support are being sought from the legislature and the courts?
- What kinds of support are being sought from the corporate and private philanthropies?

Creating a Planning Structure and Identifying Key Leadership

Although the legal responsibility for developing and implementing the CFSP rests with the state child welfare agency, effective implementation of its multi-program vision requires setting up a planning structure that involves high-level leadership from other government agencies and coordinates with the ACYF regional office. The planning team should also include some members that are not political appointees in order to preserve continuity if the political leadership in the state changes.

- What are the sources of state leadership for the FP/FS? How much power and authority do they have?
- How were the members of the state’s FP/FS executive planning group chosen? Which stakeholders do they represent? What kinds of resources do they control?
- What efforts have been made to create an interagency planning structure?
- What mechanisms have been created to ensure that the regional office is appropriately informed and consulted?
- Are sufficient funds and resources allocated to staff and support the planning effort?
- How is the planning group linked with any other current state initiatives for comprehensive reform?

Identifying and Consulting with Stakeholders

States are encouraged to use the flexibility provided by the law to engage in a strategic planning process that includes broad consultation with, and involvement of, the major actors across the entire spectrum of the service delivery system. The PR provides a specific list of nine categories of stakeholders that should be consulted, but does not provide any detail on the nature of the consultation. Therefore, the planners will have to decide on the purpose and methods for involving various stakeholders and how much influence they should have.

Figure IX.

***Nine Required Categories of Stakeholders
in the Consultation Process***

- All appropriate offices and agencies within the state agency: for example, child protective services, foster care and adoption, the social services block grant, emergency assistance, reunification services, independent living, and other services to youth;
- In a state-supervised, county-administered state, county social services and/or child welfare directors or representatives of, the county social services/child welfare administrators; association;
- A wide array of state, local, tribal, and community-based agencies and organizations, both public and private nonprofit with experience in administering programs of services for infants, children, youth, adolescents and families, including family preservation and family support;
- Parents, including birth and adoptive parents, foster parents, families with a member with a disability, and consumers of services;
- For states, representatives of Indian tribes within the state;
- Representatives of professional and advocacy organizations: for example, foundations and national resource centers, individual practitioners working with children and families, the courts, representatives of other States or Indian tribes with experience in administering family preservation and family support services, and academicians;
- Representatives of state and local agencies administering federal and federally-assisted: for example, Head Start; the local education agency (school-linked social services, adult education and literacy and Part H programs); the health agency (substance abuse, Healthy Start, maternal and child health, EPSDT, mental health and public health nursing); law enforcement, etc.;
- Administrators, supervisors, and front line workers (direct service providers) of the state child and family services agency; and
- Other categories of organizations and individuals based on state and local circumstances.

Source: Proposed Rules (1994), *Federal Register*, 59(191), p. 50668.

- How broad a range of stakeholders is involved in the planning process at the state level? At the community level?
- Is there a balance between those who represent traditional child welfare services and those who provide preventive and family support services?
- What methods of involvement have been used to obtain stakeholder input? How intense has that input been?
- How have those stakeholders whose support is most critical to the success of the FP/FS program been involved?
- How have those whose opposition to the program is most likely to impede progress on the Plan been involved?
- What measures have been taken to obtain meaningful input from a diverse group of family members, both consumers and public members, at the state level? At the community level?
- What efforts have been made to involve minority groups, including, where appropriate, Indian tribes?
- What strategies have been put in place to go beyond “one-shot” stakeholder involvement to changing the current decision making structure and process?

Buying into the Vision

Before they can work together to develop the comprehensive CFSP described in the proposed rules, the planning group and other key stakeholders must “buy into” the national vision of the FP/FS program and become committed to implementing it in their state. Convincing evidence should be presented to them on the inadequacies of the present child and family service system in their state to help them understand why it needs to be changed. Early feedback from a statewide needs and resources assessment and analysis of service gaps and failures will be critical, as will testimony and presentations from providers and consumers.

It must be made clear that the problems are largely systemic and require bold, comprehensive, cross-agency solutions. Although the Plan must expand and build on the strengths and experiences of successful programs, the current problems will not be solved by adding a few more demonstration programs or providing additional funding to existing service providers without assessing the quality of the services provided.

Ultimately the planning group, with input from the stakeholders, must articulate a clear and coherent vision for the state that forms the basis of their plan and can be communicated to the public to gain broad support.

- To what extent have efforts been made to help the planners and key stakeholders understand the problems and limitations of the present service system and the need for reform?
- In what ways has state needs assessment data and other management information been used during the planning process?

Figure X

Targeting

The Proposed Rules (PR) recommends that family preservation and family support services be targeted toward specific populations and in geographic areas of greatest needs. Targeting may include a range of vulnerable populations (children, youth, and/or families) in specific geographic regions, counties, cities, communities, census tracts, or neighborhoods. It is also recommended that States consider the possibility of targeting services to support community-based strategies which draw on multiple funding streams and which bring a critical mass of resources to bear in high-need communities (e.g., Empowerment Zones/Enterprise Cities, Children’s Cabinet Initiatives).

Source: Proposed Rules (1994), *Federal Register*, 59(191), p. 50654.

- What opportunities has the planning group had to hear from providers and consumers (families) about the shortcomings of present services as well as their strengths and capacities?
- Are there plans to communicate the state’s vision of reform and the reasons for reform to the public at key stages of the Plan’s development and implementation? How is the media being used?

Assessing State Needs, Resources, and Capacities Along the Continuum

The needs assessment required for the FP/FS is much broader in scope and involves many more people and sources of information than in traditional child welfare needs assessments. However, before rushing to gather mountains of data, planners should determine how the data or other information is going to be used in the planning. They also need to be imaginative about finding additional sources of information. There are many sources of valuable information that are sometimes overlooked in needs assessment activities, especially those related to program quality and effectiveness such as special studies, focus group discussions and parent surveys. Broad child, family, and program indicators may already be available to the state planners by county, but a comprehensive needs and capacities assessment should be undertaken at the local level. The state planners will have to decide how counties and local communities will be involved in the needs assessment. They may choose to encourage these assessments in as many counties and communities as feasible.

The FP/FS needs and capacities assessment should also include a careful review of funding and program resources and capacities both within child welfare and other government programs and within the non-government sector. However, there is a danger that states and communities will put too much weight on collecting descriptive lists of existing programs and whom they serve rather than seeking information on their effectiveness and the ways in which they can be improved.

- What kind of information is the planning team collecting for the state level needs assessment? Does it span the entire continuum of services?
- What kind of information, and from which sources, is being gathered about service gaps, quality and effectiveness?
- What information from non-child welfare public and private agencies and programs (such as data matches) is being used to find out about common clients?
- To what extent are needs and resource assessments being conducted at the county and community levels and how will these relate to the state-wide assessments?

Targeting

In comparison with state child and family services budgets, the new dollars allocated to states for the FP/FS are quite modest. Therefore, even though targeting is not required, states are strongly encouraged by HHS to target services on communities of greatest need and/or to support cross-cutting community based strategies. Targeting may be used at different stages, such as, for example, planning, service expansion and for system improvement activities.

Figure XI

DEFINITIONS

Outcomes, Indicators, Standards, Benchmarks

Outcomes are the results towards which interventions, programs, or services are directed. Because family-centered, integrated programs are targeted at different levels, outcomes must be measured at the child, family system, and community level. Sometimes the term impact is used to refer to outcomes or changes in systems or in the community.

Outcomes can be **short-term** (mostly related to immediate results and also called **objectives**) or **long-term** (also called **goals**). Short-term outcomes are critical to the development and management of effective human service systems. Long-term outcomes are those usually most relevant to policymakers.

Indicators are features that point to the probability of the outcome occurring. Some outcomes are difficult to observe or measure, especially those that cut across several disciplines or different agencies. Therefore there is a need to rely on several different indicators that suggest the achievement of the goal (for example, the goal that every child will be “ready for school” As there are many ways of measuring the extent to which children are “ready” for school, programs need to rely on several indicators such as immunization rates, participation in child development programs, assessments of home stimulation—that suggest the achievement of “school readiness” Quite often, outcomes cannot be observed directly and must be measured with proxy or indirect indicators (for example, decrease rates of domestic violence is one of the indicators of marital stability).

Standards or principles are the ideal outcomes than an effective program or policy is expected to produce.

Benchmarks are tangible measures, timeframes, guideposts, or milestones that can be used for assessing progress towards meeting the objectives or standards.

Source: Cohen, E., & Ooms, T. (1993). *Data Integration and Evaluation for Family-Centered Practice*. Washington, DC: Family Impact Seminar.

Allocating scarce dollars is always sensitive because, in addition to other factors, there are strong pressures from providers, advocates, politicians and community leaders to fund certain communities or populations. Consequently, it is very important that targeting decisions have broad support from key stakeholders and that the criteria for choosing to target certain communities and specific populations within them are clear, based on sound information and data, and clearly related to the FP/FS vision. If a state chooses to use a competitive process for the new FP/FS dollars, the joint planning team may want to consider what kinds of “rewards” or assistance states can give communities that submit proposals but do not receive funding.

- How was the particular balance between funding family preservation and family support service expansion chosen?
- Who participated in the targeting decisions and on what criteria were these decisions based
- What is being done to support and encourage those communities that are interested in moving towards the FP/FS vision but will not receive any of the new FP/FS money?
- If the state has chosen not to target, what criteria are being used to distribute the new dollars?

Developing Goals, Outcomes, and Benchmarks to Assess Progress

The five year Plan must contain a core statement of goals and objectives that is consistent with the broad FP/FS vision. This is a highly complex undertaking. The planners will have to draw upon all the information collected in the needs assessment, decide where and how to focus their initiative, and develop a strategy that can be expected to produce some measurable results within the five year time period. The strategy may include new types of services, service expansion and or improvement of existing services, as well as changes in the service system infrastructure to support and reinforce the new forms of practice.

Results and benefits expected from the implementation of the CFSP must be realistic and measurable within the time frame and the dollar amounts awarded. However, outcomes are typically stated in terms of broad improvements in indicators of child and family well-being. Since it is usually difficult to achieve substantial changes in these outcomes within a 4-5 year period, the Plan should also specify short-term outcomes that are logically related to the service and system change strategy. Interim benchmarks are also needed to assess progress in making system improvements.

- What child, family, community and system outcomes are specified in the Plan to be achieved at the end of the five years?
- Can they realistically be achieved in this time span?
- Are these outcomes clearly and logically related to the planned services and system reform strategy?

Figure XII.

Supporters and Detractors of Change

- ***The Committed.*** Some people invariably commit to stay the course and work through the struggle. They long for change and are willing to do whatever is required to make it a reality.
- ***The Cynic.*** Cynics see change as a fad. They dismiss the effort with a “this too shall pass” They wait for it to disappear, along with all the other initiatives they have tried to derail.
- ***The Underminer.*** Some individuals will not fight change overtly, but they will do little to support it. They respond in a passive-aggressive manner, undermining change overtly or covertly. They never miss an opportunity to point out the flaws in the system. They can hold forth at length as to why it will never work.
- ***The Stalwart.*** Stalwarts do not complain or openly defy the system. They simply continue to do things “the right way.” When questioned about their resistance, they respond that they’ve always done it that way. They feel justified in their position.
- ***The Gossip.*** Office gossips constantly develop conspiracy theories to explain why change is occurring. They speak as if they have inside knowledge and use words like “cross cutting,” “down-sizing,” and “consolidation.” These and other words are anxiety-producing and raise the specter of lost jobs and dislocation.
- ***The Philosopher.*** Philosophers charge that changes in the system will coddle the poor and make them more dependent than ever. They are convinced the new system makes promises it can never keep. Philosophers have little faith in the prospects for change.

Source: Nelson, J., Foster, S., and Cocozza, J. (1994). “Understanding the human dynamic in change,” *Voices from the Field*. Washington, DC: Council of Governors’ Policy Advisors.

- What kinds of interim benchmarks will be used to assess progress in the implementation of the plan by the end of the first year and subsequent years?
- Is the responsibility for reaching these outcomes and benchmarks to be shared across agencies and/or programs?
- What mechanisms will be used to evaluate progress and change and, if necessary, adjust the goals and plans for subsequent years?
- What plans are being made to monitor and assess the quality and effectiveness of the service expansion and improvements?

The Human Dimension of System Reform

Recent reform initiatives are demonstrating that the motivation to change service systems is strong and the development of the guiding vision is experienced as a tremendously challenging and exhilarating process. However the process of actually implementing change in large bureaucratic service systems is usually painstakingly slow and often frustrating. It requires profound shifts in thinking, attitudes and behavior, assumption of new roles and responsibilities and the learning of new skills for nearly everyone involved: policymakers, planners, middle managers, service administrators, service providers, and front line workers and consumers.

Typically, large scale organizational change is accompanied by a great deal of uncertainty, confusion, and even anger. These feelings can create serious resistance to change.

Those involved in the planning need to anticipate these human dimensions of system reform. It is often useful to call on the special expertise of those trained in the field of organizational development* which has developed a variety of strategies to manage and sustain organizational change. Organizational consultants can show how to develop a common vision, to defuse the inevitable turf and control conflicts, overcome resistance and create a team culture that will plan and carry out the detailed changes needed to implement the new vision.

- Have the planners anticipated the reactions of administrators, service providers, and others to the proposed changes?
- What strategies are being designed to overcome people's resistance and facilitate and support them in making the change?
- Have those whose cooperation is most essential to carrying out the changes been involved in planning them?

*Organizational development is a broad field concerned with planning and managing institutional processes in order to increase the organization's effectiveness and overall health. The field draws upon the theory of the behavioral social sciences and uses various tools for promoting systems thinking, team building and mastering new skills and behavior (Family Impact Seminar, 1993).

Implementation Dimensions

A central axiom of the organizational development field is that the different parts of any system are interdependent: changes in one part of the system will be reacted to, and often resisted by, other parts of the system. Thus the FP/FS planners need to understand that desired changes in frontline practice require accompanying changes in the other dimensions of the service system if they are to be successful and be sustained.

The five-year Plan must describe not only the proposed goals and activities but also how they are to be accomplished. States will have to anticipate the changes that will be needed in a number of dimensions of the service system.

Some state comprehensive initiatives have created a multi-dimensional committee structure to develop detailed implementation plans in a number of these areas. In these states planning occurs in several dimensions simultaneously and includes a mechanism for linking the different areas. Other state initiatives have proceeded in sequence, adding implementation components as they become necessary.

However as implementation proceeds, change in and of itself must not be the overriding principle. Ongoing assessment must be used to identify those elements in the existing system which can provide the necessary foundation to build reform. These same elements should be preserved and restructured into the new system.

Many states will need technical assistance to develop the detailed implementation plans in certain areas, since some areas require specific technical skills that may not be immediately available. Examples of such areas are financing strategies or training front-line workers in family-centered services.

These dimensions and examples of implementation components are summarized here:

- **Financing.** Pooling and redeployment of funds; creating flexible dollars; refinancing and reinventing federal funds.
- **Administration.** Rules/procedures for purchasing contracts and accountability; personnel systems; streamlining eligibility; targeting; staffing and supervisory structure; performance incentives.
- **Policy development and governance.** Cross-system implementation structure; governance structure; laws; inter-agency agreements; court decrees.
- **Service design.** Co-location of services; common intake forms, home-based outreach; decrease in size of caseloads, care management; coordination of service provision.
- **Staff development.** Interdisciplinary preprofessional training; inservice cross-system training; supervisory training; credentialing.
- **Technical assistance.** Federal resource centers; regional staff; organizational consultants.

- **Cross-systems data collection.** Confidentiality protections; interagency and cross-agency databases; capacity to support streamlining and track child and family indicators; monitoring of progress.
- **Public communication.** Strategic media planning; public service campaigns; generic press kits; “backlash prevention” programs.

Some questions to ask about the plans for implementation are:

- What implementation strategies for each of these areas is included in the CFSP?
- Are these plans realistic?
- What is the budget allocated for making improvements or changes in each of these areas?
- What mechanisms are provided for coordinating these implementation activities and for obtaining continuous feedback and making necessary adjustments?
- What interagency agreements have been reached to implement these changes?

The development and implementation of the Child and Family Services Plan is an enormously complex, painstaking, and at times, may be a discouraging process. It will be many years before the final results are in.

Early results of similar innovations are promising. The deep commitment of those already involved in these reforms is impressive and their enthusiasm is contagious. Families report that for the first time they are being listened to and treated with respect. Frontline workers talk about the rewards of being able to keep children in their homes and more effectively respond to families’ needs. Planners and program staff, in turn, discover their work and their values to be increasingly congruent.

The envisioned process for the FP/FS Program provides states and communities with a new and challenging opportunity to go beyond the rhetoric and learn new ways of protecting children and supporting and strengthening their families.

Figure XIII.

Examples of Family Outcomes/Indicators

- **Marital stability**
 - reduced rates of divorce
 - reduced out-of-wedlock births
 - reduced rates of teen pregnancy
 - reduced rates of family violence (spouse/partner and children)
 - increased labor force participation (maternal/paternal employment)
 - increased family incomes reduction in number of families on public assistance
 - increased numbers of homeless families who obtain stable housing
- **Family functioning**
 - increased in parenting competencies
 - increased in warmth and responsiveness of parents
 - decreased reports of substantiated abuse and neglect
 - reduced proportion of parents showing high level of depression and/or isolation
 - reduced frequency and severity of verbal/physical violence between family members
 - decreased rates of parental substance abuse
- **Family preservation**
 - reduced rates of parental incarceration, hospitalization for substance abuse, psychiatric illness
 - increased rates of reunification, adoption
 - reduced expenditures in out-of-home placement
 - increased rates of permanency outcomes for children
- **Family environment**
 - improved literacy environment (books and educational materials in the home, time spent reading regulation of television viewing)
 - decreased number of parenting stressors
- **Parental responsibility**
 - increased rates of paternity establishment
 - increased rates of child support payments
 - increased involvement of residential/nonresidential fathers in children's daily lives
- **Family empowerment**
 - increased family participation in design, implementation, evaluation of programs
 - increased rates of parental involvement in child's education
 - increased rates of family participation in policy planning and evaluation

Source: *Family Impact Seminar* (1994). Washington, DC.

Figure XIV.

Examples of Family-Focused System Outcomes/Indicators

- **Family level of information**
 - polices about providing information and approaches
 - parents reports on information/choices provided
- **Family involvement**
 - strategies/opportunities to involve families in planning
 - strategies/opportunities to involve families implementation of program
 - strategies/opportunities to involve parents evaluation of the program
 - increased family involvement in program, schools, community activities
- **Professional-partnership collaborations**
 - partnership philosophy explicit in the mission
 - strategies for developing/sustaining partnership
 - inservice training for family-professional partnerships
 - strategies/opportunities for partnerships with fathers, extended family members, noncustodial parents family surveys
- **Cultural competence**
 - underlying cultural values/principles acknowledged in the mission
 - polices incorporate cultural competence into practice and policymaking
 - racial, cultural, linguistic composition of staffing patterns
 - adaptation of services to fit diverse family values
 - language, reading level, cultural appropriateness of informational materials
 - inservice training of staff, families, other stakeholders
 - community/professional minority ongoing consultation for structural, procedural, policy adaptations
- **Capacity to track family progress across systems**
 - management information systems linking capacity
 - establishment of confidentiality safeguards
- **Access/satisfaction**
 - proportion of eligible families being served in the community
 - levels of satisfaction of families, youth, and staff

Source: *Family Impact Seminar* (1994). Washington, DC.

SUMMARY CHECKLIST OF QUESTIONS

From “Good Enough” to “Best Possible”

An Assessment Tool for the Child and Family Services Plan

Five Criteria for Assessment of the Child and Family Plan

1. Emphasis on prevention

What strategies does the plan propose to help address the current service system’s bias towards crisis intervention?

What specific efforts are being made to strengthen and/or create new community-based preventive and supportive services?

What resources have been diverted from institutional services to community-based services?

What resources have been diverted from remedial to prevention-oriented services?

2. Expand child and family-centered services

To what extent does the proposed plan direct resources to new or expanded family-centered services?

What specific changes in financing, organization, management, staffing, in-service training, etc. are being proposed to help existing services become more child and family-centered?

3. Establish more comprehensive and coordinated continuum of services

How will this proposed action or strategy assist the establishment of a more comprehensive, diverse and accessible array of services for children and families?

Which types of services are being made more available or accessible?

Is the strategy based on a careful assessment of existing gaps in the state and community services continuum and how they are related to assessed needs, strengths and capacities?

Are present or new family support and family preservation services required to collaborate with other services for children and families?

4. Join forces and maximize resources

What strategies does the plan provide to obtain input from stakeholders and, more generally, to obtain perspectives beyond the traditional child welfare constituencies?

How does the plan identify the most important stakeholders to involve actively and what strategies are planned to do so?

What agreements are being made to coordinate and share resources across programs and sectors in order to implement the plan?

5. Plan and implement major changes in service systems

Does the plan develop implementation strategies for, and assign resources to, changes in the system infrastructure such as financing, management, and staffing?

Does the plan mobilize the resources required to support and sustain service improvements, such as staff development and technical assistance?

Assessing the Tasks and Stages of the Planning Process

Assessing the political, economical and organization context

What strategies are being planned to overcome any current economic, political, ideological, and institutional barriers that have been identified?

What strategies are planned to take advantage of the economic and political trends and opportunities that could support and reinforce the state's family preservation and family support efforts?

What mechanisms are being used to link the states family preservation and family support planning effort with any cross-cutting governance structures at the Cabinet or Governor's level, such as state Child and Family Councils or Commissions?

What kinds of support are being sought from the legislature and the courts?

What kinds of support are being sought from the corporate and private philanthropies?

Creating a planning structure and identifying key leadership

What are the sources of state leadership for the family preservation and family support? How much power and authority do they have?

How were the members of the state's family preservation and family support executive planning group chosen? Which stakeholders do they represent? What kinds of resources do they control?

What efforts have been made to create an interagency planning structure?

What mechanisms have been created to ensure that the regional office is appropriately informed and consulted?

Are sufficient funds and resources allocated to staff and support the planning effort?

How is the planning group linked with any other current state initiatives for comprehensive reform?

Identifying and involving stakeholders

How broad a range of stakeholders is involved in the planning process at the state level? At the community level?

Is there a balance between those who represent traditional child welfare services and those who provide preventive and family support services?

What methods of involvement have been used to obtain stakeholder input? How intense has their input been?

How has those stakeholders whose support is most critical to the success of the family preservation and family support program been involved?

How have those whose opposition to the program is most likely to impede progress on the plan been involved?

What measures have been taken to get meaningful input from a diverse group of family members, both consumers and public members, at the state level? At the community level?

What efforts have been made to involve minority groups, including, when appropriate, Indian tribes?

What strategies have been put in place to go beyond "one-shot" stakeholder involvement to changing the current decision-making structure and process?

Buying into the vision

To what extent have efforts been made to help the planners and key stakeholders understand the problems and limitations of the present service system and the need for reform?

In what ways have state needs-assessment data and other management information been used during the planning process?

What opportunities has the planning group had to hear from providers and consumers/families about the shortcomings of present services, as well as their strengths and capacities?

Are there plans to communicate the state's vision of reform and the reason for reform to the public at key stages of the plan's development and implementation? How is the media being used?

Assessing state needs, resources, and capacities along the continuum

What kind of information is the planning team collecting for the state level needs assessment? Does it span the entire continuum of services?

What kind of information, and from which sources, is being gathered about service gaps, quality and effectiveness?

What information from non-child welfare public and private agencies and programs (such as data matches) is being used to find out about common clients?

To what extent are needs and resource assessments being conducted at the county and community levels and how will these relate to the state-wide assessments?

Targeting

How was the particular balance between funding family preservation and family support service expansion chosen?

Who participated in the targeting decisions and on what criteria were these decisions based?

What is being done to support and encourage those communities that are interested in moving towards the family preservation and family support vision but will not receive any of the new family preservation and family support money?

If the state has chosen not to target, what criteria are being used to distribute the new dollars?

Developing goals, outcomes, and benchmarks to assess progress

What child, family, community, and system outcomes are specified in the plan to be achieved at the end of the five years?

Can they realistically be achieved in this time span?

Are these outcomes clearly and logically related to the planned services and system reform strategy?

What kinds of interim benchmarks will be used to assess progress in implementation of the plan by the end of the first year and subsequent years?

Is the responsibility for reaching these outcomes and benchmarks to be shared across agencies and/or programs?

What mechanisms will be used to evaluate progress and change and, if necessary, adjust the goals and plans for subsequent years?

What plans are being made to monitor and assess the quality and effectiveness of the service expansion and improvements?

Human dimension of system reform

Have the planners anticipated the reactions of administrators and service providers to the proposed changes?

What strategies are being designed to overcome people's resistance and support them in making the change?

Are those individuals expected to implement the changes involved in the planning?

Implementation Dimensions

What implementation strategies for each of these areas is included in the Child and Family Services Plan?

- Financing
- Administration
- Policy development and governance
- Service design
- Staff development
- Technical assistance
- Cross-system data collection
- Public communication

Are these implementation plans realistic?

What is the budget allocated for making improvements or changes in each of these areas?

What mechanisms are provided for coordinating these implementation activities, for continuous feedback, and for making necessary adjustments?

What interagency agreements have been reached to implement these changes?

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