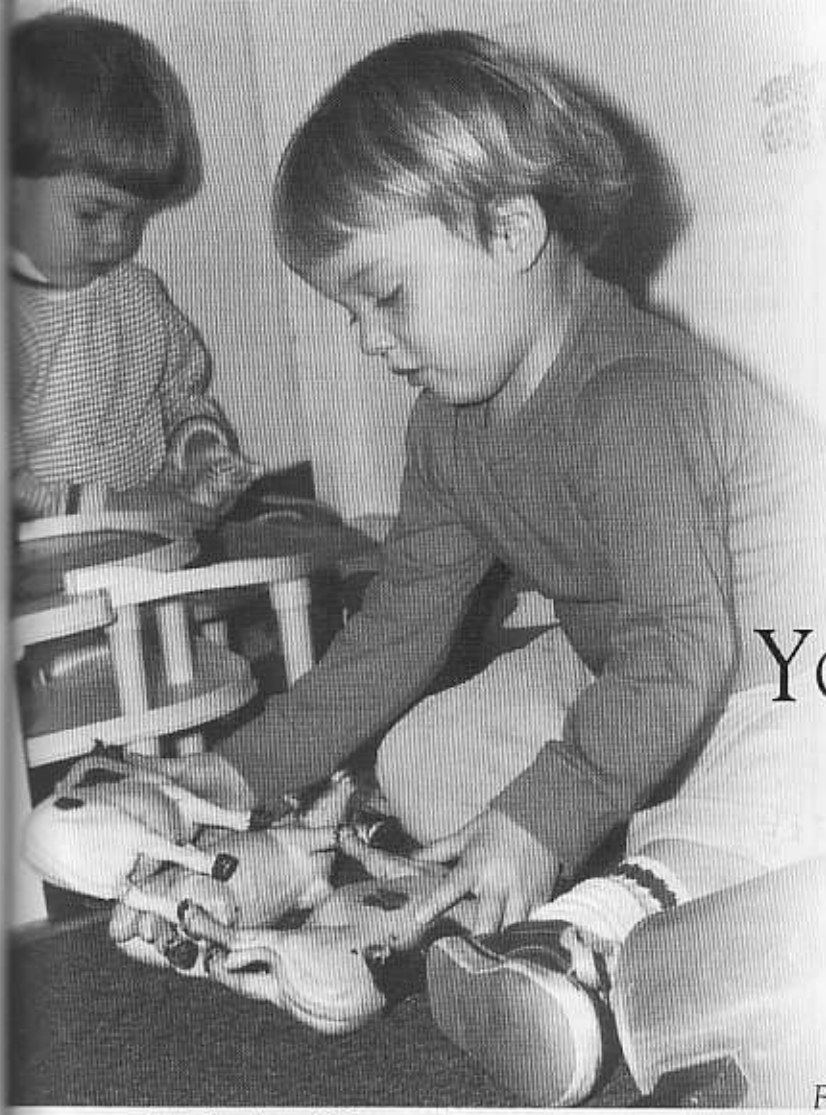

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SUSTAINING COMMUNITY PARTNERSHIPS ON BEHALF OF YOUNG CHILDREN AND FAMILIES

DEBORRAH BREMOND, TEDDY MILDER, AND JANIS BURGER
First 5 Alameda County, California, Every Child Counts

abstract

Another Road to Safety (ARS) is a prevention and early intervention program of family support services for children who are at high risk for abuse and neglect in Alameda County, California, funded by Proposition 10 of the Children and Families Act of 1998. ARS is a collaboration between First 5 Alameda County's program *Every Child Counts*, the Alameda County Social Services Agency, and two community-based organizations. This article describes how these entities worked collaboratively to facilitate systems change in six areas: Strengthening prevention as part of a continuum of care; improving service quality through reflective supervision; improving provider capacity to deliver quality services; increasing coordination and communication between agencies; developing infrastructure to support high-quality coordinated services; and leveraging resources for sustainability. The collaborating agencies discovered that sustaining a community-based model of prevention required a thorough understanding of the risk levels of families, the ability to fully engage families in the program, and the ability to triage families to the appropriate levels of care.

In 1998, California voters passed the Children and Families Act, known as Proposition 10, which directs revenue from tobacco taxes to resources for children prenatal to age 5 years. This legislation led to the birth of the "First 5 Movement" and created an opportunity to spotlight the important child development needs of young children and their families. The funding allows communities to build a prevention and early intervention system as part of the continuum of care for all children in the county. Programs are funded at the county level to best meet local needs as defined by each county's strategic plan. Because Proposition 10 legislation was conceived as a declining revenue stream with the expectation that smoking rates would decrease, First 5 Alameda County viewed its role as a "systems change agent," using time-limited, flexible funding to promote best practices in the early childhood services delivery system and to have agencies integrate the changes into their ongoing service delivery models.

This article is a sequel to "Every Child Counts: Creating a Community Holding Environment for Families With Young Children," (Bremond & Milder, 2003). First 5

Alameda County's strategic plan and programs are called Every Child Counts (ECC). That article provided the details of building a community system of support predicated on defining a common language among providers and across systems; establishing goals, outcomes, contract accountability; and creating a holding environment to assist our partners to reach our shared expectations. "Holding" in this context includes supporting, sustaining, protecting, and joint problem solving. The holding process has been essential for strengthening the relationships and trust among ECC and our partners.

In the present article, we will describe Another Road to Safety (ARS), a prevention and early intervention model of family support services. The goal of ARS is to identify families whose children are at high risk for abuse and neglect and to keep those families together in the community. ARS is a collaboration that includes ECC, the Alameda County Social Services Agency (SSA), and two community-based organizations (CBOs). ARS provides an example of an organizational/systems change initiative that experienced multiple levels of change. The program demonstrates the disequilibrium caused by systems changes that both ECC and its partners experienced over several years.

Building Partnerships

Working with community and county agencies to understand our role as a systems change agent was a major challenge. Community agencies and county systems were accustomed to categorical funding, with limited standards of quality, accountability, training, and support from funders. Although we were promoting a broader vision for how to support their work, the community agencies viewed ECC as a new funding stream to support the work they had always done. Our partners were overwhelmed by the intensity of our involvement and our requirements contributing to significant agency "disequilibrium." ECC introduced new ways of providing services through the Family Support Tenets (see Box 1) and relationship-based contracting; required accountability for outcomes and performance; and required use of a Web-based information system (ECChange) to document services and track outcomes. The disequilibrium experienced by our community partners threw their "known" organizational structure and culture out of balance as they tried to assimilate the components required to partner with ECC into their organizational infrastructure.

Box 1. Family Support Tenets
Family Centered Practice
Child Development Focused
Relationship-based
Multidisciplinary Services
Reflective Supervision
Low Case Load Ratios

The holding environment ECC created by supporting, sustaining, protecting, and joint problem solving was an opportunity to support our partners as they struggled with a shifting paradigm. The Family Support Service Tenets also helped to anchor all of the work.

ECC's systems change efforts focused on the following six areas (Clayton, Carroll, & Chabrier, 2003):

1. Strengthening prevention as part of a continuum of care.
2. Improving service quality through reflective supervision.
3. Improving provider capacity to deliver quality services.
4. Increasing coordination and communication between agencies.
5. Developing infrastructure to support high-quality coordinated services.
6. Leveraging resources for sustainability.

Another Road to Safety: Background

Prior to the passage of Proposition 10, the Alameda County Board of Supervisors requested the Child Welfare League of America (CWLA) to undertake a year-long study of Child Protective Services (CPS). Simultaneously, the federal government (Administration for Children and Families, 2001) began the Child and Family Services Review (CSFR) in 49 states. All states failed the CSFR process and states were mandated to develop service improvement plans with benchmarks of change and a process for measuring change at the state level.

The results of the year-long CWLA study of the Alameda County Child Protective System concluded that "Alameda County should develop a First Responder capacity to provide a coordinated community-based response of prevention and early intervention services to troubled children and families, where there is not imminent risk of serious harm to children" (CWLA, 1999). The CWLA report recommended an Alternative Response System.

In 1999, ECC formed a planning collaborative with SSA Children and Families Division (CPS) to develop an Alternative Response System that would provide intensive family support to young children and families referred to CPS who did not meet the threshold for a formal CPS investigation or services. The intent from the beginning was to incubate a community-based alternative response system that would eventually become part of a restructured preventive child protection system within Social Services.

The initial planning process with ECC and SSA explored whether families in the community would allow a "stranger" into their home to offer voluntary services. A pilot project was developed using 50 families who lived in the two targeted communities with the highest number of calls to the Child Abuse Hotline. Trained family advocates visited the families in their homes. At the visit, families were asked to participate in a survey that looked at what kinds of services they needed. Much to everyone's surprise, all 50 families participated in the pilot project. The name, Alternative Response, was changed to Another Road to

Safety (ARS) to be more community friendly as a result of a naming contest held by SSA.

The next step was to identify community agencies that could deliver the services. Qualifying organizations needed to be in the community, have the capacity to provide intensive family support services, a willingness to commit to collaboration with ECC and SSA, and have staff members who mirrored the population to be served. Two organizations, one for each of the targeted neighborhoods, met the qualifications.

Challenges and Finding Common Ground

Although all partners shared the common goal of supporting families and young children at risk, many challenges arose in the early stages of implementation including the following:

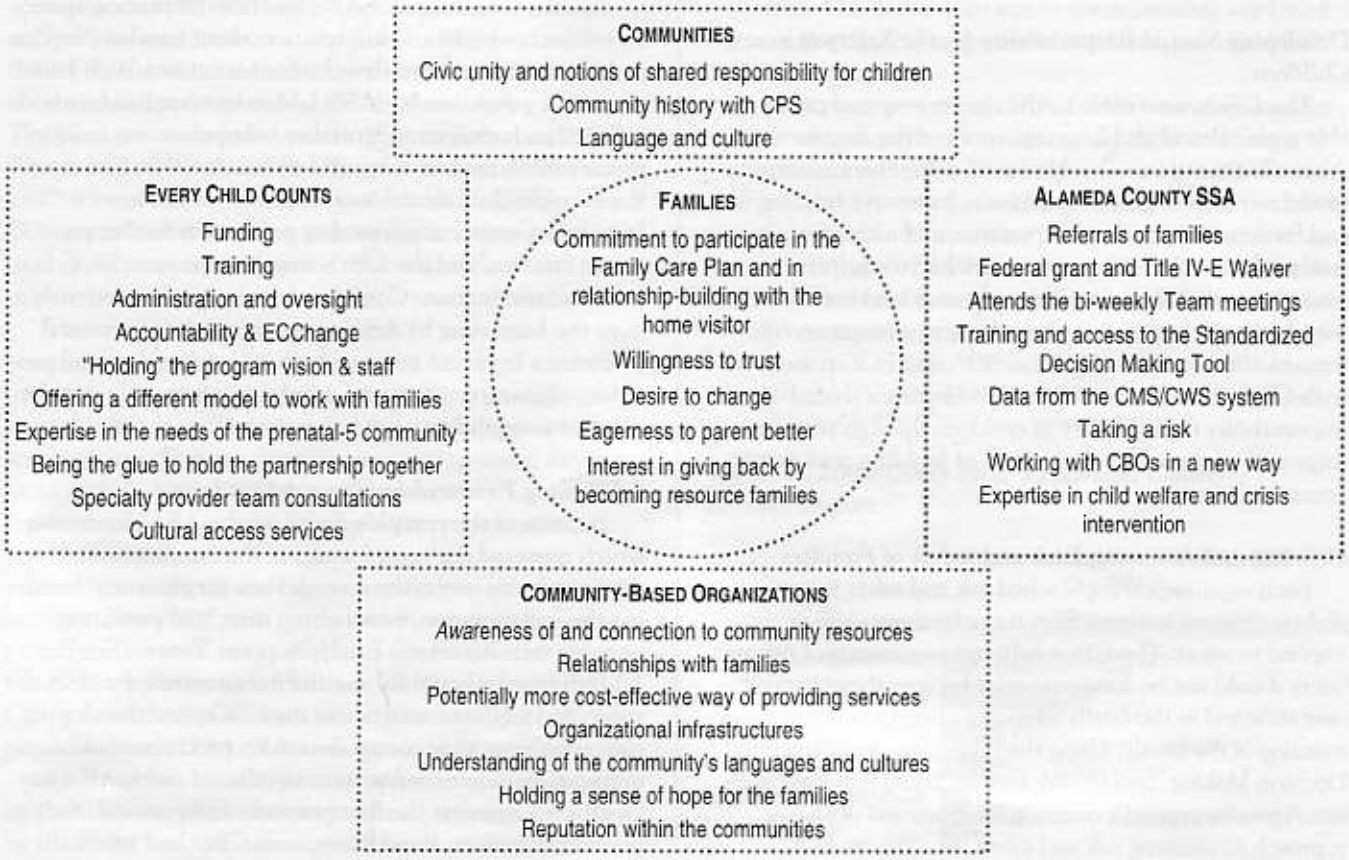
- Understanding and working with four agency cultures.
- Using community-based organizations to carry out SSA interventions.
- Defining and assessing risk and safety of families.
- Keeping confidentiality a priority.
- Addressing practical implementation issues.

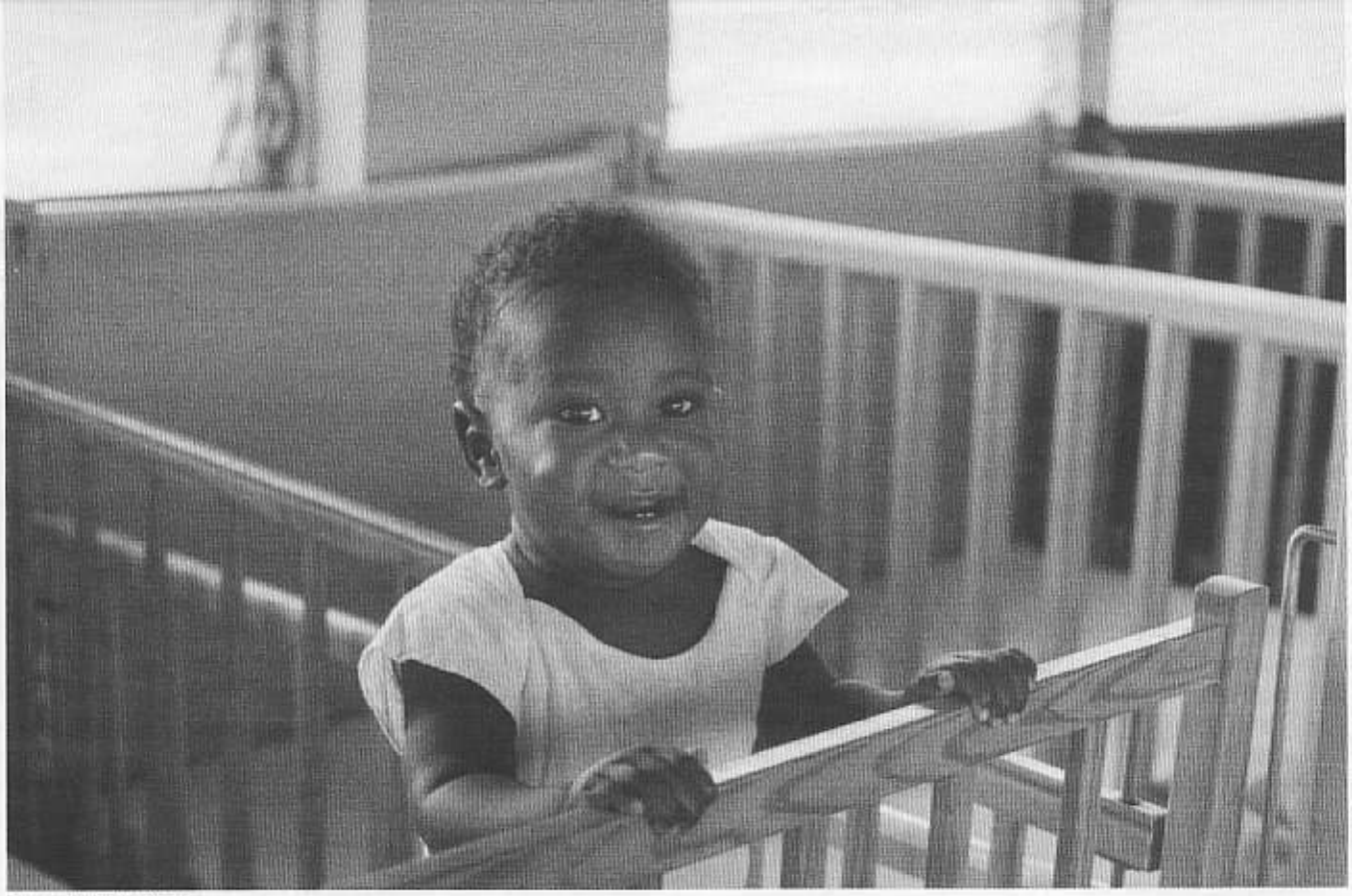
Understanding and Working With Four Agency Cultures

Each of the four organizations has very different cultural infrastructures. SSA is a large human services agency and serves as the primary social safety net for a county of 1.4 million individuals; two nonprofit CBOs serve distinctly different communities with limited resources to creatively provide direct family support. ECC was a newly constituted public agency with a mandate to provide prevention services to the prenatal to age 5 population. Each entity contributed unique perspectives and abilities (see Figure 1) and each conceptualized the definition of prevention based on where the organization fell along the prevention continuum.

Navigating organizational cultures required building trust and a common understanding among partners. In order to get to know each other better, ECC structured initial partner meetings to give each agency the opportunity to introduce themselves and present their approach to providing services. An example of how these cultures clashed occurred when SSA initially wanted a 3-month model of intensive family support. ECC believed that families needed 1 to 2 years of support services to be able to make a difference, and the CBOs believed a minimum of 2 years

Figure 1. Contribution of ARS Partners (Conley, 2005)





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was necessary. The group agreed on a 9-month service model with a possibility of an additional 3 months if requested by the CBO family advocate providing the direct services.

Developing Shared Responsibility for the Safety of Young Children

The CBOs were close to the community and comfortable with cultural and language issues of the diverse Alameda county families. However, using this community model required ongoing supervision, extensive training in and facilitation of reflective practice, and a commitment to staff professional development. SSA had to shift its assumption that they were the only ones who could work with high-risk families and be willing to advocate to the state to obtain a waiver to allow SSA and ECC to contract with CBOs to provide services. Developing a shared responsibility for the safety of children through partnerships and relationships was rooted in building trust across agency cultures.

Defining and Assessing Risk and Safety of Families

Each organization approached risk and safety from a slightly different context. SSA had a legal mandate to respond to safety. The CBOs believed assessments of risk and safety should not be done only once because they changed over time and as the family advocate gained a better understanding of the family. Using the state-sponsored Structured Decision Making Tool (SDM; Freitag, 2001) for Child Welfare Agencies created a common language and objective approach to assessing risk and safety. In addition, ECC adapted a Family Risk Assessment tool that CBO family advocates could use over time to assess risk and note changes.

Keeping Confidentiality a Priority

Another challenge for ARS was how partnering agencies shared confidential information about families. Service providers collected and stored information in a Web-based electronic environment. ARS had to be compliant with HIPAA and other confidentiality laws protecting families' privacy. SSA made a cultural shift because they had never shared individual information with an outside agency. ECC had a strict confidentiality policy that further protected families, and the CBOs were very protective of their families' information. Confidentiality was taken seriously from the beginning by developing appropriate forms and procedures to obtain consent to share information and providing ongoing training and support to ensure all partners adhered to confidentiality law and agency policies.

Addressing Practical Implementation Issues

Because of the complex nature of the ARS partnership, which mirrored the complexities of the families served, there never seemed to be enough time for planning, building the collaboration, establishing trust, and providing ongoing training on the Family Support Tenets (See Box 1.) Defining and establishing the infrastructure for SSA to triage and facilitate referrals to the CBOs, and developing the technology to accommodate ARS procedures and communication requirements, were significant tasks. All agencies had to agree on the best practices and protocols for providing services. In addition, each CBO had internal

infrastructure changes to make as well as to hire and train staff. SSA provided training and support on the SDM tool (Frietag, 2001). ECC was the glue that held the partnership together: facilitated meetings; offered technical assistance in hiring, training, and communication; developed a specific ARS module in ECChange (See Box 2); and provided general oversight and quality review. ECC supported supervisors by providing a reflective supervision group and tried to model a joint problem-solving process (relationship-based contracting). ECC's template of working from a relationship-based perspective was foreign to most of our contractors and our partners.

Box 2. ECChange Features

Data sharing
Family-centered
Automated assessment tools: SDM, Edinburgh depression screen, ASQ and ASQ-SE, Devereux, Family Risk Assessment
Medical provider search
Management tools
Ad hoc reports

Measuring Results

ECC developed a comprehensive outcome-based accountability framework for all of its programs using an integrated multidisciplinary workgroup (see Bremond & Milder, 2003, for detailed description of the process). A collaborative process with all of the partners generated an accountability plan with agreed-upon outcomes, indicators, and performance measures. The plan included a combination of traditional child welfare indicators as well as psychosocial risk, safety, health, and child well-being measures. The plan also included measures of performance and effort. The accountability requirements were integrated into the CBO contracts. Partners also agreed on data-sharing rules. ECC is committed to using technology as a system change tool. ECChange was enhanced to accommodate ARS requirements, scope of work, and best practice standards.

The critical components for SSA to sustain a community-based model of prevention involved a greater understanding of the risk levels of families, the ability to engage families, and to triage families to the appropriate levels of care. The process measures used to assess the program included reasons why families were referred to ARS, how many families met ARS eligibility requirements, results of SDM assessments, how many families were retained for services, and how many were returned to SSA because of very high risk status, and how many refused to participate or were not available to contact. Calls to the Child Abuse Prevention Hotline that were referred to the CBOs were mostly for suspicion of general neglect (45%), physical abuse (23%), or sexual abuse (14%; see Figure 2).

Although we initially anticipated that families served by the CBOs would be low to moderate risk as determined by the SDM tool, we were surprised to learn that many of the families are moderately high risk to very high risk. The SDM risk level at the final assessment was as follows: 1% low, 40% moderately high, 48% high, and 11% very high (*2004–2005 First 5 Alameda County Annual Report*, 2005).

Measures of Effort

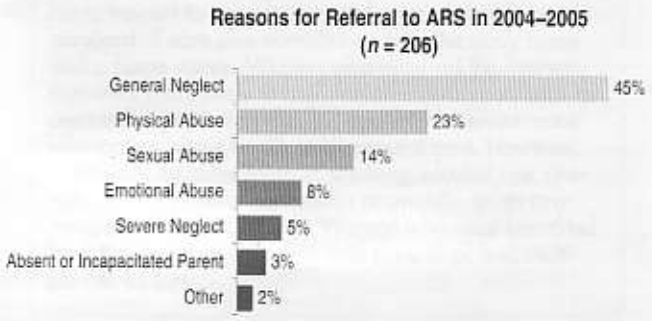
Engaging referred families was challenging. Service providers made 1,273 contact attempts to referred clients. Of those contacts, 29% were face-to-face; 26% were by telephone, and 62% of attempts were unsuccessful. It took an average of 12 days from the first attempt to make a successful contact with an average of 6 attempts per family.

In 2004–2005, 155 children and pregnant women received a range of 1–61 ARS home-based visits based on family need. In addition to building a trusting relationship with families and providing home-based support, families were most frequently referred to community resources for food assistance; housing or emergency services (23%); followed by Head Start, Early Head Start, or other child care (20%); mental health services (13%); or employment resources (4%; *2004–2005 First 5 Alameda County Annual Report*, 2005).

Indicators of Health and Well-Being

- Of the ARS children, 75% had Medi-Cal (Medicaid), Healthy Families, or no health insurance (an indication of poverty).
- Of the ARS mothers or primary caretakers, 58% were screened for depression, of which 36% screened positive. The decision to screen for depression was based on the clinical judgment of the family advocate and supervisor.
- Eighty-one percent of ARS children were screened for developmental concerns using the Ages and Stages Questionnaire (Squires, Potter, & Bricker, 1999), of which 18% scored of concern in one or more domains. Developmental screening is mandatory at 1 year of age.
- At the time of their last home visit, 94% of ARS children had health insurance, 86% of ARS parents/caretakers report reading to their children several times per week, none of the ARS children experienced intentional injuries, and 3% reported unintentional injuries.

Figure 2. *2004–2005 First 5 Alameda County Annual Report*



Lessons Learned

Although the ARS systems-change strategy proved to be challenging on many levels, we learned that it is possible to build capacity among community agencies to serve high-risk families using best practices in the community. All of the partners changed as a result of the collaboration. Each of us learned that we had to be open to taking risks and to reassessing assumptions. Despite differences among organizational cultures, we were able to increase trust to solve problems together. Providing resources, monitoring situations, and ensuring structure helped to hold all of the partners together. We were able to generate outcomes that reflected both the intense work of the project and its impact on families and use this information to reflect on our progress.

Next Steps for Sustaining Community Partnerships

SSA, ECC, and the community partners are in the process of transitioning ARS into the SSA child welfare system redesign. In April 2006, California was awarded a Title IV-E waiver to create and fund community-based prevention and early intervention services to keep families out of the child welfare system. ECC's role is shifting to providing technical assistance, consultation, and training in order to support our community partners as they strive to provide quality services to families. With this transition, ECC has achieved our goal of seeding a new approach to community building and early intervention, and we will continue to monitor how it is institutionalized with SSA.

The ARS program is an example of systems change. Through our partnership, we were able to strengthen prevention efforts in our community and enhance the continuum of available services. At the same time, we were able to deepen the community-wide commitment to increasing coordination and communication among service providers, while developing an infrastructure for high-quality coordinated services for at-risk young children and families.

This project could not have occurred without the dedication and collaboration of our community providers who took our shared vision and made it a reality. ECC would like to acknowledge La Familia Counseling Services (Hector Mendez, Executive Director) and Family Support Services of the Bay Area and their staff members (Lou Fox, Executive Director).

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