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EVERY CHILD COUNTS:

Creating a Community Holding Environment for Families with Young Children

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In 1998, California voters passed the California Children and Families First Act, commonly known as Prop (Proposition) 10 (For a description of Prop 10, see Thibault et al., this issue p. 35). The legislation directs revenue from tobacco taxes to resources for children birth to 5 years of age and their families. Each county in California was charged with developing its own strategic plan, service system, and evaluation process. In December 1999, the Alameda County Children and Families Commission became the first commission in the state to have its strategic plan, Every Child Counts (ECC), approved. ECC's first challenge was to create, enhance, and implement a set of services while simultaneously developing methods for evaluating their effectiveness.

This article will describe ECC's efforts to work with neighborhoods, institutions, and systems as we move toward creating an integrated service delivery system for families with young children in our county. We will discuss the strategic planning process and development of ECChange, a Web-based information system, as a backdrop for understanding the context of ECC's role as a change agent; the challenges associated with being a change agent and with the change process; and the lessons learned since 1999. We will pay particular attention to the simultaneous interplay between program development and program evaluation.

at a glance

- Every Child Counts (ECC), supported by tobacco tax revenue, is trying to create an integrated service delivery system for families with young children.
- Home-based services, child–care based services, and support to community-based providers are designed to implement the county strategic plan.
- ECChange, the cross-agency, Web-based information system serves as a case management and accountability/evaluation tool.
- Agents of organizational change must "hold" programs while they are in a state of disequilibrium and individualize organizational interventions.

A Strategic Plan and an Accountability Framework for Alameda County

Alameda County, the seventh most populous county in California, has a population of 1.4 million people, of which 98,000 are children between birth and 5 years of age. More than 21,000 babies are born in the county every year. Almost all (98%) residents live in the county's cities or suburbs. County residents represent a wealth of ethnic, cultural, linguistic, economic, and geographic diversity.

The major elements of the planning process included: research into best practices, community outreach, infrastructure development, and strategic plan development.

In general, comprehensive community initiatives operate at many levels: individual, family, community, institutional, and system (Weiss, 1995). The ECC plan is anchored in the development and enhancement of community-based standards of care for providers serving families with young children. This theory of change supports and guides the integration of evidenced-based and best-practice models into programs serving young children and their families. The community-based standards of care provide a benchmark against which ECC measures the quality and effectiveness of support offered to families.

To carry out the strategic plan, we developed three service delivery divisions—one for each environment:

1. Family support services (home-based services),
2. Early care and education (focused on child care settings), and
3. An innovative community grants initiative (support to community-based providers).

ECC uses multiple strategies to attain its goals, including:

- "Universal" services (offering 1–3 home visits to all families with newborns at each of four hospitals) and targeted services (for special populations such as medically fragile infants, pregnant and parenting teens, and families reported to Child Protective Services);
- Direct (services to families) and indirect services (e.g., working with child care providers around quality and environment issues); and
- ECChange, the cross-agency, Web-based information system that serves as a case management tool, informs the accountability framework (evaluation), and helps integrate ECC with its partner agencies.

Under Prop 10, each county in California must develop an accountability framework to measure the impact of services funded by Prop 10 resources. The ECC accountability framework, developed by the Evaluation and Technology division, includes: a confidentiality and privacy policy; a detailed cross-program outcome, indicator, and performance measure matrix (Milder, 2000); a technical assistance program to build local capacity for using outcomes-based accountability models; a qualitative evaluation component; and a technical infrastructure, ECChange, to measure and report outcomes.

In May 2000, we began to implement the strategies described in the ECC strategic plan. In July 2002, guided by our accountability matrix, we began the third year of data collection. The matrix provides a means of assessing progress and measuring the impact of interventions. We understood at the outset of our endeavor that the first 3 years would establish baseline information and create the quantitative and qualitative infrastructure to measure the impact of services, determine what is working, and, when necessary, use data to make mid-course revisions.

The Strategic Planning Process

After the passage of Prop 10, the Alameda County Board of Supervisors established a Prop 10 steering committee. The steering committee hired staff to lead the planning process. The major elements of the planning process included: research into best practices, community outreach, infrastructure development, and strategic plan development. Input for shaping the strategic plan was gathered from public hearings, telephone surveys, a parent advisory group, and responses to the ECC Web site and newsletter.

We identified four goals:

1. Support optimal parenting, social and emotional health, and economic self-sufficiency of families.
2. Improve the development, behavioral health, and school readiness of young children from birth to age 5.
3. Improve the overall health of children birth to age 5.
4. Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

The ECC strategic plan includes:

- 1–3 home visits for every baby born to an Alameda County resident;
- Intensive family support to medically and socially at-risk babies and families up to 3 years;
- A Child Development Corps that offer stipends to child care workers to improve retention and increase professional growth;
- Quality assessments of Early Care and Education environments;
- Loans and grants to child care facilities;
- School readiness programs; and
- Grants to public and community organizations whose meet ECC goals.

Moving Toward Integrated Services

In order to move forward on goal four, "create an integrated, coordinated system of care that maximizes existing

resources and minimizes duplication of services," we had to envision what "integrated services" would look like and how they would work.

First, we had to remember that the three service divisions (home, child care, and community) that we established to carry out the strategic plan overlap and are interdependent. We needed to address this interdependence in how we thought about and developed services and strategies.

We developed a comprehensive outcome-based accountability framework based on the strategic planning process. The ECC accountability matrix describes the specific programmatic strategies needed to implement our overall vision of improving the lives of children and families, then links the strategies to outcomes, outcome indicators, and performance measures that are used to monitor progress and measure impact. The matrix acts as a bridge between vision and programmatic details. Simply put, it is a tool for measuring how well ECC is achieving its vision.

Collecting the same data from all programs funded through Prop 10 presented ECC with an accountability challenge. Assuring the integrity of data collected by hospital outreach workers, public health nurses, social workers, family advocates, and community health outreach workers called for both innovative thinking and technology.

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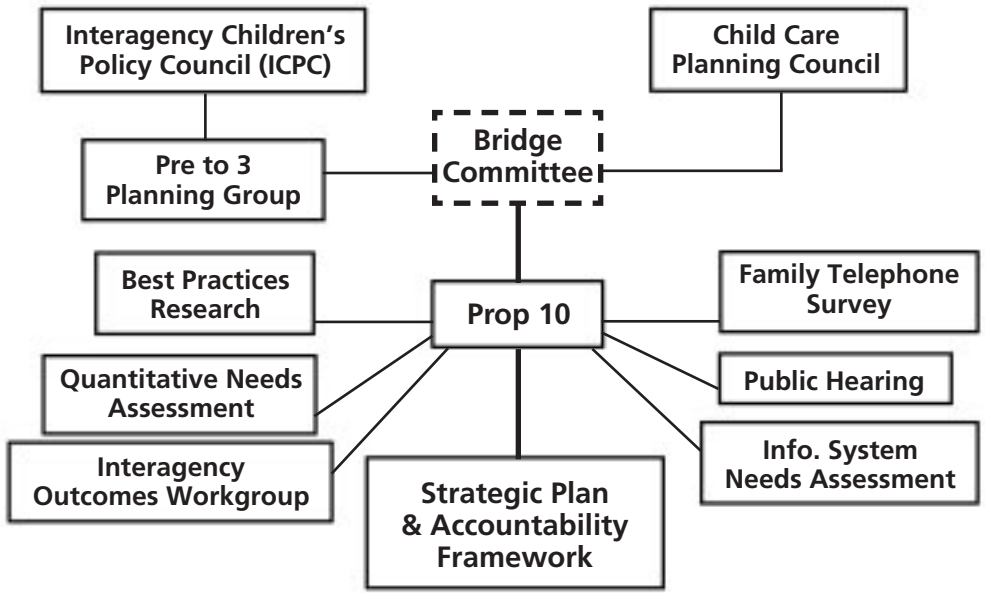
ECChange: A Web-Based Information System

To measure the results of integrated programs for children birth to 5 years and their families, we created ECChange, a Web-based cross-agency information system. Incorporating the newest technologies, ECChange allows authorized staff from private and public agencies in various environments and locations in the field to use the system; integrates with existing local, county, or state information systems; and automates existing paper forms. Locating the database on a secure private network on the Internet ensures ease of access from remote locations and allows easy transfer and receipt of information among collaborating agencies. ECChange data is protected by the strictest and most up-to-date security technology and meets the federal health privacy regulations specified by the Health Insurance Portability and Accountability Act (HIPAA).

ECChange helps ECC-funded service programs with their case management. It also informs the accountability framework mandated by Prop 10. ECChange's functions include:

- Electronically assisted hospital-based enrollment of newborns and families into ECC family support programs (universal and intensive family support);
- Electronic referrals to public health nurses;

FIGURE 1: SHAPING THE STRATEGIC PLAN



- Documentation of home-based family support services by public health nurses and family advocates in the field, using mini-laptops; and
- Management and reporting.

The development of ECChange included: performing a county-wide information system assessment; partnering with private, public, and non-profit organizations to develop specifications and data-sharing agreements; implementing a confidentiality and privacy policy; and building a platform-independent system that would serve the functional and reporting needs of all partnering agencies.

The team works closely with all three components of service delivery (family support services, early care and education, and community providers) to operationalize an integrated perspective on service planning and implementation.

The first step in the process was to establish a cross-agency work group that included representatives from social services, public health, medical managed care, hospitals, and other nonprofit and academic organizations. The work group selected, prioritized, and defined outcome indicators that, in turn, determined data collection needs. At the same time, ECC assessed the information needs of the agencies and providers throughout the county who would be providing ECC services. We also reviewed previous efforts at data integration in the county to understand why they had met with limited or no success.

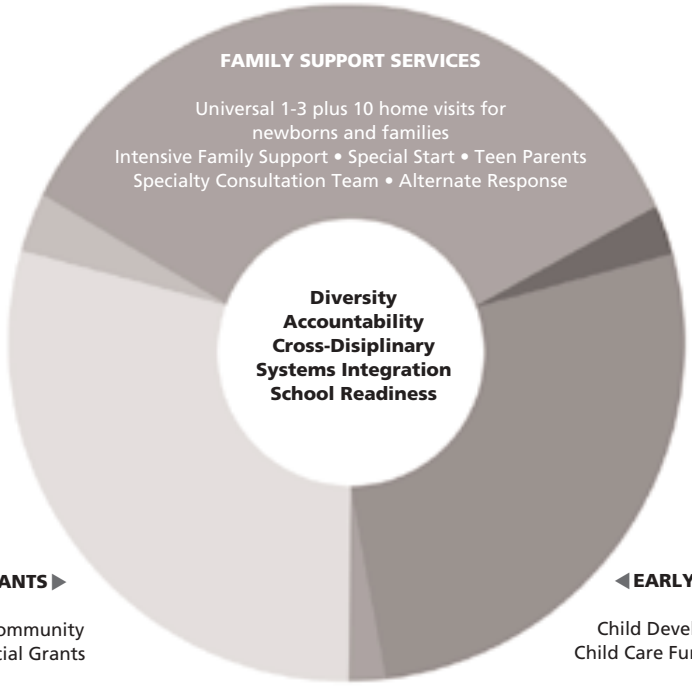
Additional steps in developing ECChange included building an understanding to share information across agencies and developing a specifications document to select a vendor to build a platform-independent system. In a process that included professionals in both service delivery and information technology, ECC and ECChange created a user-friendly, collaborative process for agencies and programs to monitor productivity, generate reports, and measure the results of their work with families and young children. Using ECChange, ECC can now provide feedback to our partner agencies about indicators of effectiveness and outcomes.

In many ways, the Evaluation and Technology team is the soul of our efforts to collaborate and create integrated services across systems. The team works closely with all three components of service delivery (family support services, early care and education, and community providers) to operationalize an integrated perspective on service planning and implementation. A closer look at ECC Family Support Services illustrates this process.

Family Support Services

ECC works with 10 agencies in the county to provide direct services to families with young children. These agencies constitute ECC's Family Support services. All are accountable for reporting on the same outcomes and indicators. During the ECC planning process, we reviewed the published literature on family support best practices and evidenced-based intervention strategies (Carrillio, 1998;

Figure 2: The Interdependence of Services and Strategies



Kagan, Powell, Weissbourd, & Zigler, 1987; Sameroff & Fiese, 2000). On the basis of this review, we decided to focus on integrating the following tenets and best practices into new and existing service delivery models:

1. Family-centered practice (Acknowledge the reciprocal nature of family well-being and child development and include support for the family as a whole);
2. Child development-focused services (Intervention places high priority on facilitating the healthy development of the child);
3. Relationship-based intervention (The family–provider relationship is the most important tool and is critical in working with families);
4. Multidisciplinary services (Incorporate the perspectives of different professional disciplines);
5. Reflective supervision/ consultation for staff (Offer a process for operationalizing relationship-based services within the context of early intervention.);
6. Caseloads of 20–25 families per worker (Providers of intensive family support must have manageable caseloads).

These six program tenets are helping ECC create a common language among agencies and develop community-based standards of care in ECC-funded family support services. However, as programs of all types moved to integrate these practices and principles into their organizations, many experienced considerable organizational disequilibrium.

The programs selected to be core ECC service providers had experience in the community providing direct services to families before Prop 10. Programs ranged from grassroots community-based organizations with 20 years of experience to newly formed public–private partnerships. Some agencies or programs already embraced all six program tenets and had been working for more than 15 years to achieve integrated service delivery models. Some programs embraced one or two of the tenets but lacked the internal capacity to implement even these within their current service delivery models. Many programs resisted our brand of change. They perceived ECC requirements as "micromanagement." They saw requests to incorporate additional strategies into their existing service delivery models as a negative judgment on their practice.

We quickly realized that we could not effect change simply by requiring agencies and programs to implement a set of guiding tenets. We learned that even though we had a template for creating community-based standards of care, organizational infrastructure determined the speed at which movement could occur. We are responsible for making change happen, but we are also responsible for creating a safe, "holding environment" in which organizations can struggle and evolve without being penalized prematurely for not being "in compliance." ECC staff had to "hold and mold" at the same time. But this dual role taxed our internal capacity for providing technical assistance. Our solution was to hire outside organizations to help us with the "holding function" so that programs would be clear about ECC's role as molder (change agent). As change agents, we do not reside outside of the change process. Rather, we are changing as we respond to the needs of our funded organizations.

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We define the holding function as the ability to provide organizational support, technical assistance, training, and individual consultation to family support programs that are struggling to implement the model of enhanced service delivery that we require. To assist ECC Family Support Services staff and contractors in this work, we selected two local organizations: Through the Looking Glass and The Parent-Infant Program at Children's Hospital Oakland. Both used relationship-based approaches and had integrated models of care. These "holding organizations" offered small work groups on program structure, content, and process; reflective supervision groups for supervisors; and individual consultation support for administrators. In addition, some mental health staff became involved in a weekly infant mental health seminar (See Heffron, this issue, p.47).

A Tale of Two Agencies

Vignettes of two ECC agencies illustrate the organizational processes associated with the integration of best-practice guidelines within their settings. Two programs in Alameda County provide services to the pregnant and parenting adolescent population (Each year approximately 1,100 teens give birth in the county.) Both programs receive funding from the California Department of Maternal and Child Health and the State Department of Social Services. They provide case management services for pregnant and parenting teens and assist them with support and incentives to stay in school. ECC selected these programs as service contractors because the service delivery infrastructure already existed and we did not want to duplicate services. These programs also offered ECC an opportunity to leverage state funding streams. The best practice goals for the two agencies were: 1) integrating a child development component within the intervention approach; and 2) providing reflective supervision to help direct service staff use a relationship-based approach with program participants.

The larger of the two organizations had a long-term, grassroots-oriented organizational infrastructure. Staff had worked in the program for many years. The smaller organization was clinic-based. Before becoming involved with ECC,

this agency had begun a process of change and had recently hired many new staff members. It was easier for the smaller agency to make the changes required to implement family support best practices because there was less resistance to change in the organization. Everyone was new. Everyone was helping to build the service delivery model together. The larger organization, which operated programs in two counties, was more hierarchical. Staff were invested in homeostasis—keeping things operating in the "known zone." The larger organization was more resistant to a process of change initiated from the outside. As staff reorganized to accommodate change, ECC staff could hear and gauge the level of disequilibrium in the organization by the type of issues that arose and the type of clarification that was necessary.

Each agency struggled with different aspects of the model at different points in the change process. For example, the programs made very different choices about how to integrate annual developmental monitoring of children into their service model. The larger program used a centralized consultation model that had developmental screens scored and reviewed by a child development specialist. The smaller organization used a staff–family partnership approach in which staff performed and scored the developmental screen. Consultation was sought only if parents or staff had concerns. Each approach had implications for how staff worked with families.

Both programs established teams, whose supervisors began to hold weekly case conferences. Administrative staff of the larger organization recently reported that staff reflection on their process with families (a result of integrating best practice guidelines) had created a noticeable shift in how staff think about what they do and how they articulate their experiences to supervisors. Supervisors are learning to think about content (programmatic issues) and process (how it feels) when they work with early intervention staff. In thinking about the past 3 years, they stated the process of change would have been easier with more attention to the organizational context of relationship-focused work.

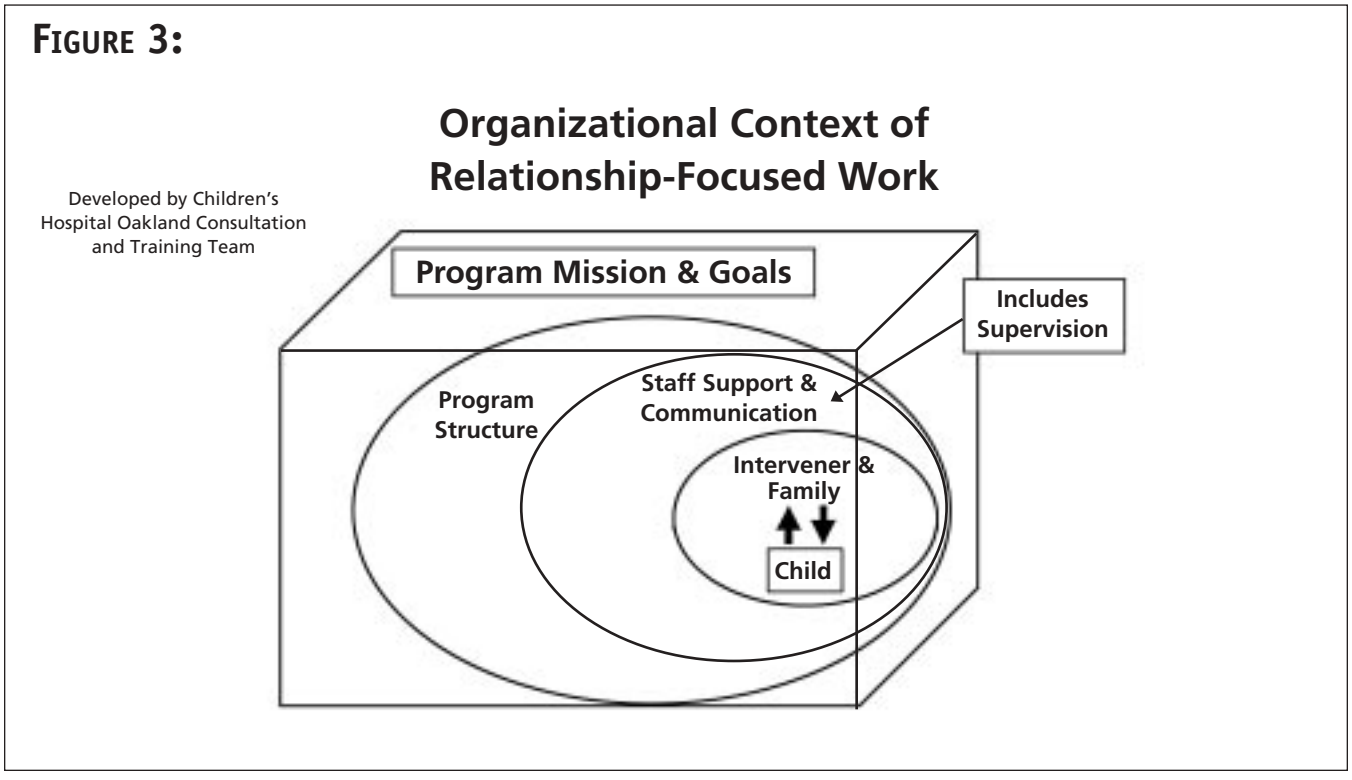
The Organizational Context of Change

Helping programs formulate the centrality of relationship-based work from an organizational perspective is complicated and impacts all levels of organizational functioning (Weston, Ivins, Heffron, & Sweet, 1997). Figure 3 illustrates the levels of organizational infrastructure that are affected by the implementation of relationship-based processes.

Through its program goals, structure, staff support mechanisms, and communication, the organization itself is the holding environment for family–provider relationships. To effect change at the intervener and family level, the rest of the organizational infrastructure must examine how change at one level of the organization will inevitably impact other levels in the organization. External change agents (e.g., ECC, foundations, and other funders) must understand how to support the process of change. We must be sensitive enough to gauge when too much change is debilitating for an organization; we must develop shared problem-solving mechanisms.

ECC Family Support Services administrative staff use consistent, ongoing training and consultation (in conjunction with on-site, face-to-face technical assistance) to help

FIGURE 3:



programs implement the six best practice tenets. Reflecting on the process as it unfolds is also a powerful tool. ECC staff are now more sensitive to what constitutes "too much change all at once" and how much change organizations and staff can handle without causing major deterioration of program functioning. Change is slow and incremental. At times, it may be imperceptible, but it is real nevertheless. As change agents, we must listen for how change sounds and feels, not just how it appears.

Conclusion: Lessons Learned

ECC began with a charge to develop community-based standards of care for agencies and programs serving families and young children from birth to age 5. The strategic planning process created an environment of partnership and collaboration among staff, service providers, parents, and the general public. Within this environment, we defined an accountability framework that was grounded in a shared vision of what we wanted to accomplish as a community. ECChange became the tool that allowed us to create a common language across systems, organizations, and communities. The best-practice guidelines and evidenced-based intervention strategies—all theory-driven—helped to further define the path to our goals. The most significant component of change is the process—the baby steps that move us forward.

We learned that collaboration means compromise. Providing funds to support change is not enough to make change occur. An organization that strives to be an agent of community change must be willing to accept community service programs as they are. We must "hold" programs while they are in a state of disequilibrium. We must help them explore their organizational culture and how it may impede their change process.

We learned that change is slow and, at times, imperceptible. To move forward, it is essential to keep figuring out how to create a community holding environment that is safe, allows for disagreement and compromise, and reinforces a continued commitment to envision what an integrated service delivery system should look like in our community.

We have learned that we cannot take a "one size fits all" approach to organizational change, but instead must look for organizational strengths and areas of concern in order to individualize organizational interventions. There must also be a willingness on the part of organizations to build trust with each other. In California, Prop 10 created an opportunity for communities to think together about how to create family-friendly environments on behalf of families with young children. It is early in the process, but we are already reflecting on how our communities are changing.

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