## Understanding the Common Ground Between Systems of Care and Child Abuse Prevention

Introduction

This fact sheet was developed in response to the CBCAP State Lead Agencies' request for information about Systems of Care (SOC) and how they might link to and collaborate with existing SOC efforts underway. The information contained in this fact sheet draws from presentations given at the 2008 CBCAP Annual Grantee Meeting joint session between CBCAP and PSSF State Leads. Additionally, many ideas for linkages and ways to collaborate are drawn from the notes that emerged out of the roundtable discussions.
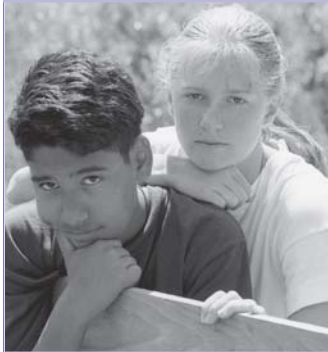
What is the System of Care Approach?

System of Care refers to a framework for a coordinated network of public and private organizations and community-based services and supports organized to meet the challenges of children and youth. In 1984, the National Institute of Mental Health, U.S. Department of Health and Human Services, initiated the Child and Adolescent Service System Program (CASSP), which focused on creating systems of care for children experiencing a serious emotional disturbance. The CASSP was developed to help states design and plan for systems of care to address the mental health needs of these children. This "systems of care approach was originally created in response to concerns that: 1) children in need of mental health treatment were not getting the services they needed; 2) services were often provided in restrictive out-of-home settings; 3) few community-based services were available; 4) service providers did not work together; 5) families were not adequately involved in their child's care; and 6) cultural differences were rarely taken into account (Stroul, 1996)"[1] .

While the SOC framework was developed in response to this specific group of children, it can and is being used with many different populations. More often it is used with children and their families with many needs that cross multiple systems.

More recently the federal government has been emphasizing SOC principles as a critical aspect of systems reform in child welfare. The latest Children's Bureau Request For

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[1] Retrieved June 30, 2009, from www.childwelfare.gov/systemwide/reform/soc/history/history.cfm.

Proposals for national resource centers that provide Training and Technical Assistance to state child welfare agencies and the CBCAP program required the centers to embrace SOC principles throughout their work.

Definition of the System of Care Framework

According to Sheila Pires, "a system of care incorporates a broad, flexible array of supports for a defined population(s) that is organized into a coordinated network, integrates service planning and service coordination and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive management and policy infrastructure"[2]. The phrase "system of care" is often viewed as a way of providing a framework for systems reform on behalf of children and families within and across child- and family-serving systems.

There are four general types of SOC initiatives:

1) SOC for Mental Health: The most common use of the SOC framework has been within the Comprehensive Community Mental Health Services for Children and Their Families Program, which evolved from CASSP. The purpose of the program is to develop integrated home- and community-based services and supports for children and youth with serious emotional challenges and their families through the development and expansion of systems of care. This federal initiative was established by Congress in 1992 and is administered by the Child, Adolescent and Family Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Health and Human Services. There are more than 120 communities, tribal communities, territories, and states that have received grants; currently, 60 communities are being funded[3].

More recently, the grant program expanded to address younger children with special mental health needs. There are currently 13 early childhood SOC communities that are funded. Because these children served are typically between 0-8 years old , these SOC initiatives tend to have a greater emphasis on prevention.

For more information visit: http://systemsofcare.samhsa.gov/

2) SOC for Child Welfare: The Improving Child Welfare Outcomes Through Systems of Care demonstration grant program was established by the Children's Bureau at the Administration for Children and Families in 2003. Nine communities and a cross-site evaluation and technical assistance center were funded from 2003-2009. The program aimed to use lessons learned from the implementation of mental health-focused SOCs that demonstrated promising results for children and families. The Children's Bureau indicated the value of SOC for child welfare as, "systems of care have shown promise in working with various at-risk child and family populations [and] in helping stabilize placements of children and addressing, in a positive fashion, the mental health needs of children, youth and their families."[4]

The intent of the demonstration grant program was to transform the child welfare system's relationship with other child- and family-serving systems along with the policies that guide how services are provided. As described in the RFP for the grant program, "The purpose of the awards is to assist states in addressing child welfare needs and issues raised during the Child and Family Service Reviews, in the statewide assessments, final reports, or Program Improvement Plans [and] to build home and community based "Systems of Care" to improve outcomes for children and families at risk of child maltreatment, [including] children who have been substantiated for maltreatment but have not been removed from the home, or children in [foster care]."[5]

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[2] Pires, S. (2006). *Building systems of care: A primer.* Washington, DC: Human Service Collaborative.
[3] Helfgott, K (2009). *Benefits of Systems of Care for Child Welfare,* Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.
[4] Retrieved June 30, 2009, from www.childwelfare.gov/systemwide/reform/soc/communicate/initiative/rfp.cfm.
[5] Ibid.

The program was focused specifically on the development of a strong infrastructure of interagency collaboration; individualized care practices; culturally competent services and supports; child and family involvement in all aspects of the system; and measures of accountability.

For more information, visit: http://www.childwelfare.gov/systemwide/reform/soc/communicate/initiative/

3) **Early Childhood Comprehensive Systems (ECCS) Initiatives:** ECCS initiatives are funded through the Maternal and Child Health Bureau at the Health Resources Services Administration. "The purpose of ECCS is to support states and communities in their efforts to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education and family support."[6] Since 2003, every state, the District of Columbia, Guam, the Republic of Palau, the Commonwealths of Puerto Rico, and the Mariana Islands have participated in ECCS. Each grantee develops a plan for building a comprehensive system that is more effective at meeting the needs of children ages 0 to 5 and their families. ECCS brings together parents, communities, and public and private agencies to address the various areas of a child's life for improved outcomes for their health and well-being.

For more information, visit: http://www.state-eccs.org/

4) **Generic use of the term "system of care."** There are other SOC initiatives that states, counties, and local communities have created to target the needs of a specific population, such as hard-to-place youth. These have a variety of names and funding sources. Some of these were the precursors to the more formal SOC grant initiatives, while others were developed by the SOC communities that no longer received funding, but continued to evolve. Other initiatives have never had grant funding from the more formal SOC grant programs, but incorporate the SOC principles.

Finally, some private providers use the term *system of care* to describe their system of care for children. This refers to the continuum of services an agency provides that might span the spectrum from primary prevention, early intervention, and community-based services through the more intensive residential types of services. Although these providers talk about wrapping services around the child and family, they generally do not incorporate the framework of SOC. Still others might actually provide wraparound services, but have not incorporated the other principles of SOC such as family-driven, youth-guided, and cultural competent services.

For more links to general information, visit: http://www.childwelfare.gov/systemwide/reform/soc/

What Are the Critical Components of Systems of Care?[7]

All SOCs—whether a formal grant program or a "homegrown" community collaborative—tend to have the same values and guiding principles. As noted above, however, some may focus more on certain elements than others based on the population served. The values and guiding principles of the SOC framework include:

- a comprehensive array of services and supports;
- individualized services and supports guided by an individualized services and supports plan;
- least restrictive environment that is most appropriate;
- families, surrogate families, and youth participating in all aspects of the planning and delivery of services and supports;
- integrated services and supports;
- services and supports coordination and management accountability across multiple systems;
- early identification and intervention;

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[6] Retrieved June 30, 2009, from www.state-eccs.org.
[7] Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances.* (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health. Reprinted by permission.

- smooth transitions;
- rights protected and effective advocacy efforts promoted;
- providing services without regard to race, religion, national origin, gender, sexual orientation, physical disability, or other characteristics; and
- services and supports that are sensitive and responsive to cultural and linguistic differences and special needs.

The core values of SOC are: child- and youth-guided; family-driven; community-based; and culturally and linguistically competent services. These are elements that many systems and programs can embrace, including the prevention of child abuse and neglect programs.

SOC and Child Maltreatment Prevention

Despite the use of intervention services with children served by SOC initiatives, they and their families have needs that fall within the continuum of primary and secondary prevention of child abuse and neglect. Since CBCAP can be used to fund family supports and services such as respite care for families of children with disabilities or other vulnerable families, prevention should be an important component of the SOC initiative. CBCAP SLAs can be involved in the design, implementation, and evaluation of the SOC, facilitating the linkages with programs and services provided by specific CBCAP grantees to ensure a full array of services across the continuum.

The outcomes from the mental health SOC communities demonstrate the need for prevention of child abuse and neglect, as well as the value of linking[8].

Outcome	Relevance to Child Welfare
There is an assessment and referral for services and other supports.	There is increased involvement of informal and formal supports.
Families are stronger.	The SOC helps reduce the overall strain in the household. Majority of families reported decreased strain associated with caring for a child with a serious emotional disturbance and improved family functioning.
Families have more resources.	As the families are able to get services to meet the needs of their children, they report improved earning and increased ability to work towards improved job, vocational, and educational skills. Almost a quarter of families also have more time and social supports while participating in a system of care.
Out-of-home placements are reduced.	The SOC initiative was able to coordinate and provide services and supports for families, thereby stabilizing and decreasing the need for out-of-home placements. Savings are then reinvested in community-based supports for families.
Subsequent child maltreatment reports are reduced.	Coordinating with multiple systems and community-based services enhances early identification of needs and enables communities to create a differential response system to support families. This has decreased the recurrence of child abuse and neglect.

[8] Table adapted from Helfgott, K. (2009) *Benefits of Systems of Care for Child Welfare*, Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

Additionally, the child welfare SOC communities have demonstrated increased family engagement/involvement, improved interagency collaboration, and improvements in cultural competence.

Crosswalk Between Systems of Care Principles and Child Abuse and Neglect Prevention, Family Support Principles

CBCAP programs and services should be linked to the various SOC initiatives and communities because they share similar goals. According to CAPTA Title II, the primary goals of the CBCAP program are:

- to support community-based efforts to develop, operate, expand, enhance, and—where appropriate— to network initiatives aimed at the prevention of child abuse and neglect;
- to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
- to foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect[9].

Stronger linkages and collaboration with other community collaborations can also support CBCAP goals for strengthening and supporting families and reducing abuse and neglect. For example, while the SOC initiative might be focused on addressing children's mental health needs, the children and their families have multiple needs and stressors that require additional community supports and formal services. In order to improve outcomes for children and families, SOC initiatives have become increasingly aware of how essential prevention and early intervention services and supports are. This includes prevention of child abuse and neglect as well as other prevention areas, such as public health and mental health. To find solutions that work for communities and families, SOC needs to have prevention services and supports as part of the continuum.

SOC principles are very similar to the family support principles that many child abuse and neglect programs and services use to guide their work. The table below highlights the principles from both SOC and family support (as articulated by Family Support America) and demonstrates the commonalities such as family-centered practices, community-based practices, individualized services, and parental engagement.

SOC Guiding Principles	Family Support Principles
Family and youth involvement	• Staff and families work together in relationships based on equality and respect. • Families are resources to their own members, other families, programs, and communities.
Home, school, community-based, child- and family-centered services	• Principles of family support are modeled in all program activities. • Practitioners work with families to mobilize formal and informal resources to support family development. • Programs are flexible and responsive to emerging family and community issues.
Strengths-based, individualized care	• Staff enhances families' capacity to support the growth and development of all family members.
Cultural and linguistic competence	• Programs affirm and strengthen families' cultural, racial, and linguistic identities.

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[9] Retrieved July 27, 2009, from www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2008/pi0801.htm.

SOC Guiding Principles	Family Support Principles
Interagency collaboration	• Programs are embedded in their communities and contribute to community building.
Accountability	• Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

Lessons Learned About Where Prevention of Child Abuse and Neglect Fits with SOC

At the CBCAP grantees meeting in Atlanta, Georgia, in 2008, a Joint Session on System of Care and the role of CBCAP and PSSF program in them provided opportunity for the participants to talk about what they knew about system of care, what was taking place in their state, and their level of involvement with the various initiatives. During the roundtable discussions, participants recorded their responses to questions designed to illicit this information. The participants had mixed responses regarding their awareness of existing SOC initiatives in their states and communities. The most common SOC initiative they were connected with was the Early Childhood Comprehensive Systems, funded through Maternal and Child Health[10]. Some responded that while they were at the table as part of the SOC initiative in their state, they did not really feel that they were involved. Others expressed that there were too many different SOC initiatives in their state to be involved with all of them. They expressed a need to target their time to the initiatives that could really make a difference for children and families.

Respondents who indicated involvement with the SOC initiative in their state expressed that it is important to develop common goals and make sure everyone knows what is taking place within all the systems involved. They expressed that while it takes time, finding common ground can produce significant benefits such as: engaging families in new ways such as parent partners; being creative in identifying informal and natural supports for child and family; and assessing and understanding the strengths and needs of the entire family.

Some respondents did express that certain SOC initiatives did not always work well, at least from the perspective of those on the outside. They highlighted that the different players do not really "play" well together. One of the key challenges they noted was when there are differing priorities that it is hard to arrive at common goals and buy-in from the different groups involved. SOC specifically and collaboration in general takes time. Some respondents noted that the conversation around the link between prevention and SOC is similar to the conversation around where prevention fits in the CFSR process. It takes work to help representatives from the other systems see the value of prevention and to help the prevention system understand the need to link with the SOC initiatives.

Partnering With a System of Care

Despite the challenges raised around linking and getting involved with existing SOC initiatives, the majority of participants in the roundtable discussions felt that there was value in doing so. Given the current emphasis at the federal level on SOC principles to help with system reform efforts, participants identified greater reason for finding effective ways to connect with SOC initiatives. Many good ideas about how and where to partner with SOC initiatives emerged from the roundtable discussions, including the following:

1) Communicating[11]
   • Create a dialogue about the primary prevention issues

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[10] It is not possible to quantify the level of involvement as groups without any specification of number of participants did the reporting.

[11] A great resource is *Working Across Boundaries* by Russ Linden. He nicely lays out the challenges and strategies that public agencies face in collaborating for the long haul. Rick Maurer also has helpful information on resistance to change, available online at www.rickmaurer.com.

that might need to be addressed with the children and families being served through the SOC.

- Learn the SOC language and teach them yours.
- Be the voice to ensure there is a focus on prevention.
- Move towards having prevention at the table for all SOC initiatives.
- Help create consistency across all systems for SOC.

2) Providing and adjusting services to address the identified needs

- Include family supports and services—especially family resources centers—in the service array and link to the SOC.
- Find supportive solutions for families to make sure they get what is needed and to avoid additional problems.
- Focus on risk factors such as social isolation of parents, and make sure that families have a voice.
- Let families make referrals as "a family in need."

3) Linking

- Look at what other states have done regarding early childhood. Maryland, Virginia, Delaware, Idaho, and the District of Columbia have linked with early childhood initiatives that focus on the social emotional development of children and support of families.
- Consider linking to child and family teams, as these teams include formal and informal supports.
- Link SOC with the safety net to prevent child abuse and neglect for all children in other systems. As part of an effort to improve outcomes for children and families, the SOC demonstration site in North Carolina is linking primary and secondary prevention of child abuse and neglect services.
- Examine opportunities to collaborate as the mental health system's movement towards a public health approach makes it easier to link to prevention.
- Incorporate all aspects such as social and cultural aspects into the systems approach.
- Link with interagency service systems that are established to offer resources to address a child's needs.

Any agency would be able to refer a child who needs services.

- Involve prevention with Family Group Decision Making and differential response systems. It is important to link these within the SOCs that exist.
- Develop Memorandum Of Understandings that provide clarity as to roles and responsibilities of each partner and process for how concerns will be addressed.
- Leverage the community-embedded prevention networks with the existing SOC initiative for improved outcomes. CBCAP SLAs could help facilitate this process. The Harrisburg, Pennsylvania, SOC demonstration site was able to leverage their collaboration with community prevention stakeholders to build the service array needed to prevent children and families from coming to child welfare. They strategized ways of preventing families from reaching the crisis point where children and youth needed to enter care at all.
- Talk about issues regarding specific pots of money and losing control of funds and how these issues will be addressed.

4) Sharing

- Use data from other partners regarding continuum of services, legislative efforts, outcomes tracking, and quality improvement to inform what else needs to be done. Region IV states such as Tennessee, Florida, Georgia, North Carolina, and South Carolina are doing just this.
- Use the data from the SOC to inform the needs assessment process for communities to target CBCAP funds.
- Take advantage of opportunities to share knowledge of prevention to the general community.
- Share resources such as training, co-locating, and meeting space.

5) Getting partners involved and linked to the work

- Invite partners to CBCAP activities such as developing prevention plans.

- Focus on collaboration as part of CBCAP requirements. This is already being done in Nebraska, Texas, Iowa, and the District of Columbia.
- Link CBCAP with community collaboratives.
- Involve partners in efforts to implement evidence-informed/evidence-based programs and practices.
- Consider embedding SOC initiatives as part of the CFSR/PIP.
- Consider having partners involved in co–training of staff.
- Invite partners to be involved in family resource centers and in your public awareness campaigns.
- Consider involving SOC partners in your parent engagement and parent leadership activities. While this is a key component of the CBCAP program, the SOC framework also has a focus on being "family driven." In new SOC initiatives the SLAs knowledge and expertise in parent engagement and parent leadership could be an asset. Alternatively, the SOC initiative might be further along than the CBCAP SLA or grantee and could share their wisdom in how to have more parent leaders and more parent involvement. There might be economy of scales to leverage the different programs to assist with parent engagement throughout the state. Kansas noted that the parent leaders now have their own 501c3 and SOC to continue the work that had been done under the prior SOC grant. North Carolina has been leveraging the parent leadership aspect of the CBCAP program to help with creating a larger pool of parent leaders to improve parent engagement.

Summary

This fact sheet provides helpful suggestions and real examples provided by participants in the joint session based on their experience and knowledge. This is by no means a complete list, but it can be used as a starting point. There are many ways in which the CBCAP program, services, and the SLAs can be involved with SOC initiatives at the state, county, or local levels. As state agencies work to improve outcomes for children and families while balancing budgets and responding to funders' requests for greater accountability, there will be ongoing opportunities to collaborate.

Acknowledgements

FRIENDS Learning Tool