Building a Protective Timeline for Strengthening Families with Effective Public-Private Partnerships
Focus of Presentation

- What does successful collaboration look like?
- Highlights current Illinois child welfare system reform to strengthen families and protect children through a collaborative planning model
- Discusses strategies for effective implementation by engaging private agency partners, the courts, researchers and other child welfare system stakeholders
Leading Change

- Establish a sense of urgency
- Form a powerful guiding coalition
- Create a vision
- Communicate the vision
- Empower others to act on the vision
- Plan for and create short-term wins
- Consolidate improvements
- Institutionalize new approaches

*Kotter, Leading Change: Why Transformation Efforts Fail
What is the vision?
What does a system look like that protects children and strengthens families?

Current Reform Efforts in Illinois
Overarching Framework: 6 Protective Factors

DCFS is strengthening families and protecting children by building:

1. Parental Resilience
2. Social Connections
3. Knowledge of Parenting and Child Development
4. Concrete Support in Times of Need
5. Social and Emotional Competence of Children
6. Healthy Parent-Child Relationships
IDCFS Protective Timeline

- Strengthening Families
- Child Protective Services
- Integrated Assessment
- DCFS/POS Case Planning with Family
- Achieving Permanency
- Permanency

- Strengthening Families
Failing to recognize the impact of trauma makes the problem worse...
These tools help acknowledge and respond to trauma’s impact...

- Lack of coordination among child-serving departments
- Failure to recognize strengths and protective capacity
- Unresolved or unaddressed caregiver trauma
- Separation from family, school, and community
- Lack of resources leaving problems unaddressed
- Symptoms misattributed to other disorders

- Strengthening Families
- Family Advocacy Centers
- Statewide Trauma Plan
- Geo-mapping
- School minder
- Family Advocacy Centers
- Permanency Enhancement Teams
- Office of Child Psychiatry
- Differential Response
- Statewide Provider Database
- Permanency Enhancement
- Performance-Based Contracting in Residential and Foster Care
- Title IV Education

- Revised CANS
- CAYIT
- Strengthening Families
- Strengths-Based Treatment Planning
- Trauma training through learning collaboratives
- Office of Child Psychiatry
Building Protective Factors Supports Quality Practice and Helps Children Heal...

- Parental Resilience
- Healthy Parent/Child Relationships
- Knowledge of Child Development
- Concrete Support in Times of Need
- Social/Emotional Competence of Children
- Knowledge of Child Development

Healthy Child / Healthy Family

- Caregiver trauma addressed & support plan developed
- Coordinated efforts among child-serving departments
- Child connected with family, school, and community
- Identified resources to address problems
- Strengths & protective capacity recognized
- Symptoms recognized & diagnosed properly
- Child connected with family, school, and community
- Concrete Support in Times of Need

Coordinated efforts among child-serving departments
Aligning Contracts and Service Agenda
Using Levers for Change

- Clinical Tools
  - CANS
  - Reunification Worksheet
  - Parent’s Guide to Reunification
  - Integrated Assessment Template

- Performance Based Contracting and Quality Assurance Tools

- Training:
  - Learning Collaboratives
  - Curricula (Protective Factors, Psychological First Aid, Trauma)

- Case Review and Service Planning
- Funding Mechanisms

- Courts
- Communications
Okay, that’s the vision… now how do you get other child welfare stakeholders to buy into it?

COLLABORATION!
What is collaboration?

- A mutually beneficial and well-defined relationship entered into by 2 or more organizations to achieve common goals

- The collaborative relationship includes:
  - Commitment to common goals
  - Jointly developed structure and shared responsibility
  - Mutual authority and accountability for success
  - Sharing of resources and rewards

Paul Mattessich (2005)
Elements of Successful Collaboration

- Environment
- Membership
- Process and structure
- Communication
- Purpose
- Resources

Paul Mattessich (2005)
Environmental Factors

- History of collaboration or cooperation in the community

- The collaborative group is seen as:
  - A legitimate leader in the community
  - Competent and reliable

- Favorable political and social climate
Membership Characteristics

- Members see collaboration as being in their self interest
- The group has an appropriate representatives from each segment of the community affected by its activities
- Members share an understanding and respect for one another and their respective organizations
- Ability to compromise
Factors Related to Process and Structure

- Members share a stake in both process and outcome
- There are multiple layers of participation
- The group remains open to varied ways of organizing itself and accomplishing its work
- Clear roles and policy guidelines are developed
- The group can adapt to changing conditions and needs
- Activities proceed at the appropriate pace of development
Communication

- Open and frequent communication

- Honest dialogue with all necessary information shared

- Established:
  - Formal channels of communication
  - Informal relationships
  - Communication linkages
Purpose

- Concrete, attainable goals and objectives
- Shared vision with clearly agreed-upon mission, objectives and strategy

Resources

- Sufficient funds, staff, materials and time
- Skilled leadership
How do you engage private providers and other child welfare stakeholders in system reform?

The Illinois Child Welfare Advisory Committee
The evolving role of the private sector

- Provider Advisory Group created in late 1980s
- Created in response to provider concerns about policy/service direction of state
- Package of bills introduced by state association
- State agency ultimately agreed with need for advisory group
- Created via Executive Order of the Governor and incorporated into rules
- Provider advice to department—-not legislative committee
- Developed various sub-committees over time
Child Welfare Advisory Committee (CWAC)

- Used for organizing discussions between state agency and providers relating to provider program/financing changes:
  - Foster Care Performance Contracting
  - Residential Performance Contracting
  - Front-End Redesign
  - Child Welfare Licensure/Training for private and public workers

- Used for designing, planning, implementing and assessing systemic reform efforts
ILLINOIS CHILD WELFARE ADVISORY COMMITTEE
Organizational Structure
CWAC Full Committee

- DCFS Director
- Co-Chairs
- Private Agency Director

21 Members: POS Directors/Representatives/Public Guardian/Foster Parent

Steering Committee
Co-Chairs of Committee and each sub-committee and CCAI Director

Sub-Committees Co-chairs
DCFS Deputy
Co-Chairs
Private Agency Representative

- Foster Care Infrastructure
- Comprehensive High End Services
- In-Home/Front End Services
- Older Adolescents/ILO
- Education
- Finance and Administration
- Training
- Public Awareness
- SACWIS
- Ad Hoc as Needed (e.g. CFSR Planning)

Work groups assigned by Sub-Committees As Needed
Collaborative Planning

- Establish regular structures for communication & conflict/problem resolution
- Public agency actions build trust
- Develop strategies to minimize provider fear
- Learn from what we do well and what we need to improve
- Agreed upon system goals
- Reliable and verifiable data
- Contract negotiation
Collaborative Planning

- Private provider buy in
- Commitment to reinvest in the system
- Quality of services for clients
- Availability of services and resources in the community
Strengths of the CWAC Model

- Well accepted and recognized group among providers
- Organized framework for engaging in the tough discussions with state agency
- Committee structures assure issue can be addressed in detail by committee
- Used prudently, can assure private sector leadership has backup needed to proceed with changes/concerns
- Used prudently, provides backup on important policy decisions for state agency director
Potential Weaknesses

- Non-members sometimes believe committee has “entrenched” cliques of leadership
- Provider members sometimes accused of being too close to state agency
- Commitment to CWAC process varies according to state leaders and assigned deputies
- Tendency to believe committee has binding authority—it is only advisory
- Confusion among providers about roles of CWAC committee and various association duties/committees
- Geographic Issues
Important Considerations

- Geographic/regional variations in state agency work and among providers
- Can a group of 25 appointed representatives speak for all providers?
- Creating the right mix of providers on committees
- Do members of provider group really speak up for all providers or are they representing own interests?
- Working together when tensions develop (budget time, advocacy on bills)
- Communicating decisions/processes used in arriving at decision
- Archiving major decisions
Creating Your Own Model for Public-Private Partnerships in Child Welfare Reform

- What problems/deficits are you trying to remedy?
- How and to what extent does your state rely on private agency contractors?
- How is your state organized (central agency vs. county systems?)
- How do you want to secure state agency commitment to a process?
- Legislative or Administrative?
- Geographic/regional issues and differences among providers?
- Assessing who is to be private agency leadership
- How to communicate decisions being made by the leadership as representative for all private agencies
Making the vision a reality…

The Statewide Provider Database
Contact Information

Erwin McEwen, Director
Erwin.McEwen@illinois.gov

Mary Hollie, CEO
mhollie@lawrencehall.org

Judge Kathleen A. Kearney
kkearney@illinois.edu