LEADING CHANGE

BRIEF #2 - LEADING FROM THE TOP

Key Lessons to Empower STATE AND LOCAL LEADERS seeking to improve systems serving families in the child welfare system affected by substance use disorders

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The Leading Change series will inform, challenge, and empower those who are brave enough to step up and take the lead in their states and communities to make positive changes where change is needed most.

Today, in every state and every community, there is an undeniable need for leaders who understand the challenges and complexities of serving children and families affected by parental substance use, child maltreatment, and neglect. Leaders must realize that no single program or agency has all of the resources and expertise to effectively serve families with such complex needs. Leaders seeking true systems change must be grounded in the vision that all families, regardless of their background, motivation, or zip code, should have access to the treatment and support they need to achieve recovery and reunification.

Toward these ends, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Statewide System Improvement Program (SSIP). Funds supporting this initiative allowed communities to provide services to all families affected by parental substance use disorders (SUDs) in the child welfare system, in addition to those families specifically served by Family Treatment Courts (FTCs). The SSIP initiative leveraged decades of research on FTC practice and supported states and communities to adopt more effective practices across broader family and juvenile court dockets. When these practices are implemented, they generate effective change that occurs simultaneously across a variety of agencies and systems. Considering, constructing, and unleashing a “new approach” has been demonstrated to significantly improve outcomes for families who are affected by parental SUDs involved in the child welfare system.

The Leading Change series synthesizes the experiences of the six SSIP awardees into three briefs, each filled with relevant considerations and challenges for those who want to lead systems change in their states and communities. The first brief provides context of the current state of FTCs in the country, an overview of the SSIP initiative, and opportunities for systems change; the second focuses on state leadership toward change; and the third is focused on leadership and change at the local level.

SSIP demonstrated that systems change can happen from the “top-down” and “ground-up.” Whether change is directed from state agencies or starts from the local grassroots level, leaders at all levels have the opportunity to be catalysts for larger change at multiple levels and across multiple systems. The most powerful and lasting changes occur when state and local leaders, bound by a shared vision, partner and work together in new and supportive ways.
Overview - Lessons for State Leaders

Leading systems change is an adventure involving both risks and rewards. Success requires savvy and brave leadership to navigate the challenges of multi-system and multi-level collaboration. The barriers to building successful collaborations between the child welfare, SUD treatment, and court systems are well known. They include inconsistent agency mandates and differences in training, funding streams, information systems, and values that influence policy and practice. The rewards, however, are many and include the sharing of resources and leveraging diverse expertise. Leaders gain the deep satisfaction of making a profound difference and improving the lives of children and families by building a common vision, positive work environments, and collaborative relationships.

The SSIP initiative provided opportunities for state and local leaders to collaborate to improve outcomes for all children and families. The first brief in the Leading Change series provided an overview of the SSIP initiative and the key concepts of meaningful collaboration and systems change.

This brief focuses on the role of state leadership and key considerations for leading systems change from a macro perspective. Included are an exploration of the dynamics and interplay of local and state systems and opportunities for support and collaboration. State leaders must have the vision to manage from the organizational top, yet possess the relational skills to effectively respond to what is happening at the organizational root level.

The SSIP initiative demonstrated that there is no template or blueprint for systems change. Each of the six SSIP awardee states introduced in the first brief considered multiple approaches as they designed and implemented their statewide plans. Those plans were shaped by unique factors, including how state and local public agencies are administered, common lessons that emerged from their planning, experiences from piloting, and implementation efforts over the course of 5 years.

There are four key considerations that state leaders looking to create meaningful systems change should keep in mind:

1. **Build a solid foundation for meaningful collaboration** – Collaborative governance structure and multi-dimensional leadership are critical to establish the cross-agency engagement and support that is needed to plan and achieve systems change.

2. **Provide support for local implementation** – Establishing a state infrastructure that provides support and guidance to the local level is essential to successful implementation of change strategies.

3. **Deliver effective communication** – Effective messaging and communication by state leaders help manage expectations and resistance from stakeholders at the state and local level.

4. **Use data to drive systems change efforts** – Data and information systems are the fuel that drive system change efforts. Meaningful collaboration demands a steady flow of information from both casework and performance management levels.

These considerations are offered from the experiences shared by each of the awardee states after they received intensive onsite and virtual technical assistance, from interviews conducted with project directors, and from reviews of technical assistance reports completed by assigned change leaders.

Leading change is not for the faint-hearted, but for the brave at heart. To achieve the vision of improved outcomes for all children and families, state leaders will need to carefully examine themselves and consider the reasons they originally pursued a career dedicated to helping others. They should be able to see challenges at hand and know that they cannot achieve their vision alone. Looking ahead, they should discover that changing lives by changing systems is an opportunity that should not pass them by.
Build a Solid Foundation for Meaningful Collaboration

Most leaders would say that they believe in collaboration and if asked, would say they are collaborating to some extent. Collaboration, however, is more than just the common perception of simply getting the right people to join a task force or participate in monthly meetings. Collaboration is more than providing updates and information about what a particular agency is doing. It is more than providing a letter of support for a grant application or signing a memorandum of understanding.

Meaningful collaboration is challenging, particularly among child welfare, SUD treatment, and court systems that often have different agency values, mandates, training, and funding sources. Although leaders from these systems support the idea of collaboration in theory, many resist when confronted with the need to invest their own resources, change practice and policies, or shift priorities. The goal of improving outcomes for families must guide effective collaboration. To achieve this goal, leaders across multiple agencies must agree on a vision, prioritize their attention and resources to achieve improved outcomes for families, and systematically collaborate with others to ensure it is achieved.

In the context of FTCs and larger systems change initiatives, the litmus test for meaningful collaboration is not only what agencies are doing, but also how families are doing. The question that must always be asked is “How are families experiencing systems differently as a result of our collaborative efforts and achievement of improved outcomes?”

Achieving meaningful collaboration across multiple systems and multiple levels begins by establishing and maintaining a structure for collaboration. This structure is preferably a multi-level, multi-agency structure that organizes and manages the planning processes. Referred to as a governance structure, this leadership body engages in the critical tasks of decision-making, problem-solving, and oversight.
SSIP awardees used the following recommended governance structure for systems change work: an executive oversight committee, core planning team or steering committee, and work groups. Each group has defined membership, functions, and meeting schedules. Because collaboration involves a complex traffic of activity, this multi-level cross-systems structure ensures a flow of information between state and local-level leaders and across all agencies.

Executive Oversight Committee (EOC)
This committee provides oversight of all initiatives serving all families in child welfare services (CWS) affected by parental SUDs. This committee provides planning for sustainability and seeks external resources that can be leveraged for all families. The committee receives regular updates from the steering committee about the needs, challenges, and achievements of the initiative, and communicates to external agencies and policy leaders its objectives and achieved results. In some jurisdictions, the mandate of this group is provided through the state's Court Improvement Program or Child and Family Services Review. The EOC is also knowledgeable about state and national initiatives that can support systems change efforts. This top-down approach ensures that leaders at the highest levels are committed to the initiative and enhances the likelihood of long-term sustainability.

Core Planning Team or Steering Committee
This group convenes on a monthly basis to ensure that a specified initiative remains on track. Members assume primary responsibility for overall planning and implementation of the goals and strategies. This group ensures ongoing cross-system communication and serves as a liaison between the oversight committee and the work groups. One of the primary functions of this group is to formulate responses to resolve barriers identified by the work groups or local pilot sites. This group also ensures that the EOC has updates on planning, implementation, and evaluation of the systems change efforts.

Work Groups
These teams are charged with specific tasks to advance system improvement efforts. Work group activities may include data collection, quality improvement, and embedding FTC practices into the regular juvenile and family dockets. Work groups are especially active during the initial phases of an initiative, when they are assigned critical planning tasks. Work groups commonly undergo reorganizations that can be related to membership, proposed objectives, assigned tasks, meeting frequency, and the way in which information is disseminated to the steering and/or executive oversight committee. Work groups also provide a local, on-the-ground perspective and important voice within the multi-level governance structure.

Collaborative Structure for Systems Change

- **Executive Oversight Committee**
  - Primary Functions: Oversees various initiatives within the state to improve outcomes for all families; final review and approval of policy and practice recommendations; sustainability planning; secures new and leverages existing resources; maintains communication with other state agencies and policy leaders about goals and outcomes
  - Convenes on a quarterly basis

- **Core Planning Team/Steering Committee**
  - Primary Functions: Responsible for overall planning and implementation of goals and strategies; ensures ongoing communication and serves as liaison between oversight committee and work groups; formulates solutions for barriers identified by work groups
  - Convenes on a monthly basis

- **Work Groups**
  - Primary Functions: Staff and stakeholders from various agencies and levels to accomplish identified tasks and products
  - Convenes monthly or as needed

Members – Senior officials or executives
- Members – Cross-agency leaders
- Membership – Staff and stakeholders from various agencies and levels to accomplish identified tasks and products
- Primary Functions – Identifies priorities to be accomplished within a specific period of time
- Convenes monthly or as needed
Key Lessons on Governance Structure

The governance structure just outlined encapsulates the essential ingredients needed to successfully achieve meaningful collaboration and systems change, including ongoing oversight, multi-dimensional leadership, cross-agency engagement, and consistent communication flow from multiple levels.

When establishing a governance structure, the following four considerations are key:

First, a critical component of systems change is identifying leadership at all levels to organize, plan, and collaborate (U.S. Department of Health and Human Services, 2010). Within a systems change collaborative, leaders can include judicial officers, project coordinators, agency heads and managers, elected leaders, and community leaders. For the oversight committee, it is important to include individuals with the authority to make decisions on behalf of their agencies. At times, agency leaders may want to appoint committee members who can only sit, listen, and report back to the agency. Other appointed members will arrive at a meeting, but are not engaged in the process or do not volunteer for any tasks. If this occurs, the committee should re-evaluate its membership to ensure the agenda and objectives are meaningful and directly connected to all pertinent agencies. Effective governance includes people who are prepared to roll up their sleeves and take active ownership of their role in achieving systems change. They must arrive at meetings with thoughtful ideas or suggestions and be willing to do work beyond the hours of the meeting. The work of systems change may begin as a perceived “add-on” or “another thing to do.” However, if implemented collaboratively and organized around a shared vision, systems change can become a new way leaders carry out their roles and responsibilities.

Second, participation in committees requires a commitment of time. Therefore, leaders must inform committee members about the investment of time (individually and collectively) that will be required to keep the committee well functioning and effective in achieving its goals and objectives. It is also critical to distribute well-organized meeting agendas in advance of the meeting. Assigning a project director or chairperson to develop agenda discussion topics well in advance of the meeting is a good practice as well as having a leader who is skilled in facilitating meetings.
Third, a governance structure that is designed to engage in meaningful cross-system collaboration and work toward systems change must have **shared buy-in and investment from all partner stakeholders**. A challenge all state awardees encountered was the impression that SSIP was a “court-centered” initiative. Although the lead agencies for SSIP were the state judicial systems, awardees realized that to achieve sustainable systems and organizational change, buy-in and responsibility must be shared at multiple levels across more than one agency or system.

Implementing cross-system governance structure also ensures that the collaborative is able to articulate and monitor the results of its work to each partner agency or seek out additional partners. One awardee state moved beyond working with the usual triad of child welfare, SUD treatment, and the courts to include providers in the health care system. This partnership enabled the state to better assess, prevent, and treat prenatal and perinatal substance exposure in children as well as improve identification and timely referral for treatment of pregnant and parenting women.

Fourth, **having a strong structure in place at the state level models implementation of similar governance structure for the local level**.[1] In other words, successful SSIP leaders should not ask local programs to do anything they would not do at the state level. Having a strong structure in place also helps teams endure many of the unforeseen changes that can have a significant effect on system improvement. The changes can involve funding, membership, or leadership transitions.

Strong state-level governance structure is also demonstrated by the appointment of a state-level project director or liaison to lead a change initiative. This position is critical to the successful implementation and sustainability of any change initiative (U.S. Department of Health and Human Services, 2010). State leaders should explore ways to have this position jointly funded through partner agencies.

While leaders at any level are instrumental in advancing systems change, a governance structure should not become heavily dependent on a single person who might eventually leave. Having a truly **collaborative governance structure** in place ensures the initiative can maintain its momentum regardless of whether individual leaders need to depart. The SSIP state awardees that experienced leadership changes were able to maintain their momentum by having this kind collaborative structure and shared leadership in place.

Applying the lessons and principles discussed in this section can help stakeholders establish the meaningful collaboration that is necessary to create systems change for the benefit of children and families across the country.

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[1] The local level governance structure is discussed in more detail in Brief #3.
As the lead agency for their SSIP initiative, the Supreme Court of Ohio recognized from the very beginning that the initiative would be perceived as “court-centered.” During the planning period, the SSIP team made a concentrated effort to garner buy-in from state agency partners, including those from child welfare and SUD treatment. It was particularly important that partners did not see the court as instructing them on how to improve their agencies. To this end, the SSIP team developed a cross-agency logo and website with each agency represented. The team also rotated meeting locations among agencies to underscore that all agencies had an equal voice.

After the first executive oversight committee meeting, it became clear that Medicaid and managed care partners needed to be included as primary partners for the SSIP initiative. Both agencies were quickly engaged and included in the memorandum of understanding and at all future meetings. In addition, it was evident that more representation from the treatment field needed to be included at the core team and EOC level. The Ohio representative from the Women’s Services Network was invited to join the core team and work groups to help address barriers to treatment access.

Although state leaders had modeled to local sites how to build cross-agency relationships, both the state and local sites experienced challenges engaging treatment providers as primary partners when the focus of the initiative moved to pilot sites. Treatment providers did not see themselves as equal partners at the table, which resulted in a lack of buy-in to the initiative’s goals and an absent voice when discussing family needs.

With additional assistance from state leaders, the pilot sites worked through this barrier by engaging the treatment partners through community forums, including local providers on their steering committees, and ensuring treatment partners had an equal voice when discussing policy revisions. Pilot sites were also careful to establish local governance structures that were modeled after the state governance structure.

Because of the SSIP initiative, state leaders also discovered the importance of collaborating with the local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards. Although these boards oversee the administration of state and county funding for substance use and mental health treatment, they are frequently not viewed as partners for county initiatives. As a result of the SSIP initiative, all pilot sites engaged their ADAMH boards and began discussing strategies to address treatment capacity barriers, ensure treatment quality, and enhance data compliance. This enhanced partnership with local treatment providers and ADAMH boards improved treatment access for families and enhanced the communication between treatment, child welfare, and the courts.

The opioid epidemic in Ohio increased the engagement and collaboration of partners within the SSIP initiative. No single agency was able to address the needs of families on their own. Building a cross-system collaborative to address the needs was the only way to improve outcomes for families. The limited timeframe of the SSIP initiative and the growing nature of the opioid epidemic raised the sense of urgency for agencies to work together differently. As a result of state leadership, pilot sites voiced that they would never be able to revert to working “in their silos” now that they have seen how working together has improved agency and cross-system relationships and outcomes for families.
Lesson #2 Provide Support for Local Implementation

State Oversight

One of the primary contextual factors that shapes state leadership and how they engage with local sites is the oversight structures of state child welfare, court, and treatment systems. Each state’s child welfare, court, and treatment systems have unique oversight structures. Child welfare may be centrally administered, state supervised and county-administered, or a hybrid model. Each state’s court system varies greatly with regard to the degree of court unification, or state-level uniformity and authority. Treatment funding and oversight also varies by state. Although the Single State Agency for each state is responsible for administering federal substance use and mental health block grants, states fund and deliver community-based services through a variety of methods, including local and county boards.

The state structure of each agency and the interplay between these systems is a strong predictor of the role, approach, and level of involvement state leaders are willing to provide to local sites. States with higher levels of state authority are likely to oversee or give direction to localities, while county-administered states are likely more willing to coordinate efforts or respond to local sites. The goal for these states is to strike a balance between giving counties independence versus advice on policy and practice. SSIP state leaders learned it is critical to take the respective state structure into account to determine their role and approach in implementing and sustaining SSIP strategies statewide. State leaders also discovered it is equally important in both state-administered and county-administered systems to have strong leadership and buy-in at the local level. In either structure, grassroots efforts where local leaders have a strong vision and ownership of the initiative proved the most successful at sustaining system improvements.

State teams must also learn to take the unique oversight systems into account as they develop state and local level partnerships. The ADAMH Boards in Ohio are a good example of how the state provides funding through its SSA. Through the SSIP process, state leaders in Ohio discovered the importance of inviting ADAMH Boards to the table in each county in order to break down barriers, such as lack of timely access to quality treatment, lack of funding, and service gaps (see Spotlight on page 7).

State leaders who take the time to engage teams and leaders at the local level alleviate an inherent resistance that is commonly associated with a top-down approach. This kind of engagement involves taking the time to listen, learn, and understand. SSIP leaders were given the opportunity to engage local teams during the pilot phase and implementation of the initiative. These supportive interactions are highlighted in the sections that follow.
Piloting

The piloting phase of the SSIP initiative provided opportunities at the local level to test strategies that could improve outcomes for all families. The 6 awardee states used a total of 47 pilot sites to test strategies that expand FTCs or embed FTC practices in larger systems. Although each SSIP awardee used an application or selection process to identify pilot sites, none of the awardees employed an in-depth process to assess pilot sites’ readiness or capacity to engage in system improvement efforts. Consequently, the level of engagement varied across sites.

During the application or selection process, some local sites were eager to have the opportunity offered by the state to try something new. One state reported overwhelming interest from the local communities to serve as pilot sites; as a result, this state selected more than four times the planned number of pilot sites. Each of these sites expressed enthusiasm by saying, “tell us what to do” and wanted to move quickly.

Open lines of communication between state leaders and local sites were particularly critical during piloting. In one state, local sites had difficulty gathering data from SUD treatment providers about recommended levels of care, time to initiate treatment, and treatment completion rates. Local leaders asked for assistance from their state team, who worked with state treatment partners to enhance oversight and training of data entry procedures. In another state, local teams learned about an array of SUD services and funding streams available through regional managed service organizations (MSOs), but reported to state partners that they did not have connections with these organizations that would allow access to those resources. State partners responded by strengthening relationships with the MSOs, explaining the goals of the local teams, and facilitating ongoing connections between the local sites and their MSOs.

Other states reported hesitation or even resistance at the local level. Some local sites said, “no, we can’t do that now” or “what we do is already working.” Some state teams experienced resistance when encouraging sites to increase their scale to serve more families and a greater percentage of the total child welfare population. Local teams expressed concern about staff time, resources, and losing fidelity to best practices if they expanded beyond a small number of families. As a result, a few jurisdictions discontinued their participation as pilot sites.

State leaders employed various strategies to manage or avoid resistance at the local level. For example, obtaining political backing and support at local levels was important to ensuring engagement at some pilot sites. In one state, the support of regional CWS managers was especially important. These managers embodied essential qualities needed in leading change: they conveyed a vision for change in their own regions, created a sense of urgency, and authorized local leaders to carry out the vision.

State leaders recognized the importance of modeling a commitment to change by demonstrating that they would not ask local sites to do anything they would not be willing to do themselves. For instance, one state asked local sites to submit data, but in the process, state leaders demonstrated a willingness to make changes to its data systems to ensure data integrity. Leaders from this state were also willing to use the data they already had to examine outcomes.
Implementation

Heading into implementation, state leaders sought ways to assess whether or not local sites were ready to be responsible for the ongoing commitments of systems improvements that go beyond isolated projects. Building local sites’ capacity for change requires changing behaviors and competencies of individuals, as well as organizational culture. Numerous training and education activities toward implementation were important strategies to encourage buy-in by child welfare and treatment staff. Agency leaders recognized that for organizational change to take place, directors and supervisors needed to support the philosophy and new approach to working with families. Mid-management buy-in and support were especially important given the crucial role supervisors have with front-line staff. Supervisors must clearly communicate the importance of how data, information sharing, and universal screening can potentially help staff with their tasks and improve outcomes for children and families. The high turnover rate among caseworkers and clinicians in child welfare and SUD treatment also underscores the need for ongoing supervisor buy-in.

The level of effort needed to implement change strategies requires having a structure in place to support and guide efforts at the local level. One approach that was particularly effective in supporting FTCs at the local level was to assign state-level liaisons to work with local sites. By taking on a more proactive-versus-reactive role, state leaders were able to provide support and guidance of local sites through regular calls and in-person meetings, resolving barriers as they emerged. These liaisons not only monitored compliance with state practice standards. They also provided technical assistance in the form of guidance and encouragement. The liaisons conveyed messages such as “we understand this is hard, but we can help you achieve your goals” and “it’s possible to do better for families, and here’s how.”

According to one state leader, in addition to being familiar with the needs at the local level, state liaisons provided “a consistent voice coming from the state level” and shattered silos that had previously hampered multi-level and cross-agency collaboration within their state. One state court system promoted cross-agency collaboration by providing interagency training and support at the local level instead of providing this support only to the local court team. During site visits, leaders from all systems were available to provide cohesive messaging, give input, and contribute suggestions for system improvement.
Examples

Below are examples of how three collaborative teams helped shape FTC practice throughout their respective states:

- In Ohio, the court designed and implemented full day regional trainings that focused on key practice ingredients to improve outcomes for all families, including those participating in FTC. These trainings provided an opportunity to engage local pilot counties to examine their system and test change strategies. The state also helped facilitate supportive relationships through mentor courts, which were invaluable to many FTC programs in their state.

- In Iowa, the FTC expansion work group developed a toolkit to assist jurisdictions starting a new FTC program. This toolkit contained information about forming collaborative teams on a case and community level, roles of treatment team members, examples of participant handbooks and forms, data collection and evaluation, and key resources.

- Also in Iowa, the continuous quality improvement work group developed a process for supporting the quality implementation of each FTC in the state. This three-prong approach includes: (1) reviewing a monthly data dashboard; (2) conducting a biannual online survey; and (3) gathering feedback from clients about their FTC experiences.

- In Alabama, a State Standards work group was formed and charged with developing FTC state guidelines. This group drafted a document of state standards that met the legal statutes for Alabama. The Administration of the Courts finalized the document and will be enforcing statewide adherence.

Below are a few examples of how state teams helped direct a new approach at the local level while serving families outside of the FTC program:

- In New York, the SSIP team created a Judicial Bench Card to help judges better engage with families who appear in court as a result of abuse or neglect related to parental substance use.

- In Colorado, the SSIP team prioritized six FTC principles for local sites to embed into the regular dependency process. The six principles incorporate several key elements of an FTC that have proven to generate better outcomes for families affected by SUDs in the larger dependency system. The state team and liaisons supported the sites toward implementation.

- In the territory of Guam, the SSIP team, as a result of a partnership between a local provider and their newly launched FTC program, arranged for universal developmental screening of all children entering the child welfare system.

[2] For all 12 FTCs, monthly state dashboards tracked the total number of current participants, monthly referrals, admissions and discharges, total number of CWS petition filings and adjudicated cases for the 12 counties with FTCs, and calculated percentages of FTC referrals compared to number of filings and adjudications.
SSIP leaders pointed to the need for frequent and ongoing communication with stakeholders and other leaders. Looking back, SSIP leaders wished they had maintained contact with key stakeholders and state leaders on an ongoing basis, even if it seemed repetitive. They noted that momentum or engagement was negatively affected as a result of less frequent communication.

Managing expectations became an important job for state leaders during the initiative. Although states recognized systems change as a multi-year process, there was a tendency for partner agencies or local sites to expect immediate results. State teams helped local sites celebrate “small wins” and focus on implementing a series of small, workable changes. Leaders also explained that it takes time to “win over” some people who are more resistant to change. A state director explained that this is true because not all stakeholders have the same values or understanding of the practice issues regarding parental substance use and child maltreatment. Another opportunity to help partner agencies or local sites was when leaders identified and engaged stakeholders who may understand the issues, but are not yet fully aware of FTCs as a proven collaborative solution. Ensuring time and space for partners to work through these challenges while maintaining clear messaging about the goals and direction of the initiative fostered stronger buy-in and mutual respect.

Leading change is quite frequently about relationships. Leaders at the top of the organization must see systems and processes as relationships that can be nurtured so everyone, especially those working at the front-lines, can share in the vision. This takes time, but those leaders who expend the effort frequently reap the rewards and productively affect children and families in hundreds of communities.

An overall lesson is expressed in the African proverb:

*If you want to go fast, go alone. But if you want to go far, go together.*
Lesson #3  Deliver Effective Communication

An essential skill for leaders of systems change is communication and messaging. Systems change is challenging work and is often met with resistance from all levels within and across agencies. Effective communication is an important skill that conveys the vision, builds trust, secures buy-in, and maintains positive relationships.

One of the biggest challenges in broad change initiatives is when local staff members do not understand the purpose of a new policy or practice and how changes will affect their work. If these changes are not communicated effectively, confusion can permeate all levels of the agency. Consequently, one essential element of communication for state leaders is to convey the mission and vision of a system change initiative in clear and compelling ways.

The importance of messaging and communication was a recurrent theme raised by SSIP leaders when reflecting on their experiences with systems change. They spoke about the need to communicate the importance of the SSIP initiative and its intended benefits for families. One state noted it was important to remember that the perspective of local sites may be different from the perspective of the state. Local sites are typically more focused on anecdotes and the “human side of change” or the “case they saw that morning,” which can make a “big picture” or systems change initiative much more difficult to conceptualize. Change leaders are most helpful to local teams when they help the teams connect the mission of systems change with the day-to-day realities of front-line staff.

One state made this connection after CWS social workers acknowledged the high prevalence of substance use in their caseloads and the difficult challenges of serving these families. This provided a window of opportunity for state leaders and local teams to agree that working together could achieve better outcomes for all families affected by SUDs. For many social workers learning to embrace systems change, practice strategies such as universal screening were no longer seen as added work tasks, but rather essential practices. Participating in FTC staffing meetings required a time commitment, but the team approach actually made their jobs easier, saving caseworkers time over the life of each case and allowing for group decision-making and shared accountability.

State leaders also noted that SSIP goals that changed business-as-usual and promoted expansion or embedding FTC practices in larger systems were threatening and confusing to some stakeholders. Professionals in one state were concerned that SSIP would change the FTC model. Some stakeholders expressed support of the overall FTC model, but took a very cautious approach toward FTC expansion or embedding FTC practice ingredients. These perceptions underscored the need for effective communication and messaging as a way to manage confusion, resistance, and concerns.

In addition to developing and communicating the vision and mission for the initiative, effective leaders solicit feedback from stakeholders (U.S. Department of Health and Human Services, 2010). The ability to listen and ensure that feedback from all stakeholders is included in discussions and decisions is critical. One SSIP state emphasized this openness by saying to local sites, “we are listening to you, and we are going to make changes as you give us feedback.” SSIP leaders will garner greater engagement with stakeholders and partner agencies if they: (1) listen without judgment; (2) respond to questions and address concerns; and (3) show a willingness to understand the other systems’ perspective.

Developing a communication strategy with direct service providers and front-line staff is critical (Johnson and Antoshak, 2017). This strategy should respond to three pressing questions commonly raised when staff are presented with organizational change:

- Will this be another thing I have to do?
- How is this going to help me do my job?
- How is this going to help my clients?
All systems need to change.
None of us can do this alone; we need to work together.
Let’s commit ourselves to best practices for all families.
We coordinate efforts and share similar goals.
We must use resources more efficiently to help families be successful.
We are committed to improving outcomes for all children and families.
Let’s work better together.

What Messages Worked for SSIP States?
Leading by the Colorado Judicial Department, the primary goal of Colorado's SSIP initiative was to improve outcomes for all children and families by embedding key FTC practice principles into the larger dependency system. Colorado was the only SSIP awardee that focused their system change initiative solely on embedding strategies into larger systems outside of its FTC programs, instead of expanding or enhancing FTCs in the state. Colorado calls their initiative DANSR, or Dependency and Neglect System Reform.

State leaders strategically aligned the SSIP initiative with parallel initiatives in the state to secure needed resources. For example, state leaders partnered with the Office of Behavioral Health to access opioid State Targeted Response and State Opioid Response funds to bring peer support, medication-assisted treatment, and evidence-based programming for families in the court system.

Some of the curricula used in their efforts include:

- Community Reinforcement and Family Training (CRAFT), which is a skills-based program that teaches families behavioral and motivational strategies to engage the family member affected by substance use to enter and stay in treatment.
- Incredible Years, which is a series of interlocking, evidence-based programs for parents, children, and teachers to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence.
- Celebrating Families!, which is is an evidence-based parenting program designed specifically for families affected by parental substance use and child maltreatment. The curriculum involves every family member and is designed to break the cycle of addiction and support family recovery and successful family reunification. Federal dollars are being used by the state to train facilitators in the Celebrating Families! and CRAFT model.

Another example of strategic alignment of SSIP efforts with existing state initiatives is its participation in the Substance Abuse Trend and Response Task Force. Established by the Colorado General Assembly, this task force formulated recommendations for the state related to children affected by parental substance use. In a report released in April 2018, one of the key recommendations was to expand the use of the DANSR approach in all CWS cases with substance use or co-occurring mental health disorders throughout the state. Key next steps are to: (1) secure long-term sustainable funding to support DANSR by exploring state and federal funding options; (2) identify ways to improve state and local case-level data sharing between SUD treatment providers, CWS, and the courts to build the evaluation capacity and evidence of effectiveness; and (3) create cross-system data agreements to support data sharing.

The DANSR approach was initially piloted in 8 judicial districts and is currently implemented in 13 of Colorado's 22 judicial districts. The four largest counties, which encompass nearly half of the state's total population, are now implementing the DANSR approach. At least five additional jurisdictions have expressed interest in implementing the new approach. The ripples of systems change are clearly visible in many communities.

Colorado's story of achieving systems change through a new way of doing business is still being written. But important chapters are unfolding, showing how state leaders are leveraging existing relationships to secure needed resources that can change the narrative for all children and families.
Lesson #4 Use Data to Drive the Systems Change Initiative

Information systems and data are what fuel systems change efforts, allowing agencies the support and evidence needed for effective collaboration and sustained programming. Meaningful collaboration demands a steady flow of information from both the casework level and the performance management level. This flow provides a continuous feedback loop necessary to build capacity for information exchange, performance monitoring, evaluation, and measuring joint systems outcomes.

Positive outcomes result from effective information-sharing protocols and data collection, as well as producing and reporting summative evaluations. For SSIP states, data presented an array of challenges and opportunities. The act of collecting data opened up conversations between state and local levels.

In one state, the local teams needed clear guidelines on what data to collect and how to collect it. The state assisted to meet the need. Another state noted that initial disagreements about the accuracy of data generated further discussion about improving oversight of data quality and addressing local barriers to ensuring data compliance. This discussion was invaluable to both the state leaders and those at the local level.

Each state developed plans for improving its data systems, with a particular focus on developing an integrated, cross-agency data system that facilitates data sharing. Particularly with treatment systems, integrating statewide data systems helps strengthen partnerships and pushes systems to be more treatment-centered. Maintaining databases that include recent annual data by county or local jurisdiction from child welfare, children’s services, and treatment can help policy planners determine where enforcement and program implementation is strongest and weakest. For this reason, data and information systems can also be used as advocacy tools to create needed changes (Gardner, 2014).

Each of the SSIP states is still working toward integrating data between systems, which would enable them to track long-term family outcomes across multiple systems. Barriers to this goal are lack of common identifiers between the three systems, confidentiality issues, and the cost of modifying information systems. Presently, no state in the nation can track CWS and treatment outcomes for all children and families affected by parental substance use and in the CWS system. Although FTC project-level data systems can do this, a state has yet to develop interagency data-matching that will achieve this for the full caseload. SSIP states continue to work towards this statewide data integration.

It is important to note that according to data reported from 2017 Adoption and Foster Care Analysis and Reporting System (AFCARS),[3] in five of the six SSIP states, the percentage of children removed as a result of parental substance use ranged from 17.2 percent to as high as 57.9 percent (USDHHS ACF CB, 2017). State leaders acknowledged that there is plenty of room for improvement in the state’s ability to identify from the front end substance use as a factor for removal. Investing in data capabilities at the front-end of the data system (e.g., caseworkers’ data entry and analysis of raw data) are both critical components of data acquisition that need to be addressed to achieve systems change.

State leaders in Ohio recognized that its systems change efforts on behalf of families affected by parental SUDs were hampered by an inability to accurately track the identification of SUDs in its existing data systems. As a result, they were able to modify the Statewide Automated Child Welfare Information System (SACWIS) database to include a section specific to the use of universal screening to identify substance use. The modification included an option to select whether a screening tool was administered and if the parent was referred to a SUD assessment. If a tool was not administered, the child welfare caseworker is expected to explain the reason why the parent was not screened. The SACWIS modification was statewide and all counties now have a consistent location to track this data.

[3] Children’s Bureau requires states to report case-level data semi-annually in its AFCARS data system for all children in foster care and those who have been adopted. For more information about AFCARS data, visit: https://www.acf.hhs.gov/cb/resource/about-afcars
Ohio SSIP leaders recognized the need to monitor long-term family outcomes for families affected by parental SUDs. The Supreme Court of Ohio contracted with the Government Resource Center to design an infrastructure that uses administrative data sets to monitor long-term family outcomes, reported by county or by family. By using propensity score matching strategies and existing administrative databases from the Ohio Behavioral Health (OHBH), Ohio Department of Mental Health and Addiction Services (OhioMHAS), Ohio Medicaid, SACWIS, and local site rosters, Ohio developed a systematic way to track long-term family outcomes that is sustainable after SSIP funding ends.

Access to data and data integration often leads to a desire for more information, and as systems change efforts progress, state leaders can generate increasingly sophisticated data and use it in more meaningful ways. In New York, the integration of FTC data with the Universal Case Management System allowed for a more thorough examination of interagency data, resulting in an improved analysis of FTCs in relation to capacity, permanency outcomes, and their relationships to the broader CWS system.

SSIP leaders and state teams also developed data dashboards and other reporting mechanisms to track priority outcomes, overall progress, and success. The Supreme Court in one state developed a Permanency Docket Quarterly that provides a profile of the children in care, including their length of stay and recurrence rate. This report is made available on the Supreme Court’s website.

Systems improvement advocates should also be aware of the leverage provided by the state's participation in the Child and Family Services Review (CFSR) and Program Improvement Plan development and implementation. The CFSR process requires states to prepare a summary of key child welfare outcomes and review of the service array that should include SUD treatment services for parents who are involved in CWS cases. Using data, state leaders can shine a spotlight on cases in the child welfare system and reveal the effects of parental SUDs on individuals in the case and on recovery and reunification outcomes. States can accomplish this goal by requesting status updates, seeking a role in the case reviews, asking for data on key outcomes, and securing access to data analyses that specifically assess performance measures for these families.
The Judicial Branch of Iowa has a long history of leading change on behalf of children and families affected by parental substance use. These efforts date back to 2007 when the six original FTCs were established through the Regional Partnership Grant Program. As the lead agency for that and subsequent grants, including the SSIP initiative, the Judicial Branch has expanded the reach of FTCs to 12 FTCs currently with at least one established in each of the eight judicial districts.

Iowa Children’s Justice (ICJ), which is the Court Improvement Program of the Judicial Branch, has overseen the implementation of all FTCs statewide and has played a critical role in their successes. In 2016, ICJ released the Family Drug Court Statewide Performance Results Report, which included the following findings from the program’s inception in 2007 through March 31, 2016:

- The 12 Iowa FTCs served 860 families, which were comprised of 998 parents or caregivers and 1,667 children.
- Just under 76 percent of the children in the program were able to remain in the custody of their parent or caregiver.
- Seventy seven percent of the children were returned home within 12 months of removal.
- Slightly more than ninety six percent of the children did not suffer a recurrence of maltreatment.
- Parents in the program were more likely to enter and complete treatment than the comparison group (parents who were referred to the program, but did not participate).
- FTCs have generated more than $12 million in cost avoidance for the state since their inception in 2007. The cost savings is a result of children in the program being more likely to stay in the home through case closure, fewer parents having parental rights terminated, and children reunified with parents more quickly.

As of 2018, FTCs have served 1,209 families, 1,329 parents or caregivers, and 2,255 children.

During the SSIP initiative, the budgetary deficits of the Judicial Branch posed a threat to funding of FTCs and all other specialty courts in Iowa. Despite having more evaluation data to prove its effectiveness and a judicial assignment arrangement that is less costly than other specialty courts, FTCs faced the same financial challenges as other courts. As a result, no additional FTCs could be established during the SSIP initiative.

However, opportunity is knocking and FTCs in the state are leading the way. The new state court administrator has reached out to ICJ regarding its work with FTCs, including its infrastructure for monitoring and support, adherence to practice standards, and evaluation capacity and achieved outcomes. The administrator called for a process evaluation and cost-benefit study of all the specialty courts in Iowa to explore how all drug courts can benefit from FTC practices. In the December 2018 report entitled “The State of Specialty Treatment Courts in Iowa: Opportunities for Enhancement and Suggestions for Research,” the National Center for State Courts recommended that all drug courts follow the path that FTCs have taken. The recommendations are for all courts to hire and provide funding for a statewide coordinator position, to conduct ongoing training and support for quality implementation, and to build an infrastructure for information sharing and performance measurement.

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Building relationships, securing necessary resources, and demonstrating improved outcomes takes time. State leaders in Iowa have shown that a commitment to quality implementation and building an environment in which the FTC model can thrive makes it possible to open doors for larger systems change at any time.
Connecting the Dots for Systems Change

What Conditions Should Be in Place to Achieve Systems Change in Your State?

Leaders who want to achieve systems change can assess conditions of readiness to engage in change strategies in their state. By reflecting on the questions that follow, leaders will be more equipped to prepare agencies to engage in systems change efforts to improve outcomes for all families affected by parental substance use disorders and in the child welfare system:

- What are the agency's current outcomes for families affected by SUDs in child welfare? Have key baseline measures been recorded? Has a consensus been reached about the problems that should be solved? Does the agency have the collaborative capacity, leadership, and structure to craft a shared vision and pursue it?
- Has the variety of stakeholders across the system reached a consensus on the mission and vision, common principles, shared values, or definitions to guide the work of improving outcomes for children and families?
- Are there any lessons drawn from previously accomplished or attempted change initiatives such as differential response? What worked and what did not work in these initiatives?
- Is there sufficient buy-in and support from the highest levels of state government to the local jurisdictions and front-line staff?
• Is a state-level governance structure in place for overseeing collaboration and systems change?
• Have the agency’s existing strengths in collaboration and opportunities for improvement been identified, and has the agency identified potential collaborators or stakeholders who need to be at the table?
• Is an infrastructure in place for supporting local sites, including state standards and cross-systems training? How will support and guidance be provided to ensure quality implementation?
• Have barriers between agencies been identified, including conflicting mandates or priorities, restrictive information sharing, differing timelines, or conflicting policies?
• Has the agency benefited from prior technical assistance and, if so, how did it build capacity to move forward beyond a particular contract or grant award?
• What is the agency’s capacity for data collection and analysis? Is the agency interested in determining the costs associated with achieving better outcomes for all families as the means to persuade policymakers to provide necessary resources?
References


The Center for Children and Family Futures (CCFF) is an award-winning, nationally recognized, and premier practice, policy, and research institute working at the intersection of courts, child welfare, and substance use disorder treatment. Its mission is to improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders. CCFF has provided training and technical assistance (TTA) for multiple federal and foundation-funded initiatives since 1996 and has served as OJJDP’s Family Drug Court TTA Program provider since 2009. CCFF recognizes that recovery from SUD and co-occurring mental health disorders happens within the context of family and should require a multi-disciplinary approach, particularly for families involved in court, child welfare, and criminal justice systems. CCFF’s staff of more than 60 professionals, located in regions that span the continental United States, possesses extensive experience and expertise in providing TTA to states, counties, FTCs, and practitioners operating at national, state, regional, county, and local levels.

CCFF was contracted to provide in-depth TTA to SSIP awardees; the objective was to strengthen, develop, and improve statewide polices that allowed awardees to effectively serve more families affected by parental substance use. Each grantee was assigned a pair of change leaders to provide ongoing support as teams worked through the multiple challenges and complex processes of systems improvement. Contextual factors, such as demographics, geography, governance, state laws, and local statutes reflect the complexity of systems change and underscore the need for customized and in-depth technical assistance and peer-to-peer support.

The consideration and challenges shared in the Leading Change series are drawn from the experiences shared by each of the awardees through onsite visits, written semi-annual reports to OJJDP, check-in phone calls and interviews conducted with project directors, weekly internal meetings to discuss grantee progress, as well as reviews of site visits and technical assistance reports completed by the change leaders.

For more information, visit: www.cffutures.org