

Family
TO
Family
TOOLS FOR
Rebuilding Foster Care

A Model for Public and Private Child Welfare Partnership

COLLABORATION FOR CHANGE, PART ONE

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A C K N O W L E D G M E N T S

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I N T R O D U C T I O N

The Annie E. Casey Foundation's Mission in Child Welfare

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families.

The Foundation's work in child welfare is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise children is often inextricably linked to conditions in their communities.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect. The Foundation believes that these community-centered responses can better protect children, support families, and strengthen communities.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require transformation in many areas. Family foster care, the mainstay of all public child welfare systems, is in critical need of such transformation.

The *Family to Family* Initiative

With changes in policy, in the use of resources, and in program implementation, family foster care can respond to children's need for out-of-home placement and be a less expensive and often more appropriate choice than institutions or other group settings.

This reform by itself can yield important benefits for families and children, although it is only one part of a larger effort to address the overall well-being of children and families in need of child protective services.

Family to Family was designed in 1992 in consultation with national experts in child welfare. In keeping with the Annie E. Casey Foundation's guiding principles, the framework for the initiative is grounded in the belief that family foster care must take a more family-centered approach that is: (1) tailored to the individual needs of children and their families, (2) rooted in the child's community or neighborhood, (3) sensitive to cultural differences, and (4) able to serve many of the children now placed in group homes and institutions.

The **Family to Family** Initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect.

- ❑ To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live;
- ❑ To assure that scarce family foster home resources are provided to all those children (and only to those children) who in fact must be removed from their homes;
- ❑ To reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children in those settings through family foster care;
- ❑ To increase the number and quality of foster families to meet projected needs;
- ❑ To reunite children with their families as soon as that can safely be accomplished, based on the family's and children's needs, not the system's time frames;
- ❑ To reduce the lengths of children's stay in out-of-home care; and
- ❑ To decrease the overall number of children coming into out-of-home care.

With these goals in mind, the Foundation selected and funded three states (Alabama, New Mexico, and Ohio) and five Georgia counties in August 1993, and two additional states (Maryland and Pennsylvania) in February 1994. Los Angeles County was awarded a planning grant in August 1996. States and counties funded through this initiative were asked to develop family-centered, neighborhood-based family foster care systems within one or more local areas.

Communities targeted for the initiative were to be those with a history of placing large numbers of children out of their homes. The sites would then become the first phase of implementation of the newly conceptualized family foster care system throughout the state.

The Tools of *Family to Family*

All of us involved in *Family to Family* quickly became aware that new paradigms, policies, and organizational structures were not enough to both make and sustain substantive change in the way society protects children and supports families. New ways of actually doing the work needed to be put in place in the real world. During 1996, therefore, the Foundation and *Family to Family* grantees together developed a set of tools that we believe will help others build a neighborhood-based family foster care system. In our minds, such tools are indispensable elements of real change in child welfare.

The tools of *Family to Family* include the following:

- Ways to recruit, train, and support foster families;
- A decisionmaking model for placement in child protection;
- A model to recruit and support relative caregivers;
- New information system approaches and analytic methods;
- A self-evaluation model;
- Ways to build partnerships between public child welfare agencies and the communities they serve;
- New approaches to substance abuse treatment in a public child welfare setting;
- A model to confront burnout and build resilience among child protection staff;
- Communications planning in a public child protection environment;
- A model for partnerships between public and private agencies;
- Ways to link the world of child welfare agencies and correctional systems to support family resilience; and
- Proven models that move children home or to other permanent families.

*New ways of
actually doing
the work needed
to be put in
place in the
real world.*

We hope that child welfare leaders and practitioners find one or more of these tools of use. We offer them with great respect to those who often receive few rewards for doing this most difficult work.

DESCRIPTION AND PURPOSE OF THIS TOOL

To reconstruct the family foster care system requires a new role for child welfare agencies that is family-focused and neighborhood-based, relies less on institutional and congregate care, and responds effectively and flexibly to the needs of each child and family served. To make this shift requires that both government and voluntary agencies work very differently with families, neighborhoods, and each other.

We hope this tool will serve as a guide for forming new public/private relationships that achieve better outcomes for children who need foster care. The tool builds on the experiences of communities that are working together to care for their children differently, other collaborative initiatives aimed at improved child and family well-being, and the best thinking of outstanding public and private child welfare professionals working to change the foster care system.

The tool provides a model of how public human service agencies can work with contract agencies. First, it describes a vision and goals of public/private partnerships to redesign foster care, as well as issues, barriers, and challenges that must be acknowledged. It suggests strategies for partners to use in identifying, articulating, and reaching consensus regarding the outcomes they seek and the issues they must address. Second, a toolbox of strategies for building partnership is provided. Together, these strategies provide a range of collaborative planning, implementation, and monitoring approaches.

Child welfare systems feature many differences: state-based and county-operated, rural and urban, a mix of publicly provided versus private contract services. Though goals and issues vary across these systems, many are the same. Partnerships can take many forms, varying in emphasis and strategies. We urge public and private agency representatives to select the strategies that are most appropriate and useful in your circumstances, to adapt the approaches to fit your needs and capacities and to use these ideas to develop new methods for building partnership.

The tool makes references to valuable work being implemented in *Family to Family* sites throughout the United States. Specific examples of efforts being instituted in *Family to Family* sites in the State of Ohio are utilized to help the reader understand how public/private partnership work is being operationalized.

The primary aforementioned two case examples of communities that are working to develop public/private partnerships are: Cuyahoga County, Ohio (Cleveland and the surrounding area) and Hamilton County, Ohio (the Cincinnati area). These sites reflect developments in other jurisdictions. While both are in the midst of fluid change processes, neither is free of problems. After all, that is not the reality for child welfare systems. Each site illustrates some elements of a new model relationship. Both communities are working to conduct business differently and to forge new public/private partnerships. Key stakeholders of both sectors are working together to try to effect change.

It is our hope that this tool and the examples presented will allay fears that come with radically altering roles and relationships. We hope the tool will help public and private agencies integrate new experiences and lessons into practice, build upon a strong foundation of common goals, and develop new strengths and skills for working collaboratively. Ultimately, the goal is to improve the lives of children in foster care.

THE POTENTIAL FOR PUBLIC / PRIVATE PARTNERSHIP

Public child welfare departments and private contract agencies working together to reform foster care are a powerful alliance. Together, the two groups bring to the effort a compelling array of resources to re-direct service systems: staff with a vast range of expertise working with children and families; a rich variety of treatment approaches; capacity to provide training, consultation, and other staff supports; physical facilities; and both public and private financial resources. As the primary providers of the child welfare system, government and voluntary agencies have the capability to impact and promote public policies and resources that support family and neighborhood-based foster care.

This paper describes the potential for partnership between public and private child welfare agencies to reconstruct foster care. To successfully join together, the groups need to develop a mutual understanding of their distinctive and potentially complementary roles. They must identify goals they hold in common, as well as the issues and barriers that hinder both partnership and positive outcomes for children and families. Public and private agencies need to tailor and negotiate strategies for building a constructive relationship that helps achieve better outcomes.

The Context for New Public/Private Partnerships

The current political, policy, and management environment suggests that contracting and other public/private relationships will become more common arrangements for delivery of human services. Calls for reinventing government are coming from the federal level, state legislatures, governors, county officials, and city halls. Public officials have the support of constituents; vocal portions of the public endorse less government, increased privatization of government services, and a greater role for charities and the private sector in human services. In addition, many citizens would like to see government adopt some of the qualities they identify with the private sector: responsiveness to the changing needs of consumers, easy access to services that are needed, accountability for decisions, and an entrepreneurial willingness to try innovative approaches to intransigent problems.

The most common form of government privatization is contracting, which involves competition among private bidders to perform government activities. The public use of purchase-of-service contracting has grown substantially since it began in the early 1970s. National studies suggest that virtually all state and county human service agencies currently contract for at least some services, and that child welfare, adoption, and child support collection head the list (Kettner & Martin, 1994). Recently, managed competition, a new form of privatization in which a government agency competes with private bidders, has come into use (U.S. GAO, 1997).

A concurrent trend for the child welfare system is the shrinking base of traditional resources. Federal funds for human services are limited through block grants and funding caps, and the political atmosphere in many states supports limits on public spending. Public agencies and many service providers funded by the government are being told to do more with less.

In this environment, many organizations, both public and private, are looking for ways to address common issues together.

The Relationship of Government Agencies and Private Contract Agencies

In 1988, the Child Welfare League of America (CWLA) created a group to study public/private relationships, the Government/Voluntary Subcommittee of its Biennial Implementation Task Force. The Subcommittee's findings, reported here, provide a solid framework for considering the potential for partnership of public and private child welfare agencies.

The early history of child welfare in the United States was dominated by the work of private, voluntary agencies, whose philosophy and values provided the foundation for much of current child welfare practice. As a greater government role developed, voluntary organizations served as models for many public agencies. Today, both voluntary and government agencies play critical roles in the system of care.

Relationships between public and private agencies have evolved in a variety of directions, depending in part on political history, tradition, and local conditions. While relationships between the two sectors are sometimes described positively as cooperative, complementary, or a team, they are likewise labeled negatively as competitive, duplicative, or exploitative. The variation among government and voluntary agencies and the relationships between them make such descriptions far too simplistic. In reality, the relationships, like the larger child welfare system, are complex and dynamic. Even the lines that distinguish public and private agencies are becoming blurred. Quasi-public entities, managed care organizations, and local collaboratives offer a range of models for distributing decision-making authority among a range of stakeholders, including for-profit businesses, nonprofit organizations, government agencies, neighborhood groups, and consumers. Despite their similarities, differences are inherent in public/private roles and division of labor.

Private Agencies

Private sector agencies that provide child welfare services are enormously diverse. They vary in:

- Size of budgets, staff, and client populations;
- Age and stability;
- Organizational auspices: some are free-standing agencies, which others operate within larger institutions;
- Purposes: some are single-purpose and focus on specific problems, services, or clients, while others are multi-purpose;
- Philosophical or spiritual framework and mission;
- Affiliation: some are independent organizations, and others are affiliated with a larger national organization;
- Availability of private funds;
- Degree of interaction with public agencies, including with multiple agencies;
- Relationships with private, third party payers;
- Degree of independence in mission and identity: some have been created by and operate as virtual extensions of government; and
- Commitment to advocacy versus service as primary function.

Even though increasingly dependent on public funds and subject to government regulation, private agencies remain products of local, voluntary effort. They have been able to experiment with new programs and services in ways that public agencies are not. Private agencies have the following distinctive characteristics:

- Able to initiate action more quickly,
- Able to specialize services,

As a greater government role developed, voluntary organizations served as models for many public agencies.

- ❑ Able to tailor policies and practices more explicitly,
- ❑ Less able to respond to large numbers of people,
- ❑ Less able to generate substantial new resources,
- ❑ More susceptible to short-term or localized economic factors, and
- ❑ Less able to respond to needs which exceed their immediate resources.

Public Agencies

Like their private counterparts, public child welfare agencies are diverse in many respects, including:

- ❑ Organizational auspices of the agency. Child welfare agencies may be free-standing, a division within a consolidated umbrella department responsible for a range of human services, part of a larger social service agency, or under the auspices of an integrated agency for children and families. Public human service structures are subject to reorganization, and some have experienced frequent rearrangement.
- ❑ Jurisdiction. Another variation is among state-administered and operated systems and those that are county-operated and state-supervised. In a few instances, the jurisdiction is a city, and recently, new jurisdictions and governing entities have been locally defined.

Compared to private agencies, government entities are:

- ❑ Better able to respond to large problems,
- ❑ Less able to provide specialized services to relatively small groups of people,
- ❑ Less able, short of catastrophic emergency, to move quickly,
- ❑ Able to maintain a more consistent and stable base of funding,

- ❑ Less able to restrict services to available resources,
- ❑ More able to divert resources from other areas when necessary, and
- ❑ More able to obtain significant amounts of additional funds.

Dynamics of the Relationship

The differences of public and private agencies contribute to the tension and conflicting expectations that often characterize their interaction. Several additional factors contribute to the dynamics and tension between them:

1. Lack of enough money to pay for all the services and supports that both private agencies and government know to be needed. The ever-present condition of scarcity contributes to both competition for a larger share of limited resources, and cooperation to use funds efficiently and to raise a unified call for greater public investment in children and families. Tension sometimes focuses on whether the private sector is trying to assume responsibilities, funds, and jobs of the public sector or, on the other hand, whether the public sector is focused on preserving its staff, programs, and budget over other goals.
2. The essentially identical purposes and goals of public and private child welfare agencies. This mutual purpose, promoting practices and policies to benefit children and their families, serves as the glue that binds the system together. Common goals include care of children and families experiencing crises, prevention and reduction of the problems that cause crises, strengthening the capacity of families and communities to care for children, and advocating for policies and resources to support strong families and safe, healthy children.

The differences of public and private agencies contribute to the tension and conflicting expectations that often characterize their interaction.

Contract negotiation focuses on achieving mutual benefit for both parties.

3. The inherently political nature of the public child welfare system. The system is a product of public policy, and public policy is a product of politics and the political process itself. Although the political process is not always logical or even fair, it is the means by which individual and collective members of society advance their interests. Even with the introduction of utilization management, data-based planning, evaluation, and other rational management practices, public agencies remain directly subject to the highly political, sometimes seemingly irrational, process of public policymaking, including the budgeting and appropriation of taxpayer funds. Elected or appointed public officials make key decisions that have profound effects on both public and private services. It is an inescapable fact that the management of the child welfare system will occur within the arena of the political process, where *negotiation and compromise* are key.

The contract relationship is perhaps the single largest factor contributing to the way that public and private agencies interact.

Some object to the use of the term *partnership* to describe a relationship that includes a contract for services. Contracting is not an egalitarian partnership; the metaphor of a market may be more appropriate to this aspect of the public/private relationship (Kramer & Grossman, 1987). There is fundamental inequality of power that each agency brings to the basic process of negotiating and determining the terms and conditions under which they will work together. The usual scenario is that government agencies have more control over the crucial negotiating factors: public money and the legal framework of regulations.

Mutual Benefits of Contracting

Public agencies cite many reasons for choosing to contract with private agencies and numerous potential benefits, including:

- Expanding the availability of particular services, especially specialized services or assistance that the public agency does not have the skills, facilities, or administrative capacity to provide;
- Increase in the total resources available;
- Providing a service at less expense than its own cost;
- Ability to shift resources more flexibly to changing areas of need, to put money where it is needed when it is needed;
- Greater flexibility and less bureaucracy than public agencies;
- Ease of starting and terminating service programs;
- Avoidance of political patronage;
- Promotion of choice, volunteerism, and innovation;
- Establishing a community investment in and ownership of a service or program;
- Maintaining a political balance within its budget and a public/private mix of services.

(CWLA Government/Voluntary Subcommittee, 1990; Kettner & Martin, 1994; Kramer & Grossman, 1987)

Contract negotiation focuses on achieving *mutual benefit* for both parties. The two sectors seek to complement each other in beneficial ways, to achieve mutual goals. To assure this essential framework for contractual partnership requires several steps.

- Public and private agencies must develop and maintain a clear definition and mutual understanding of the goals they are trying to achieve.*
- Public agencies must recognize that their responsibility is to do more than get the*

best deal on an individual purchase-of-service agreement. It is also their responsibility to maintain and enhance the capacity of the system of both public and private services.

- ❑ Both parties must acknowledge that *in most current systems, rates are based on availability of funds rather than an objective analysis of costs*. Private providers may absorb the real costs of providing child welfare services by under-compensating staff, using less-expensive and less-qualified staff, using volunteers, providing less-intensive and less-effective services, or shifting costs to programs serving people with greater capacity to pay. At the same time, both sectors must make a commitment to build capacity to identify actual costs, to define and monitor performance, and to measure service outcomes.

Mutual Accountability

At the conclusion of its examination of the public/private relationship, the CWLA Government/Voluntary Subcommittee found that:

a positive and realistic characteristic of the working relationship among public and private agencies should be one of mutual accountability in which there is a fundamental expectation that both public and private agencies should live by a set of rules developed and agreed upon by both parties in a spirit of cooperation.

Accountability describes an obligation that is often marked by a measure of control by one party over the other. In public/private contracts, the private agency is usually held responsible or liable for providing certain services to particular individuals and increasingly for achieving specific results. The contractor may be subject to sanctions or rewards. The regulatory role of the public agency, its legal authority to develop and enforce requirements that the private sector must accom-

plish, requires that it maintain neutrality and objectivity. Along with expecting the private organization to produce a specified result, the public agency must help to ensure that its private partner has the realistic means to do so.

Mutual accountability describes an expectation that both public and private agencies will live by a set of rules developed and agreed upon by both parties in a spirit of cooperation. It is the basis for trust. An effective accountability system, essential to a true public/private partnership, must be *reciprocal, shared, and based on jointly held principles or goals*. It must ensure that:

- ❑ The common principles or results to be achieved are explicitly defined and understood;
- ❑ The fundamental needs of each partner are appropriately addressed;
- ❑ Each has the realistic capacity to carry out its responsibilities; including a connection between responsibility and appropriate authority to achieve results; and
- ❑ Reliable methods are used to measure outcomes.

Public/Private Partnerships to Reconstruct Foster Care

The contract relationship inherently shapes the interaction of public and private agencies. The two entities have different roles and responsibilities. Their authority is likely to be unequal, and there is unavoidable tension in the association. However, the public and voluntary sectors are also interdependent and provide the best results when working in a spirit of cooperation and trust. Their roles are potentially complementary, and the agencies can work together to achieve the same mutually beneficial goals. Strong public policy results when public and private agencies step forward together (Long, 1997). The goal and the challenge are to develop a relationship in which they function as a team.

The contract relationship inherently shapes the interaction of public and private agencies.

The initiative aims to develop complementary roles and relationships to more effectively serve children in out-of-home care and their families.

Many new types of collaboration have been developed to reinvent the foster care system, including public/private teams. As a foster parent from Philadelphia said, My perception of the **Family to Family** program is teamwork. The initiative aims to develop complementary roles and relationships to more effectively serve children in out-of-home care and their families.

Public/private partnerships have much in common with other types of collaborative efforts to improve the well-being of children and families, including:

- ❑ *Interagency efforts* to cooperate, coordinate, and integrate services across systems, such as child welfare, education, juvenile justice, mental health, health care, and others;
- ❑ *Cross-program collaboration* among different types of administrative or service programs within the same agency, such as partnerships between family preservation and foster care providers, and between evaluation, management information systems, and program staff;
- ❑ *Vertical collaboration that engages frontline staff and supervisors* along with administrators in system planning, management, and evaluation;
- ❑ *Neighborhood partnerships* in which community members, informal support networks, communities of faith, businesses, neighborhood organizations, private service providers, and public agencies join together to identify and address the needs of children and families in specific communities;
- ❑ *Public/private partnerships* between the business community, private foundations, schools, human service organizations, and other government entities to achieve mutual goals;
- ❑ *Partnerships with families*, in which workers join with consumers of human services to identify child and family needs and strengths, to determine goals and objectives, and to accomplish a plan for improved well-being.

Public and private child welfare partners must work together to take advantage of the lessons learned from the many collaborative efforts taking place on behalf of children and their future well-being. It is an exciting time of working and learning together with enormous potential for mutual enhancement and foremost for improving the lives of children and their families.

STRATEGIES FOR BUILDING PUBLIC / PRIVATE PARTNERSHIPS

Introduction

Creating a constructive relationship between government and voluntary agencies that contributes to a new vision of foster care requires hard work and commitment. Through each stage of planning and implementing a new design for out-of-home care, partners must work to clearly define and articulate responsibilities, authority, and activities. While roles for service delivery are being negotiated, relationships can be repeatedly tested. *Keeping the mutual goals and benefits of the collaboration foremost the improved well-being of our children and our families helps partners keep the questions of who will provide what, when, and how in perspective.*

Partners must try to use both challenges and opportunities to find collaborative approaches that work. The many issues, details, and questions that must be resolved are all strategies for achieving common goals. We must think strategically, identifying the most appropriate strategies that can leverage new partnerships and better care for children.

We must also try to integrate the principles of family-focused practice into the way we work with each other: valuing the richness of our diversity, treating each other as colleagues and partners, listening to and respecting each other, solving problems and working together to achieve results. The public/private partnerships formed to reconstruct foster care can have far-reaching impact, improving the way different sectors work and the lives of our children and families.

Developing a Vision for Partnership (How to Get Started)

A practical vision must be formulated that outlines the major goals and objectives the collaboration must accomplish if the broad vision is to have meaning, as well as the values and principles that will guide the partnership (CWLA, Subcommittee on Hard to Serve Children and Families, 1990).

Mutual goals form an essential foundation for partnership between government and private agencies. Agencies must work together to identify needs, common goals and mutual benefits of partnership. Staff throughout the organizations must see clearly that working together has advantages to working separately. Building consensus regarding desired outcomes sets the stage for the process of negotiating how goals will be accomplished.

A. Engaging Public/Private Stakeholders

Outreach to all those involved in the placement system is essential to a partnership that can make a difference in children's lives. Potential participants are:

- Consumers, including young people who have experienced out-of-home care and families whose children have been in placement;
- Kinship caregivers and adoptive families;
- Foster parents;
- Private placement service providers;

- The courts and others involved in placement decisions;
- Formal systems of care, including mental health, education, juvenile justice, and health care systems;
- More informal systems such as communities of faith, neighborhood groups, community-based organizations, and advocacy groups.

Efforts to engage a broad group of stakeholders in the development of a vision for foster care signals commitment by agency leaders to a new direction for foster care and to the creation of new partnerships. It gives notice that business as usual is about to change, and that people have an opportunity to get on board or be left behind. Broad participation also helps to identify the full range of needs, strengths, existing and potential resources that must be considered when developing solutions to common problems. Outreach efforts can mobilize the community, increase ownership of problems and solutions, and build support for new approaches.

Sharing goals motivates people to work together effectively to implement their vision. The need for change must be understood by all before efforts are made to change specific procedures, agreements, and practices. Management must facilitate a consensus among staff that change is needed before specifics are introduced. (Indeed, staff must be involved in determining specifics.)

Staff members, including frontline workers, case managers, supervisors, and administrators must be full participants. They are more likely to accept the new direction if they have input into its design and if they view the changes as useful in solving an important problem. In addition, they can help ensure that new approaches simplify the work process by easing individual workloads, removing time-consuming red tape, and allowing flexibility to respond to children and families.

Sharing goals motivates people to work together effectively to implement their vision.

Developing a Vision

In Philadelphia, a steering committee of private providers, foster parents, public agencies, and consumers came together to consider new approaches to foster care. They developed a *Family to Family Case Practice Guide*, a living document that changes as the committee determines appropriate, and is shared with all members of the public child welfare agency.

Checklist: Engaging Partners

- Are all public/private stakeholders represented in the partnership or is there a plan for ensuring that it is fully inclusive of all relevant public and private agencies?
- Is the planning process structured to consider the perspectives, concerns, and ideas of agency administrators, managers and frontline staff; other systems representatives, consumers, community leaders and other key stakeholders?
- Are strategies in place to obtain ongoing feedback regarding the direction and achievements of the partnership?
- Do the participants have sufficient influence and authority within their own agencies and the broader community to achieve the desired results?
- Does the partnership have adequate authority to ensure that agency members and staff implement changes?

B. Identifying and Articulating Values and Qualities of the Partnership

While the outcome goals provide the reason for creating partnerships, process goals are qualitative. They describe the values and principles of the partnership, along with the process and approaches partners will use to function effectively. *Process goals can be used to describe the ideal partnership and provide a map for constructing productive, mutually beneficial relationships.*

The process for improving foster care is critical to the outcomes that are achieved. In fact, unless the means are considered as well as the ends, it is possible to achieve outcomes, such as reducing the number of placements and length of stay, in ways that may not ultimately benefit children, families, or communities.

Provide Family-Focused Out-of-Home Care

For both public and private agencies, developing family-focused out-of-home care requires an enormous shift from traditional placement services and administration. Practices must be re-designed to include family members, to value the role of the family in the child's well-being, and to enable the family, whenever possible, to resume the safe care of the child. Child welfare agencies need to work together to involve families in new ways, to work with families as partners in the child's treatment plan and in services, and to develop services that help keep families together and reunify them as quickly as possible.

Family-based service approaches focus on the needs and welfare of children within the context of their families and communities. The family is central to a child's well-being and services to children must integrate the family as a whole. Family-focused out-of-home care is an integrated approach to the attitudes, values, and practices that make families full partners in the planning and decision-making related to a child's placement (Brazier 1996).

Develop community-based services for children and families in out-of-home care

Child placement services have often been provided in family foster care or residential settings that are far removed from the child's home neighborhood. Regardless of the initial assessment and the intervention, most children return home to their families and neighborhoods (Brazier, 1996). Proximity to and stable relationships with extended family, friends, school, communities of faith, other support networks, and service providers can minimize trauma caused by out-of-home care, promote family ties, and facilitate a smooth transition home when appropriate. Whenever possible, foster care services should be provided within the child and family's community.

To reduce the number of children in care and to improve the care that is provided, public and private agencies must work with community organizations to develop a comprehensive range of neighborhood-based resources, including basic supports such as housing and jobs, prevention services and family supports, family preservation services, kinship care, family foster care, and family reunification strategies.

Develop provider connections with the community

A large percentage of children in care are from large urban sites and are children of color. In contrast, many child welfare provider organizations are located outside urban areas not representative of the population that the agency serves. For example, in 1993, 70 percent of the children in custody in Cuyahoga County, Ohio, lived within eight Cleveland zip codes. However, less than a third of the Cuyahoga County foster homes were in those areas (Annie E. Casey Foundation, 1995).

Too often, families and communities view public agencies as outsiders interested in removing children without an understanding

Whenever possible, foster care services should be provided within the child and family's community.

Communication and cooperation are essential for ongoing planning of next steps.

of family needs and local resources. Both public and private providers sometimes fail to develop ties with the neighborhoods they serve. Service providers who work within the same community may not know each other, coordinate resources, or work together to respond to the needs of children, families, or the neighborhood.

To develop community-based services, provider agencies must develop new connections with communities. They must recruit and hire staff who are representative of the neighborhoods, ensure that their governing boards include community members, and establish a visible, active presence in the community. New foster care approaches must ensure that both public and private agencies are representative of the children, families, and neighborhoods served and that the community owns the system.

Ensure continuity and stability for the child, family, and foster parents

Along with maintaining connections with the child's neighborhood and support system, partnerships of public, private, and community service providers can help ease transitions. Public and private providers have an obligation to develop connections with each other and the community to promote transition planning and provide access to supports and assistance during and after placement. Communication and cooperation are essential for ongoing planning of next steps, including reunification, independent living, emancipation, or adoption. The provider's knowledge of the child and family and experience working with them are valuable resources for those who will next be responsible for the care of the child, including the child's parent, informal support systems, extended family, or professionals. Communication and collaboration can help to ensure that relapses are anticipated and that plans are made for responding effectively (Terpestra, 1986).

Increase capacity to respond to children, families, and communities

A frequent goal of public/private partnerships is to enable providers to meet child and family needs that cannot be met by any one provider acting alone. Together, partners have greater capacity to provide a comprehensive and flexible mix of services that can be tailored to fit the strengths and needs of individual children and families. The rich array of services developed by creative private agencies can significantly augment the limited casework or case management of public agencies alone.

Organizations working jointly are more likely to more broadly and comprehensively analyze issues and opportunities than those working independently. They have complementary resources that diversify their capability to accomplish tasks (Mattessich and Monsey, 1992).

Improve decisions regarding the best care of the child

Customary placement decisions often result in overly restrictive placements, extended stays in out-of-home care, and multiple placements. Public and private agencies must work together to improve decision-making regarding each and every child who enters the system.

Often, the public agency makes a decision regarding placement in an emergency situation without comprehensive information or a complete understanding of the child and family's circumstances, history, needs, supports, capacities, or potential resources. The decision is influenced by many factors, including the size and characteristics of the worker's caseload; services immediately available; the caseworker's knowledge of and experience with community and placement resources; pressure from supervisors, the public, or the media to respond in a certain way; and the caseworker's own training and decision-making skills.

When the contract provider receives a

referral, adequate information regarding the child's needs is often lacking. A complete assessment of the child, much less the family, is often missing, and the child may be in placement for months before a case plan is formulated.

To make appropriate decisions regarding the care of children and services to their families, the public agency must have a thorough understanding of private agencies and service options. First-hand, current knowledge of resources contributes to the ability of the placing agency to find an effective match with the child and family's strengths and needs (Terpestra, 1986). Dialogue, coordination, and collaboration are required as public child-placing agencies and private providers negotiate to plan and deliver individualized services. They must work together to decide the division of responsibilities, such as:

- Who will work with the child's family?
- What services will be provided?
- When will case goals be decided and how?
- What information will be shared?
- How will the agencies cooperate to achieve permanency goals for the child, and who will provide aftercare?

Neither agency alone is responsible for making an appropriate match. Both are responsible. If a provider agency believes that a child is not appropriate for the services they offer, they are obligated to help determine what services would be appropriate and to help find those services (Terpestra, 1986).

Raise a unified voice to promote family-focused out-of-home care

Together, government and voluntary agencies can work to make the needs of children and families more visible to the public, policymakers, and the media. The two sectors need to identify administrative and public policy barriers to effective foster care, such as inflexible, categorical funding streams and inadequate investment in prevention, training, and services. They can then work together to develop strategies to overcome barriers and meet the challenges of family-focused out-of-home care. A strong, united voice increases the attention and commitment to new approaches.

Neither agency alone is responsible for making an appropriate match. Both are responsible.

Improving the Process: Desired Characteristics of Public/Private Partnerships

- Participants demonstrate mutual respect, understanding, and trust.* A strong effort is made to listen to one another; to enter each other's culture, to understand differences in language and terminology and not to judge those differences.
- An appropriate cross-section of members is included from the organizations and the community.* Frontline staff are included, as well as administrators, of agencies that will be affected by collaborative activities.
- Goals are clearly articulated, based on measurable outcomes, and attainable.* They reflect the shared vision of participants, which may exist at the outset of the partnership or develop as members work together.
- Power is shared.* Every level within each organization participates in the partnership. Power and rewards are seen in win/win terms. Participants are empowered to do something about the problems that concern them. This maximizes involvement and sense of control for participants and minimizes sabotage and disinterest.
- Reciprocity is recognized as key to the partnership.* Participants each do their share in the problem-solving process. They see the partnership as in their self-interest, and believe the benefits of collaboration will offset costs, such as turf.

*Clear roles
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developed.*

Improving the Process: Desired Characteristics of Public/Private Partnerships

- ❑ *Decision-making is based on mutual agreement.* To enhance problem-solving, a collaborative, consultative approach is employed. Partners are able to compromise.
- ❑ *Teaming is stressed.* A *we're all in this together* approach which emphasizes the expertise of all participants is critical. Members feel ownership of both the processes the group uses and the results of its work.
- ❑ *Careful assessment is recognized as critical to achieving goals and developing accountability.* Assessment and problem-solving focuses on systemic factors as opposed to individual agency pathology or weaknesses. Assessment is connected to ongoing monitoring, and the entire focuses on improving accountability.
- ❑ *Open and frequent communication is crucial.* Better collective decisions can be made when relevant information is shared. Partners often interact, update each other, discuss issues openly, and convey necessary information to people within and outside the group.
- ❑ *Both formal and informal communication strategies are established.* Written agreements confirm the flow of information, and members establish personal connections that produce a more informed and cohesive working group.
- ❑ *Clear roles and policy guidelines are developed.* Carefully articulated goals and guidelines for achieving them help ensure that partners understand their roles, authority, and responsibilities.
- ❑ *Flexibility is encouraged.* Participants develop creative solutions that truly address the problems at hand. The group is open to varied ways of organizing itself and achieving outcomes.
- ❑ *A skilled convener is present.* A leader or facilitator who has organizing and interpersonal skills and who carries out the role with fairness promotes respect or legitimacy from the partners.

(Day and Hopkins, 1989; Mattessich and Monsey, 1992)

Cuyahoga County's Guiding Principles for In-Home and Placement Services

In 1992, the foster care system in Cuyahoga County, Ohio was in crisis. Increasing numbers of children were being removed from home, and almost 30 percent were placed in other counties or out-of-state. Family foster homes were in short supply, and the costs of care were escalating rapidly. After months of discussions with private agencies and her own staff, Judith Goodhand, the former Executive Director of the Department of Children and Family Services (CFS), drafted nine principles for in-home and placement services. Over time, these principles have been fine-tuned and considered in many contexts. They have become the guiding framework for public/private partnership in Cuyahoga County and core requirements for service providers.

These principles are an excellent example of a guiding framework for public/private partnership. They have become core requirements for service providers; they describe clear expectations, measurable performance standards, and can be easily translated into contract terms. The principles provide a first step toward mutual accountability and achievement of common goals for out-of-home care.

1. There will be a written treatment plan, which will have an expected date of discharge, measurable goals, outcomes, and performance indicators. The treatment plan must be consistent and supportive of the case plan goals (e.g. reunification, adoption, etc.).
2. Treatment plans must include input from birth family, foster family, and caseworker and involve them actively in implementation. The Provider will individualize and modify services to achieve child/family goals.
3. The Provider will demonstrate activities designed to insure the involvement of a CFS designated family member or significant adult in the child's treatment program on a regular basis.
4. There will be culturally diverse staff trained with the ability to involve and connect with the family.
5. When possible and appropriate, the Provider will provide a foster family in the same neighborhood as the child's residence.
6. Any move of a child must be planned and carefully executed in a manner that is in the child's best interest. Additionally, the CFS caseworker has the ultimate responsibility for the child's case planning. Therefore, all moves must be prior approved by the caseworker through the CFS Case Review Staffing process.
Ejection of children is a totally unacceptable move. Ejection is defined as a movement of a child, initiated by the provider, out of the Provider's system without prior approval of CFS through the Case Review Staffing process. This also includes moves of a child to another of the Provider's facilities and/or programs without prior approval of CFS through the Case Review Staffing process.
7. Residential providers will develop and implement residential treatment/service programs for children which will be utilized only in very specific situations, and for short term six months or less stabilization and intensive interventions. It is expected that these programs will be fully achieved within two years.
8. The foster care Providers will develop and implement service/treatment programs which will support the achievement of the child's case plan goals of reunification or permanency within one year. It is expected that these programs will be fully achieved within two years.
9. The Provider will have available staff trained with the capacity to go to a birth family (or In-Home Services Provider) or foster home (or Placement Service Provider) to stabilize a crisis situation involving the child on a 24 hours a day, seven days a week basis.

They describe clear expectations, measurable performance standards, and can be easily translated into contract terms.

An essential component to be assessed is the satisfaction of families who have experienced out-of-home placement.

Checklist: Defining Goals and Values

- Are clearly defined problems identified that the partners agree must be addressed?
- Does each partner agree to find ways their respective organizations can help achieve the common goals shared by the group?
- Does each member of the partnership identify the common problems and goals as relevant to their own organization's goals and responsibilities?
- Has the partnership reached agreement on goals that can be measured and that are based on specific outcomes for children and families?
- Are the partnership goals clearly stated in ways that can be used to develop specific plans, establish timeframes for accomplishing particular objectives, and measure progress?

C. Assess Needs and Resources

An assessment of trends, needs, and resources is an important first step for goal setting. The impetus for partnership often stems from the problems that children and families face and both public and private agencies struggle to address. Many factors that provide either risks or well-being to children and families vary considerably from one community to another, including:

- Crime, substance abuse, gang activity and other safety issues;
- Family and neighborhood stability;
- Basic supports such as housing, jobs, and economic opportunity;

- Informal networks of support and protection, such as extended families, cultural supports, and close neighborhoods;
- Community organizations that provide treatment and support;
- Private agencies that offer resources;
- Assistance and services available from public agencies and programs;
- Public policies, funding, and management approaches that offer support or provide barriers to children and families.

Examining these factors, as well as specific indicators of children and families involved in out-of-home care, helps stakeholders determine mutual goals and priorities for focusing their efforts. Strategies for gathering information include:

- Recent needs and resource assessments;
- Program evaluations;
- Management information systems;
- Focus groups, meetings, and surveys of stakeholders including children, families, foster care providers, adoptive families, and service providers.

This phase of the planning process should consider a variety of viewpoints and data sources. An essential component to be assessed is the satisfaction of families who have experienced out-of-home placement of a child, youth in care, providers of kinship care, foster parents, and other service providers. The experiences of children and families can provide valuable lessons for re-directing foster care systems.

Engaging New Partners Through Assessment of Needs and Resources

To plan for use of federal Family Preservation and Family Support Program funds, states and communities throughout the country reached out to new groups of stakeholders in creative ways. The process was open to foster families, adoptive families, young people involved with the out-of-home care systems, families who have experienced crises, advocacy groups, neighborhood organizations, and others.

In Michigan, one group that was engaged in planning was grandparents and other relatives who are caring for children in the absence of their parents. Through focus groups, surveys, and other methods, these providers of informal and formal kinship care identified the needs and problems they face as they strive to provide a safe, nurturing home. In some cases, existing resources were identified to support these caregivers, prevent out-of-home care of the children, work to reunify the children and parents, or develop feasible permanent arrangements. Often, lack of existing resources were revealed, resulting in efforts to develop partnerships, supports, and services to respond to the important and previously overlooked group of helpers.

Checklist: Working Together to Assess Needs and Resources

1. Does the partnership use a variety of methods to assess needs and resources?
2. Will assessment be an ongoing process?
3. Can the partnership assure that the following are identified:
 - Needs of children and families in crisis?
 - The needs of the community?
 - The problems, issues, and needs of the service system?
4. Can the partnership assure the following resources are identified:
 - Child and family strengths and capacities?
 - Informal family supports?
 - Neighborhood strengths and resources?
 - Community services and organizations?
 - Formal public and private services?
 - Public policies?
 - Potential funding sources?

In Michigan, one group that was engaged in planning was grandparents and other relatives who are caring for children in the absence of their parents.

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D. Goal Setting

In addition to providing the impetus for partnership, clearly defined goals help ensure mutual understanding of the direction for change. Goal setting helps partners identify how they want things to change and where they want to end up. Well-defined, mutual goals help to ensure that all parties are focusing on the same results, and specificity helps prevent misunderstanding. When precisely stated, goals describe the results that are the reason for and the focus of collaborative efforts.

Goal setting also lays the groundwork for mutual accountability. To develop a sound system for monitoring progress and tracking performance, all partners must clearly understand the goals of their joint efforts, expectations regarding accomplishment, and individual and joint responsibilities. Explicitly stating the desired outcomes of the foster care reform effort establishes the framework for measuring the performance and progress of individual agencies and the partnership as a whole.

Finally, a deliberative process of identifying and articulating goals ensures that the work of the partnership can be communicated to others, including children and families, neighborhood groups, foster families, other service providers, policymakers, the media, government agencies, and private organizations.

Outcome goals include the desired impact or effect on children and families, while process goals involve the values and qualities of services, as well as the process for implementing a partnership. Although outcome and process goals overlap and are not always clearly distinguishable, they provide a useful framework for thinking about what partners want to accomplish. *Both types of goals need to mirror the elements of family-centered practice and incorporate what we know about effective collaboration within the public or private sector.*

E. Desired Outcomes: Improved Well-Being of Children and Families

The fundamental reasons for reconstructing foster care and for developing public/private partnerships are better outcomes for children and families, including child safety, physical and emotional health, family stability and self-sufficiency, and success in school. Collaboration is not a goal in itself; it is a means to achieve these results.

While many goals for children who require foster care and their families are common throughout the nation, specific child and family needs, trends in well-being, the use of out-of-home care, and the overall service response vary considerably among communities. In addition, the ability to measure specific indicators differs. The goals described here are examples of the types of results partners may identify. In reality, each community must set its own goals, strategically choose priorities, and identify indicators of progress.

I. Goal: Decrease the overall number of children coming into out-of-home care.

The past decade has seen a dramatic increase in the number of children in all forms of out-of-home care. Child welfare systems have become overwhelmed with growing reports of child abuse, neglect, and other child and family problems. More children are vulnerable to out-of-home placement due in part to the increasing severity of family problems, such as drug and alcohol addiction, HIV/AIDS, poverty, and violence. While the solutions to these problems are beyond the capacity of the child welfare system alone, we must work in concert with all human service systems, communities, advocates, and other stakeholders to prevent and address the crises that lead to out-of-home placement.

Some groups are particularly vulnerable to placement in out-of-home care. Nationally, infants and younger children are entering care in greater numbers, and children of color are increasingly represented in care (The North

American Council on Adoptable Children, 1996). Each community should analyze placement trends and patterns to determine which neighborhoods, children, and families are most likely to experience high rates of placement. Priorities can then be identified and strategies tailored to develop alternatives.

2. Goal: Reduce the use of institutional and residential treatment.

While estimates of children in different types of care are varied and difficult to obtain, available data indicate that just fewer than 25 percent of the children in out-of-home placement were living in residential group care at the end of fiscal year 1990 (Brazier, 1996). Other estimates indicate that fewer than 50 percent of children needing temporary care are placed with foster families. Nationally, the number of foster families has dropped, and in urban communities, child welfare agencies place large numbers of children in institutions.

There are emergency situations and other severe circumstances that require out-of-home placement. At such times, every effort must be made to ensure the child is placed with caring, capable relatives. The next best alternative is placement with a qualified foster family within the child's own community. Restrictive, remote, institutional settings can add to the trauma the child experiences and interfere with efforts to reunify the family or find an appropriate, alternative permanent home. Public and private agencies must work to develop networks of family foster care that are neighborhood-based, culturally responsive, and located in the communities where children live. Together, the government and private sectors must develop strategies to meet the needs of children currently in restrictive settings through community alternatives and to ensure that every child entering care is placed in the least restrictive setting possible.

3. Goal: Reduce the length of stay for children in care.

Overloaded with children moving into care, child welfare systems are too often unable to safely return children to their families or to find permanent homes for them. Children are experiencing long stays in temporary settings. According to a study of five populous states, median lengths of stay range from just under nine months in Texas to almost three years in Illinois. While the length of stay varies for children with different characteristics, infant placements, urban placements, and kinship placements are each associated with longer stays (North American Council on Adoptable Children, 1996).

Although removing children from their homes may be essential for their safety and well-being, leaving them in foster care for months or years can cause additional problems. While the majority of children placed in care are reunited with their parents, those in placement for more than 18 months are unlikely to be reunified. The longer children stay in care, the less likely it is that they will find a new family through adoption. As children age, they are harder to place in adoptive homes, and they often have difficulty adjusting. Many children simply age out of the system at age 18 and face extremely limited prospects for the future (North American Council on Adoptable Children, 1996).

To limit the length of stay in foster care, public and private agencies must commit to a multi-faceted, collaborative approach. Through their observations and knowledge of the child's and family's needs, strengths, and potential, private providers can provide information and recommendations regarding reunification, transition to other types of care, or other permanency options (Terpestra, 1986). Clear communication, understanding, and coordination are necessary to plan services and implement the plan in a timely fashion to avoid prolonged placement.

Public and private agencies must work to develop networks of family foster care that are neighborhood-based, culturally responsive, and located in the communities where children live.

Collaborative efforts are needed to:

- Develop a permanency plan for each child entering care as quickly as possible and work together to achieve it;
- Conduct frequent and timely reviews of children in care to ensure continuous progress toward permanency goals;
- Ensure that each child who must be removed is placed close to home and that family involvement is promoted;
- Develop family services, other reunification measures, and standards for providers that promote returning children to their families as quickly as possible, if reunification is the goal;
- Proceed in a timely way to free children for adoption and to find appropriate adoptive families;
- Ensure that kinship care is used appropriately, that relatives receive the support and assistance they need to effectively care for the child, and that appropriate efforts are made to reunify children in kinship care with their parents or to find an alternative, permanent home; and
- Limit the use of long-term foster care.

4. Goal: Minimize movements while in placement.

Children who experience multiple placements are subject to numerous emotional losses and ongoing disruption in their lives. Often they experience increasingly more restrictive forms of care and prolonged stays in placement. They also may exhibit increasingly serious behavioral problems.

Joint Efforts to Prevent Placement Disruptions

Placement disruptions have many causes. For example, in Cuyahoga County, Ohio, placements in emergency shelter care are common. The initial placement often occurs before a comprehensive child or family assessment is conducted. When little is known about the child's needs and strengths, an appropriate match with a family foster home or other placement setting is unlikely. Providers may accept referral of a child and learn later that they are unable to address the child's needs. In Cuyahoga County, a collaborative public/private committee is working to reduce multiple placements.

They are developing flexible strategies that allow the provision of services necessary to meet a child's needs without changing the placement setting, including the use of wraparound services for children at risk of placement disruption.

A useful tool for setting goals for the partnership's work is the establishment of benchmarks.

Indicators and Benchmarks

A useful tool for setting goals for the partnership's work is the establishment of benchmarks. Indicators or benchmarks are measures for which data are available, that help quantify the achievement of a result (Friedman, 1996, 1997). Identifying benchmarks can help:

- Understand the nature of a problem and the steps involved in achieving a goal,
- Establish goals that are not overwhelming and for which progress is attainable,
- Construct plans that consist of manageable steps,

- ❑ Provide incremental steps against which progress can be measured, and
- ❑ Lay the groundwork to begin developing accountability systems.

Few child welfare systems currently have capacity to collect and monitor the full range of data to establish and track indicators. However, identifying indicators and tracking those that are feasible can help build a case for the usefulness of data and the need for improved management information systems. Partners may also be able to devise new approaches for collaboratively collecting and using data.

F. Focus on Communication

Relationship building extends beyond engaging stakeholders and setting goals. It is a fundamental, ongoing part of collaboration. Communication is key to building a partnership, and dialogue and listening are essential to effective communication.

A fundamental challenge for government/voluntary partnerships is the building of trust. Often both groups bring to the partnership an array of stereotypes and paradigms. Partnerships require new communication efforts to overcome these presumptions and create mutual understanding.

Ensure that Communication Is Inclusive

An essential strategy for building and sustaining partnership is to provide access to the decision-making process for all those who participate in the provision of services. Creating effective services depends on opportunities for obtaining, considering, and using input from everyone who will be involved in implementation, including public and private agencies, their staff members, and their clients (CWLA, Subcommittee on Hard to Serve Children and Families, 1990).

According to Kathleen Wadkins, a Philadelphia Youth Services social work supervisor;

Being included in meetings and having input allows us to see things through the other parties eyes. It helps to stop assumptions and learn what others are really doing and to respect each other. (Wadkins, 1996).

Promote Mutual Understanding

Sharing information regarding differences in mission, mandates, philosophy, language, and service approaches can help dispel misconceptions and facilitate communication.

Mutual understanding within and across agencies of pressures and roles helps partners devise strategies for achieving results.

A strategy that can promote mutual understanding and facilitate communication is a glossary of key terms. Language, including different terminology and names for agencies or approaches, can provide barriers to understanding partners. A shared glossary can provide a common language and help ensure a neutral foundation for communication.

Tap into Informal Networks

Aside from agency executives and administrators, informal leaders greatly influence organizations and their members. Recognizing and taking advantage of the power of informal communication networks boosts the likelihood of successful collaboration. For example, stereotypes are perpetuated by rumors, and rumor control helps prevent misunderstanding and sabotage.

In Cuyahoga County, Ohio, each meeting of the Contracted Child Care Provider Committee (the public/private partnership) begins with rumor control. At first, seven or eight rumors were identified and addressed at each meeting. Each was discussed, and the inaccuracies and potential harm of each was disarmed. Six or seven months have now passed since a rumor has been raised at a meeting. Instead, participants now make direct efforts to verify information and take rumors less seriously.

A fundamental challenge for government/voluntary partnerships is the building of trust.

Guidelines for Public/Private Communication

These guidelines embody basic principles for productive communication.

- Be honest.* Never lie to each other.
- Strive for clarity.* Be clear and direct about expectations.
- Be trustworthy.* Never say something different behind your partner's back. Instead, treat each other with respect and dignity. Make a reciprocal pledge to promote one another, rather than denigrate each other.
- Accept and respect differences and diversity.* Make room for a variety of therapeutic approaches, philosophies, and cultures.
- Be willing to walk a mile in your partner's shoes.* Recognize that partner organizations have different roles and missions. Practice wearing different hats. Focus on solving problems and achieving results. Instead of criticizing each other for problems, pledge to work with each other to solve problems.
- Put stereotypes aside.* Suspend opinions and beliefs that are based on assumptions and hearsay.
- Promote open communication.* Avoid hidden agendas through direct, straightforward dealings with all stakeholders.
- Keep promises.* If unable to deliver as promised, be honest about that.
- Avoid personal attacks.* Make a commitment to keep conflicts focused on the issues.
- Demonstrate willingness to be accountable.* Trust is based on mutual accountability.
- Share ownership of successes and problems.*

(Woll, 1997; Braziel, 1997)

*Make a
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issues.*

G. Develop Structures for Partnership

Many different types of structures may be used to promote public/private relationships, ongoing communication, and new ways of working together to redesign foster care. Some existing structures can be utilized for these purposes, and others must be constructed.

Structures that can promote public/private partnership include:

- Planning groups that develop the vision and blueprint for reform,
- Issue-oriented work groups that examine problems with the foster care system and the reform effort and that focus on developing solutions,
- Decision-making entities that include public/private leaders with authority to make changes,
- Forums for ongoing communication among partners,
- Collaborative case planning and case management structures, and
- Existing professional and membership associations.

These structures help establish an intentional, ongoing capacity for reconstructing foster care. While representation may vary depending on the purposes and scope of the group, membership should be as inclusive as possible. Frontline staff, policymakers and administrators of public and private agencies have separate, equally important roles. Tasks can be established for both the policy and practice levels, with frontline staff informing and analyzing the work of the policymakers (CWLA, Subcommittee on Hard to Serve Children and Families, 1990).

Group leaders should be knowledgeable, committed to the reform effort, and comfortable with change. Members should include individuals who are highly placed within their agencies or opinion makers within informal networks. If possible, the process can be led by two colleagues from different sectors (public and private agencies) that share a common vision of the task. It also may be wise to include known or potential detractors to reform, as well as supporters.

1. Planning Groups

Planning can take place within many different types of committees or facilitated groups at both the state and local levels. State-level planners:

- help identify and remove policy and funding barriers,
- provide support and assistance to community planning efforts,
- facilitate communication among communities and encourage them to share strategies and lessons,
- help build the system of services necessary to effective out-of-home care,
- engage and inform state policymakers and leaders, and
- provide visibility to the partnership.

Local planners ensure that the partnership responds to the needs and strengths of the

community, key neighborhood stakeholders are engaged in the effort, and the partnership is connected to each child and family involved in the system. Community planners are the front line, where the principles and goals of reform are actualized in direct interaction with children, families, the public, and the service system.

Outside Help to Engage Leaders in Planning

Not all planning groups are ongoing or remain in their original form. Sometimes, planning efforts can receive a boost from outside organizations or peers from other sites who give visibility to the issues and help engage key stakeholders in reform.

The Child Welfare League of America (CWLA) has sponsored a series of Leadership Institutes for states and communities considering foster care reform. Sometimes, outside facilitation can provide a neutral structure for identifying leaders and convening them to work together to identify strengths and action plans. The Institutes are an opportunity for public and private stakeholders to explain different perspectives, roles, mandates; to develop mutual understanding; and to begin developing a plan for change.

2. Issue-Oriented Work Groups

Often, the multitude of issues and details essential to a working partnership are negotiated and addressed through a framework of committees and subcommittees. Issue-oriented workgroups may function as the forums where the detailed work of reform take place—airing differences, bringing problems and issues to light, and negotiating solutions. They may be ongoing or ad hoc.

The Cuyahoga County Framework of Working Groups

In Cuyahoga County, Ohio, public and private agencies formed fourteen standing committees to identify and address foster care issues.

Sometimes, outside facilitation can provide a neutral structure for identifying leaders and convening them to work together to identify strengths and action plans.

Committee members have worked together to solve problems and achieve outcomes.

Committees meet bi-weekly to address issues. Most structures have been ongoing, though some have been called upon only as needed. A total of 30 subcommittees can be identified; they operate under the 14 committees that focus on the following issues:

1. Foster Care
2. Levels of Care
3. Intake
4. Wrap-Around Services
5. Residential Treatment
6. Contract Negotiations
7. At-Risk Youths
8. In-Home Services/Family Preservation
9. Medicaid Task Force
10. Managed Care Readiness Task Force
11. Medical Management Issues
12. Service Capacity
13. Financial Systems
14. Public/Private Partnership

Committee members have worked together to solve problems and achieve outcomes. For example, to improve case planning and monitoring and to help prevent foster care disruptions, one committee developed a quarterly report that providers submit to the public agency 90 days after a child is placed and every 90 days thereafter. Another group is focusing on determining the causes of placement disruptions and working to decrease them. It has solicited assistance from the legal office of the Department of Children and Family Services (CFS) to examine data and confidentiality issues. The Levels of Care Committee is developing specific requirements for various types of services and trying to develop a more equitable rate structure for the range of services. A consul-

tant has been selected to help the group examine traditional and specialized foster care, and subsequent efforts will focus on residential treatment. The Contract Negotiation Committee has revised significantly the language of the provider contract (Blake, 1996; Oftenberg, 1997).

3. Decision-Making Entities

The groups that actually make the policy and administrative decisions regarding foster care changes must include governmental and voluntary agency leaders who can make commitments for their organizations, and who are connected to the political powers in the community (CWLA, Subcommittee on Hard to Serve Children and Families, 1990).

A Local Managed Care Intermediary

The foster care reform efforts of Hamilton County, Ohio are unique in part due to the role of a local managed care organization. Families and Children First Management, Inc. (FCF Management) is a nonprofit entity that was founded by county agencies, including: Juvenile Court, United Way, the Department of Human Services, the County Community Mental Health Board, the County Board of Mental Retardation and Developmental Disabilities, the County Alcohol and Drug Addiction Services Board, Cincinnati Public Schools, and the county school system (which represents 22 other districts). The founders appointed a group of citizens, including business people, an attorney, a parent, and service providers to serve as the governing board of the organization.

Five public agencies pooled \$8 million for FCF Management to develop a system of care for children with multiple needs and their families. The goal is to measurably improve the quality and cost effectiveness of social services for the group of children and families. Public agencies contract with FCF Management for placement services,

and FCF Management contracts with private providers, including four care management agencies and two dozen agencies that provide a range of resources and assistance for children with multiple needs.

FCF Management acts as a convener; as well as an intermediary or buffer between providers and public funders. It does not make public policy or financing decisions; that is the responsibility of public agencies. It makes operational and management decisions and negotiates with service providers. Baseline performance indicators have been established for both FCF Management and contract agencies, performance incentives have been designed, and a case rate structure is being developed.

FCF Management recently created a Provider Governance Committee to assume increased responsibilities for governance of the system. It includes the three largest contract providers, a smaller contract agency, and the chair of the local provider association. The group will be examining the structure of the system, the composition of the service provider network, dispute resolution procedures, and the contract negotiation process (FCF Management News, 1997; Davis, 1997).

4. Forums for Ongoing Communication

Capacity to facilitate ongoing communication is necessary for the management of foster care reform. Issue-oriented workgroups, decision-making entities, or planning groups with expanded responsibilities may serve as ongoing forums for negotiation and problem-solving. The important consideration is that some structure be provided for continuous, ongoing communication, facilitation, and monitoring of the partnership.

Evolving Functions of Ongoing Groups

In Philadelphia, a group initially convened a retreat to examine issues related to out-of-home care. The retreat, planned by a group that included public agency social workers, private agencies, foster parents, and youth, looked at the system from all sides. A steering committee went on to become an ongoing structure with several purposes:

- ❑ To clearly define, clarify, and provide consistency in practice, and
- ❑ To monitor community activities and ensure community connections and liaisons.

The committee consists of private sector agencies, the public child welfare agency, consumers, and other service systems, including schools, drug and alcohol services, and others (Ingram, 1996).

5. Collaborative Case Planning and Case Management Structures

Case level teams form parallel structures to policymaking and management structures. These groups focus on planning, managing, and monitoring the services provided to individual children and families.

Family Team Meetings

In Cuyahoga County, Ohio, the first Family Team Meeting is scheduled within three days of the child's removal from home and includes the primary family, foster family, child, Foster Home Resource Manager, Neighborhood Site Coordinator, and any others with significant involvement with the family. The meeting convenes all the people who will be involved in reuniting the family and provide an opportunity to build a bridge between the child's family and the family who is providing temporary care. The team includes the public caseworker and private contract agencies that will provide other services. Subsequent meetings monitor progress and alter plans as needed to respond to changes in the child and family's situation and to achieve positive results.

The team includes the public caseworker and private contract agencies that will provide other services.

Create opportunities for success through manageable projects that lead to small successes.

“Practice” Guidelines for Public/Private Partnerships

Elements of family-centered practice have clear application to public/private collaboration. Partners who integrate family-focused practices throughout the collaboration – from work with families to program planning, management and evaluation – will multiply gains and truly change the way we serve children and families.

- Start with a problem and the mutual recognition that something is wrong, that something needs to be fixed.
- Hear everyone’s definition of the problem and what has already been done to try to resolve it. Listen for language and cultural differences and clarify definitions. Avoid suggesting solutions before everyone has been heard and had a chance to share their perspective.
- Address feelings of learned helplessness. Create a climate where people can feel free to express their frustrations and empowered to create solutions. Consider why current strategies and approaches have not worked.
- Renew commitment. Develop consensus about common interests and goals. Consider the potential benefits of our efforts.
- Brainstorm. Explore options and possible strategies for solving specific and related problems.
- Develop a plan with clear expectations regarding responsibilities, authority, specific tasks, and timeframes for accomplishment.
- Build ownership in the plan. Clarify how it will benefit all participants and work to win converts to the plan.
- Create opportunities for success through manageable projects that lead to small successes.
- Plan for relapse. Consider where the plan might break down and how to get unstuck.
- Deal with issues of leadership and accountability. Gradually defining expectations and building capacity for accountability contributes to a new mutually beneficial, mutually accountable partnership.
- Address issues of personalities and politics. Strategies of inclusion, co-optation, guerilla warfare are common and can undermine gains if ignored.
- Work to obtain the resources you need. Even together, public and private providers often have inadequate resources to reconstruct foster care. Develop creative strategies to make the most of existing assets and develop new resources.
- Institutionalize efforts to give them staying power. Ensure that accomplishments will endure changes in circumstances, staff, and leadership.
- Use the partnership to anticipate/address other system problems. Use the collaborative structures, strategies, and achievements of public/private partnerships for reconstructing foster care to redesign other services and to improve the lives of children and families.

(Day and Hopkins, 1989)

6. Professional and Membership Associations

Local and state organizations of private provider agencies, unions or other associations of public child care staff, and professional membership groups can help promote public/private partnerships for foster care reform.

State and Local Alliances of Providers

For example, statewide organizations or associations of agencies that serve children and families exist in about half the states. Some associations include both public and private agencies; most consist of private organizations. Aside from promoting common goals and building capacity to achieve mutual outcomes, these alliances can encourage collaboration between the private providers and multiple public agencies and structure opportunities for working together constructively. They serve multiple purposes, including:

- Monitoring and informing members regarding developments in legislation, policies, and other factors that affect children, families, and the provision of services;
- Advocating with local, state, and federal policymakers for public policies that support comprehensive and effective services for children and families;
- Advocating for adequate public and private funding to provide services and improve child and family well-being;
- Making visible the needs of children and families and promoting the public responsibility to care for vulnerable citizens;
- Identifying services needed, resources available, and gaps that indicate unmet service needs;
- Providing information to member agencies and others regarding the resources available;

- Facilitating the development of practice, program, and administrative skills;
- Identifying service and funding opportunities;
- Representing the provider community to the media; and
- Increasing community and public understanding of the roles of provider agencies.

The Michigan Federation of Private Child and Family Agencies has conducted activities such as reviewing language in foster care contracts with the Michigan Family Independence Agency and examining regulatory changes and ways to streamline licensing rules (Long, 1997; Michigan Federation of Private Child and Family Agencies, 1997).

The Ohio Association of Child Caring Agencies is developing methodology to help member agencies adapt service delivery activities to reflect family-focused approaches that coincide with managed care principles.

H. Encourage Private Agencies to Work Differently with Each Other and with Neighborhoods

Public/private partnerships encourage new relationships among providers and between providers and neighborhoods. New alliances help achieve public/private goals for improved child and family outcomes and family-focused out-of-home care.

Mergers, Affiliations, and Provider Networks

As government spending for social services declines and social problems continue to become increasingly complex, organizational partnerships among private providers are becoming more attractive. Nonprofit organizations are especially likely to have few financial reserves to withstand fiscal pressures of the changing environment. Mergers, new

New alliances help achieve public/private goals for improved child and family outcomes and family-focused out-of-home care.

In this way the trauma of separation can be reduced and the possibility, timeliness, and quality of family reunification can be increased.

types of affiliations, and provider networks are growing. A primary advantage of joint ventures is the ability to share financial risks, as well as assets. Larger, more diversified entities or alliances are better equipped to meet the complex needs of children and families. When well planned and executed, provider collaborations help expand the consumer base, develop and explore new sources of funding, and cut costs without compromising the organization's mission (Dina and McCaffery, 1992; Scheff and Kotler, 1996).

Organizational collaboration among private agencies also takes place in other ways. For example, in the Philadelphia **Family to Family** site, at least one private agency has invited a representative of another agency to join its board. A Hamilton County, Ohio, contract agency has formed a different type of affiliation; a Beech Acres staff person wanted to be an individual group home provider. Beech Acres helped her get established, and the two organizations are now separate, though affiliated.

Neighborhood Foster Care Networks

Traditional child welfare contract agencies are often isolated and distant from the neighborhoods of the children they serve. Providers are shifting to neighborhood-based care by:

- ❑ Creating neighborhood satellite offices as a base of operations for community-based staff and services;
- ❑ Developing neighborhood foster care networks and neighborhood services such as after-school services, respite care for foster families, and weekend programs;

- ❑ Hiring staff that are representative of the community and often live in the neighborhood served; and
- ❑ Establishing collaborative relationships with neighborhood organizations that provide family supports to prevent placement.

When developing connections with communities, providers often change the services they offer and their entire approach. Cleveland, Ohio's Metzenbaum Center, formerly a children's residential facility, is now a family reunification center (Annie E. Casey Foundation, 1995). Berea, a long-standing provider agency with a large residential campus in the white, middle-class Cleveland suburbs, has opened neighborhood offices and developed 26 programs, including community-based and in-home services.

Local collaboratives serve children who must be removed from their own homes in neighborhood foster homes so the relationships between the children, their primary families, and their natural support networks can be maintained. In this way the trauma of separation can be reduced and the possibility, timeliness, and quality of family reunification can be increased.

Using RFPs to Encourage Neighborhood Foster Care

The Cuyahoga County, Ohio Department of Children and Family Services issued a Request For Proposals (RFP) that required collaboration with local organizations and encouraged agencies and organizations from the same area to work together to submit a joint proposal. In communities within Cuyahoga County, neighborhood collaboratives have formed. Each includes the Department of Children and Family Services (CFS), a licensing agency for foster care, and a full-time **Family to Family** site coordinator. Other members include community residents and activists; representatives from youth and recreation programs, mediation, domestic violence, mental and medical services; civic, school, cultural, and religious leaders; business and property owners; substance abuse and family life workers; and foster parents. These local groups have embraced common values for reconstructing foster care. The site for the collaborative is usually a community center or settlement house. Their objectives are to:

- ❑ Intervene in family crisis by decreasing the likelihood of child abuse, neglect, or other family conflicts;
- ❑ Assist families identified by the public child welfare agency whose children are under protective supervision, but at home, in relative placements, and with neighborhood foster parents; and
- ❑ Recruit, train, and license neighborhood residents to provide foster care and adoption.

The Partnership Project: Working Together for Families and Neighborhoods

Three private contract agencies (Parmadale, Beech Brook, and the Positive Education Program) are working with the Cuyahoga County Department of Children and Family Services, the Cleveland Public Schools, and the Mt. Pleasant neighborhood to build an integrated service delivery system. They have been joined in the Partnership Project by the Murtis Taylor Family Resource Center. The goal of the Partnership Project is to help the Mt. Pleasant community develop a comprehensive, school-based, neighborhood-linked service delivery system. The Project is offering intensive, in-home services, as well as school-based intervention for severely emotionally disturbed children.

Parmadale, a long-standing child welfare service agency, has used flexible response teams in four neighborhoods. When community organizations identify neighborhood families who want specialized assistance, the neighborhood-based team responds quickly. This Flexible Response Team is a key element in the Partnership Project, which will also focus on assisting neighborhood foster parents and the families of children placed with them.

The Partnership members have committed to learn a new way of serving the local community. They hope the new paradigm will take them beyond the narrow view of separate agencies and competing agendas and toward a new model of community partnership and governance. Members hope to learn to humbly serve the community in ways they deem acceptable and appropriate and necessary (Woll, 1996).

The Partnership members have committed to learn a new way of serving the local community.

Development of win/win strategies can happen only when negotiators are honest about their needs.

I. Negotiate Win/Win Strategies and Solutions

One partnership goal is to develop strategies for improving the lives of children in ways that do not harm the staff or organizations providing services. For partners to support strategies for achieving common goals, solutions must be developed that benefit both public and private agencies, or at least do them no harm. The contract relationship provides the framework for negotiated agreements regarding performance, and the party with the money has the power and responsibility to frame a win/win solution. Mutually beneficial solutions require respect for each party's bottom-line—what the private agency needs and what the public agency needs.

Development of win/win strategies can happen only when negotiators are honest about their needs. For instance, private agencies must be willing to reveal financial information in the same way that public agencies must. Development of mutually beneficial strategies for achieving goals requires dialogue and give-and-take.

Developing Win/Win Solutions to Financial Crisis

In Hamilton County, Ohio, the public agency paid increasing rates for residential treatment year after year. According to public agency administrators, they paid whatever it cost to secure a bed. A few years ago, the continually escalating costs of residential care reached crisis proportions. The County Commissioners cut the child welfare budget by 15 percent, and the Department cut both its services and the per diem paid to providers. Policymakers and administrators began considering managed care and other cost containment options. With the prospect of rate cuts and managed care, the public/private relationship changed. The public agency put out the word that it was trying to build a system that is fiscally responsible and provides needed services. Private agencies were wary of the limitations on rates and payments that would come with managed care. Rates were negotiated individually with private agencies. Payments decreased for some; others developed innovative ways to use limited resources, such as wrap-around plans to reunify families. Both government and voluntary agencies began working to find ways to contain costs and improve services.

J. Establish Collaborative Performance Standards

Why Standards Are Necessary

To help ensure progress toward partnership goals for family-focused foster care, public and private agencies need standards. Performance standards provide criteria and specify expectations for case planning and management, types and levels of service, service delivery approaches, program management, data management and reporting, and other functions of both public and private placement agencies.

Standards are an effort to formalize agreements regarding solutions to system problems, stakeholder roles and responsibilities, and strategies that will be used to achieve partnership goals. They form a foundation for measuring achievement and progress and for establishing accountability.

Public agency standards may be set by the legislature, the Governor, agency executives, and intergovernmental and interagency agreements. While private contractors may also be

required to perform according to standards set by these same means, the public child welfare agency is more likely responsible for setting standards for private contractors. However, standards for case planning, case management, and use of out-of-home placement are often lacking. Few child welfare systems have established standards for more than a fraction of the services provided and functions performed. Outcome expectations for out-of-home care and other services are especially lacking.

In the absence of external standards of performance, Hamilton County administrators note that providers often develop their own indicators, measure their own performance according to these standards, and grade themselves. The County is hoping to work together with providers to develop meaningful standards.

Collaborative Development of Standards

Collaborative development of performance standards takes advantage of the expertise and experience of both public and private providers and helps to ensure that standards reflect the best knowledge, skill, and practice available. In addition, cross-sector collaboration is likely to result in standards that both sides view as fair and important.

The Washington Department of Social and Health Services Division of Children and Family Services (DCFS) worked with the Washington Federation of Residential Care Providers and the Foster Parents Association of Washington State (FPAWS) to develop contracts and requests for proposals for residential care. One goal of the collaboration was to develop more family-based out-of-home care. Likewise representatives from Missouri public and private child welfare agencies worked together to develop RFPs for residential and foster care that reflect a family-centered orientation (Brazier, 1996).

Private providers sometimes complain that they are expected by the public agency to meet a higher level of performance than

the public agency requires of itself and its staff. This view of inequitable expectations can often be disarmed through collaborative development of performance standards.

In Hamilton County, Ohio, Families and Children First (FCF) Management did a one time utilization review of all children in placement and determined that half the children in residential treatment did not need to be in that setting. Discharge planning was not taking place and alternative resources were not being arranged. Resource management criteria were developed to guide planning and management of child placements. Levels of service were defined and criteria were developed. Even so, according to Mark Davis, Executive Director of FCF Management,

The resource management criteria are not the important piece. The important piece is involving all these stakeholders, developing your own approach and agreement, moving it along. You'll get the end result if you follow the process.

Promoting Outcomes

Licensing requirements, requests for proposals, and contracts set forth standards for performance. They can be used as tools to encourage family-focused out-of-home care, effective decisions regarding children and their families, neighborhood-based foster care, and other goals of public/private partners. However, to avoid restricting innovative and effective practice strategies, it is important that performance standards focus on results, rather than procedures. Mutually established practice guidelines are necessary; however, when providers become preoccupied with following and documenting compliance with a multitude of procedural requirements, their work may focus on those efforts rather than achieving better results for children and families. Innovative and creative approaches to ensuring the least

You'll get the end result if you follow the process.

Providers should be given flexibility and encouragement to achieve results.

restrictive form of care possible and providing services that meet the needs of individual children must be encouraged.

Guiding principles, such as those developed by the Cuyahoga County Department of Children and Family Services, serve as service standards. These principles can be incorporated into RFPs and contracts. For example, provider agencies may be required to ensure that staff and services are culturally responsive to children, families, and neighborhoods. They may choose to hire bilingual staff, provide interpreters, or contract with community members to bridge language barriers with individual children. Providers also may be required to make efforts to place children in a foster home within the same neighborhood as the child's residence and to limit the number of placements outside the neighborhood.

Checklist: Incorporating Performance Standards in RFPs and Contracts

- Are both public and private agencies involved in developing performance standards for out-of-home care, permanency planning, and other services?

Does any RFP drafted to be used in the selection of providers or projects:

- Emphasize a collaborative philosophy?
- Promote services that strengthen families and work with families as partners?
- Encourage local adaptation?
- Encourage provision and coordination of services within the neighborhood?
- Require presence of the organization and its staff within the neighborhood?

- Require that the organization and its staff demonstrate that they are representative of the community in culture, race, and membership?

Are proposals evaluated on the basis of:

- Inclusive planning with neighborhood and client input?
- The inclusion of frontline staff in organizational and program planning?
- Inclusion of families as partners in service delivery?

K. Promote Flexibility and Provide Incentives to Achieve Goals

Once partnership goals are clearly defined, win/win strategies are developed, and standards of performance are defined and promulgated, providers should be given flexibility and encouragement to achieve results. Clear expectations, flexibility, incentives for performance, and accountability are integral, essential components for public/private relationships that produce results.

Encouraging Responsible Innovation

Allowing providers flexibility gives them an opportunity to develop creative ways of working with children and families. When the emphasis is on results, rather than compliance with an enormous array of procedural specifications, providers can focus on achieving better outcomes in ways that make sense for each child, family, and their unique situation. Partners may need to seek regulatory relief from requirements that impede project development.

Using RFPs to Provide Guidance and Flexibility

Without specifying the arrangements, Cuyahoga County used its RFP to encourage agencies and organizations from the same area to collaborate and submit a joint proposal. The RFP stated that it was not desirable for a single agency or organization to provide all the services necessary for implementation of family-focused out-of-home care. The collaborative was required to include an agency licensed by the Ohio Department of Human Services (which may be the County Department of Children and Family Services). The RFP required applicants to consider carefully how organizational structure and relationships would support outcomes, including to:

- Justify how it is community based, reflects the cultural assets of the neighborhood in board leadership and staff, can offer a wide array of services, and/or has the capacity to bring together a broad provider base;
- Describe the organizations and agencies that have come together to develop the proposal, the planning process, and planning participants;
- Describe the organizational structure of the network, including lead agency for different purposes;
- Describe the network's concept of program management, service coordination, and service delivery; and
- Describe how organizations in the network have successfully collaborated in the past. If past relationships have not been collaborative, partners must describe evidence demonstrating their present capacity to collaborate.

The Near West Side Collaborative is one example of a neighborhood response to the RFP. A network of nine agencies developed a plan for recruiting and training neighborhood foster families, tailoring wrap-around services, support for families working to reunite with the children and for foster families, and an array of specialized services to meet the full range of child and family needs.

Providing Financial Flexibility

Private providers can develop more integrated, family and child-friendly services and help remove unnecessary bureaucracy, multiple eligibility determinations, and assessments. They can provide the frontline, one-stop approach to services that many families and neighborhoods desire. This integrated approach requires a broad partnership. Increasingly, partnerships are expanding to include schools, mental health agencies, juvenile justice systems, the courts, substance abuse treatment for children and adults, adult corrections, health care systems, and others.

Categorical funds can limit providers flexibility to respond to children and families in ways that meet their individual needs. Private providers often contract with multiple public agencies, and with managed care and local devolution of decision-making, this trend is increasing. Some communities are blending funds from multiple public agencies to develop holistic services and comprehensive systems of care for children and families in crisis. Some are using those funds to contract with private agencies.

They can provide the frontline, one-stop approach to services that many families and neighborhoods desire.

There are no policy manuals (“rule books”); instead, work is needs-driven.

Blended Funds and Flexible Staffing

In 1993, Columbia County, Pennsylvania, agencies began working together to create a community presence and develop community resources. The partnership includes the mental health and mental retardation agency, drug and alcohol agency, child welfare, juvenile justice, and the school district. Each agency contributed funds to hire someone to identify children in need of services and to coordinate services.

The agencies wanted to avoid building another bureaucracy or adding to existing bureaucratic procedures. In addition, a staff person attached to any agency might be seen as promoting the interests of that particular group and not responsive to other systems. As an alternative, the group developed a multi-funded contract with a private agency (Synergy Systems) that was already providing school-based, community-based prevention services. The organization had credibility with the school district and was familiar with the languages, philosophical approaches, policies, and procedures of several public agencies.

Synergy Systems started with one staff in one school district. By 1996, 14 blended school-based staff were operating in five of the six small school districts of the county (DiDomenico, 1996). For the provider organization, having multiple bosses can be challenging. Even though funds are blended, each funding organization wants to have some influence. Not only does the provider agency have several entities to which it is accountable; each staff member does as well. The ability of all entities to have access to staff is an essential component of the approach.

One of the goals of the blended approach is to create a user-friendly system. There are no policy manuals (rule books); instead, work is needs-driven. Staff have flexible schedules in order to respond to families at their convenience and when they need help. They are often at school after-hours, working to resolve problems when school staff are not available. They make home visits, go to court, provide services when and where they are needed. Staff are the liaison for families, schools, and agencies; they act as negotiators, mediators, compromisers, and trouble-shooters. They work to provide and obtain the least restrictive services possible.

Strategies include:

- ☐ Monthly interagency meetings of all the participating public agencies as well as various community entities that support the initiative through monetary or voluntary contributions. Partners use these meetings to resolve turf issues and confidentiality questions.
- ☐ Monthly meetings with staff of the provider agency and the public child welfare agency to discuss cases, as well as monthly opportunities to socialize with each other.
- ☐ Accountability through formal review twice each year by the funding entities, informal, ongoing communication among agencies, and continuous supervision of and consultation with individual staff.

(Simington, 1996)

Contract Incentives

Public agencies can use RFPs and contracts to encourage private agencies to respond to new directions in out-of-home care, provide new services, or use services differently. Financial incentives encourage people to try new enterprises.

Using Managed Care to Provide Financial Incentives

The Hamilton County Families and Children First (FCF) Management contracts with four care management agencies to develop case plans, manage resource utilization, and monitor services. In addition, FCF Management contracts with 20 provider agencies to form a network of mental health, substance abuse, and social services. FCF Management provides financial bonuses for each care management agency and each provider that achieves process or outcome indicators. For instance, care management agencies must ensure that 90 percent of the plans of care will be completed and forwarded to FCF Management by a certain date.

FCF Management views case rates as a financial incentive for care management agencies. The goal is to encourage care management agencies to develop their own provider sub-networks to provide a complete system of care. Providers must work together to make the case rate work and to achieve financial benefits.

Financial incentives encourage people to try new enterprises.

L. Develop and Invest Resources in Building Capacity

Developing public/private partnership requires investment of staff, money, and time. While partnerships often focus on developing financial resources, staff capacity must be built to implement new approaches. Existing and potential leaders in the public and private sectors who are committed to the values and goals of the collaboration must be developed. Collaboration requires regular and frequent communication, planning time, and meetings, all of which translate into staff time. High caseloads are often barriers to collaboration. All staff need training, supervision, and other support, which are also costly and time-consuming.

While partnership requires time, and adequate time must be anticipated and allowed, we cannot afford the luxury of a long time frame for planning and redirecting systems. Adequate time must be invested in developing and promoting communication among all participants, but the window of reform opportunity is limited. In addition, the

partnership's sense of urgency and priority can be lost over time as other issues surface and require attention and resources.

Undeniably, money can serve as both a barrier to collaboration and as an impetus for working together. Agencies sometimes look for partners when resources are scarce, and they see partnership as a way to leverage more funds or do more with less. In other cases, agencies may use lack of funding as an excuse for not changing; complaints about funding limitations are sometimes a smokescreen for not wanting to change or for the public or private agency's fear of shifting directions. Some partners warn that if you start out by talking about money, you'll never move on to work on anything else. When partnership discussions focus primarily on available current resources, rather than the needs of children and families, someone's turf may be threatened and the desire to maintain the status quo strengthened (Blake, 1996; CWLA, Subcommittee on Hard to Serve Children and Families, 1990; Woll, 1997).

If new money is not available, partners must find new ways to invest existing resources.

Clearly, resources do matter. No amount of collaboration or partnership can magically expand budgets already stretched to the breaking point (Gardner, 1991). Nonetheless, those opposed to collaboration inevitably criticize partnership as a strategy that does nothing about resources. While the argument may be hard to beat in the short run, partnerships can help identify gaps in services, measure the impact of shortages on children's lives, and publicize the costs avoided when family needs are met. They can make a strong case for additional funding.

M. Identifying Resources, Costs, and Trends

To build capacity for serving children more effectively, partners initially may need to estimate the cost of carrying out the desired changes and the costs of not changing. Identifying trends in expenditures for business as usual, as well as current sources of support, can help identify resources that may be re-deployed. Cost estimates of new approaches and several options for obtaining the necessary resources should be developed. A committee of program and fiscal experts may provide a good vehicle for getting sound estimates and for keeping unnecessary money questions from clouding the vision of the partnership planning body.

Making New Investments

New funding can make it financially feasible for individual private providers to shift to new approaches. Public agencies need to recognize the costs to private organizations of the shift to a new approach and to support it as an investment in a new way of doing business. Public and private commitment is necessary to maintain monetary resources and capacity, including data collection capacity, staff training, and staff time for planning, meetings, and follow-up.

Recognizing the financial costs of change, Missouri raised the per diem reimbursement rate to help providers develop capacity for family-centered residential care. The Missouri Department of Social Services and the Missouri Child Care Association worked together to develop a proposal requesting Title IV-E funding to reimburse private agencies for training.

Finding New Ways to Invest Existing Resources

If new money is not available, partners must find new ways to invest existing resources. Many systems are in the situation of having to do more with less; increased dollars are not an option. It's important not to get adversarial about scarce resources. The message must be: Together, we are facing scarce resources.

Using a Range of Strategies to Make the Most of Hard Times

In Cuyahoga County, there were serious financial difficulties at the time the new director of Children and Family Services (CFS) arrived. The rate structure for private providers increased only 3% in the four years after she arrived. With the exception of foundation seed money, there was no new money to finance foster care changes. However, the County was committed to family-focused out-of-home care and encouraged providers to use flexibility and creativity. The County and providers worked to get things done without more money, with the following results:

- They are spending money differently. Many children previously in residential treatment facilities (at a rate of \$165 per day) are now being served in foster homes run by the same providers. Comparable services and quality are being provided in a family setting of specialized foster care for a rate of \$100 or less per day. (cont d.)

□ Partners became more skilled in accessing federal money. Private providers got more sophisticated about Medicaid. The public agency increased its Title IV-E penetration rate from 37 percent in 1992 to 80 percent in 1996, which brings in an additional 15 to 17 million dollars per year that does not come from county coffers.

These efficiencies encouraged the county commissioners to support public/private partners. CFS was allowed to hire additional staff and lower the average caseload of its workers from about 40 to about 19 (Blake, 1996).

N. Building Public/Private Capacity Through Training, Consultation, and Other Support

Organizational and Policy Support for Staff

Public and private agency personnel policies, as well as union rules, may restrict collaboration. Inflexible staff hours, lack of meeting time for staff, and narrowly defined job descriptions can all hinder the flexibility and communication that partnerships need. Overwhelming caseloads and other responsibilities can also restrict the ability of staff to devote the time and attention necessary for collaboration and for new approaches to family-focused placement. For example, for placement planning, Cuyahoga County requires the active involvement of a team, including the County Department of Children and Family Services (CFS), private service providers, the family, and others involved in the child's care. However, due to other demands of their caseload, CFS case managers are sometimes unable to attend planning sessions. Partners are working together to ensure that all team members have the capacity to fulfill their roles.

Use of Consultation

Foster care reform initiatives sometimes make use of outside consultants to help solve difficult problems. Experts with experience in particular issues, including peers from other sites, can help transfer knowledge and lessons from one community or state to another. Cuyahoga County is using a consultant to help agencies get a better fix on what services they are receiving by analyzing levels of care, specifying expectations for different types of services, and developing an equitable rate structure. The work will focus first on traditional and specialized foster care and subsequently on residential treatment (Oftenberg, 1997).

In addition to assistance with system planning, individual staff need ongoing supervision and consultation regarding their work together and with families. In Hamilton County, Families and Children First Management used a consultant to help plan a wrap-around approach for serving children with multiple needs. The consultant provided training for a group of about 100 people and continues to work with teams of public/private staff to develop individual plans (Davis, 1997). While outside consultants can help staff develop new strategies, partners need to develop capacity to ensure that adequate supervision and consultation are ongoing and consistent. This may be most effectively accomplished with supervisors, consultants, and monitoring from within the partnership agencies.

Partners are working together to ensure that all team members have the capacity to fulfill their roles.

Partners face the challenging task of developing capacity to monitor performance and progress toward partnership goals.

Cross Training

Family-focused foster care and public/private partnerships are radical departures from business as usual. Training can help partners overcome philosophical dissonance and understand each other's roles. Partners must anticipate some level of fear among both public and private agencies regarding new service approaches. Training for all partners, from line staff to administrators and board members, can help relieve fear and build bridges between agencies.

State and local, public and private agencies have developed an array of strategies.

Public agencies make training, consultation, and support available to private agency staff. The New Hampshire Department of Social Services trained licensing staff to provide consultation and monitoring to contract agencies that promote family-focused practices, values, and philosophies (Brazier, 1996). Also at the state level, the Ohio **Family to Family** Plan identifies tools needed and being developed, including board training and governance. The state coordinating entity for the initiative, Public Children's Services Association of Ohio (PCSAO), is exploring training that will enable it to provide consultation to agencies and their boards to assist in defining the board/executive relationship and to help board members and agency executives work productively to achieve desired results.

Private agency training available to both public and private staff. Parmadale, a large private contract agency in Cuyahoga County, includes within its system of services the Parmadale Training Institute and Consultation Network, which provides training and consultation services to both nonprofit and public agency staff within Ohio.

Cooperative training ventures. In addition, Parmadale is joining with Beech Brook, another private agency, to jointly train foster parents in their Partnership Project, which includes 50 combined foster homes and foster parent support staff in the Mt. Pleasant neighborhood. Training supports their vision of an integrated service model. In another part of Cuyahoga County, the West Side Collaborative, two child-placing agencies (Children's Services, Inc. and Cleveland Crossroads for Youth) cooperatively provide foster parent recruiting, training, and support, as well as child placement services. Both conduct home studies and complete the licensing procedure for foster families.

Inclusive cross-training opportunities. The Philadelphia **Family to Family** Initiative sponsored a three-day training that included foster parents, children, private providers, public agencies, and other partners in foster care reform.

O. Monitor Progress and Work Toward Accountability

To develop the mutual accountability essential to strong public/private partnerships, partners face the challenging task of developing capacity to monitor performance and progress toward partnership goals. Most public and private agencies lack strong data collection systems and must work to develop capacity using existing systems while advocating for and building stronger systems.

Both sectors have responsibility for collection, analysis, and use of data. Providers need ongoing feedback regarding their performance in order to monitor the effect of their efforts, adjust practice and management strategies, and determine their part in overall progress toward partnership results. Public agencies likewise need information regarding the impact of partnership approaches on indicators of child and family well-being. Together, partners must track performance

and progress to identify modifications that are needed and to fine-tune collaborative strategies.

In Cuyahoga County, private providers report information regarding length of stay to the County Department of Child and Family Services, which in turn gives them feedback regarding progress. Other tools being developed include a provider evaluation tool and provider self-evaluations.

Identifying and Tracking Costs

To promote cost-effective approaches to foster care, both public and private agencies need to develop capacity to identify and track the costs of various types of services. Few, if any, organizations know the actual costs of providing services or achieving specific results. If accountability is an eventual goal, capacity to identify and track costs must be built. Without this knowledge and capacity, holding public or private agencies accountable is unrealistic and unfair.

P. Join Together to Impact Public Policy in Areas of Mutual Concern

Together public and private child and family service agencies represent a strong voice for children and families. Despite restrictions on lobbying for both public and private agencies, coalitions can influence the policymaking process. Providing information to policymakers, officials, community organizations, the public, and the media increases overall awareness of the issues that children and families face and support for the efforts of public/private partners to help. Increasing the sense of community ownership of children and families boosts commitment to assisting them.

Partners can provide vocal and visible support for a range of policies and resources that benefit children, families, and public/private services, including:

- ❑ Increasing the number and competence of professionals through better salaries, benefits, training, and support;

- ❑ Facilitating access to the range of services necessary to meet the needs of children and families in the least restrictive manner possible; and
- ❑ Building data systems that promote evaluation and accountability.

Advocacy efforts must take place at the community, state, and federal levels, since policy and resource decisions are made at all three levels. Partners must work through their separate structures, collaboratively advocate as a partnership, and use existing channels such as provider associations, professional membership groups, and advocacy organizations.

Often the most compelling arguments for greater investment in family-focused foster care comes from the community itself. Children and families are community resources, and ownership and investment in their resources builds strong, healthy neighborhoods.

Emanuel Andular, a neighborhood leader from East Cleveland, identified economic losses to the community caused by placing children outside their home neighborhoods. He then went to different sectors within the community to inform them of the economic stake and potential benefits of family and neighborhood-based foster care. For example, the local school district loses money for educational costs of children placed out of their neighborhood. Andular encourages provider agencies to get involved with neighborhoods and community members to actively support neighborhood ownership of and involvement with foster care.

Local Policymaking or Advisory Entities

In a growing number of communities, local collaborative bodies have direct influence over the development of policies and funding for children and family services. These entities often include public agencies, private provider

If accountability is an eventual goal, capacity to identify and track costs must be built.

A public and voluntary collaboration at the national and community levels has created a forum for direct client involvement and empowerment.

agencies, families, and advocates. For example, Virginia's Comprehensive Services Act creates local collaborative teams, including community management teams, which are involved in service system planning and policies and management of out-of-home care funds.

State Advocacy

Often public agencies are most limited in their ability to lobby state policymakers. Their advocacy efforts take other forms, such as policy proposals, information and reports for policymakers, and budget requests. At the state level, associations or coalitions of private agencies that provide children and family services often offer an effective voice for family-focused foster care. These groups:

- Provide stability beyond immediate issues that change frequently;
- Provide a forum and connecting point to public systems;
- Often focus on state public policy areas, advocate with state legislators and other state-level officials for funds and policy support; and
- Provide a means for state officials and government to deal with a group of agencies, rather than reaching out to agencies individually.

(Long, 1997)

National Youth-in-Care Network

A public and voluntary collaboration at the national and community levels has created a forum for direct client involvement and empowerment. Sponsored by the Child Welfare League of America and a number of state and private agencies, the program seeks to empower youth in foster care to contribute to the improvement of the foster care system. In the local Chicago network, for example, a group of state and voluntary providers and youth in care have held a variety of retreats, meetings, social, and work-related activities. Participants published a position paper outlining issues critical to youth empowerment, testified and made presentations at hearings, panels, and conferences. The Network has also developed leadership among young people in foster care. It is an example of public and private agencies working together with young people to facilitate access to the system by those who have the most stake in it (CWLA, 1990).

ISSUES AND CHALLENGES FOR PUBLIC / PRIVATE PARTNERSHIP

To lay the groundwork for public/private partnership, agencies need to identify the issues, barriers, and challenges that hinder collaboration. This effort is in addition to assessment of child, family, community, and system needs and resources. It focuses on factors that hinder the partnership itself and the achievement of mutual goals.

Recognizing and articulating the challenges to partnership helps agencies work together to devise problem-solving strategies for working together in new ways. Rather than ignoring long-standing or anticipated difficulties, potential partners need to find ways to overcome problems. These challenges often stem from:

- ❑ Stereotypes and misperceptions regarding agencies' motivations;
- ❑ A long history of poor communication;
- ❑ Misunderstanding of the organizations' mandates, missions, and obligations; and
- ❑ Genuine differences in public and private roles, authority, and responsibilities.

Fear and Distrust

Agency relationships are often characterized by distrust and fear that partners do not have honest intentions. These feelings may be fueled by a long history of poor communication and compelling stereotypes regarding motivations and behaviors. Judith Goodhand, former Executive Director of the Cuyahoga County Department of Children and Family Services, notes, "Sometimes it's harder to reconstruct already-formed relationships than it is to start out new."

Private agencies sometimes think that the single motivation of the government agency is to save money, and conversely public agencies sometimes believe that private agencies are driven solely by profit motives. The public sector's perception is often that the private sector uses access to leaders and elected officials to lobby for favorable funding and service strategies. Public agencies often resent the relative protection they think private agencies have from attack by the media and funders. They may believe that the public sector alone is given unrealistic expectations and unfairly asked to do more with less. In addition, public agencies may receive media scrutiny of statistics and direct criticism of their efforts to protect children. Both public and private agency staff frequently feel that they are not appreciated or respected.

Fear and distrust are likely to be especially strong during times of intense change. Many people believe that their livelihood depends upon the status quo of human services. Radical change introduces uncertainties which stakeholders may believe are not in their best interests (Gardner, 1991).

Differences in Organizational Culture and Therapeutic Approaches

Agencies' differences are likely to include treatment approaches, philosophies, organizational missions, language, organizational histories, and cultures. Unless differences are understood and accepted, they can be the focus of conflict. These differences also span various public agencies. For example, the focus of the child welfare system on protection, family preservation, and family reunification may be very different from the

The distance between public and private agencies can be underscored by lack of cultural competence.

mental health agency's priority on child diagnosis and treatment. Private providers that work with both systems may be torn by the differences. Even when dealing only with the child welfare system, the provider's reality and the caseworker's notions of what the family needs may conflict.

Lack of Responsiveness to Children, Families, and Neighborhoods

The distance between public and private agencies can be underscored by lack of cultural competence. Staff who are afraid of particular neighborhoods, make no effort to understand customs and strengths of different cultures, or reject the lifestyles of particular clients, may limit agencies' abilities to partner. Failure to make efforts to develop language skills and capacity or to overcome staff biases and inexperience can serve as barriers to collaboration.

Agencies that are unwilling to serve certain children or families, or insist on delivering only specific services, limit the collaborative relationship by restricting their role in the system.

Determining Service Needs

The practice of purchase-of-service contracting, and the public and private agencies that contract, sometimes come under fire for the way that service needs are identified (Kettner & Martin, 1994). To avoid the perpetuation of business as usual and to promote services that respond to client and community needs, agencies must ensure that assessment of service needs is data-based and fair. Programs should be developed in ways that reflect the interests of children, families, and the community as a whole, rather than a particular service provider or organization.

Perceived Unfairness in the Awarding of Contracts

A significant barrier can be raised to public/private partnerships if the contracting process is viewed as biased or politicized (Kettner & Martin, 1994). Deals made behind closed doors or resulting from political pressure are not true partnerships. To the contrary, such deals are antithetical to partnership that is based on open communication, honest negotiation, and mutual accountability. Public agencies best achieve the goals of improved outcomes for children and families and cost containment by actively soliciting sound, creative proposals. To ensure equitable contracting, private agencies must be willing to reveal financial information.

Lack of Data Regarding Service Costs

Stereotypes regarding private agencies sometimes include the belief that the organizations consistently overcharge and that they drive up costs for their own financial benefit. While undoubtedly there are private providers who engage in these practices, many private agencies must subsidize public payments with private funds and in-kind contributions, and many private agency staff work at below-market salaries. At the same time, reports from public agencies indicate that contracts are seldom adjusted for inflation and that funding may not keep pace with providers' actual costs (Kettner & Martin, 1994).

To ensure that contractors are paid equitably for the costs of services (within the constraints of public funding), both government and private agencies need to become more precise in their calculations and documentation of the costs of providing services.

Considerations of Quality Versus Cost

Another stereotype is that public agencies are only interested in the financial bottom-line and that quality of service is a far less

important consideration. Kettner and Martin's 1993 survey of purchase-of-service contracting suggests otherwise. Public agencies are keenly aware of the need to focus on quality of services and on outcomes. The survey found little evidence that the focus is on the budget to the detriment of the client's best interest. Findings also support the trend toward performance-based contracting as a way to promote quality and results (Kettner & Martin, 1994).

Lack of Policy or Political Support for Collaboration

If they oppose the mission of the partnership, political leaders, opinion-makers, people who control resources, and agency leaders can hinder its development (Mattessich & Monsey, 1992). Public policy barriers, such as categorical funding and programs, can limit agencies' roles and prevent collaborative responses to families.

For example, collaborative groups that try to cut across categorical lines often have a difficult time securing the funds they need. Private providers must constantly pursue grants and contracts from multiple sources. At any one time, they may receive funds from many pots of money, with complex management and eligibility consequences (Edelman & Radin, 1991). At the same time, public agencies face restrictions in how categorical funds may be used and who is eligible for particular services.

Disconnection from a Larger System of Services

The lack of a strong policy framework that supports and promotes family-focused out-of-home care is a barrier to government agencies, to private providers, and to partnership. Lack of a comprehensive array of services to support children and families, prevent placement, reunify families, and

support adoptive families, places stress on the entire system. Failure to develop and promote a range of supportive resources and treatment for children in placement also requires that public and private providers stretch beyond their capacity. Lack of investment in capacity-building through training, limited caseloads and monitoring, limits performance and accountability critical to strong partnerships.

Checklist: Anticipating Challenges and Barriers

- Can partners identify specific challenges and barriers to collaboration?
- Do partnership plans take these challenges, barriers, and issues into consideration?
- Will the partners make ongoing efforts to identify new challenges as they arise?

Next Steps: Moving from the Vision to Reality

Once consensus regarding goals is reached, partners can work to overcome issues and challenges and to achieve the desired effects. *The process of achieving partnership goals requires ongoing dialogue, negotiation, and problem-solving.* The process of defining and clarifying expectations does not end with goal setting. Many specific questions must be answered and strategies developed. A myriad of agreements must be developed and details resolved. The overall vision must be translated into specific actions. As implementation approaches are designed, partners must consider the need for mutual accountability. It is the foundation for mutual trust and equitable strategies and should guide negotiations and problem-solving.

The overall vision must be translated into specific actions.

Both government and voluntary sectors agree that they must work together to improve case planning, review, and treatment.

Developing Strategies to Achieve Step-by-Step Objectives

Despite a solid foundation of guiding principles, many issues must be resolved as public and private agencies work together to achieve specific objectives and broad goals. One objective is for private providers to obtain permanency for a child within 6 months, yet the Department of Children and Family Services (CFS) can take between nine and 14 months to decide on a case plan. To shorten length of stay, CFS must determine with absolute clarity what the residential treatment provider should be doing at the end of 30 days, 90 days, and 6 months. In each case, these expectations must be part of a planned set of steps developed to achieve the unique goals of each child and family.

At the same time that the public child welfare agency is demanding shorter stays in care, CFS administrators have found that public agency case plans and provider treatment plans are often inconsistent. Private agencies complain that a given child might be referred to placement with 30 treatment goals, which would take 27 years to solve. Both government and voluntary sectors agree that they must work together to improve case planning, review, and treatment.

C O N C L U S I O N : A F I N A L C A U T I O N A R Y N O T E

New models for partnership need to build on foundations of strong leadership and sound public policy. They need to embrace and value fellow citizens, while rejecting divisiveness based on race, religion, disability, or eligibility to pay for needed services. We all own the problems, and the children belong to society as a whole.

Collaboration alone is not a panacea. Public/private partnerships will not change the underlying problems that lead to distressed neighborhoods, crises that children and families experience, or out-of-home care. *However, they can begin to turn the tide by bringing people together to identify and solve common problems.* Through new relationships between public and private agencies, we can learn much more about what it takes to make a difference and how to work together in new ways to improve the lives of children and families and to make neighborhoods more nurturing homes.

There are risks in public/private partnerships. If poorly managed, they can waste valuable time and resources by taking attention and time away from other priorities. They can stretch inadequate resources to the breaking point, while failing to improve outcomes for children and families. The outcomes produced should be monitored and compared with the costs incurred (Bruner, 1991).

Without proper safeguards and ongoing accountability, increased responsibility and authority given to private agencies may be abused. Clients may not receive the services they need; outcomes for children and families may not improve. Giving discretion to agencies and the staff within those agencies to respond to children and families in new ways has potential to produce damage or improvements (Bruner, 1991).

The model presented here is not conclusive. It must be used as part of a larger partnership that transcends individual agencies and crosses service systems. It must extend to mental health, juvenile justice, education, housing, and health care partners. It must engage the business sector, communities of faith, and grassroots networks. Removing public/private barriers, promoting communication and common efforts to achieve goals can facilitate broader collaboration. To extend the partnership, we must take advantage of the lessons that communities and states working to build public/private partnerships are learning.

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