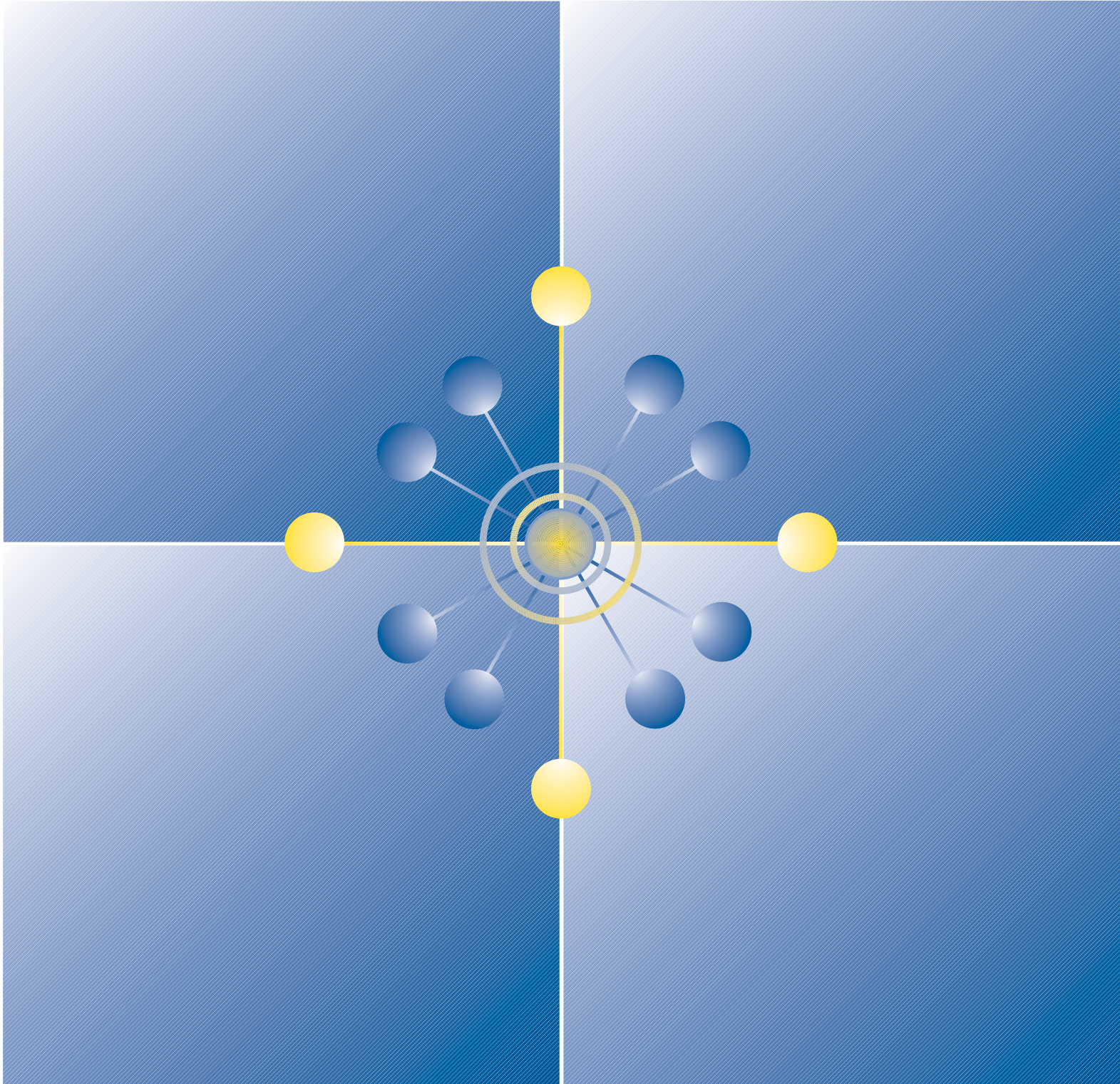


Guidebook for Juvenile Justice and Child Welfare System Coordination and Integration

A FRAMEWORK FOR IMPROVED OUTCOMES

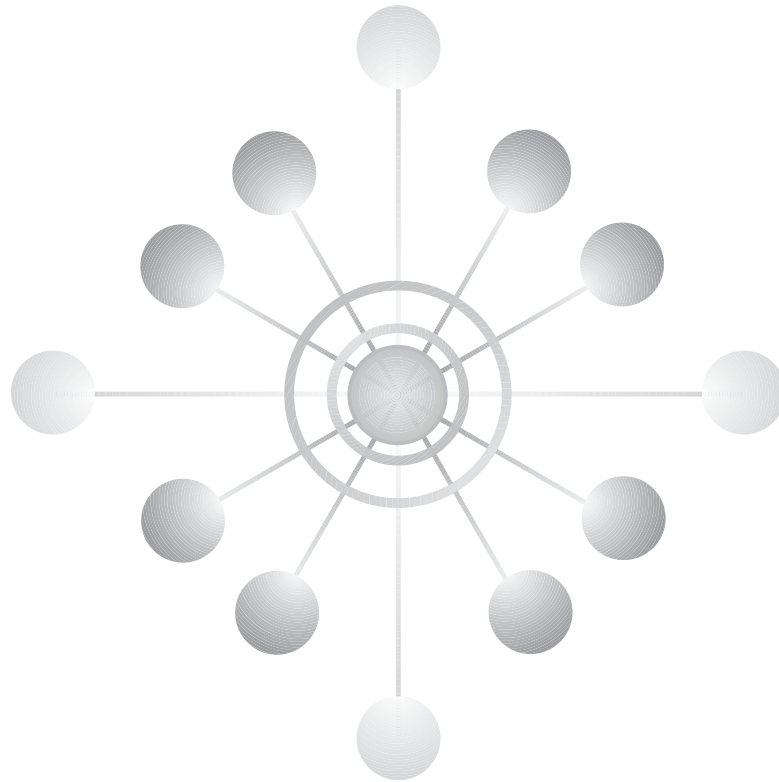


Janet Wiig with John A. Tuell

CHILD WELFARE LEAGUE OF AMERICA

Guidebook for Juvenile Justice and Child Welfare System Coordination and Integration

A FRAMEWORK FOR IMPROVED OUTCOMES



Janet Wiig, with John A. Tuell

CHILD WELFARE LEAGUE OF AMERICA
WASHINGTON, DC

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm.

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A special debt of gratitude is also warranted for the many state and local jurisdictions that have participated in the learning and information exchange process with the Child Welfare League of America (CWLA) that have contributed to the development of the material contained in this guidebook. Through national conferences convened in New Orleans, LA, Miami, FL, and Indianapolis, IN; statewide symposia in Georgia, Indiana, Michigan, Colorado, and Illinois; and including regional and local training in King County, WA, and Baltimore, MD, the participants have provided a rich atmosphere for identification of the barriers and the program, practice, and system solutions that have capably served the development of this guidebook.

In addition, several staff members at CWLA have offered their time and expertise to this important publication. Most notably, special thanks are warranted for Christy Sharp, Director of the CWLA Juvenile Justice Division; Caren Kaplan, Director of the CWLA Child Protection Division; and Dodd White, Program Manager for the CWLA Juvenile Justice Division.

The many talented and dedicated people who have contributed to this guidebook are hopeful that it may contribute to the improved coordination and integration of the juvenile justice and child welfare systems, so that they can more effectively serve the youth and families who populate these critical systems. It is hoped that the guidance will provide real opportunities to effect more positive outcomes for our nation's most valuable resource—our youth and families.

Foreword

The child welfare and juvenile justice systems have historically operated separately, driven by divergent statutory mandates, funding appropriations, mission statements, and service plans that dissuade collaboration, coordination, and integration. A credible body of research, however, confirms an undeniable connection between child maltreatment and juvenile delinquency, as well as other negative outcomes in multiple domains. This illustrates the misguided nature of this “silo” mentality.

Through an ambitious 10-year strategic plan adopted in 2000, the Child Welfare League of America (CWLA) renewed its commitment to the well-being of our nation’s children, youth, and families by expanding the nature and scope of its work. Using its broad membership base, CWLA articulated a vision in which families, organizations, communities, and governments provide all children and youth with the resources necessary to grow into healthy, contributing members of society. This enduring vision is achieved through multidisciplinary, collaborative engagement by all youth-serving institutions, and it embraces an approach that uses the best information, research, and practices.

Through the generous support of the John D. and Catherine T. MacArthur Foundation, CWLA established the Juvenile Justice Division in 2000 to support and advance the education of CWLA members and other public and private youth-serving organizations regarding the connections between maltreatment and delinquency and the need for an integrated approach to program development and service delivery. During the past five years, the CWLA Juvenile Justice Division has examined existing and new research, explored a wide array of promising approaches—from child abuse and neglect prevention to intervention for the early onset of delinquency to more formal juvenile justice system responses—and gathered information on child welfare and juvenile justice integration and reform, which state and local jurisdictions nationwide have implemented.

The division’s work has reached innumerable individuals involved in the everyday work of the child welfare and juvenile justice systems, as well as key policymakers and decisionmakers, and captured their invaluable expertise and observations. This rich engagement with our partners in the field has aided in the development of a five-phase, comprehensive planning process that has produced an action strategy for an integrated child welfare and juvenile justice system. Through this labor, youth-serving systems can embrace common goals and responsibilities to interrupt the trajectory of juvenile and criminal offending that is clearly the destiny for a disturbing percentage of maltreated children and youth.

CWLA has developed this guidebook as a companion piece to three previous publications on this important issue:

- *Child Maltreatment and Juvenile Delinquency: Raising the Level of Awareness* (CWLA, 2002a);

- *Understanding Child Maltreatment and Juvenile Delinquency: From Research to Effective Program, Practice, and Systemic Solutions* (Wiig & Widom, 2003); and
- *Promoting a Coordinated and Integrated Child Welfare and Juvenile Justice System: An Action Strategy for Improved Outcomes* (Tuell, 2003).

This guidebook provides practical guidance for state and local jurisdictions in their endeavor to integrate these critical systems. It is replete with strategies, tools, and resources that you will find useful. It presents an organized approach for addressing the significant questions and concerns that will likely arise as jurisdictions develop a strategic plan and action strategy to improve outcomes for youth and families. The guidebook presents significant detail on the issues one may encounter during each phase of the strategic planning process and is a sourcebook for promising, practical approaches that jurisdictions around the nation have used to overcome barriers and obstacles. It is not a prescriptive document and does not offer a rigid course for community change. Rather, it provides ideas, resources, tools, and guidance that can add value to efforts to bring about long-term, sustainable improvements to child welfare and juvenile justice systems. It is designed to institutionalize system integration that improves outcomes for the children, youth, and families we serve and to improve the service delivery, program development, and resource allocation of youth-serving systems.

Our hope—and belief—is that this guidebook will effectively identify the issues that its readers face and will provide inspiration to embrace the challenge to improve outcomes for the far too many youth and families that occupy our child welfare and juvenile justice systems. Through the collective acceptance of this challenge, we may advance our cause to ensure the commitment to our nation’s most important resource.

John A. Tuell

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Introduction

Increasingly, practitioners and policymakers are recognizing the overlap of the child welfare and juvenile justice systems. This overlap is evidenced by maltreated children who become juvenile delinquents, delinquent children who have histories of maltreatment, and families that have intergenerational histories with both systems. It is also evidenced by some administrative and operational realities, in that agencies face duplication of services, competition for scarce program dollars, unmet service needs, and a dearth of prevention activity to help stem the tide of children coming into the two systems. Recent federal legislation acknowledged this overlap by placing into law new requirements and funding incentives in both the child protection and juvenile justice systems for states to establish policies, programs, and practices to address the connection between the two systems (see Appendices A and B).

Despite this recognition of the overlap, these two systems struggle daily with trying to meet their basic mandates: in the child welfare system, to keep children safe and to secure permanent homes for them, and in the juvenile justice system, to hold youth accountable for their delinquent acts, provide treatment to correct their behavior, and promote public safety (see Appendices C and D for fuller descriptions of the two systems). There has been little attention or direction provided to help these systems determine in what ways they might integrate or better cooperate to improve outcomes for children and families.

CWLA developed this guidebook to help state and local jurisdictions determine how they might achieve useful integration and cooperation between their child welfare and juvenile justice systems. Direction in this guidebook is based, in part, on research, evidence-based practice, and the experiences of other jurisdictions. The expectation, however, is that a state or local jurisdiction will use the guidebook's process to discover what is most useful in its own area and address its particular contextual factors.

The Research

Several research studies have documented that child maltreatment increases the likelihood of future delinquency and criminality.¹ One of the best-known studies involved a group of abused and neglected children in the Midwest who came to the court's attention between 1967 and 1971. A prospective study, using a sample of children ages 11 or younger at the time of the abuse and neglect, concluded that childhood abuse and neglect increased the odds of future delinquency and adult criminality overall by 29% (Widom & Maxfield, 2001). Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for a violent crime by 30%. Furthermore, this study found that maltreated children were younger at the time of their first arrest, committed nearly twice as many offenses, and were arrested more frequently.

This early onset of delinquency deserves special attention because statistics have shown that very young offenders are much more likely to have their criminal careers characterized by

serious, chronic, and violent offenses than children who begin committing crimes at a later age (Snyder, 2001, p. 40). Of further concern to both the child welfare and juvenile justice systems should be the fact that neglected children are almost as likely as physically abused children to commit a violent crime (Widom & Maxfield, 2001, p. 5). When one factors in that the population of neglected children is much larger than the population of children who were physically abused (7.3 per 1,000 children in 2000, compared with 2.3 per 1,000 for physical abuse; Children's Bureau, n.d.) and that many very young offenders' families are characterized by chronic neglect (Wiig & Lahti-Johnson, 1998, p. 25), there should be heightened concern about the relationship between child maltreatment and juvenile delinquency.

A large percentage of juvenile delinquents and adult criminals have histories of child abuse and neglect. Retrospective anecdotal reports, early case studies, and histories of criminal adolescents and adults found abuse rates ranging from 26% to 85% (Wasserman & Seracini, 2001, p. 182). Recent reports from state and local jurisdictions report high incidences of child abuse histories. In Mecklenburg County (Charlotte), North Carolina, officials reported that of 50 serious, habitual offenders, 52% had child protective services (CPS) histories (Slavin, 2001). A report by Massachusetts Citizens for Children (2001) stated that "over 50 percent of juvenile offenders served by DYS [Department of Youth Services] have previously been abused or neglected children under the care of DSS [Department of Social Services]." A summary of a study of inmates in a New York prison showed that past studies of incarcerated felons and early childhood victimization produced rates ranging from 9% to 75% to 80% among juvenile and adult inmates (National Institute of Justice, 1998). This study "found that 68 percent of the sample reported some form of childhood victimization and 23 percent reported experiencing multiple forms of abuse and neglect, including physical and sexual abuse."

A relationship also exists between violent victimization of juveniles and violent offending by those same juveniles. A Shaffer and Ruback (2002) study over a two-year period, using data for 5,003 juveniles who participated in the National Longitudinal Study of Adolescent Health, found that:

juveniles who were victims of violence in year 1 were significantly more likely than nonvictims to commit a violent offense in year 2 and to be victims of violence in year 2....[and] juveniles who committed a violent offense in year 1 were significantly more likely than nonoffenders to commit a violent offense in year 2 and to be victims of violence in year 2. (p. 4)

So a connection exists between victimization and the increased risk of future delinquent or criminal behavior, but what else is known about the relationship between child maltreatment and delinquency?

First, good evidence exists that some child abuse prevention and early intervention programming has been effective not only in reducing child abuse and neglect, but also in reducing future crime and delinquency. A good example of a child abuse prevention program with multiple benefits is a nurse home-visitation program targeted to low-income, at-risk pregnant women bearing their first child (*Blueprints*, n.d.). A 15-year follow-up study of primarily white families in Elmira, New York, found 79% fewer verified reports of child abuse and neglect and 56% fewer arrests on the part of the 15-year-old children in contrast to a comparison group. The program has proven success with both African American and white families in rural and urban settings.

A Rand research brief (*Early Childhood*, 1998) summarized a study of benefits from early-intervention programs targeted to at-risk children or their mothers that aimed at improving educational achievement or health and included services such as parent skills training, child health screening, child abuse recognition, and social services referral. The effects for the children participating in these programs compared with the control group showed not only re-

duced levels of criminal activity, but also improvements in health-related indicators such as child abuse (see also Karoly, 1998). An evaluation of Targeted Early Intervention, a program for delinquents younger than 10, found that children with a minimum of 18 months in the program had fewer and less severe subsequent offenses and less involvement with child protection compared with a similar group of delinquent children (Decker & Owen, 2000).

Second, “family risk factors for delinquency and violence are also characteristics typically present in abusive or neglectful families” (Wiebush, Freitag, & Baird, 2001, p. 3). These factors include failure to supervise and monitor children; excessively severe, harsh, or inconsistent punishment; domestic violence; and caregiver substance abuse (Howell, 1995, p. 20). Third, the child welfare and juvenile justice systems have much in common. Often, the two systems employ the same disciplines requiring some of the same body of knowledge. They may use many of the same treatment providers and can have an overlap or duplication of services. Mental health needs are critical, and people of color are disproportionately represented in both systems. Neither system emphasizes prevention. Both are without a lot of public support and work with unwanted, unsupported populations with a history of systemic neglect. Both struggle with obtaining adequate resources and require the involvement of multiple systems and partnerships to work well. Furthermore, both systems need a more pronounced appeal to gain broader public support for efforts to reduce child maltreatment and delinquency.

Implications for Child Welfare and Juvenile Justice

Having established this relationship between child welfare and juvenile justice, what are the implications for the two systems? The challenge is to discover what are effective means of integrating these two systems in a manner that helps prevent child maltreatment and delinquency and produces better outcomes for children and families. Child maltreatment, the reason most children and adolescents enter the child welfare system, is known to put them at risk for delinquency and psychiatric problems. Although child welfare studies suggest that half to two-thirds of children entering foster care have behavior problems warranting mental health services, little is known about how the child welfare system identifies child delinquents or potential child delinquents and refers them to mental health services (Burns et al., 2003, p. 4). Yet this is a critical population for intervention because of the trauma many of these children have experienced from abuse and neglect, other risk factors for future delinquency, and the children’s acting-out behavior. With further knowledge, “the child welfare system could serve as an early warning system for identifying children who demonstrate conduct problems and are at an increased risk of entering the juvenile justice system during their adolescence” (Burns et al., 2003, p. 4). Widom and Maxfield (2001) suggested that “special attention be paid to abused and neglected children with early behavior problems. These children show the highest risk of later juvenile and adult arrest, as well as violent criminal behavior” (p. 7).

Increased integration and cooperation between these two systems can increase opportunities for prevention and improve outcomes for both the systems and clients. It must be remembered, however, that not all maltreated children will become juvenile delinquents.² For the child welfare system, the question is whether we have some means to identify which of the children are at high risk for future delinquency and how to provide them with supports to reduce those risk factors. This may mean assuming a broader dimension in this system beyond protection, removal, and reunification; involving more individualized assessments of children’s needs; and focusing on long-term outcomes and overall child well-being. For the juvenile justice system, efforts could include identifying at-risk younger siblings for support and deterrence, joining the child welfare system to address early-onset offenders, and helping garner prevention and early intervention resources. Both systems could identify those cases of concurrent involvement so

they can share caseloads, coordinate case planning, or take other steps to coordinate their efforts (Wiig & Widom, 2003, pp. 28–29).

A step in this direction exists with new amendments to the Child Abuse Prevention and Treatment Act (CAPTA). Added to permissible uses of basic state grants is the enhanced collaboration between CPS and juvenile justice to improve delivery of services and continuity of treatment as children transition between the two systems. Also, states are now required to report in their state data reports the numbers of children in CPS care who are transferred to the juvenile justice system (42 U.S.C. 5106a[a][13]; 42 U.S.C. 5106a[d][14]).

Increased integration and cooperation between the two systems might also involve the increased use of child welfare histories in the disposition planning for juvenile delinquents and the development of improved treatment programs for juveniles who have been victims of child abuse and neglect. A CWLA (2002b) survey found that approximately three-quarters of responding juvenile justice agencies had policies, procedures, or regulations supporting collaboration with child welfare agencies for juvenile offenders who were victims of maltreatment. Only 12%, however, had a program specifically designed to serve juvenile offenders identified as previous victims of child maltreatment. The amendments to the Juvenile Justice and Delinquency Prevention Act (JJJPA) described in Appendix A specifically require, under the formula grants program, that states implement a system that makes public child welfare records known when a juvenile is before a court in the juvenile justice system and that these records are incorporated into juvenile justice records for purposes of establishing and implementing treatment plans (Part B, Federal Assistance for State and Local Programs, 42 U.S.C. 5633[a][26], [27]).

Using the Guidebook

The guidebook is designed to help jurisdictions engage in a process to determine what integration and coordination efforts will best achieve improved outcomes for children and families and the child welfare and juvenile justice systems. This guidebook's uses the following definitions:

Integration: A new system of handling children who cross over both systems, that is, juvenile delinquents who have a history of child maltreatment or other involvement with the child welfare system and children who have been maltreated and are at very high risk (due to multiple factors) of becoming juvenile delinquents. This new system might be characterized by such things as the development of an integrated management information system, blended funding and flexible programming for children and families crossing both systems, policy and program development that emphasizes prevention, results-based accountability that includes performance and outcome measures, statutory and other policy frameworks that support systemic change, and reliance on evidence-based practices.^{3,4} Integration would also encompass any or all of the coordination efforts described in the following.

Coordination: Efforts focused on the handling of children who cross over both systems to improve specific points in the process of handling these children in either system. Examples of such efforts would be communication between systems when children and families are involved in both systems, shared caseloads when both systems are involved with one family, programs targeted to specific categories of children such as child delinquents, and programs or procedures targeted to specific points in the case process to improve case handling or attain improved case outcomes.

The guidebook is divided into five phases: (1) mobilization and advocacy, (2) data collection and analysis, (3) inventory and assessment, (4) action strategy, and (5) implementation. Each phase describes the primary activities that could take place in that phase along with ex-

amples of work that other jurisdictions have done. Again, we urge the actors who take on this initiative to use the process to explore fully the questions they need to answer and what resources exist in their jurisdiction that dictate what actions will best achieve results. They are also encouraged to consider the guiding principles from CWLA's *Making Children a National Priority: A Framework for Community Action* (Morgan, Spears, & Kaplan, 2003). They are:

- supporting families,
- promoting prevention,
- advancing social justice,
- working collaboratively,
- respecting and valuing diversity,
- building capacity,
- nurturing leadership,
- using evidence-based strategies, and
- measuring results.

Although the guidebook's phases are described sequentially, many of the activities can take place simultaneously, particularly in Phases 2 and 3, data collection and inventory, which together with the activity taking place while mobilizing the actors in Phase 1, set the stage for Phases 4 and 5, the development of the action strategy and implementation.

One additional note about the use of the guidebook is that to effectively engage in this process, it would be useful to bring in an outside convener or facilitator to help direct the process and keep it moving. This is true for at least two reasons. One, it is often difficult for jurisdictions to free enough time of any one individual in either of the two systems to take on this task and, two, an outside individual is more likely to be able to carry out this task without the pressures of protecting the status quo. Researchers have also cited other advantages of external involvement, particularly when organizations contemplate change (*I-Change*, n.d.). Outside consultants can

- bring a new perspective to old problems,
- ask those questions that no one inside the organization is able to,
- provide crucial additional resource allowing business to go on while change is contemplated,
- act as a sounding board for managers and others to test ideas and validate impressions,
- be independent of the organizational power structure, and
- be the catalyst for the change to happen.

Endnotes

¹ See Wiig and Widom (2003, pp. 1–9) for descriptions of three studies, including the Rochester Youth Development Study (Smith & Thornberry); the study from Mecklenburg County, North Carolina (Zingraff, Leiter, Myers, & Johnson); and the Northwest study (English, Widom, & Branford).

² The Rochester Youth Development Study, based on official police records and self-reports, found that 45% of maltreated youth have official records of delinquency, compared with 32% of nonmaltreated

youth. Furthermore, maltreated youth give higher self-reports of involvement in delinquent activity (Kelley, Thornberry, & Smith, 1997, p. 5). Widom and Maxfield [YEAR], comparing arrest histories of abused and neglected children versus children with no recorded abuse, found abused and neglected children “were more likely to be arrested as juveniles (27 percent versus 17 percent), adults (42 percent versus 33 percent), and for a violent crime (18 percent versus 14 percent)” (p. 3).

- ³ The U.S. General Accounting Office (1992) described integration as either “system-oriented” or “service-oriented” (pp. 4–5). System-oriented integration involves ambitious goals including the creation of a new system, changes in agencies’ planning and program funding, and elimination of conflicting eligibility and reporting requirements for programs serving similar populations. Service-oriented integration unites providers without altering budgeting or funding, agency responsibilities, or organizational structures; encourages sharing of information and co-location of services; and links clients to existing services.
- ⁴ Martinson (1999) made a distinction between service integration and service coordination as “service integration—which implies logistic and physical proximity—and coordination—which refers to agencies’ efforts to work together to achieve specified goals” (p. 1).

PHASE 1

Mobilization and Advocacy

Jurisdictions must address a number of important challenges in the mobilization and advocacy phase to ensure that a strong foundation exists to support the initiative. The process has to begin with strong leaders who possess, and can engender in others, the political will and commitment to sustain the planning processes, produce a sound action strategy, and achieve the sought outcomes. Leaders must decide how they will manage the initiative throughout and establish broad goals, and they need to initiate evaluation in this first phase so they can evaluate both the process and the outcomes.

In this phase, it also will be important to sell the initiative to all the involved parties and communicate the actions and results so that they have a continuing awareness of where the initiative is heading. Specific events can signal that the initiative is an important effort worth people's attention. Examples of potential events are a large-scale public reception to announce the initiative, a high profile but small meeting with core leaders who then announce their intentions, and community symposia to educate the system and broader public about the need for integration and coordination of the two systems around this critical population of children.

As a jurisdiction gets started with this effort, it is important to keep in mind the factors that promote integration and coordination. The Research Forum on Children, Families, and the New Federalism reported findings from a 12-state study of human services integration sites. The site managers identified critical factors for an integrated service system:

- Leadership by one or a small number of leaders who were able to enlist the support of the human services community.
- Experienced managers as both program administrators and members of the local human service community who facilitate efforts to develop connections between programs.
- Staff training and development, with cross-program training at regular intervals.
- Willingness to take chances, experiment, and change, as well as independence from higher-level bureaucracy...to implement innovative and untried strategies.
- A clear, shared mission statement developed by representatives of agency management, staff, and community partners.
- Community involvement beyond those available through government programs to ensure buy-in for service delivery improvements.
- Strengths-based, client-focused processes in assessment and case management.
- Stability and longevity of local leadership...who shared the original vision.

- Managers, who must pay close attention to performance indicators required by state and federal agencies as well as locally developed performance and outcome measures.
- Management teams, team staffings, teams focused on specific client populations, and teams that set agency goals and objectives.
- Resources beyond federal and state funds, which are needed to initiate and support local efforts to improve services (Ragan, 2003, p. 4).

The Urban Institute, in its literature review on service coordination and integration, identified factors that could foster service coordination:

Federal level. Strategies include: expanding efforts to document and communicate information about the benefits of coordination and support for these efforts; providing information on successful examples of coordination; providing technical assistance, guidance, and problem resolution; loosening restrictions that prevent blended funding; and setting an example by continuing coordination at the national and regional level.

State level. Strategies include: providing high-level support for coordination; strengthening statewide coordinating committees; providing localities with technical assistance and problem resolution; promoting the integration of automated systems; and providing for cross-training of staff.

Local level. Strategies include: developing an understanding of the objectives and operations of other programs; increasing joint planning among local agencies; introducing cross-training of staff; and documenting and evaluating coordination efforts. (Martinson, 1999, p. 7)

Initiating the Process

Jurisdictions should initiate the change process with the identification of key leaders and constituents. This is a particular challenge because not having the right composition of leaders and others involved from the beginning can cause initiatives to struggle unnecessarily or fail to get off the ground altogether. Initiation of the process should also include developing a statement of the problem or need and establishing goals and objectives.

Identify Key Leaders and Constituents

While identifying key leaders, jurisdictions should decide what are desirable characteristics of these leaders and what constituent groups should they represent. Examples of desirable characteristics are people who

- see the need clearly,
- are motivated internally by the desire to improve outcomes,
- are motivated externally by such things as the severity of the problem, policy mandates, budget considerations, or constituent concerns,
- can draw others to them,
- are respected by the broader community, and
- have the authority to take action.

Jurisdictions should decide what constituencies are going to be involved in conjunction with the identification of the key leaders. The constituencies may be youth, families, advocates, community-based organizations, policymakers, politicians, practitioners, administrators, or simply citizens of the community. Whatever the constituency, the constituents must believe they have, and must actually have, a stake in addressing and resolving the stated problem. It is important to look for existing groups representing these constituencies and determine whether their composition will serve the goals and objectives of the initiative without having to form a new group or possibly duplicate efforts that already exist. Jurisdictions can select the key leaders by their affiliation with the selected constituent group, or the constituent groups can identify who from their membership should be the key leaders.

State the Problem or Need

Jurisdictions should write a clear statement of the problem or need as far as it has developed to this point. This statement may include some preliminary data about the movement of children between the two systems, the two systems' accounts of overlap and duplication of efforts, intergenerational histories of service delivery to top service-consuming families, or other case examples. This statement may be developed by a group of key leaders or the lead agency that first tries to bring people together. It may also be developed using the tool of "citizen interviews" (Gulick, 1998). Too often, the problem is identified only by "experts," those people who are in charge of the systems or those who study the systems. It may be useful to take the initial problem statement to those constituent groups and conduct interviews with individuals to give some dimension to the problem beyond the usual. This should not only help illuminate various aspects of the problem, but help the constituent groups buy in to the process and participate fully as the initiative progresses.

Establish Process Goals and Objectives

Jurisdictions must establish broad goals and objectives for the process of the initiative. This might include writing such things as descriptions of the activities that will take place, timelines, who will be involved, benchmarks for achievement of certain results, and how the activities and results of the initiative will be communicated. A statement of goals and objectives may also include a description of how modifications to the process will be handled. Hughes (1996) wrote about how the development of collaborations and integrated services is a learning process, stating that "learning direction requires the ability to chart a realistic course and modify it as new information emerges and opportunities arise."

As the other phases of the process evolve, so too may the goals and objectives for the process. A mission statement can be part of setting these goals and objectives. It may be simply something like: "To develop a multi-system initiative focused primarily on the juvenile justice and child welfare systems that targets resources most likely to reduce child maltreatment and juvenile delinquency and achieve long-term successful outcomes for children." Or it may include a number of elements, such as the mission statement of San Bernardino, California's, human services system (HSS) Integration Initiative (n.d.-a):

- Increase integration of human services through the establishment of a family-focused delivery system.
- Align existing internal administrative and support systems and resources to improve efficiency and effectiveness to the extent needed to support the delivery system.
- Reinvest savings from improved cost benefits and enhanced revenue sources to focus on prevention and early intervention.

Managing the Initiative

The initiative must have a clear management structure to support the process through all of its phases, develop a sound action strategy, and implement the strategy. The management should establish the governance and decisionmaking processes, determine staffing and funding, designate working teams or committees, establish timelines, and develop both public and internal communications strategies.

Develop a Management Structure

The structure should provide for leadership and maximize opportunities for participation. Jurisdictions should first consider the previously identified key leaders and any existing coordinating bodies as potential managers for this effort. Then, they should formalize a leadership group charged with making the major decisions as the initiative progresses and the action strategy is implemented. Ideally, this leadership group will reflect the constituent groups. Jurisdictions may need to identify a lead agency to administer any funds or other resources to support the initiative.

The importance of designating committees or teams to carry out this initiative cannot be overemphasized. It is a critical aspect of the management structure. To get the work done, the initiative will likely need a number of different groups composed of and using the energy of the constituent groups, key leaders, and the staff of the two systems. The work to be done in the initiative is multifaceted and, in many cases, complex. It will require the concentrated efforts of individuals focused on and responsible for specific tasks for it to be successful.

One approach may be to designate teams that are assigned to different activities or interests associated with the initiative. A good example of this approach is the HSS Integration Initiative in San Bernardino County, California. In addition to its leadership team, it created the following teams:

- communication and marketing,
- data gathering: programs and services,
- data gathering: existing resources,
- research and models,
- funding streams,
- legal matters,
- public agency stakeholder interests,
- client stakeholder interests, and
- community-based organizations' stakeholder interests (HSS Integration Initiative, n.d.-a).

Teams organized to address the activities outlined in the various phases and to further represent special interests can be the actors for the initiative. They report to the leadership group, which takes action on their findings and recommendations.

Walking the Collaborative Talk: 10 Lessons Learned from the Los Angeles County Children's Planning Council

The Children's Planning Council is a planning body that works "to improve conditions for children and families by integrating and coordinating health and human services." Operating for more than 10 years, it has established a government-community partnership to engage citizens in planning for services to children and families countywide. Its 10 lessons learned are:

- Planning has to fit a particular place and time.
- Build influence; let go of control.
- Connect existing networks.
- Recognize the power of shared ideas and determined action.
- Invest in relationships.
- Remain flexible enough to seize opportunities.
- Maximize access and political power for adults who care about children.
- Use data to drive planning.
- Follow the money.
- Connect the people most engaged in local communities with decisionmakers.

The King County, Washington, Experience: A Broad-Based Governance and Management Structure

The King County governance and management structure serves as a collaboration model in the critical formation of a leadership group that has the will, authority, and broad-based representation to move the system integration initiative forward.

King County's work began with a one-day symposium for leaders of youth-serving systems, a group that reconvened 60 days later. In attendance were representatives from multiple disciplines at the county and state levels, including the King County Superior Court, King County Probation, the Region IV Department of Social and Health Services, the King County Department of Community and Human Services, the Puget Sound Educational School District, the Department of Social and Health Services' Juvenile Rehabilitation Administration, the King County Council, the King County Executive's Office, and private providers and community organizations. From these two meetings, the group chose an outstanding group of leaders to sit as an executive steering committee. This group has guided and governed the progress of the initiative.

The Executive Steering Committee assumed responsibility for such matters as the construct and content of the charter, the development of the contractual agreement with the consultants, the timeline for the initiative, and oversight and review of the ongoing work of the project subcommittees. A larger group, consisting of other symposium participants, forms the full Steering Committee. These representatives provide input and support to the Executive Steering Committee and sit as members on the various subcommittees for the initiative.

As it identified the scope of the tasks and responsibilities, the Executive Steering Committee, meeting on a monthly schedule, supported the development of three subcommittees that would examine and report on the issues necessary to complete the strategic planning process and inform priorities for action steps tailored to address the unique needs of King County. The subcommittees provide written reports of findings and recommendations as part of their work. The areas of work included data and information-sharing issues, cross-system resource inventory and assessment issues, and legal and statutory review and analysis issues.

Formalize Governance

The governance and decisionmaking processes should be formalized. This may take the form of executive orders, charter agreements, memoranda of understanding (MOUs) or memoranda of agreement. These documents may contain the following:

- descriptions of the problem,
- goals for the initiative,
- descriptions of the management and organizational structure,
- information to be shared,
- activities to take place,
- nature of the recommendations to be developed, and
- legal responsibility and authority of the parties.

Two documents that might offer guidance for the purposes of this initiative are from the Oregon and Baltimore City. Oregon's executive order out of the Office of the Governor was to implement a method of comprehensive planning for services provided to children and their families, a method created by a 1999 Senate bill (see Appendix E). The Baltimore City MOU for collaboration was associated with the development of a multipurpose juvenile justice center (see Appendix F). Both contain objectives to address the relationship between child welfare and juvenile justice. Furthermore, a hypothetical agreement specifically addresses this relationship to give additional guidance to formalize governance. It is a cooperative agreement between the Department of Juvenile Justice, the Department of Family and Children's Services, and the hypothetical Hopetown County Juvenile Court (see Appendix G).

Consider Staffing and Funding

The leadership group must consider how the initiative will be staffed and funded. A number of activities must be supported either with some reallocation of existing resources or the addition of new resources. A designated source of new funding, either public or private, can offer some additional impetus to move the initiative. It may not be necessary, however, if the leaders can reallocate existing funds or staff. The important thing is that the group carefully reviews what it will take to carry out the work of the initiative. As to selecting what staff will be involved, the group should carry out a

thoughtful analysis of not only what level of effort is required, but what characteristics are desirable. For example, it will be important to select people who

- have a keen appreciation for the necessity of the work,
- are flexible in their thinking,
- are respected representatives of their class of employees,
- are confident about their abilities, and
- are good stewards of the effort.

Establish Timelines for Phases 1 Through 3

It is important to establish timelines for the conduct of the initial phases of the initiative. Although the establishment of timelines is highlighted as part of the implementation phase, if there are no time parameters established for the Phases 1 through 3, the initiative may never get to Phases 4 and 5, the action strategy and implementation. Participants need to have some idea of how long this effort will take and when they can expect to see specific recommendations and results of their work. Timelines also help everyone to hold themselves accountable for commitments they have made to support the initiative to a successful conclusion.

Develop a Communications Strategy

A good communications strategy, both public and internal to the initiative, is critical. The leaders must develop a strategy to continuously report results as the initiative progresses. This will help gain the public, legislative, and organizational support needed to carry out the initiative and implement the action strategy. The strategy may take the form of press releases, public forums, a specially developed website, or agency memoranda; however, every action need not be communicated to every person all the time. The key is to be strategic, not secretive, and to consider the value of getting information out at key milestones and action steps in the process so that support is gained. This requires assignment of this responsibility to a person or group that will make good decisions about reporting efforts, make a specific plan, and will oversee or do the actual reporting.

Selling the Initiative

It is critical for the involved people to be clear about why they are undertaking this effort, what goals they have in common, what are some barriers to overcome, and what desirable outcomes can be anticipated. It may be useful here to conduct a campaign of sorts to get everyone “on the same page.” The campaign may include a more formal readiness assessment to assist with the development and management of the initiative.

Conduct Training and Research Symposia

Jurisdictions should conduct training and research symposia to acquaint the leaders and constituent groups with the problem and the research about the link between child maltreatment and delinquency. These symposia should include any local data that help persuade people of the importance the initiative. Symposia can also be conducted with personnel from the two systems to begin to orient themselves to the initiative. The symposia can include opportunities for all participants to help identify common goals and address some of the potential barriers to integration and coordination of the two systems.

Identify Goals in Common

The identification of goals in common may be difficult initially for the two systems’ participants. Often, they can more readily identify their differences and the barriers to integration or

coordination. Nevertheless, it is important to take on this exercise. It may be limited to some basic items, such as recognizing that they want to

- improve services to children and families,
- reduce the unnecessary entry of children into their two systems,
- better use scarce resources,
- improve their cost-effectiveness ratios,
- reduce disproportionate representation of people of color, or
- more effectively address mental health needs.

It might be useful also to engage in an exercise to identify common needs among shared clients. This will help bring issues around the common goals of reduced duplication of efforts and reduced workloads for some agency staff to the fore (RAND, 2004).

Acknowledge Barriers to Integration and Coordination

Several major categories of barriers to services integration exist, and participants must acknowledge them even if they are not fully addressed at the outset:

- Bureaucratic barriers and turf protection
- Different philosophies and missions
- Differences in performance measures and obtaining credit for services and results
- Incompatible management information systems
- Different eligibility restrictions (Martinson, 1999, pp. 4–5)

Legal or procedural barriers should be added to integration and coordination of services to this list. The critical exercise is to acknowledge how the structural design, funding, policies, practices, and statutory mandates work against or support integration or coordination efforts.

More specifically, it is critical that a legal analysis be conducted. It should examine federal and state laws and regulations, formal agency policies, professional codes of ethics, and existing interagency agreements or MOUs that affect interagency and system collaboration. This analysis should include the identification of data-sharing impediments discussed more fully later in this guidebook. Furthermore, the team should review how the legal, regulatory, and policy framework affects practice in the child welfare and juvenile justice systems.

A recent publication by the Center for Law and Social Policy (CLASP) describes categories of challenges to integration of social services as legal issues, information system challenges, concerns about performance indicators, and managerial or administrative issues (Hutson, 2004). Hutson (2004) developed a set of questions for each of these categories that may be useful as the leadership group and teams or other groups work through the various phases of this guidebook. Those questions are set out in Appendix H.

Identify Desirable System Outcomes

Examples of desirable outcomes that leaders and constituent groups may identify are:

- reduced delinquency and maltreatment,
- better use of scarce resources,
- cost savings,

- more efficient service delivery system,
- decreased service overlap or duplication,
- increased reliance on best practices and model programs for treatment,
- more advocacy to meet the needs of children and families,
- increased opportunities for prevention,
- opportunities for blended or decategorized funding,
- improved system management,
- improved development and use of treatment resources,
- increased community involvement and awareness,
- improved communications for systems, and
- reduced system-induced trauma to children.

In addition, each system may identify opportunities to improve outcomes required by state or federal mandates. For example, the child welfare system may improve its Child and Family Services Review (CFSR)¹ outcomes, and the juvenile justice system may achieve greater compliance with the JJDP A² requirements.

Conduct a Readiness Assessment

The conduct of a readiness assessment may be indicated to assess the climate for the two systems to proceed with the initiative. This might include such things as assessing the level of awareness of the need for integration or coordination, identification of resources available to support the effort, and a review of the two systems' past histories of flexibility in relation to organizational structure and communication (Hughes, 1996). A readiness checklist might include:

- identified problems that illustrate the need for integration or coordination,
- evidence of support for interagency coordination and integration from governmental leaders (e.g., letters of support, structures, agreements, executive orders, or court decisions),
- existence of past or current integration or coordination initiatives on which teams can build,
- availability of data regarding children and families served by both the child welfare and juvenile justice systems, and
- the presence of political will and determination to achieve improvements through this initiative.

An issue to consider, however, is that representatives of these two systems may be reluctant to proceed because they know that there are many aspects of the two systems that they do not want to integrate or even effect any real coordination of efforts. The leaders should remind participants that it is a defined population of children about which the initiative is concerned, not the wholesale integration of the two systems in their entirety. It might be useful at this point to return attention to the definitions of *integration* and *coordination* as they were set out in the introduction to remind participants of the same. This discussion would be enhanced by having an outside convener or facilitator share conclusions about the scope of the effort.

An integration effort in Washington State that is showing promise is illustrative of this approach to addressing a defined population of children. It started by focusing on shared clients—subgroups that were receiving multiple services—and defined practical, program-relevant outcomes for them (*Early Experiences*, n.d.). *Early Experiences* (n.d.) reports some major achievements using this approach, including staff at the local level implementing better, more coordinated ways of serving shared clients and better client outcomes. In addition, the effort was successful in implementing elements of its long-term design, including the development of natural supports and community partners, earlier detection of multiple needs and earlier intervention, and the use of a more client-centered, strengths-based approach. An observation of the start-up staff is worth noting from this experience: They wondered whether they would achieve better client outcomes and more cost savings if efforts could be shifted from multiply served, complex, high-risk, high-cost clients and coordination of services and plans to earlier identification of people with multiple needs and work in partnership with community organizations on early interventions.

Setting Goals and Evaluating the Initiative

As part of the mobilization, the initiative participants should identify preliminary strategies for integration and coordination, establish broad goals and objectives in terms of improved outcomes for children and families, and initiate evaluation of the initiative. The exercises to identify preliminary strategies and improved outcomes for children can take place throughout the mobilization stage. That is, the research and training symposia, the interviews with the constituent groups, and the convening of the management or leadership group are all opportunities for people to identify preliminary strategies and improved outcomes for children. Participation in these efforts should be maximized to create the ideas and expectations of the initiative and begin to build support for the action strategy's implementation.

Identify Preliminary Strategies

The identification of preliminary strategies falls into two categories, administrative and operational. Some direction for this effort is provided by the study of service integration reported by the Research Forum on Children, Families, and the New Federalism (Ragan, 2003). Ragan's (2003) report describes administrative and operational strategies gleaned from 12 service integration sites around the country. The administrative strategies are:

- consolidating governance structures;
- integrating funding streams;
- collaborating in planning, management, and oversight;
- collaborating to provide additional services;
- integrating a wider range of providers in local systems; and
- integrating information and information systems.

The operational strategies are:

- co-locating staff,
- integrating intake and assessment,
- consolidating staff functions,
- coordinating case plans,

- creating cross-program teams, and
- consolidating case management. (p. 3)

Identify Improved Outcomes for Children

Jurisdictions need to carefully consider just what the improved outcomes for children are to be. They need to identify these outcomes at the outset to help direct the whole initiative and ensure that the effort is a worthwhile endeavor. Examples of improved outcomes for children are:

- Reductions in child abuse, neglect, and other victimization.
- Reductions in delinquent behavior.
- Individual needs are assessed and programming is tailored to needs.
- Long-term outcomes and well-being are addressed.
- School success is realized.
- Supportive, caring adults are present.
- Children's safety at home or with a caregiver is protected.
- Neighborhood or community support is present.
- Prosocial activity takes place.
- Social competence is developed.

Initiate Evaluation

An evaluation team should be part of the initiative from the beginning. The team should observe or participate in the development of goals and objectives for the initiative. Team members should actively assist in the identification of both the process outcomes and the impact outcomes sought in the initiative—the system and child outcomes. The evaluation team and the leadership group should work together to develop the evaluation strategy.

Depending on the availability of funds, an external group or the internal evaluation resources of the two systems may carry out the evaluation. Perhaps the optimal situation for this type of an initiative is to use a combination of the two. The internal evaluation resources may be important to help account for the complexities of integrating activities and services across two systems. Whatever the composition of the evaluation team, members should have clear expectations regarding the collection of data, responsibilities of system participants versus the evaluation staff, timelines for reporting evaluation results, identified audiences for reporting, and methods of dissemination.

Checklist: Mobilization and Advocacy

- Identify key leaders and constituents
- State problem or need
- Establish process goals and objectives
- Develop a management structure
- Formalize governance
- Consider staffing and funding
- Establish timelines for Phases 1 through 3
- Develop a communication strategy
- Conduct training and research symposia
- Identify goals in common
- Acknowledge barriers to integration and coordination
- Identify desirable system outcomes
- Conduct a readiness assessment
- Identify preliminary strategies
- Identify improved outcomes for children
- Initiate evaluation
- Compile report of findings and recommendations

Endnotes

- ¹ The Child and Family Service Review (CFSR) is a product of the 1994 amendments to the Social Security Act (SSA), authorizing the U.S. Department of Health and Human Services to review the child and family services programs in each state for conformity with the requirements in Titles IV-B and IV-E of SSA (42 U.S.C. 1320a-1a Sec. 1123A). In 2000, the Administration for Children and Families (ACF) began CFSRs, the new federal review system, which assessed states' performance in achieving the goals of safety, permanence, and child and family well-being. The CFSR process involves a state self-assessment and onsite review by a joint team of federal and state officials to assess states' performance on 45 assessment measures.
- ² Originally enacted in 1974, this act governs the juvenile justice system, providing funding and direction to the states in the operation of their juvenile justice programs. The 2002 amendments to the act require that states establish policies, programs, and practices that address the connection between the child welfare and juvenile justice systems (Subchapter I 42 U.S.C. 5601 Sec.101).

PHASE 2

Data Collection and Information Sharing

The collection of data, its management, and information sharing present some critical challenges to the two systems. A starting point is for all involved personnel to acknowledge the importance of data as a foundation for integration and coordination efforts. This phase will involve identifying questions to be answered and determining the data elements for collection to support integration and coordination planning. It will also involve decisions regarding the management of data collection, including confidentiality issues and legal requirements for information sharing. There will need to be a review of the two systems' existing information systems and consideration of integrated information systems.

Identifying the Questions

In general, this exercise concerns the overlap of the two populations and the two systems' response to the overlap. It may be useful to review the systemic and child outcomes that are sought. These are some examples of questions:

- What is the number and percentage of children who have transferred from one system to the other annually for the past 10 years?
- At what points and under what circumstances do children transfer from one system to the other?
- What children and families simultaneously use the child welfare and juvenile justice systems?
- What are the characteristics of the children and families who have been involved with both systems (demographics, mental health and substance abuse histories, residence, etc.)?
- What services have agencies provided to these children and families?
- What does it cost to serve or provide treatment services to children in each system, as well as both systems?

Determining the Data Elements

Review National Data

Reviews of national data sources will not only help identify what data elements the teams should collect, but also will serve as sources of comparison for a local jurisdiction to analyze its own data. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the U.S. Department of Health and Human Services (DHHS, 2003) are authoritative sites for incidence data in juvenile justice and child welfare (Snyder, 2002).

Identify Local Sources of Data

The local sources of data, both those existing and in need of development, should be identified. This exercise should be limited by the question, “What information helps inform decisions about integration and coordination so that unnecessary collection of data does not overwhelm the effort?”

Two useful examples of local data collection efforts that teams used to drive the development of an initiative are the HSS Integration Initiative in San Bernardino County and the Young Offenders Initiative in Virginia. The San Bernardino effort is instructive in part because of its structure for data collection. A data-gathering team established objectives, success criteria, and questions that they needed to address. They sought to list useful databases, information contained, and the locations of the databases. They asked:

- Are there potential opportunities to link pertinent data?
- What are the parameters of the databases we should described?
- What types of analyses are feasible or desirable?
- Are there other data outside the county?

Then they described the databases and their operating environments, listed core elements collected in each system and whether they were required or optional, picked out the key ID elements in each system, and listed the codes in a limited number of data elements (HSS Integration Initiative, n.d.-c). Much of this structure could be replicated for this initiative. The databases, however, will need to be analyzed in terms of whether they can answer questions that best inform decisions regarding integration and coordination of the child welfare and juvenile justice systems, such as those listed previously. These questions relate to the overlap of the two systems’ populations and the systems’ response to the overlap.

The Young Offenders Initiative in Virginia is instructive because it is an example of how the initiative identifies and targets a discrete population (in this case, very young offenders) for action, just as this initiative targets children and families who are present in both the child welfare and juvenile justice systems. Virginia’s Department of Criminal Justice Services prepared a report on this population using existing databases and conducting analyses based on questions they developed about the target population, their system’s response to it, outcomes for children, and its effect on their community (Hanna, 2001). Then the department used these data to garner support for the initiative from policymakers and other key stakeholders so that the necessary political will and other resources would back the project. This effort also informed them as to what data were missing and what additional data collection efforts might need to be made.

Wish List of Data Elements

- Percentage and number of children transferred from child welfare to juvenile justice
- Percentage and number of children transferred from juvenile justice to child welfare
- Points and circumstances under which children are transferred from one system to the other
- Percentage and number of children in the child welfare system who have an older sibling in the juvenile justice system
- Percentage and number of juvenile arrests with a previous history of maltreatment
- Percentage and number of juvenile cases in which the youth has a history of maltreatment and is
 - processed at intake and
 - adjudicated delinquent
- Percentage and number of juvenile cases in which the youth has a history of maltreatment entering
 - juvenile detention and
 - juvenile correctional facilities
- Percentage and number of children served simultaneously by child welfare and juvenile justice
- Percentage and number of children under the dual jurisdiction of juvenile court
- Demographics and characteristics of children and families present in both systems
- History of services provided to families present in both systems
- Costs of serving children and families present in

Identify Key Data Elements

Having reviewed the national and local data, and keeping in mind questions that are to be answered, the participants assigned to this effort should identify the key data elements that help with decisions regarding the integration and coordination of the child welfare and juvenile justice systems. The participants should also facilitate the measurement of outcomes. Once they have identified the data elements, they can decide whether they must develop additional databases or sources of information. They must take care in identifying what data needs to be developed—participants need to be alert to a focus on what they need to know and not overwhelm the project with unnecessary data collection.

Managing the Data Collection

Determine Who Will Collect the Data

The data could be collected by an outside entity, employees of the two systems, or people designated as representing the participants in the initiative. Whoever is designated needs to be close enough to the project to understand its goals and objectives and to be able to raise questions about the utility of various data. Again, just as with the evaluation team, it may be critical to use, at least in part, people who work in the two systems and are very knowledgeable about the data. This is an arena in which the evaluation team should also be present to help evaluate and safeguard both the collection of the data and its quality. It is important to assess the quality of the existing data, keeping in mind that the data collected is only as good as the recording of it.

Establish Governance for the Data Collection

This is another area in which the two systems and the data collectors should have specific agreement. They can establish agreement as an item in the MOU, MOA, or executive order that governs the entire initiative, or in a document that stands alone to support the data collection effort. Although the previously mentioned governance documents refer to data collection, this may require some explicit discussion and documentation as to the data's collection and use. Agency representatives are likely to have concerns as to how the collection of data affects their service delivery system generally.

Identify Data-Sharing Impediments

Data-sharing impediments may take the form of access problems or legal impediments. It may be that current practices, policies, and operation of automated information systems make it difficult to access information. Although the focus of discussion is often about legal impediments, there are some operational considerations that must be addressed. Longstanding practices to keep separate the operations of the two systems may mean that the information is recorded in a fashion that is not easily accessible to anyone outside the system. Agencies may have built formal and informal policies to prohibit information sharing or to protect the turf of the particular agency. Furthermore, the information systems themselves may be so incompatible that access to the information is problematic.

Legal impediments to data sharing may be real or perceived. To be sure, one must protect a number of restrictions set out in federal and state statutes on data about individuals who are involved in the two systems. These two systems are replete, however, with stories of information that was withheld because of an employee's belief that it was protected rather than any real prohibition to its sharing.

A Juvenile Accountability Incentive Block Grants Program (JAIBG) bulletin discussed the specific requirements of the federal statutes that come into play (Slayton, 2000, pp. 7–10).

They are:

- Privacy Act of 1974;
- Family Educational Rights and Privacy Act of 1974;
- Correction of Youthful Offenders Act of 1984;
- Computer Matching and Privacy Protection Act of 1988;
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970;
- Drug Abuse and Treatment Act of 1972; and
- the Child Abuse Prevention and Treatment and Adoptions Reform Act of 1977.

Added to this list should be two pieces of more recent federal legislation, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the Keeping Children and Families Safe Act of 2003. It is important, however, to recognize that these statutes govern the sharing of information on the children and families, but do not necessarily prohibit the sharing of information. Rather, they set out the requirements that must be met. In some instances, the use of signed consents or releases will allow the information to be shared (Slayton, 2000, p. 8). Careful review of the provisions provides the guidance necessary to operate within the law.

State laws, of course, will require a state-specific review in each jurisdiction. It is critical that the lawyers who represent the participating agencies from both systems conduct review both federal and state laws. This is important not only because they will need to reconcile the particular state laws with the federal statutes, but because they need to be mindful of protecting the specific interests of their respective organizations.

Establishing Effective Information Sharing

Sell the Need to Improve Information Sharing

The participants need to be sold on the idea that improving their information sharing will be beneficial in meeting their program and system goals. It may be valuable for them to again review the system and child outcomes they seek. The JAIBG bulletin on this subject suggests that information sharing should help coordinate multiple services provided to the same family or child, facilitate services or treatment, improve case- and management-level decisionmaking, and help iden-

Using Data to Monitor Program Improvement Plan (PIP) Progress

The Texas CFSR team uses data to monitor its PIP.

The “Texas Toolkit” consists of four tools:

1. **Regional Reviews.** They plan to perform periodic reviews at the regional level, tackle smaller slices of the population, and take the social workers and their supervisors through the process of the CFSR. This serves the dual purpose of educating staff as to expectations and requirements and allows them to look at results in meaningful cross-sections. They also pull stakeholders for structured interviews in order to get an impression of the services and the population served in that area.
2. **Performance Data Profile.** The Performance Data Profile, or “dashboard,” is an interface that allows them to focus on key indicators to measure their overall performance. They can depict graphically the strength and degree of substantial conformity of areas of concern so that they can better focus their energy and training efforts.
3. **Automated CFSR Case Reading.** They perform case file readings using a designated “period under review.” They review randomly selected cases, and then enter the case data through an online reporting tool. The tool uploads the information to a central database and quickly calculates the scores in an automated process. The results of all of the structured case readings are posted on the CPS Quality Assurance Quarterly report, with region-by-region comparison, accessible on their intranet site.
4. **DEMOS (Data-Enhanced On-line Management Support).** They have partnered with the University of Texas at Arlington, School of Social Work to develop DEMOS, using software by Speedware, an On-Line Analytic Processing...application. Supervisors and managers can go to an Internet site and access data “cubes” that allow them to drill-down into information starting from the statewide overview through to regional, unit, and supervisor detail. This multidimensional design allows greater flexibility in analysis for the user.

tify children at risk of maltreatment or delinquency (Slayton, 2000). Slayton (2000) further stated that

a central data-base of information regarding delinquent, at-risk, and dependent juveniles would eliminate the need for multiple agencies serving a single juvenile to collect the same information and might also eliminate the need for each of these agencies to obtain a release to gather the information needed to serve that juvenile. (p. 2)

A report of focus group participants involved with the development of integrated information sharing comments on the agency services overlap. “This perceived waste of scarce resources became a prime motivator to share information across systems in order to increase the level and quality of services provided, reduce redundancy in services, and provide continuity of care” (*Juvenile Integrated*, 2002, p. 8).

Determine Capacity to Share Information

First, it should be determined where the relevant information about children and the decisions made about them is housed. Are the data in the possession of the public child welfare agency and the public juvenile services agency, or do a number of other agencies have to be considered as sources of information? Next, the capacity of the child welfare and juvenile justice management information systems to produce relevant data and interact with each other should be determined. Then a plan for the development of an effective information sharing system should be made.

The JAIBG bulletin contains a list of steps for successful information sharing which pertains to sharing in the juvenile justice system itself but which is also instructive for the development of information sharing between child welfare and juvenile justice. The listing is as follows:

1. Appoint an Information Management Committee composed of representatives from every agency in the juvenile justice system and funding agency officials, legislative staff, management information system experts, community representatives, child welfare agents, and parents.
2. Determine information to be collected and maintained by all agencies.
3. Evaluate information needs.
4. Evaluate agency goals and identify those that are overlapping.
5. Determine the mission (overall goals) of the juvenile justice system.
6. Clarify reasons to share information.
7. Identify what specific information is to be shared and who needs access to each item of information.
8. Determine statutory record requirements about information collection and dissemination mandated by Federal, State, and local governments.
9. Determine exceptions to statutory requirements.
10. Draft an interagency agreement.
11. Fund the system.
12. Designate information management liaisons in each agency.
13. Build the system.

14. Prepare and/or revise policies and procedures.
15. Train staff.
16. Supervise confidentiality needs.
17. Review policies regularly.
18. Review needs regularly.
19. Revise system as necessary based on audits and system needs.
20. Repeat steps 14–19. (Etten & Petrone, 1994, as cited in Slayton, 2000, p. 7).

Consider Development of an Integrated Information Sharing System

As the need for information to support anticipated integration efforts grows, so does the need to develop integrated information systems. The focus of such efforts may be on improving the existing systems' capacity to interact with one another, the development of a database to track the movement of children from one system to the other, or the development of an entirely new management information system.

A resource in this area is the Integrated Information Sharing (IIS) Project (*Juvenile Integrated*, 2002). This project is described as the first national effort in IIS to prevent juvenile delinquency. It is a collaboration between OJJDP, DHHS, and the U.S. Department of Education. The project provides technical assistance to multiagency collaborations that are planning an IIS system or are in the process of implementation and system development. Its training focuses on multiple systems; agencies' partnerships and collaboration; confidentiality, formation, and maintenance issues; and technology. A focus group of participants from various jurisdictions discussed the practical experiences and processes developed to build juvenile IIS (JIIS) systems. A summary of key points made by the participants follows:

- Jurisdictions build JIIS to enhance information, provide data for evaluation, and improve case management practices, services delivery, system responses, and outcomes for at risk youth and juvenile offenders.
- The quality of multiple agency partnerships and collaboration was identified as central to successful JIIS. Strong leadership, and building shared vision and values among partner agencies are critical to the development and maintenance of an effective collaboration.
- Ongoing attention to confidentiality law and practices is important throughout the development and implementation of JIIS. Education, cross-training and formal mechanisms such as inter-agency agreements and consent forms are essential tools to implement and facilitate practices that support the sharing of confidential information.

JJOLT

To meet the new requirements for reporting child welfare data under the reauthorized JJDPA, Michigan created JJOLT to support a system of care framework that

- is a Web-based demographic server, capable of acting as a central repository of information;
- captures fiscal and business information, such as billing and payments;
- contains a flexible, open architecture allowing for continual modifications and expansion;
- includes passwords and data encryption;
- meets HIPAA's privacy and security requirements;
- is user friendly and reduces repetitive data entry;
- has an automatic e-mail notification function for court hearings, doctor's appointments, and escape notifications, and between social workers and their managers;
- is easily audited and meets the Adoption and Foster Care Analysis Reporting System reporting requirements; and
- can generate customized reports.

Source: CWLA (2003a).

Checklist: Data Collection and Analysis

- Identify the questions
 - Review national data
 - Identify local sources of data
 - Identify key data elements
 - Determine who will collect the data
 - Establish governance for the data collection
 - Identify data-sharing impediments
 - Sell the need to improve information sharing
 - Determine capacity to share information
 - Consider development of an IIS system
 - Compile report of findings and recommendations
- The focus group members emphasized that technology expertise needs to be represented in all areas of JIIS development. In the JIIS planning phase, data and technology needs assessments and requirement analysis are conducted before determining systems development design and implementation strategies. Important activities in the design and implementation phases are identifying system requirements, ensuring adequate system support and maintenance, and planning for technology obsolescence.
 - Evaluation of JIIS uses both outcome and process measurements. Outcome measures include successful youth outcomes such as a reduction in recidivism and high-risk behaviors, and system measures, such as reduction in court hearing times. Process measures include evidence of accurate and complete data, user and consumer satisfaction. (*Juvenile Integrated*, 2002, pp. 21–22)

Michigan is an example of a state that developed an entirely new management information system that recognizes the interface between child welfare and juvenile justice. It is called Juvenile Justice Online Technology (JJOLT; CWLA, 2003a). The foundation for this achievement was in 1994, when Michigan created a systems reform task force with the primary goal to “achieve better results for multigenerational families who receive services across multiple human service and educational systems” (CWLA, 2003a, p. 2). Michigan used the impetus provided by the 2002 federal legislation in the reauthorized JJDPA, a component of which requires linkages between the child welfare and juvenile justice systems, including the reporting of child welfare data in juvenile delinquency cases and the examination of the extent to which two systems coordinate services and treatment (see Appendix A). JJOLT contains an automated case management module including assessment, screening, case planning, monitoring, and billing components for juvenile justice. It also includes electronic case management for Family Independence Agency child welfare staff, family courts, prosecutors, and private contracted service providers (CWLA, 2003a).¹

Endnote

¹ The Family Independence Agency is responsible for child welfare and juvenile justice services, and contracts with private agencies to provide protection, treatment, and rehabilitation services to vulnerable children, youth, and families.

PHASE 3

Inventory and Assessment

The challenges to address in inventory and assessment include duplication of services, contradictory case plans, costly repeated interventions, and lost opportunities to plan for a continuum of service delivery focused on success with long-term outcomes. This phase involves an inventory of programs and services; a comparative analysis of missions, mandates, and policies; identification of national and local best practices; determination of assessment use; review of the funding to support services; and creation of training for personnel in both systems.

Compiling a Resource Inventory

List Programs and Services

A comprehensive inventory of programs and services across multiple disciplines should be compiled. The inventory should include, of course, child welfare and juvenile justice, but should also take into account the related disciplines of mental health, substance abuse, and education. The target populations for each of the programs and services should be identified. This exercise is probably best accomplished by creating a team of representatives from the two systems and related disciplines who can work with a common set of questions to complete the inventory. The San Bernardino Integration Initiative convened a team to gather this data. Its objectives were to list programs, services, and recipients and to address the following questions:

- How do you identify or define overlapping services?
- How do you identify or define gaps?
- How do you characterize recipients?
- Do you count recipients differently?

The team was also to identify existing partnerships, MOUs, and informal agreements (HSS Integration Initiative, n.d.-b).

A limitation in this exercise may be that it is conducted by people who are considered “system insiders.” To enhance this effort and perhaps create some new resources to support the initiative, participation could involve the broader community. Often, the community will be involved in a needs-assessment exercise, however, one can achieve a more complete inventory of resources, as opposed to a needs assessment, by asking residents, clients, family members, and children to identify the community resources that support families and children (Andrews, 1996). This might be accomplished through surveys or focus groups that engage the community fully in the resource inventory.

Compiling a list of programs and services across the two systems is likely to identify some commonalities in service delivery and, in some cases, programs that are offered in both systems. For example, Multisystemic Therapy, which has enjoyed success with some populations of delinquent children also has been used successfully with abusive families (Wasserman & Seracini, 2001, p. 185).

Identify and Compare Organizational Missions, Mandates, and Policies

A common response when people in both systems are challenged to work together is, “But we don’t have the same mission.” Although this may be true in terms of broad definitions, this issue should be examined carefully for two reasons: One, it is important to protect the integrity of each system’s missions, mandates, and policies, but, two, a careful examination will help show where the two systems have points in common that serve as a foundation for integration and coordination efforts.

Representatives of the two systems should develop a framework approved by the key leaders, into information about missions, mandates, and policies can be entered for detailed analysis. This information should include state and federal laws, departmental policies, and administrative directives that govern the work of each system. It is important that the analysis involve the leadership of both systems—people who have decisionmaking authority. In particular, there are likely to be differences of opinion and challenges requiring “top brass” to weigh in when organizational missions are discussed.

As discussed previously, it is critical to conduct a legal analysis of the two systems and their current operation. This should not only involve the identification of laws, regulations, and policies, but it should include stakeholder interviews to learn how systems actually do or do not collaborate effectively in light of the identified statutory, regulatory, and policy frameworks.

Identify Common and Dissimilar Components of Case Processing and Management

This exercise can be accomplished by viewing, or constructing if one does not exist, a case-flow process for each of the systems. Key decision points can be noted, along with the positions responsible for making decisions at each of the points. To further illuminate the case-flow process and its implications for integration, it would be useful to track a cohort of children who have been in both systems. CWLA’s Multi-System Case Analysis (MSCA) is a resource that would facilitate this activity.

Jurisdictions have used the MSCA to demonstrate how agency and system partners “are working together to report, investigate, and treat child abuse and neglect” (CWLA, n.d.-a). It could track children who have been in both the child welfare and juvenile justice systems across a community’s legal and social service systems, focusing on the actions taken, decisions made in each system, and level of coordination among systems. MSCA provides valuable data to communities, enabling them to identify strengths and formulate strategies to reduce gaps, deficiencies, and barriers in existing prevention and intervention policies, procedures, and practices. This activity should provide a picture of common and dissimilar components of case processing and management as well as areas in which the two systems overlap.

Identify Existing Initiatives and Partnerships

A critical part of the planning process for this initiative is to identify existing efforts on which to build in either of the two systems or between the systems. Such efforts might be programs, initiatives, or partnerships aimed at the same or similar target populations. There also may be MOUs, joint powers agreements, or other documents that support joint efforts. In any case, it is important to carefully identify these efforts, both because they can strengthen the foundation for the current initiative and to ensure that no unnecessary duplication of effort exists.

Identifying Best Practices

Review Best Practices Nationally

This exercise should involve a review of best practices nationally across the continuum of intervention for the child welfare and juvenile justice populations. Many resources exist to identify

best practices. In the child welfare arena, national resources include CWLA. The CWLA Standards of Excellence for Child Welfare Services are organized into 13 volumes by topic, but the standards that might be particularly useful for the development of the instant initiative are under the following topics:

- *Standards of Excellence for Abused or Neglected Children and Their Families* (CWLA, 1999)
- *Standards for Organization and Administration for All Child Welfare Services* (CWLA, 1984)
- *Standards of Excellence for Family Foster Care* (CWLA, 1995)
- *Standards of Excellence for Residential Group Care Services* (CWLA, 1991)

The DHHS Children’s Bureau provides assistance in this area through its National Child Welfare Resource Center for Family-Centered Practice. Its publications are organized by subject area (e.g., mental health and child welfare, trauma and child welfare), and it publishes a biannual bulletin, *Best Practice/Next Practice*. The center is also a resource for compliance with the Adoption and Safe Families Act (ASFA) with its publication, *Rethinking Child Welfare Practice under the Adoption and Safe Families Act of 1997* (Children’s Bureau, n.d.).

In the juvenile justice arena, the book *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions* (Loeber & Farrington, 1998) provides guidance about best practices, as does the *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Offenders* (Howell, 1995).

Another very useful resource for best practices is *Blueprints for Violence Prevention* (Center for the Study and Prevention of Violence, n.d.). This is an effort that has identified 11 prevention and intervention programs, model programs that have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. A further resource is the work done by the Washington State Institute for Public Policy. This work reviews more than 400 research studies, focusing on evaluations that used a control or comparison group to determine whether programs reduced criminality. It is an excellent resource not only because it discusses both approaches and “off-the-shelf” programs such as Multisystemic Therapy, but because it has developed benefit-to-cost ratios illustrating the economic value of implementing various programs (Aos, Phipps, Barnoski, & Lieb, 2001)

Review Local Continuum of Programming

The next step in identifying best practices is to look to the local programming and its effectiveness, establishing a baseline for continuing evaluation. This should consist of a review of performance indicators for programs and services and any evaluations that have taken place both inside and outside the organizations. This is an opportunity to look at what have the stated goals of programming and services have been. Are these goals relevant to current practice, how well have the goals been met, and what are the outcomes of the programs and services?

Identify Promising Programs and Practices

After reviewing the national best practices and the performance of local programs, the team should prepare a statement that identifies effective, promising programs and services across both systems. The two systems should analyze how these programs and services relate to the sought outcomes (systemic and children’s outcomes) and the resource inventory and decide what should be a part of their common service delivery. They should also jointly commit to the principles of best practices that can be common to both systems and consider the development of services and programs that

can be made available to both systems' populations. This should serve as part of the foundation for decisions regarding the integration and coordination of the two systems.

Ohio Partnerships for Success (PFS) is an example of an effort that is using this kind of data to drive its program development across multiple systems. PFS "is a comprehensive approach to building capacity at the county level to prevent and respond effectively to child, youth, and family behavior problems" (CWLA, 2003b, p. 8). Ohio awards PFS grants to counties to promote more successful outcomes. Communities and counties that participate in this program will base their plans "on indicated data, research, and measurable outcomes that address needs of children, youth, and families," and identify and implement "evidence-based practices in prevention and intervention services and programs that reduce the risks associated with problem behaviors" (CWLA, 2003, p. 8)

This effort is guided by six key principles:

- communitywide involvement,
- the use of risk and protective factors,
- a continuum of services beginning with primary prevention and ending with interventions for the most serious behaviors,
- data-informed activities,
- evidence-based and feasible practices, and
- outcome-based planning and evaluation.

Reviewing the Use of Assessments

Conduct Inventory of Assessment Tools

An inventory of the assessment tools used in both child welfare and juvenile justice should be made. This inventory of tools and practices is important for a number of reasons. It can be a key to achieving some economies of scale, in that the instruments themselves may overlap or the agencies may have duplications of effort in their use, it may strengthen both systems' effective use of assessments to assign programs and services, and it may have utility as part of a strategy for preventing child maltreatment and delinquency. Opportunities may exist to develop tools in common between the two systems and to use risk assessment in child welfare to identify youth at high risk for future delinquency.

The inventory should include observations about what is missing, that is, identification of what assessment tools could be used in both systems or in concert with one another. Questions should be asked about the use of particular assessment tools to help illuminate this inventory, including:

- What decisions are the tools to guide or facilitate?
- What population or problem is the target of their use?

Elements of Effective Programming

A review of programming across the prevention continuum and intervention programming for child maltreatment and juvenile delinquency illustrates that

effective programming targets risk factors in multiple domains and includes, wherever possible, a focus on both the child and the family. Elements of effective programming can be summarized as programs that:

- Address the entire context of child and family functioning;
- Provide support for parents;
- Provide parent education;
- Focus on improved parent-child interaction;
- Include good individualized assessment of the child;
- Identify risk factors and needs;
- Target risk factors at the child, family, neighborhood, and peer level;
- Involve a multi-modal approach;
- Draw on community support;
- Integrate the services of schools and the juvenile justice, child welfare, and mental health systems;
- Emphasize behavior skills development for both parent and child; and
- Direct activities to long-term outcomes for children (e.g., reduction in exposure to abuse, neglect and violence in the home; reduction in delinquent behavior; school success; social competency).

Source: Wiig & Widom (2003, pp. 26–27).

Structured Decision Making Model

The Structured Decision Making (SDM) model is an example of a tool that was adapted to cross both the child welfare and juvenile justice systems. SDM “focuses on how case management decisions are made and how agency resources can best be directed” (Wiebush et al., 2001, p. 4). A core component of SDM is a risk assessment method “originally developed to classify juvenile offenders according to their likelihood of committing additional offenses” (Wiebush et al., 2001, p. 4).

In the child welfare system, SDM includes assessment tools in four areas: response priority, safety, risk, and family strengths and needs. The use of these tools and this model has produced some promising results in terms of lower maltreatment rates. What is of further interest, however, is that the model has been held out as a delinquency prevention strategy, in that a reduction in child maltreatment translates to a reduction in future delinquency because of the link between the two.

The principles of this model involve improved decisionmaking through highly structured assessment processes and assigned priorities in individual cases corresponding to the results of the assessment process. The principles further relate to how an agency conducts its business in the broader sense. The aggregate assessment data can help determine the range and extent of necessary service resources. Also, “assessment and case classification results are directly related to agency service standards, which in turn drive staff workload and budgeting requirements” (Weibush et al., 2001, p. 6).

Finally, an important principle of this model is that it is to be designed collaboratively, engaging agencies in a joint development effort built on a set of principles and components but adapted to local practices and mandates.

- What tools do both systems use?
- Do the data collected by different tools from each system overlap?
- How are the assessment tools used?
- To classify children?
- To conduct individualized assessments?
- To make dispositional recommendations to the court?
- To plan for services?

Consider Use of Risk Assessment

A special topic for consideration is the use of risk assessment. Jurisdictions may have a greater opportunity to prevent child maltreatment and future delinquency if the two systems would join forces to identify high-risk children. The development and use of instruments in common that identify risks of child maltreatment and delinquency is particularly critical, because family risk factors for delinquency and violence overlap with characteristics of abusive and neglectful families. Assessment of risk factors has identified children at risk of maltreatment and delinquency, targeting them along with their families for specific programming (e.g., nurse home visitation and the early intervention programs discussed previously).

Risk factors for delinquency are often categorized into four areas: community, family, school, and individual and peer group (Howell, 1995, p. 19). Risk factors for child abuse and neglect are also frequently categorized into four areas: characteristics of the parent, child, family, and environment and community. It is important to recognize that “a lack of sensitivity to co-occurring risk factors [in the family and the

individual] has generally led to interventions that are too narrowly focused” and “the focus on risk factors that appear at a young age is the key to preventing child delinquency and its escalation into chronic criminality” (Wasserman et al., 2003, p. 10). It would be a worthwhile endeavor to identify specific points along the continuum of child welfare prevention and intervention services at which efforts can be targeted to prevent delinquency.

Technology is increasingly available in risk assessment instruments. Jurisdictions have used SDM in both the child welfare and juvenile justice systems. SDM involves a combination of risk and needs assessment. In *Child Delinquents*, Howell (2001) pointed out that risk and needs assessments are often used in tandem to match offenders with appropriate interventions. He also noted that risk assessment instrument development for very young offenders is just beginning. Two efforts, the Early Assessment Risk List–20B (EARL-20B) for boys and the EARL-21G for girls, instruments developed by the Under 12 Outreach Project in Toronto (Augimeri, Webster, Koegl, & Levene, 2001; Levene et al., 2001), and the assessment instrument developed for the All Children Excel program, a program for delinquents younger than age 10, in Ramsey County, Minnesota (Beuhring & Melton, 2002, p. 24), show promise.

The Washington State Juvenile Court Assessment is a comprehensive assessment that measures risk and protective factors identified by research as associated with juvenile criminality; classifies youth as low-, moderate-, or high-risk for reoffense, and produces a profile of risk factors for several domains. The assessment is then used to screen for program eligibility (Washington State, 2004, p. 2).

An inventory of assessment tools used by both systems, along with a review of the developing technology in this area, could lead to more effective use of assessment. Specifically, it could lead to the use or development of assessment tools collaboratively by the child welfare and juvenile justice systems and an institutionalized commitment to these tools.

Reviewing the Funding

Identify Resources and Potential for Blending Funds

A comprehensive review and analysis of funding sources and revenue streams in both systems should be conducted. It is a challenge to better align the funding with desired results. This exercise should identify funding to support the integration of services by way of blended funding opportunities, funding for necessary infrastructure, and cost savings that the initiative might achieve. It is also an opportunity to identify areas where revenue could be maximized, such as additional federal funds that the initiative might draw on for services to specific target populations. CLASP has developed useful summaries of federal programs for children and families (Hutson, 2004). The summaries are contained in Appendix F. Summaries of federal programs for juvenile justice are set out in Appendix G.

Some key strategies exist for blending funding streams to better serve the needs of children. They are:

- **Pooling:** Combining funds from several agencies or programs into a single funding stream.
- **Coordinating:** Aligning categorical funding from a number of agencies and funding streams to support community-based initiatives.
- **Devolving:** Delegating authority for allocating funds from higher to lower levels (e.g., from state to community-based agencies or organizations).
- **Decategorizing:** Removing narrow eligibility requirements or other rules that restrict how groups can spend funding. (Morgan & Martin, 2004, p. 39)

The San Bernardino Integration Initiative's objectives focused on identifying common funding streams, categorical funds, funds that could not be blended, purposes of funds, duplicate purposes of funds, time limitations, and cost-reporting implications. The initiative developed several questions to meet its purpose of identifying and enhancing availability of funds to further the integration of HSS services:

- How much money, what used for, where from, and what restrictions are there?
- What money can we blend to our advantage?
- How can we reduce cost by consolidating services, procurements, and activities?
- How can money be shared or blended to benefit all stakeholders? (HSS Integration Initiative, n.d.-d)

The Ad Hoc Working Group on Integrated Services' (1996) *Moving from Principles to Practice*, a resource guide for integrated services systems, suggested several principles in a discussion of the role of financing in the integration and coordination of services:

- Two priorities should guide funding policies—a focus on achieving desired results and greater flexibility in how dollars are used to accomplish them.
- States and communities should have greater flexibility in using categorical funds.
- Stable and adequate funding should be available to support collaboration, particularly the infrastructures needed for effective services.
- Funding should promote intra-agency, interagency and inter-system decision-making.
- Dollars gained by increased efficiency and expenditures on prevention and early intervention should be invested to further expand prevention and early intervention.
- Funding should protect vulnerable populations. (p. 2)

Consider a Budget for Target Population

Taking this effort a step further, Los Angeles County developed a children's budget. This grew out of a partnership between the Chief Administrative Office's (CAO) Service Integration Branch, the Children's Planning Council, and the New Directions Task Force. Presented for the first time as an addendum to the county's proposed budget in 2002–2003, the children's budget "links program performance measures with budget allocations, actual expenditures, and funding sources

for programs serving children and families" (Service Integration Branch, n.d.). The children's budget's section on funding sources and revenue streams includes a description of how this effort's revenue maximization strategy encourages service integration and coordination. The strategy calls for departments to keep in mind the best interests of the client and to ensure that the funds follow the client. Other aspects of the strategy are:

- Establishing a revenue function within the CAO to develop and recommend revenue maximization and leveraging strategies from a Countywide perspective;
- Initiating a Revenue Cycle that complements the Budget Cycle and focuses on revenue generation strategies; and
- Developing a user-friendly website to enable departments, providers, and the community to access information about revenue streams and how they can best be leveraged to benefit their clients. (Service Integration Branch, n.d., p. 197)

Checklist: Inventory and Assessment

- List programs and services
- Identify and compare organizational missions, mandates, and policies
- Identify common and dissimilar components of case processing and management
- Identify existing initiatives and partnerships
- Review best practices nationally
- Review the local continuum of programming
- Identify promising programs and practices
- Conduct an inventory of assessment tools
- Consider the use of risk assessment
- Identify resources and the potential for blending funds
- Consider a budget for target population
- Create the training
- Compile a report of findings and recommendations

Training Across Systems

The initiative can use the inventory and assessment as foundation to develop cross-training of personnel in both sys-

tems. The purpose of the training is to help personnel from each system understand the other, recognize goals and efforts in common, and prepare for the action strategy. It may be useful to cross-train a group of individuals representing many levels and disciplines of the participating organizations, people who support the initiative and are willing to take action to make integration or coordination efforts happen.

The training should include the information gathered during the inventory and assessment phase (best practices; use of assessments; funding; and missions, mandates, and policies), but it is an opportunity also to include information from the data collection phase and the preliminary strategies identified in the mobilization and advocacy phase. A secondary objective might be achieved, in that the participants will not only be ready to move on the action strategy, but they may also come up with additional ideas or solve potential problems associated with the integration and coordination efforts.

It is through not only learning about the other system but also through the development of relationships that coordination and integration will occur. Missouri conducted cross-training of child welfare professionals from all disciplines based on its *Missouri Resource Guide for Best Practices in Child Abuse and Neglect* (Missouri Supreme Court, Family Court Committee, 2002) under the auspices of Missouri's Supreme Court. "The Chief Justice commented that Missouri does not need new legislation so much as improved cooperation" (Missouri DSS, 2003). The interaction of participants from multiple disciplines not only helps them understand how each other operate, but it creates relationships and bonding that builds efforts to work together. It helps to break down the culture of separatism that permits systems and agencies to operate out of silos and discourages coordination and integration efforts.

PHASE 4

Action Strategy

This is the point at which the leadership group will review and assess all of the work completed in Phases 1 through 3 to identify what steps to take toward integration and coordination. Each jurisdiction will need to organize the information collected and decide what to do. It may be useful to once again review the definitions set out in the introduction to restate just what integration and coordination means for your particular jurisdiction. It will be important to think about the organization's capacity to take on major change and to consider what change will take in terms of a commitment of time and resources.

The leadership group charged with making the final decisions to create the action strategy will need to think strategically about a number of things to be successful. The group will need to consider how they are going to manage expectations, respond to potential problems, maintain partnerships, make decisions, and sustain support for implementation.

The following are some suggested steps to develop the action strategy. It may be that, depending on the definitions used and the anticipated scope of change, a jurisdiction will decide to carry out parts rather than the whole of these steps or of the strategies that have been undertaken elsewhere.

Step 1: Review the products from Phase 1, Mobilization and Advocacy:

- Desirable system outcomes
- Improved outcomes for children
- Goals in common
- Preliminary strategies

The leadership group should review these items and refine them if necessary so that they can function as the backdrop against which the action strategy is developed and evaluated. It may be useful to formalize this process by displaying the items prominently and scheduling regular points for checking the development of the action strategy against the sought outcomes.

The leadership group should discuss the value of the preliminary strategies in relation to the data collected in Phases 2 and 3 and make decisions as to which strategies they will incorporate in the action strategy.

Step 2: Review and assess prepared reports from Phases 2 and 3, Data Collection and Inventory and Assessment. These reports should include sections covering any or all of the following:

- The data profile, including national and local data on the target population and answers to the questions that help with decisions about integration and coordination, as well as a summary of information about where data is currently housed.

- Management information system assessment, including findings on the capacity to share information and the potential for development of an integrated information system.
- Resource inventory, including listings of all programs and resources; common and dissimilar components of case processing and management; and existing initiatives, partnerships, and MOAs.
- Legal/policy/procedure analysis, including legal analysis of statutes, regulations, agency policies, and agreements; findings from exploration of data-sharing impediments; the comparative analysis of missions, mandates, and policies; and qualitative research findings.
- Best practices/model programs information, including descriptions of national and local programs based on evaluations of their success in addressing the target population.
- A funding strategy, including findings and recommendations for accessing funds for services and programs, and current and potential sources of funding for implementation of the action strategy with a particular focus on the potential for blended funding.
- Assessments, including an inventory of the assessment tools used presently and an evaluation of the potential for using more risk assessment to identify high-risk children and prevent child maltreatment and future delinquency.

These reports should also set forth a series of recommendations for consideration by the leadership group.

- Step 3: Conduct a series of dissemination forums to circulate the reports and generate ideas for action. These forums should be conducted across disciplines and at various organizational levels to the same groups identified in the mobilization and advocacy section. Examples of efforts in other jurisdictions should be used to stimulate discussion.
- Step 4: Publish the reports and the results of the forums on the organizations' websites to generate additional ideas and responses.
- Step 5: Convene the leadership group to consider the ideas for action from the forums and other jurisdictions and to develop additional ideas. Engage the group in a process to establish priorities for action and assign lead responsibilities. Develop a final report of findings and the adopted action strategy consolidating the reports from Phases 1 through 3.
- Step 6: Identify all the program, service, and administrative components of the action strategy, that is, the blueprint for system integration and coordination. Refer to the stated definitions of integration and coordination and decide the scope of changes that the initiative will make to achieve the outcomes. It may be useful also to reference the operational and administrative strategies that were set out in Phase 1 to help shape the components of the strategy. Examples of potential components taken from those listings are
- shared caseloads,
 - integrated information systems,
 - consolidated governance structures,

- integrated funding streams,
 - cross-program teams,
 - promotion of dual jurisdiction,
 - funding incentives for multiple systems working together, and
 - an audit system to identify duplicate and repeat interventions (Ragan, 2003, p. 3).
- Step 7: Identify what tools will need to be developed to support the action strategy (e.g., new multisystem policies, protocols, or procedures; legislation affecting confidentiality, data collection, and information sharing; and creation of decategorized funding recommendations).
- Step 8: Develop a funding strategy, including an assessment of available federal, state, and local funds; opportunities for blended or decategorized funding; and any funding incentives to carry out the action strategy.
- Step 9: Develop specific goals and objectives for the action strategy in conjunction with the evaluation plan. Continue process evaluation and develop specific client and organizational outcomes for implementation of the action strategy.
- Step 10: Determine what are the jurisdictional boundaries of the action strategy. Will it be statewide, countywide, or in demonstration areas?
- Step 11: Develop a database to track the movement of children between the two systems on an ongoing basis, evaluate the effect of changes made as a part of the action strategy, and measure outcomes.
- Step 12: Develop a results-based accountability plan for the entire action strategy that allows the leaders and the public to determine the value of the entire effort.
- Step 13: Publicize the effort in the affected organizations and to the public. Use a variety of media (e.g., e-mails, press releases, press conferences, and television or radio talk shows).

CASE STUDY

Wraparound Milwaukee

Wraparound Milwaukee integrates mental health, child welfare, juvenile justice, and education services for youth with mental health needs and their families. The wraparound approach evolved from a number of philosophical tenets including unconditional care, flexible programming, individual planning, cross-system collaboration and funding, and family-focused and community-based services. It includes the following elements in its work with children in the child welfare and juvenile justice systems:

- Strengths-based approach to children and families—Building on the natural supports that exist, such as positive relationships a child may have with grandparents, aunts, uncles, peers, and others.
- Family involvement in the treatment process—Engaging families and viewing them as capable in the assessment of the child’s needs.
- Needs-based service planning and delivery—Using the child and family to identify and address their needs as opposed to assuming the “experts” know what is best.

- Individualized service plans—Tailoring treatment plans to address the unique needs of the child and family.
- Outcome-focused approach—Measuring and evaluating clear goals that have been established by the youth, family, and professionals.

Components of the program include the care coordinator who conducts assessments and helps determine needs and identify services; the child and family team, who identify all the supports to the family; a mobile crisis team of social workers and psychologists; and a provider network that responds to multiple needs. The outcomes for this program include a 60% decrease in the use of residential treatment, an 80% decrease in inpatient psychiatric hospitalization, and a drop in the cost of care per child from \$5000 to \$3,399 per month.

Source: Kamradt (2000, pp. 14–23).

CASE STUDY

Project Confirm

Project Confirm, a collaborative effort of the Vera Institute and New York’s Administration for Children’s Services, is designed to address a problem that is all too common in jurisdictions across the country: the “dumping” of child welfare adolescents into the juvenile justice system. This effort was based on findings that children who were in the child welfare system at the time of their arrest often spent unnecessary time in detention because there was no notification of nor action by the child welfare worker in response to the child’s arrest. This further resulted in children losing their beds in foster homes, often enduring a lengthy re-placement process and longer periods of incarceration while new placements were being developed. To address this problem, Project Confirm involves four elements to eliminate the detention bias against foster children. First, it provides a mandatory referral and cross-referencing mechanism to determine whether an arrested youth is in foster care. Second, project personnel notify the youth’s caseworker, give guidance as to how to proceed, and act as liaison between child welfare and juvenile justice officials. Third, it provides a coordinated response that calls on the child welfare worker to confer with probation officers, prosecutors, and judges regarding the release decision and prevention of future offenses. Finally, to ensure that the child welfare workers understand and assume responsibility when a youth on their caseload is arrested, an official memorandum from the director of the child welfare agency outlines their responsibilities and makes clear that emergency re-placement is not an option. The results of this program show an increased rate of court appearances by caseworkers and higher release rate for this population, recognizing that public safety will require secure confinement for some youth.

Source: CWLA (2001); see also Conger and Ross (2001).

CASE STUDY

Washington State Research-based Programs for Juvenile Offenders

In 1997, the Washington State Legislature passed the Community Juvenile Accountability Act (CJAA). The primary goal of CJAA is to reduce juvenile crime, cost effectively, by establishing “research-based” programs in the state’s juvenile courts. The basic idea is straightforward: taxpayers are better off if their dollars fund programs that have been proven to be effective in achieving key policy outcomes, in this case reduced re-offending....The specific research-based programs implemented in Washington were selected after the Washington State Institute for Public Policy (Institute) reviewed the national research literature. The following four CJAA programs were selected by Washington’s 33 juvenile courts:

- Functional Family Therapy (FFT)
- Aggression Replacement Training (ART)
- Coordination of Services (COS)
- Multi-systemic Therapy (MST)...

Results for the four research-based programs

- When FFT is delivered competently, the program reduces felony recidivism by 38 percent. The cost-benefit analyses find that FFT generates \$2.77 in savings (avoided crime costs) for each taxpayer dollar spent on the program, regardless of therapist competence. For competent FFT therapists, the savings are greater—\$10.69 in benefits for each taxpayer dollar spent.
- When competently delivered, ART has positive outcomes with estimated reductions in 18-month felony recidivism of 24 percent and a positive benefit to cost ratio of \$11.66.
- The COS program achieved a decrease in 12 month felony recidivism and a favorable estimated benefit to cost ratio of \$7.89.
- Because of problems implementing the Institute's evaluation design, no findings are associated with Multi-Systemic Therapy (MST)...

For these programs to achieve success, this evaluation found that the programs must be consistently delivered in a competent manner that follows the program's specifications. In fact, the findings indicate that incompetent delivery may increase recidivism of participants.

Source: Washington State (2004, pp. 1–3).

C A S E S T U D Y

Dual Court Jurisdiction

As part of its Model Courts initiative, Illinois' Cook County Juvenile Court set up a committee with representatives from all the agencies involved with Juvenile Court to address concerns about dual jurisdiction children. They developed a plan for handling these children, improving the coordination between child welfare and juvenile justice. The plan features 1) a system to accurately identify children who are in both the child welfare and juvenile justice populations, 2) a coordinated protocol for handling their cases, and 3) an augmented attorney staff to better serve dual jurisdiction cases.

A newly created database to track dually involved minors improved the flow of information. It contains caseworkers' names and telephone numbers so that they can be notified of delinquency proceedings involving children on their caseloads and make appearances in those proceedings. The database also led to same-day scheduling of child welfare court hearings and delinquency trials and judges who are more attuned to dually involved minors. Juveniles, in court for their delinquency hearing, are more likely to attend a permanency hearing and take part in making the plans. DCFS attorneys, informed about the existence of the delinquency proceeding, are in a better position to assist the court and help juveniles by providing background on the youth. The same attorney assigned to the child welfare case also attends the youth's delinquency hearing.

Source: National Council of Juvenile and Family Court Judges (2001, p. 62); see also Slavin (2001).

CASE STUDY

Maryland Youth Strategies

Maryland Youth Strategies consists of two distinct, but related efforts: the state prevention strategy and the Youth Strategies Consolidated Grant.

The State prevention strategy is overseen by the Maryland Partnership and the State Advisory Board for Juvenile Justice....The overall vision for this state-wide initiative is ensuring that children are healthy and safe in their communities. The strategy addresses sixteen areas of prevention, as measured by the target indicators of Maryland's Results for Child Well-Being.

The Youth Strategies Consolidated Grant combines seven federal grants and one state grant (including substance abuse and juvenile delinquency prevention, early intervention, and community-based interventions for youth in the juvenile justice system) into one grant. “The purpose of this effort was to build local capacity to coordinate fragmented services and programs for children and youth into a research-based, data-driven continuum of care.” The State Advisory Board on Juvenile Justice and the Governor’s Office of Crime Control and Prevention provide funding and oversight. This effort created local management boards that were mandated to collaborate with five local partners from various local child- and youth-serving agencies to apply for a Youth Strategies Consolidated Grant. These team members are to plan for, support, and provide oversight for the local implementation of the grant.

The structural design of this initiative presents a number of components that are useful to jurisdictions seeking to improve the coordination and integration of their child welfare and juvenile justice systems.

Source: Center for Substance Abuse Research (2002).

CASE STUDY

All Children Excel

All Children Excel (ACE) is a program that targets children younger than 10 who commit delinquent acts:

The program’s goal is to reduce the number of children entering the juvenile and criminal justice systems and enhance the efficiency and cost-effectiveness of government services. It combines the efforts of county government, schools, police, parents, health and social service agencies, and community volunteers in a cross-disciplinary, multi-faceted effort that reduces risk factors and builds resilience in the children, their families, and their communities. (Melton, 2003/2004, p. 3)

The use of a risk assessment tool identifies the likelihood of future chronic, serious, and violent delinquency (by examining the child’s referring offense, behavior history, risk factors, and temperament, as well as parent, sibling, peer, and community risk factors) and the level of program intervention. High-risk children are placed in a long-term intervention that uses

community agency social workers to visit the family and create a strength-based action plan that involves the entire family. With support from a six person county multidisciplinary team, including a senior protection worker, a public health representative, the county attorney, and others, ACE community workers focus on the needs of the child—in such areas as school attendance,

Checklist: Action Strategy

- Review desired outcomes, goals in common, and preliminary strategies from Phase I
- Review and assess prepared reports from Phases II and III
- Conduct dissemination forums to circulate reports and generate ideas
- Publish reports and results of forums on organizations' websites
- Convene leadership group to consider ideas for action, consolidate findings, and adopt an action strategy
- Identify the blueprint for system integration and coordination
- Identify what tools to develop
- Develop the funding strategy
- Develop specific goals and objectives in conjunction with evaluation plan
- Determine jurisdictional boundaries
- Develop a results-based accountability plan
- Publicize the effort internally and externally

academic skills, and impulse control—and the family, helping parents obtain counseling, parenting skills training, substance abuse treatment, job training, employment opportunities, and housing. (McVicker, n.d.)

The community workers connect the children with prosocial adults and peers and the team works to connect other family members with positive adults in the community.

ACE reports positive results from its efforts. Preliminary outcome data for high-risk children in the long-term intervention who had received services for 6 to 24 months showed that aggressive and delinquent behavior declined; frequency of police contact declined (100% of the moderate high-risk group and 62% to 65% of the high- and very high-risk groups had no further contact with the police); school failure declined; and functional impairment at home, at school, or in the community declined.

Source: Melton (2003/2004); see also McVicker (n.d.).

CASE STUDY

CWLA's Facilitation of Multisystem Collaboration

The multisystem collaboration process provides a forum for conflict resolution, education, consensus building, and mutual accountability among the systems, agencies, and disciplines responsible for child protection. CWLA's Office of Community Development and Implementation (CDI) assists agency and system partners to conduct a multisystem case

analysis that demonstrates how they are working together to report, investigate, and treat child abuse and neglect. CDI's assistance in facilitation of multisystem collaboration has resulted in:

- protocols, memoranda of understanding, and other agreements that improve collaborative work on behalf of abused and neglected children;
- documentation of the types and amounts of resources needed by involved systems and agencies to improve client outcomes;
- additional resources allocated to child abuse and neglect protection efforts;
- improved sharing of information among systems involved in child protection;
- the development of community outcome measures, including baselines and benchmarks, to track the community's progress in protecting children from maltreatment; and
- increased community awareness of and accountability for child abuse prevention.

Source: CWLA (n.d.-a).

PHASE 5

Implementation

The importance of the approach to implementation cannot be overemphasized. This phase should be characterized by detailed planning to implement the action strategy in a way that will achieve the desired results. This is the point at which the hard work really begins. Leadership and active management of the process are paramount to the success of the effort. There should be clarity of purpose, an understanding of goals and expected outcomes, timeliness, clear assignment of responsibility, evaluation, and strong leadership.

The leadership group, or its designees, should establish ongoing oversight of the implementation by determining meeting schedules, overall timelines, and the authority to direct midcourse adjustments. They should ensure that the strategy and its implementation are aligned with the desired outcomes, the change process is managed, an organizational structure is designated, effective planning tools are used, celebrations of success take place along the way, tools and training support the implementation, and the entire effort is carefully evaluated and reported.

Leading the Implementation

Manage the Change Process

The leadership group needs to understand the strengths, weaknesses, and idiosyncrasies of the involved organizations and anticipate barriers to implementation so that it can address them. Common barriers to implementation are:

- Studying the problem too long without acting
- Trying to get everyone's agreement first
- Educating without changing structures or expectations
- Tackling everything at once
- Measuring nothing or everything
- Failing to build support for replication
- Assuming that the status quo is OK. (Kaiser Permanente, 2003)

The leadership group needs to consider the key factors that influence whether the change process is effectively carried out. Group members need to think strategically about how the change is going to affect the involved organizations, their personnel, and their clients. They should engage personnel at all levels of the organizations to secure their understanding and commitment to the change process and address the outright critics to gain their support. Richard M. DiGeorgio and Associates (1998) described an eclectic model of change management in which “change levers” are identified. The levers are:

- Clear understanding of the need for change
- Quality of leadership
- Commitment of sponsors
- Clear vision of future and strategy
- Change structure
- Education and training
- Effective two-way communication
- Measurement systems
- Infrastructure aligned
- Reward systems aligned
- Organization structure aligned
- Skill of change agents. (Richard M. DiGeorgio and Associates, 1998).

The team should use this list of levers as a checklist as leaders of the effort take charge of implementation. They should ask themselves what strengths and weaknesses they have in their change levers, making decisions and adjustments accordingly.

Designate Organizational Structures

The leadership group should designate or develop organizational structures for the implementation of the action strategy. It is critical to review what organizational structures exist in both the child welfare and juvenile justice systems to determine whether they can provide the necessary structure or whether new structures need to be developed. The leaders will need to discuss what combination of entities they should use and what the entities' authority and responsibilities are. They should consider executive, management, and advisory functions. Because this effort requires collaboration between a number of entities, they need to decide whether they need MOUs or executive orders.

It is critical to consider the involvement of committees or teams that have been a part of the initiative up to this point. First, the leaders should assess how representative of the stakeholders these groups are and how grounded they are with the client groups. Any deficiencies in that regard should be remedied. Then they should decide whether there is a separation of actors, that is, individuals who are a part of the management structure for the implementation and those who function in an advisory capacity to oversee the implementation. In either case, the involvement of these committees or teams will likely secure their continuing commitment to the effort.

Many states have coordinating councils to focus on a particular issue or population. These councils typically are composed of public agency administrators and midlevel staff and sometimes include state experts, academicians, and representatives of service provider organizations, community organizations, families, and youth (Robison, n.d.). Considering that the efforts up to this point are to be as inclusive as possible, it would seem that the membership of any coordinating structures would reflect the involvement of all stakeholders. *Moving from Principles to Practice* stated that “coordinating structures should be community-based and reflect the diversity and uniqueness of the community” and they should “have flexibility in defining geographic boundaries and institutional relationships” (Ad Hoc Working Group, 1996, p. 3).

Managing the Implementation

Align the Strategy with Sought Outcomes

Strategies fail in implementation, not in design. Therefore, the people leading the implementation should ask themselves some questions to help ensure the implementation's success. The following are some recommended questions, adapted from a corporate business setting:

- How do we ensure that the action strategy and its implementation are aligned with the sought outcomes?
- How do we ensure that implementation activities proceed effectively?
- How do we effectively manage and report on the individual and group efforts, on a periodic basis, that drive the action strategy to ensure the achievement of our sought outcomes? (Genroe, n.d.)

Use Planning Tools

The leaders should make detailed, carefully conceived plans to accomplish the various tasks and activities required to implement the action strategy. They should follow three steps:

1. Develop timelines for the occurrence of activities to implement each of the program, service, and administrative components of the action strategy.
2. Assign specific responsibility for each of the components of the implementation.
3. Require the development of specific work plans describing activities for each component of the action strategy along with assigned personnel.

These steps should be graphically illustrated in charts, diagrams, or other schematics to carefully convey expectations and to hold the leaders and participants accountable for actions that further the implementation. The involved organizations may have planning and management tools that are familiar to the participants and that they should incorporate. Two commonly recognized tools, PERT and Gantt (Tech Target Network, 2000–2004a, 2000–2004b) charts, could be useful to the implementation because the software and other resources to support their use can be downloaded. These charts can be used to plan, schedule, coordinate, and track specific tasks that must be accomplished to implement the action strategy.

Supporting the Implementation

Develop the Action Strategy Tools

Work in Step 7 of the action strategy identified a number of tools to support the action strategy. These include new multisystem policies, protocols, or procedures; draft legislation affecting confidentiality, data collection, and information sharing; and creation of decategorized funding recommendations.

Participation should be inclusive in the development of new multisystem policies, protocols, and procedures so that personnel working in the two systems can offer their expertise about day-to-day operations. To accomplish this and gain support from any necessary new legislation, there should be a careful review of the legal, policy, and procedure analysis. Political leaders and stakeholders will need to be part of a consensus strategy to get legislation passed. The data collection will need to be institutionalized and an integrated information system may need to be developed. To create the decategorized funding, there may be a need to acquire federal or state waivers and develop joint powers agreements to support the new funding strategy.

Inform and Train the Troops

A careful plan should be developed and executed to inform and train personnel. The plan should provide for ongoing orientation and training of lead personnel responsible for implementing the action strategy and personnel whose functions may have changed due to the strategy. This training and orientation is an opportunity to identify potential implementation problems as personnel respond to the requested new practices or functions.

Celebrate Successes Along the Way

The leaders should discuss what will be the perceived milestones of success as the implementation progresses, how the milestones will be recognized, and what the rewards for meeting them will be. This is an opportunity to reinforce the participants' commitment to the outcomes sought for the overall initiative. It is also an opportunity to publicize the effort to the broader public, building additional support to get the results desired.

Evaluating and Reporting the Implementation

Create a Learning-Oriented Evaluation Plan

The ABCD Institute affirms that an appropriate community evaluation is one that provides continuous feedback to the collaborative, so that members can contribute to and benefit from it directly. (Dewar, T., op. cit., p. 41.) In this way, evaluators can help practitioners and community residents “become more reflective, to extract theory from their daily experience, and thereby to improve” their community-building capacities. (Young, Gardner, Coley, Schorr, & Bruner, 1994, p. 25)

Some tips for developing learning-oriented evaluations are:

- Involve participants directly in the process.
- Know your audience.
- Develop some strong baseline evidence that supports your strategies and outcomes definitions.
- Focus on appropriate, feasible goals and document intermediate outcomes.
- Document some results as quickly as possible.
- Be descriptive.
- Be graphic.
- Translate written materials and ensure that verbal communication is in languages used by community members.
- Communicate in oral and visual methods that reach community members with low literacy levels.
- Make sure the evaluation is telling people at least a few things they did not already know.

Checklist: Implementation

- Manage the change process
- Designate organizational structures
- Align strategy with sought outcomes
- Develop timelines for implementation activities
- Assign specific responsibility for each component
- Require development of specific work plans
- Celebrate successes along the way
- Develop action strategy tools
- Inform and train the troops
- Create a learning-oriented evaluation plan
- Collect and report the data

- Be open about shortcomings.
- Share and discuss finding as the work progresses. (Morgan & Martin, 2004, p. 38)

Collect and Report the Data

The data collection and analysis processes should be institutionalized so that the opportunity exists for continuous feedback regarding the progress of the implementation and the achievement of sought outcomes. Timelines for periodic reports and reviews of the action strategy should be identified. It is important to build on the communications strategy developed in the mobilization and advocacy phase to keep actors in the systems informed and to inform the public about the achievements, results, and reforms.

Conclusion

Following the process suggested by this guidebook and integrating and coordinating the child welfare and juvenile justice systems is a significant undertaking. It calls for a good measure of political capital as well as a large measure of human and financial capital. This work will be undertaken by those whose expectations are that they will improve outcomes for families and children and realize more efficient resource allocations and significant long-term savings.

The steps in the process and proposed strategies are multifaceted and, in many instances, complex. Not every community will have the resources to undertake the whole effort as it is described here. It is hoped that, in those jurisdictions, the actors will identify pieces of the effort that will benefit their systems and constituents and target a particular aspect of program and service coordination between the child welfare and juvenile justice systems.

Other jurisdictions will find that although they want to undertake the whole effort, they will need additional resources. This may include technical assistance and consultation services of a neutral facilitator. These jurisdictions can be encouraged by the CWLA's capacity to provide that assistance. CWLA, through its Juvenile Justice Division, continues to encourage ongoing dialogue and actively solicit input from constituents in the child welfare, juvenile justice, and other youth-serving systems, input that informs the further development of this important work and develops strategic partnerships to implement this process.

In these times of complex case histories and overwhelming caseloads, it is understandable that budgeting time and staff resources to build this kind of comprehensive reform initiative is challenging. It is a dilemma caseworkers, case managers, and administrators face on a regular basis. While they struggle to achieve one more success, there are 10 similar cases requiring the same measure of dedicated service to ensure a positive outcome for these youth and families. In addition, they are under great pressure to provide greater accountability for limited resources. It is just this point that can tip the scales in favor of engaging in a process that will contribute to improved long-term capacity to achieve positive outcomes across multiple systems.

Solid research that examines comprehensive system coordination and integration, use of evidence-based strategies and practices, and reliance on multisystem data and information management systems is available. This research helps leaders prioritize critical resource allocations for high-risk youth and families. The studies show the costs and benefits of these approaches, and there is every reason to believe that many other jurisdictions throughout the United States can achieve similar results.

Jurisdictions need to identify the nature and scope of the youth population occupying both the child welfare and juvenile justices systems. They should combine that identification with the capacity to understand with greater clarity the range of risk factors and behavioral aspects that characterize those youth and families. With new policies and procedures that promote cross-system coordination and integration of service delivery and program development, one can visualize youth-serving systems intervening earlier and using evidence-based and promising

practices that help keep youth from becoming more involved in our human service systems. This approach can produce both improved outcomes and cost savings.

Thus, CWLA has built the five-phase technical assistance and consultation process that is articulated in this guidebook: mobilization and advocacy, data collection and information sharing, inventory and assessment, action strategy, and implementation. In the end, this effort is designed to:

- improve multisystem resource allocation and case management decisions, thereby reducing costly duplication of services for the shared population of youth and families;
- construct cost-effective, evidence-based practices for targeted populations that interrupt the trajectory toward repeat instances of victimization, recidivism, and involvement in the juvenile justice system;
- reduce the reliance on costly residential treatment, inpatient hospitalization, detention, and correctional placement alternatives; and
- develop multisystem policies, procedures, and protocols that sustain and institutionalize improved integration of program and service delivery.

This effort provides an extraordinary opportunity to build a model system of integration across the child welfare, juvenile justice, and associated youth-serving systems that will create improved outcomes for youth and families in state and local jurisdictions throughout the country. By institutionalizing this model and adapting it to the unique characteristics of each particular community, jurisdictions will achieve their potential for continuous and long-term, cost-effective, and cost-saving policies, procedures, and protocols.

A P P E N D I X A

Juvenile Justice and Delinquency Prevention Act Amendments

On November 2, 2002, amendments to the Juvenile Justice and Delinquency Prevention Act (JJJPA, P.L. 107-273) were signed into law, which recognized the research confirming the link between child maltreatment and juvenile delinquency and articulated specific requirements regarding the connection between juvenile justice and child welfare systems.

The reauthorized JJJPA broadens the categories available to states to fund juvenile delinquency prevention and treatment for juvenile offenders and youth at risk of becoming juvenile offenders who are victims of child abuse and neglect or who have experienced violence. States may use funding to help child-serving systems, such as juvenile justice, child welfare, and mental health, coordinate service delivery for treatment provided to delinquent children or those at risk of delinquency. These efforts may be funded from federal assistance for state and local programs (the formula grants program), the new Juvenile Delinquency Prevention Block Grant fund, and the Juvenile Accountability Block Grant program.

Furthermore, JJJPA now contains requirements to states that promote the interaction and coordination of these systems more closely than previously required including that

- juvenile courts have available to them the public child welfare records (including child protective services) from that jurisdiction relating to juveniles who are before the court,
- policies and systems are established to incorporate relevant CPS records into juvenile justice records for purposes of establishing and implementing treatment plans, and
- assurances that juvenile offenders whose placements are funded by Title IV-E Foster Care receive the specified protections, including a case plan and case plan review.

Within a year of the enactment on October 1, 2003, the federal government will study juveniles who were under the care or custody of the child welfare system or who are unable to return to their family after completing their disposition in the juvenile justice system. The study shall include an examination of the extent to which state juvenile justice and child welfare systems coordinate services and treatment, the federal and local sources of funds for placements and postplacement services, and the barriers states face in providing services to these juveniles (42 U.S.C. 5661 [sec. 251]).

The following excerpts provide JJJPA's specific provisions that delineate the requirements regarding the connections between these systems and provides further impetus for more coordination across multiple youth-serving systems.

Part B: Federal Assistance for State and Local Programs

42 U.S.C. 5661 (sec. 223) state plans: provide that not less than 75 percent of the funds available to the State under 5632 of this title, other than funds made available to the state advisory group under section 5632(d) of this title, whether expended directly by the state, by the unit of local government, or by a combination thereof, or through grants and contracts with the public or private nonprofit agencies, shall be used for [among other purpose areas]:

- (C) comprehensive juvenile justice and delinquency prevention programs that meet the needs of youth through the collaboration of the many local systems before which a youth may appear, including schools, courts, law enforcement agencies, child protection agencies, mental health agencies, welfare services, health care agencies, and private nonprofit agencies offering youth services;
- (D) programs that provide treatment to juvenile offenders who are the victims of child abuse or neglect, and to their families, in order to reduce the likelihood that such juvenile offenders will commit subsequent violations of law;
- (a)(26): provide that the State, to the maximum extent practicable, will implement a system to ensure that if a juvenile is before a court in the juvenile justice system, public child welfare records (including child protective services records) relating to such juvenile that are on file in the geographical area under the jurisdiction of such court will be made known to such court; and
- (a)(27): establish policies and systems to incorporate relevant child protective services records into juvenile justice records for purposes of establishing and implementing treatment plans for juvenile offenders; [and]
- (a)(28): provide assurances that juvenile offenders whose placement is funded through section 472 of the Social Security Act (42 U.S.C. 672) receive the protections specified in section 471 of such Act (42 U.S.C. 671), including a case plan and case plan review as defined in section 475 of such Act (42 U.S.C. 675).

Part C: Juvenile Delinquency Prevention Block Grant Program

42 U.S.C. 5651 [sec. 241] Authority to Make Grants

- (a) Grants to eligible states: The [OJJDP] Administrator may make grants to eligible States, from funds allocated under section 242, for the purpose of providing financial assistance to eligible entities to carry out projects designed to prevent juvenile delinquency, including
 - (1) projects that provide treatment (including treatment for mental health problems) to juvenile offenders, and juveniles who are at risk of becoming juvenile offenders, who are victims of child abuse or neglect or who have experienced violence in their homes, at school, or in the community, and to their families, in order to reduce the likelihood that such juveniles will commit violations of law;
 - (10) comprehensive juvenile justice and delinquency prevention projects that meet the needs of juveniles through the collaboration of the many local service systems juveniles encounter, including schools, courts, law enforcement agencies, child protection agencies, mental health agencies, welfare services, health care agencies (including collabo-

ration on appropriate prenatal care for pregnant juvenile offenders), private nonprofit agencies, and public recreation agencies offering services to juveniles;

- (13) to establish policies and systems to incorporate relevant child protective services records into juvenile justice records for purposes of establishing treatment plans for juvenile offenders.

Part R: Juvenile Accountability Block Grant Program

42 U.S.C. 3796ee [sec. 1801] Program Authorized

- (b)(10): establishing and maintaining interagency information-sharing programs that enable the juvenile and criminal justice systems, schools, and social services agencies to make more informed decisions regarding the early identification, control, supervision, and treatment of juveniles who repeatedly commit serious delinquent or criminal acts;
- (b)(12): establishing and maintaining programs to conduct risk and need assessments of juvenile offenders that facilitate the effective early intervention and the provision of comprehensive services, including mental health screening and treatment and substance abuse testing and treatment to such offenders.

A P P E N D I X B

Child Abuse Prevention and Treatment Act Amendments

On June 25, 2003, amendments to the Child Abuse Prevention and Treatment Act (CAPTA) were signed into law that recognized the important relationship between the child protection and juvenile justice systems. Two important provisions support states' efforts to collaborate on behalf of children who are involved in both systems. They affect grants to states for child abuse and neglect prevention and treatment programs. One provision adds to the list of purposes for state grants:

Section 106(a) of CAPTA [42 U.S.C. 5106a(a)(13)]

Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.

The other provision adds a requirement to the annual state data reports:

Section 106(d) of CAPTA [42 U.S.C. 5106a(d)(14)]

The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

A P P E N D I X C

Keeping Our Children Safe: The Child Protection System¹

In every American community, some children are maltreated by those entrusted with their care and protection. Only a minority of these children are brought to the attention of a formal child protection agency (Sedlak & Broadhurst, 1996). Child abuse and neglect cut across income levels, race, ethnicity, and urban or rural status. Maltreatment can impede and impair the healthy growth and development of children with devastating consequences that linger through adulthood. Child maltreatment's destructive effects transcend its immediate victims to profoundly affect the health and safety of all of our citizens and communities (Martin, 2002). Keeping children safe from child abuse and neglect is the foundation on which CPS was established and remains the utmost priority of any CPS system (CWLA, 1999, p. 1).

History

The child protection movement began in 1875 when the first child protection agency, the Society for the Prevention of Cruelty to Children, was established in New York City after the highly publicized case of Mary Ellen Wilson, a young child who was brutally beaten by her caregiver. In addition to establishment of the agency, New York enacted the first state statute to provide for the protection of children from abuse. Other states followed this precedent in subsequent years, and thus, established a legal basis for intervening when children were abused or neglected by their caregivers.

Other select highlights in the history of child protection include:

- The 1899 establishment of the first juvenile court in Illinois to “regulate the treatment and control of dependent, neglected and delinquent children” (Stevenson et al., 1996, p. 4).
- The 1909 creation of the U.S. Children’s Bureau in response to the first White House Conference on Children. The bureau was established to “investigate and report on all matters relating to the welfare of children and child life among all classes of our people” (42 U.S.C., chapter 6).
- The 1935 enactment of the Social Security Act, which required public agencies to provide child welfare services to protect children who were neglected, dependent, delinquent, homeless, or in danger of becoming delinquent.
- The identification of “battered child syndrome” by Dr. C. Henry Kempe et al. (1962), which raised awareness of the inherent responsibilities of communities to protect children. This awareness brought an increased clinical focus to the treatment of maltreated children and their families and resulted in efforts by medical and social service professionals to improve the identification and protection of children who had been abused or neglected.

- The passage of CAPTA (P.L. 93-247) in 1974, which established specific reporting and response protocols for states to incorporate into their child protection statutes.

Since CAPTA's enactment, the U.S. Congress and legislatures in every state have established a public and legal mandate to protect children from abuse and neglect at the hands of those responsible for their care. The federal legislation sets forth a minimum definition of child abuse and neglect—including physical abuse, neglect, sexual abuse, and emotional maltreatment—for the states to use. Using the federal legislation as a foundation, state laws establish their own definitions of what forms of child abuse and neglect must be reported to authorities, who is mandated to report suspected maltreatment, and various other child protection provisions.

CAPTA provides federal funding to states in support of prevention, assessment, investigation, and treatment activities. It also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA has been amended several times and was most recently amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). Since its initial passage, the statutory provisions have attempted to strike a balance between protecting children and preserving the rights and privacy of families (CWLA, 1999, p. 3), as well as address the appropriate scope of CPS intervention.

Federal appropriations to fund this child protection system have failed to approximate the legislation's authorization level. As a result, the system has been underfunded since its establishment.

Additional Federal Child Welfare Legislation

In addition to the federal law that is specific to child safety and protection, there are a number of significant statutes that have broader effect on the policies and practices of child welfare.

The Indian Child Welfare Act of 1978 (P.L. 95-608) was designed to reduce the transracial placement of American Indian and Alaska Native children. It also intended to give tribal courts jurisdiction over all child custody cases involving such children in an effort to prevent the decimation of American Indian and Alaska Native tribes and families.

Beginning with the Adoption Assistance and Child Welfare Act (AACWA) of 1980 (P.L. 96-272), Congress passed a series of child welfare laws to regulate the length of time children could spend in foster care, the court oversight process, and process of termination of parental rights. Over time, child welfare laws have been increasingly designed to ensure that children do not linger in foster care, but either return to their families or move on to adoption.

Family Preservation and Support Services provisions of the 1993 Omnibus Budget Reconciliation Act (P.L. 103-66) created federal direction and funding for family preservation and family support services. The Family Preservation and Support Services Program (reauthorized as the Promoting Safe and Stable Families Program under the Adoption and Safe Families Act of 1997 and 2001) gave new funding to the states to provide a range of family support and family preservation services to families with children. The program created a new focus on family support strategies and the importance of communities in supporting families and protecting children (CWLA, 2003c, p. 20–21).

The passage of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) marked the culmination of more than two decades of reforms in the child welfare field. Enacted as amendments to Titles IV-B and IV-E of the Social Security Act, it reinforces and clarifies the intent of the Child Welfare and Adoption Assistance Act (P.L. 96-272; DHHS, 2000).

The focus of these reforms was to

- modify AACWA's requirement that reasonable efforts be made to prevent the placement of children into foster care,

- increase the chances that children already in care would be put on a “fast track from foster care to safe, loving and permanent adoptive homes” (Congressional Record, 1997, as cited in Stein, 2003), and
- discontinue what was seen by some as the system of always putting the needs and rights of the birthparent first, resulting in a de-emphasis on family preservation (Stein, 2003).

The philosophical tenets that inform and guide ASFA are:

- The safety of children is the paramount concern that must guide all child welfare services.
- Foster care is a temporary setting and not a place for children to grow up.
- Permanency planning efforts should begin as soon as a child enters the child welfare system.
- The child welfare system must focus on results and accountability.
- Innovative approaches are needed to achieve the goals of safety, permanence, and well-being (National Child Welfare Resource Center for Family Centered Practice, n.d., pp. 9–11).

There can be little doubt that ASFA has created a significant reform in child welfare practice (U.S. General Accounting Office, 2002).

Child and Family Services Reviews

In March 2000, regulations went into effect for a new approach to federal oversight of state child welfare programs, known as the Child and Family Services Reviews (CFSRs). Overseen by the Children’s Bureau of the Administration for Children and Families, the review process consists of statewide assessment as well as onsite review conducted by a team of federal, state, and peer reviewers. Information gathered is used to examine the states’ success in meeting the major goals of child welfare—child safety, permanence, and well-being.

During federal FYs 2001 and 2002, the Administration on Children and Families conducted CFSRs in 32 states. No state passed the rigorous test of its ability to protect children from child abuse and find permanent homes for children in foster care (Meckler, 2003). States’ inability to attain “substantial conformity” with the seven required outcomes necessitated the development of Program Improvement Plans that describe how they will reach substantial conformity. The CFSR process reaffirms the need for the child welfare system to forge linkages with other systems of support for families (McCarthy & McCullough, 2003, p. 10).

Core Values of Child Protection

Successful efforts to care for and protect children, whether they are made by government child welfare agencies, individual citizens, or community entities, are based on a set of core values (CWLA, 1999, p. 15):

- Every child has a right to adequate care and supervision and to be free from abuse, neglect, and exploitation.
- Every child should have a safe, permanent family.
- Every child’s family, however family is defined, is unique and has value, worth, integrity, and dignity.

- The most desirable place for children to grow up is in their own caring families, when those families are able to provide safe and nurturing relationships intended to last a lifetime.
- Parents have the primary responsibility for, and are the primary resource for, their children.
- Most parents want to be and can be adequate parents.
- Most parents who experience difficulty in parenting can be helped to be adequate parents. Appropriate services must be available to assist them in accomplishing needed changes.
- When parents cannot or will not fulfill their protective responsibilities, the community has the right and obligation to intervene directly on the child's behalf.

The CPS System

Public child welfare agencies, of which CPS agencies are a part, are responsible for accepting referrals alleging child abuse and neglect, determining if children have been—or is at risk of being—maltreated, and providing services to protect them. The challenge for CPS agencies is to fulfill their core mandates—prevention, assessment, identification, and treatment of child maltreatment.

State policies often indicate that the decision to accept a report of child abuse and neglect is guided procedurally by concurrence with the notion that the report, if true, constitutes abuse and neglect as defined in state law (Morton & Holder, 1998). This decision is also shaped by other factors, including:

- federal law, which sets core requirements for state systems of reporting and investigation;
- state law, which defines child abuse and neglect and sets requirements for response;
- agency policies, which interpret laws, set standards, and define case practice procedures;
- agency customs, which further refine definitions and response procedures and guide practical issues such as caseload management; and
- the number of layers of decisionmakers involved in the screening decision (Wells, 1997).

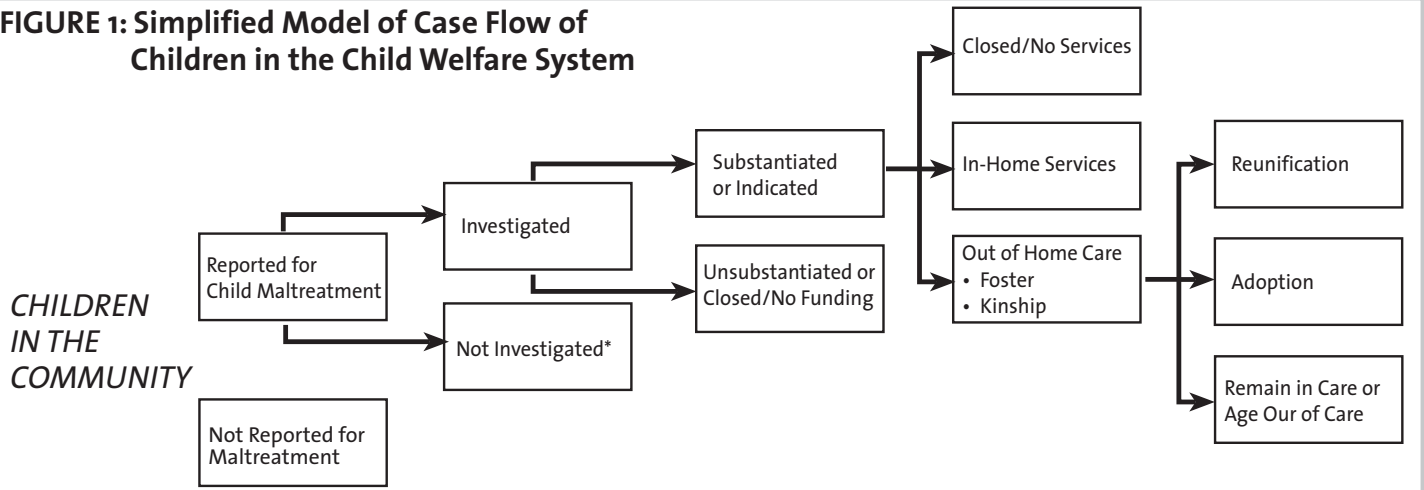
Given these numerous variables, no single prototype or standard CPS system exists. Nonetheless, some common characteristics of the way cases typically flow through the CPS system and the decisionmaking points along this case flow continuum exist (see Figure 1).

At the casework level, child protection workers typically engage in a number of steps across the continuum of a single case. Table 1 illustrates these steps.

Services

In most CPS jurisdictions, the decision to provide continuing services is not made solely based on substantiation status—the determination of whether maltreatment occurred. In 2002, slightly more than half of child victims (58.7%, or an estimated 526,000)—including almost one-fifth

FIGURE 1: Simplified Model of Case Flow of Children in the Child Welfare System



* Nearly half of all states have policies that allow for “alternative response”—no requirement that determination of maltreatment has or has not occurred. Despite the variability among states, these differential responses address the service needs of families who may be at risk and avoid labeling the caregiver as a perpetrator of maltreatment. The screening and investigation function are altered by the presence of alternative response systems in the child welfare agency.

TABLE 1: The Child Protection Casework Process

STEPS	KEY QUESTIONS
Intake/Screening the report	Should the report be accepted for investigation or assessment? What is the urgency of the report and the timeline for response?
Initial assessment/Investigation	Is maltreatment substantiated? Should the case be opened for services? Is placement needed to ensure safety? Is court action needed to achieve safety?
Comprehensive family assessment	What must change to reduce or eliminate the risk of harm? What must happen for the effects of the maltreatment to be addressed?
Case planning	What are service goals? What changes must the family make to reduce risk and meet treatment needs? What services will the family use to achieve goals and changes? How will the worker evaluate progress?
Service delivery/Case management	What services will be most effective in achieving the goals? What services are available to meet the plan goals?
Evaluation of family progress	Does the child remain safe? Are the child’s permanency needs being met? Is the goal still viable, or is a new goal indicated? Are additional services needed?
Case closure	Does the child remain safe? Are the child’s permanency needs being met? Can the case be closed? What services are needed to assist the family following closure?

Source: Adapted from DePanfilis and Salus (1992).

of all victims who were removed from their homes and placed in foster care—received postinvestigation services as a result of the investigation or assessment conducted by the CPS agency. In addition, nearly one-third of children (31.1 %, or an estimated 708,000 children) who were not found to be victims of maltreatment also received services (DHHS, 2004). Service delivery tends to be uneven across communities, with particular shortages of mental health and substance abuse services as well as services delivered in languages other than English.

Juvenile and Family Courts

The juvenile and family courts are involved with a small percentage of children who come to the attention of CPS. Nationwide, court proceedings occur on behalf of less than one-fifth (17.8%) of child maltreatment victims to determine temporary custody of the child, guardianship of the child, or disposition of state dependency petitions (DHHS, 2004). A child should only be removed from his or her home on an emergency basis, if he or she is in imminent danger and no action, other than removal, can remediate the situation.

State laws generally establish a two-step process for the state to obtain custody of a maltreated child. In the first, adjudicatory phase, the court must decide whether allegations that the child has been abused or neglected are legally sufficient and, if so, factually true. If abuse or neglect is found, in the second, dispositional phase, the court must decide what remedy is in the child's best interest. In addition to committing the child to the care and custody of the state CPS agency, dispositional options typically include allowing the child to remain at home with (or return to) his or her parents, with or without protective supervision, committing the child to the care and custody of the agency for a specified (or, in some states, indefinite) period of time, or transferring legal guardianship of the child to a relative or other appropriate person (Chill, 2003).

Despite the fact that court involvement is limited to a small percentage of children who come to CPS's attention, the court is actively involved in the lives of those children. Judges have the final authority to make decisions about the need for placement, the approval of plans for children under protective supervision, and ordering or approving service plans for the child and his or her parents (McCarthy & McCullough, 2003).

The Advent of a Community-Based Child Protection Framework

In 1993, the U.S. Advisory Board on Child Abuse and Neglect, embracing a new child protection framework, called for a neighborhood-based child protection strategy in which

- primary strategies would be focused at the level of urban and suburban neighborhoods and rural communities;
- social and economic supports for troubled families and children would be developed at the neighborhood level, with neighborhoods defined by geographic boundaries; and
- both formal and informal services that are based on the principle of voluntary help by one citizen for another would be widely available, regardless of whether access to such services is determined by the place of residence (p. 18).

State and local efforts to build a community approach to supporting families and protecting children have demonstrated ways to involve citizens and community groups in family support and child protection (CWLA, 2003c, p. 24).

These goals frequently create tension between the child protection agency and the community, as the formal mandate and legal responsibility to protect children resides with the public child welfare agency. The challenge for the child protection field is to recognize that the true

hope for these vulnerable children is dependent on workers' ability to work effectively with parents—individuals who frequently have committed egregious acts against their own offspring. Only by engaging these family members in the assessment, treatment, and healing processes, will workers collectively be able to optimize the healthy growth and development of children who have been maltreated, minimize or negate the adverse consequences of these harms, and facilitate productive, satisfying, and independent lives in the context of their families—whether they live with their birthfamily, with kin, or as part of another permanent family established through adoption or guardianship.

Endnote

- ¹ *Text in this section relies heavily on the CWLA Standards for Services for Abused and Neglected Children and Their Families (CWLA, 1999).*

A P P E N D I X D

The Juvenile Justice System

The U.S. government established a juvenile justice system that was separate from the adult system slightly more than 100 years ago. The newly created system and court produced a tradition of focusing less attention on the criminal or delinquent act, instead viewing the totality of circumstances contributing to the youthful offender's misconduct. The original goal was to divert youthful offenders from the damaging punishments of criminal courts and to encourage rehabilitation based on the needs of the youth. "Acting in the best interests of the child" was the predominant theme that helped shape the course and development of the juvenile court movement. Simply put, the mission of this new reform was to guide juveniles toward responsible and productive adulthood, not punish them for these youthful transgressions. As a result, the court had no need "to formulate legal regularities of defendant's rights, due process, and constitutional safeguards that marked the adult judicial process" (Maloney et al., 1988, p. 48, as cited in Howell, 1997, p. 13).

In examining the evolution and current status of the juvenile justice system, it is important to remember that the United States has at least 51 different juvenile justice systems—not just one. Each state and the District of Columbia has its own statutes and children's codes that govern its juvenile justice system. Even with these unique systems, the original reforms, key subsequent Supreme Court decisions, and federal legislation have helped create many of the fundamental tenets relied on today to address juvenile delinquency. It is useful to examine this history and evolution to enrich the efforts at ongoing reform and consideration of integrating the child welfare and juvenile justice systems.

History

Supported by many philanthropic groups, including the Chicago Bar Association, the Chicago Women's Club, led by such reformers as Jane Addams, drafted a bill creating a juvenile court. The Illinois legislature passed the Illinois Juvenile Court Act in 1899. This resulted in the creation of an adjudicatory process involving a hearing in which a judge, the child, the child's family and friends, and the probation officer explored the youthful offender's problem behavior. The goal was to identify the underlying cause of the behavior and then administer appropriate rehabilitative measures. The underlying justification and argument for the creation of this separate system was that children and youth younger than 16, as a direct consequence of their age and immaturity, "are not fully responsible for their antisocial behavior and can, if humanely treated in proper rehabilitation programs, become productive members of society" (Hutzler, 1982, p. 26, as cited in Howell, 1997, p. 14). The language of the new juvenile court underscored its fundamental differences from the criminal court. Juveniles were not charged with crimes, but rather with delinquent acts; juveniles were not found guilty, but rather were adjudicated delinquent; and they were not sent to prison, but rather to training or reform schools.

This reform philosophy spread quickly. Between 1900 and 1910, 32 states enacted legislation establishing juvenile probation. By 1912, 22 states had juvenile courts, and by 1925, all but 2 states had established them (Krisberg & Austin, 1993, p. 30, as cited in Howell, 1997, p. 13). The juvenile courts established a persistent trend through the 1930s of focusing on the individual and family, dominated in its treatment philosophy by biological, Freudian, and medical approaches (Empey, 1985, as cited in Howell, 1997, p. 14). From the 1930s through the 1960s, prevailing treatment approaches gradually embraced consideration of extrafamilial factors, such as poverty, discrimination, inequality, and peer constructs (Howell, 1997, p. 14). Finally, in the 1970s, interest in the family as a source of delinquency regained momentum, and researchers coupled it with recognition that other sources of failure in the socialization process included the school and other youth-serving institutions (Empey, 1985, pp. 26–27, as cited in Howell, 1997, p. 14). Little is known, however, about the actual operations of juvenile courts through this period. Although the original intent remained largely unchanged, no one examined the outcomes from this approach or the fairness of application. That changed fundamentally with several significant Supreme Court decisions beginning in 1966.

Key U.S. Supreme Court Decisions

Four important U.S. Supreme Court decisions resulted in more procedural formality in the juvenile courts. In 1966, in *Kent v. the United States*, the Court ruled that Morris Kent was denied fundamental due process rights preserved for adult defendants when his case was transferred to criminal court jurisdiction without a hearing and without giving his legal counsel access to the social history information on which the presiding judge based his decision. The Court ruled that

- juveniles had the right to a hearing on the issue of transfer,
- juveniles were entitled to counsel,
- counsel must be given access to social records that are considered by the juvenile court in its decisionmaking process, and
- the juvenile court must provide a statement of the reasons it seeks transfer to criminal court jurisdiction with any waiver order.

The Court also established fundamental criteria to be considered when assessing a decision to transfer a juvenile case to criminal court jurisdiction.

In 1967, the decision of *in re Gault* extended these procedural safeguards further, ensuring the same rights to juveniles as are afforded adults in criminal prosecutions. These rights can be summarized as follows:

- The alleged delinquent conduct must be set forth with “particularity” and be given sufficiently in advance of the court proceedings.
- In a delinquency proceeding which may result in commitment to an institution, the court must notify juveniles of their right to counsel (including court-appointed counsel, if private counsel is unaffordable).
- Juveniles may not be required to incriminate themselves in testimony.
- Juveniles have the right to confront their accusers in the delinquency proceeding.

The third key Court decision occurred in 1970. The Court ruled, in the case of *in re Winship*, that the standard of proof for juveniles charged with delinquent or criminal acts was to be

“beyond a reasonable doubt.” Prior to this ruling, the standard was no greater than that which is often used in civil court proceedings, “a preponderance of the evidence.” Finally, in 1971, in *McKeiver v. Pennsylvania*, the Supreme Court ruled that delinquency proceedings do not require a jury trial. This effectively reinforced the foundation of the juvenile court, the *parens patriae* philosophy, in which the court acts on behalf of a minor or incompetent person.

Federal Legislation

These U.S. Supreme Court decisions provided the basis for the next chapter of fundamental change in the juvenile justice system: the formulation of the federal Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA). The previous Supreme Court decisions were buttressed by a report from the President’s Commission on Law Enforcement and Administration of Justice issued in 1967 (President’s Commission on Law Enforcement and Administration of Justice, 1967a, p. 30, as cited in Howell, 1997). The report provided the first comprehensive examination of the American juvenile justice system and concluded that “it has been proven for a variety of reasons that the promise of the juvenile courts to help the child, to rehabilitate him, to lead him into a healthy and constructive life has not been kept” (President’s Commission on Law Enforcement and Administration of Justice, 1967a, p. 30, as cited in Howell, 1997, p. 15).

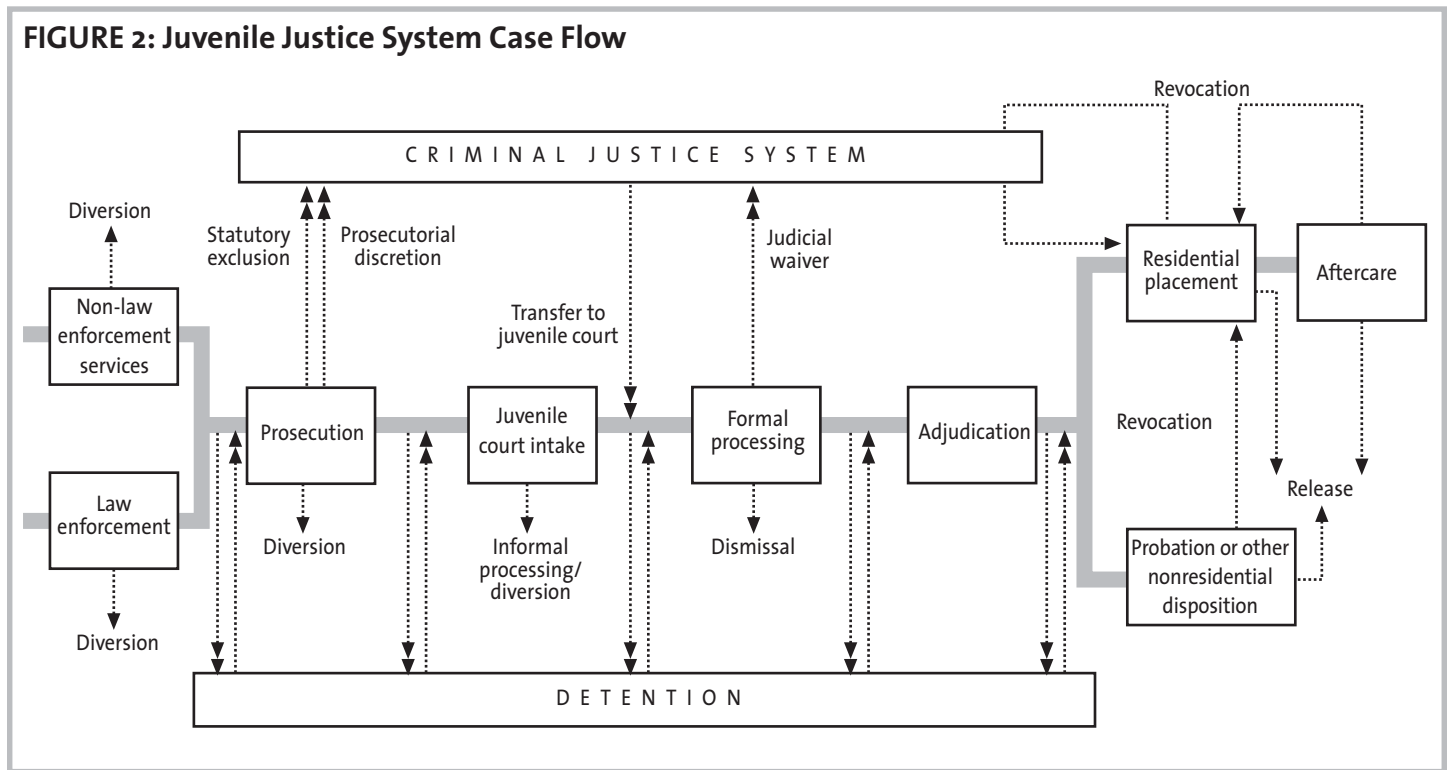
In addition, the National Advisory Commission on Criminal Justice Standards and Goals was established in 1971 to “formulate the first national criminal justice standards, goals, and priorities that would constitute a national criminal justice strategy” (Howell, 1997, p. 18). Its work led to the conclusion, published in the National Advisory Commission on Criminal Justice Standards and Goals report in 1973, that courts should give the first priority to preventing delinquency, minimizing involvement of juvenile offenders in the system, and reintegrating delinquents into the community.

JJDPA was passed into law in 1974. It created the federal Office of Juvenile Justice and Delinquency Prevention. JJDPA provided guidance, tied to receipt of federal funding (the Formula Grants program), that outlined compliance with “core protections” for juveniles. The act’s original language included a requirement for states to remove noncriminal status offenders and nonoffenders from secure detention and correctional facilities. Subsequent amendments have resulted in additional protections that include sight and sound separation of juveniles from adults in detention and correctional facilities, removal of juveniles from adult jails and lockups, and a requirement for states to address the disproportionate confinement of juveniles.

Congress reauthorized JJDPA and signed it into law in November 2002, reaffirming the commitment to these core protections. The reauthorized act continued to embrace delinquency prevention and renewed the commitment to the use of evidence-based community programs to prevent delinquency. JJDPA of 2002 was supported by a wealth of research developed since the original 1974 act.

Juvenile Justice System Case Flow

As previously recognized, juvenile justice systems vary greatly by jurisdiction. The organization of courts, case processing procedures, and juvenile correctional facilities are governed by state law. Most juvenile courts have jurisdiction over criminal delinquency for offenders younger than 18 (37 states recognize this as the age of majority, whereas 10 states recognize 17 as the age of majority, and 3 others recognize age 16), abuse and neglect cases, and status-offender matters. The aforementioned Supreme Court decisions and JJDPA have also helped shape the processes that constitute the procedural flow of a case through the juvenile courts. Figure 2 shows the juvenile justice case flow, identifying key decision points in the process.

FIGURE 2: Juvenile Justice System Case Flow

Prior to the commencement of juvenile court processes, someone must refer a juvenile to the court. The police, parents, social service agencies, schools, victims, and court staff (i.e., probation officers) may make referrals. Data confirm that 85% to 90% of referrals are initiated by law enforcement (FBI, 2003). Although many differences exist among juvenile courts, once this referral is made, all juvenile cases must proceed through several fundamental stages, including intake, petition, adjudication, and disposition.

The intake process is the mechanism through which the court identifies delinquent charges. The intake screening process, recognized as a critical function and sometimes referred to as a “gatekeeper” function, affects the alleged victim, the alleged perpetrator, the community perception of the court, the resources of the court, and the future delinquency of the juvenile. The intake decision determines whether a case should not be filed due to insufficient probable cause evidence, should be resolved through diversion, or should proceed to formal processing through the filing of a petition. Depending on state law, the court may also decide to transfer jurisdiction to the criminal court at this point.

If a petition is filed, the case is scheduled for a formal adjudicatory proceeding, similar to a trial in criminal court jurisdiction. At this point, the court may make a critical determination regarding the detention status of the alleged perpetrator. At the adjudicatory hearing, lawyers present the facts of the case, and a finding may result in the court judging the youth to be delinquent, which is similar to a finding of guilt in the criminal court jurisdiction. If the court judges the youth to be delinquent, a disposition hearing is scheduled, which is similar to a criminal sentencing hearing. Other potential outcomes include a finding of not delinquent or guilty, resulting in a dismissal of the case, or the matter may be continued in consideration of a future dismissal. In this circumstance, the court may require the youth to take some action prior to a final decision. This may include participating in treatment, paying restitution, or performing some other informal measures as assigned by the court.

In cases that advance to the disposition hearing, the court (usually through a probation department) prepares a predispositional report, which assesses a broad array of personal, so-

cial, family, and school factors affecting the youth. It is this hearing that results in a judicial order setting the course of intervention and treatment for the youth and his or her family. This intervention may include probation, prescribed treatment conditions, fines or restitution, referral to a residential or community-based treatment program, or commitment to an institution or correctional facility. It should be noted that detention is increasingly being considered as a sanction imposed at disposition hearings.

Current Status of Juvenile Delinquency in the United States

The most recent national data reflect a continuing decline in violent juvenile crime and overall delinquent activity, while also capturing significant areas of concern (Federal Bureau of Investigation [FBI], 2003). From 1987 through 1993, juvenile delinquency increased at an alarming rate. It was this rising tide of delinquency that initiated the now outdated and incorrect idea of the “juvenile super-predator” and fueled legislative changes in juvenile codes that fundamentally challenged the precepts of the juvenile justice system. The most obvious examples of this approach were manifested in changes of waiver provisions for youth to be transferred to criminal court jurisdiction and a continuing trend to use detention and incarceration for even those youth charged with misdemeanor or property crimes.

From 1994 through 2002, however, juvenile violence and victimization have had encouraging declines, but they still occur. The most recent available data from the 2002 Federal Bureau of Investigation’s Uniform Crime Reports (UCR; FBI, 2002) reflect that the number of people younger than 18 arrested for violent crime (murder, rape, aggravated assault, and robbery) decreased 1.4% from 2001 arrest estimates. This trend has resulted in declines of more than 70% in the juvenile murder rate since 1994. It is useful to note that the UCR data confirm that only one-third of 1% of the youth population are arrested for a violent crime.

As encouraging as this trend toward diminished delinquent activity and the decrease in the severity of crimes committed is, some disturbing new trends in the past 10 to 15 years must also be noted. There has been a rise in gang affiliation and delinquent activity associated with gangs; a rise in female delinquent activity, including violent offenses (girls now account for nearly 28% of all juvenile arrest activity, up more than 10% from 1994); and an overrepresentation of non-white youth in the juvenile justice system and in secure institutions. Researchers are increasingly recognizing the effect of child maltreatment on subsequent involvement in delinquency and violent crime. These statistics on juvenile delinquency are both encouraging and discouraging. Although the decrease in delinquency may reflect a greater national focus on the issue and the use of more effective programs to attack the problem, it is clear we have much work to do.

Fortunately, during the past 30 years, judges, policymakers, administrators, managers, practitioners, and researchers have all contributed significantly to advances that provide hope for continued improvement in the juvenile justice system that will result in improved outcomes for youth and families that come before the court. These advances include:

- a greater commitment to multidisciplinary collaboration and coordination, resulting in more comprehensive service plans and improved allocation of resources;
- improved understanding of adolescent development and the multiple domains affecting growth and resiliency;
- development of a range of screening and assessment instruments that augment professional expertise;
- advanced research permitting conclusions about what works in programs and practices;

- improved training of the professionals designated to work with delinquent offenders and their families;
- greater recognition of the causes of disparities affecting nonwhite populations and action strategies to affect this issue; and
- the development of a range of community-based alternatives that effectively serve and rehabilitate juvenile offenders and their families.

These are all examples of extraordinary changes in the juvenile justice area that will continue to fuel the optimism that this separate system of justice remains a critical foundation of the U.S. justice system.

A P P E N D I X E

Oregon's Executive Order

Executive Order 02-04

Whereas, 1999 Senate Bill 555 created a new method of comprehensive planning for services provided to Oregon's children and their families; and

Whereas, implementing Senate Bill 555 required significant changes in the way state and local government agencies and other entities work together to identify, plan for, and provide needed, services, supports, and initiatives to children and families; and

Whereas, Senate Bill 555 identified the Department of Human Services, Criminal Justice Commission, Commission on Children and Families, Oregon Youth Authority, Department of Education, and Oregon Progress Board as principal State partners (principal State partners); and

Whereas, the Senate Bill 555 planning process affects additional State agencies, including the Community College and Workforce Development Department, Housing and Community Services Department, Economic and Community Development Department, Employment Department, and others (affected State agencies); and

Whereas, the role of the State of Oregon and its agencies in implementing Senate Bill 555 include:

- Developing partnerships among State agencies to combine planning and reporting requirements;
- Identifying, disseminating, and promoting information on best practices, promising approaches, and research-based practices;
- Collecting and managing data needed to inform the State and county planning and decision-making processes and developing a system to communicate to State agencies and counties in a coordinated fashion and at an appropriate level of detail;
- Jointly developing with counties planning an accountability processes that meet state needs and respond to the capacity of counties to implement those processes; and
- Providing resources, which may include funding, capacity-building, and technical assistance, to support the availability of effective, community-based services.

Whereas, the local community comprehensive plans shall include:

1. Identification of ways to connect all state and local planning processes related to services to children and families into the local coordinated comprehensive plan to create positive outcomes for children and families;
2. Provisions for a continuum of social supports at the community level for children, from the prenatal stage through 18 years of age, and their families, that takes into account areas of need, service overlap, asset building, and community strengths;

3. An early childhood system plan; Local alcohol and other drug prevention and treatment plans;
4. The local high-risk juvenile crime prevention plan;
5. Ways to improve results by addressing the needs, strengths, and assets of a children, families, and communities in the county or region including those children and families at high risk;
6. Strategies based on proven practices of effectiveness for the specific community; and
7. Strategies designed to achieve outcomes based on research-identified proven practices of effectiveness.

Whereas, State and local agencies have made significant progress in implementing the planning required by Senate Bill 555 but additional actions are necessary to continue that progress; Therefore, it is ordered and directed:

1. The principal State partners shall, to the greatest extent possible and within their assigned agency mission, jointly submit budget and legislative recommendations to the Department of Administrative Services for consideration in developing the 2003–05 Governor’s Recommended Budget. The recommendations shall identify which planning processes, and resources of the principal State partners should be directed by the county comprehensive plans and shall be based on information from the comprehensive plans submitted by the counties.
2. The principal State partners and other affected State agencies shall develop a statewide plan for children and families based upon the county plans. The State plan shall be based on the needs, priorities, and strategies identified in the county plans and shall include recommendations for State agency actions. The principal State partners shall identify and involve other affected State agencies necessary to address issues identified in the county plans.
3. The principal State partners shall develop formal agreements to improve coordination among the principal State partners and shall develop agreements among the principal State partners and other affected State agencies as necessary. The agreements shall:
 - Identify which resources should be directed by the county comprehensive plans;
 - Identify individual planning processes of the principal State partners and other affected State agencies affected by the State and county comprehensive planning processes;
 - Systematize within each principal State partner how coordination will occur among the principal State partner agencies and programs within those agencies, including reviewing county plans and using information from the county plans in the State planning process;
 - Identify means for systematic communication among principal State partner agency staff at all levels;
 - Recognize the shared responsibility to achieve positive outcomes for children and families;

- Identify data to be provided to counties for-planning purposes, how it will be made available, and how it will be updated;
 - Identify data counties must collect and report to the State and how to minimize reporting requirements to counties;
 - Identify joint outcome measures and accountability processes that the principal State partners will use.
 - Establish a process and structure for the principal State partners to develop the statewide plan referred to above;
 - Identify how decisions affecting implementation of Senate Bill 555 will be made within and among the principal State partners, and
 - Identify how to provide coordinated training and technical assistance.
4. All State agencies and programs that serve children and families, directly or indirectly, shall review the contents of the county plans and to the greatest extent possible within the assigned agency mission of each partner incorporate them into their budget and policy development.
 5. The principal State partners shall report to the Governor annually on December 1 on the status of compliance with the provisions of this Executive Order.

Done at Salem, Oregon this 15th day of July, 2002.

A P P E N D I X F

Baltimore City Memorandum of Understanding

This agreement, made this 21st day of December, 2000, by and among the Circuit Court for Baltimore City, Family Division–Juvenile (hereinafter “The Juvenile Court”), the Maryland Department of Juvenile Justice (hereinafter “DJJ”), The Office Of The State’s Attorney for Baltimore City (hereinafter “State’s Attorney”), The Office of the Public Defender (hereinafter “The Police”), The Maryland Department of Human Resources (hereinafter “The Police”), The Maryland Department of Social Services (hereinafter “DSS”) and The New Baltimore City Board of School Commissioners (hereinafter “School Board”).

Whereas, the parties acknowledge that the Juvenile Court and associated agencies are committed to delivering services to children, youth and families of Baltimore City and the general public; and

Whereas, the parties acknowledge that the Juvenile Court and associated agencies can improve the delivery of services in a more efficient and effective manner to the children, youth and families of Baltimore City and the general public; and

Whereas, all of the parties agree that cooperation, coordination, and collaboration are critical for the effectiveness of service delivery; and

Whereas, research clearly confirms that children who are maltreated by their parents or caretakers not only suffer the immediate consequences of abuse (e.g., physical injury, sexual exploitation, or serious emotional harm) and neglect (e.g., lack of appropriate physical care and supervision, emotional development, and emotional well being) but also are at heightened risk of early onset of and involvement in serious and violent delinquency and other adolescent problem behaviors, including substance abuse, teen pregnancy, low academic achievement, and mental health problems; and

Whereas, developing effective solutions to the inappropriate or unnecessary use of secure juvenile detention is essential; and

Whereas, as the DJJ has funded the design and construction of a multi-purpose juvenile justice center in Baltimore City to provide an appropriate physical location for a juvenile justice center, a juvenile courthouse and numerous collateral offices known as Baltimore City Juvenile Justice Center (hereinafter “the Justice Center”); and

Whereas, the development of the Justice Center presents an opportunity in the State’s largest Juvenile Court to establish new initiatives and procedures that specifically address the unique needs of the at-risk children, youth and families it serves. This opportunity should allow innovative programs and services that are specific to the needs of Baltimore City and possibly differ from those programs and services offered in other subdivisions; and

Whereas, the Juvenile Court is dedicated to serving the best interests of the children and families who appear before the Court while assuring due process and protecting the safety and security of the citizens of Baltimore; and

Whereas, the parties agree to better serve children and families who come into contact with the Juvenile Court, including cases involving delinquency, Children In Need of Supervision (CINS), Children In Need of Assistance (CINA), Termination of Parental Rights (TPR), and adoption; and

Whereas, the parties agree, after the Justice Center is fully operational, to continue to cooperate, coordinate, and collaborate on such issues as case processing, detention reform, management information systems, prevention, early intervention services, the integration of services, the nexus between delinquency and CINA and generally the well being of children and families who come to the Justice Center.

Now therefore, this agreement witnesseth:

1. The recitals shall form a part of the agreement.
2. The parties hereby agree to work in a collaborative manner in developing, piloting, implementing, and evaluating policies, procedures, and “best practices” and the utilization of the Justice Center.
3. The parties hereby agree, that in developing more effective solutions to inappropriate or unnecessary detention of youth, to examine detention reform concepts through development of sound policies, procedures and practices.
4. The parties agree that the use of objective data from juvenile justice and child welfare agencies is essential to implementing new policies, procedures and practices.
5. The parties agree, where appropriate, to pilot new initiatives and to evaluate their success based upon data collected on the new initiatives. The parties further agree to continually review and evaluate those initiatives for purposes of determining their effectiveness and to establish accountability.
6. The parties hereby acknowledge that each party has certain constitutional and legislative mandates and authority, which cannot be delegated or abdicated. To this end the parties further agree that they each will recognize and respect those proscriptions in developing a collaborative effort.
7. The parties agree that to the extent that the individual signatories are unable to participate in the collaborative process, those signatories will assign a designee with the appropriate authority to permit the collaborative process to continue.

In witness whereof, the parties have caused this Agreement to be executed as of the date first written above.

CIRCUIT COURT FOR BALTIMORE CITY
Ellen M. Heller, Administrative Judge
Martin P. Welch, Judge in Charge–Juvenile

THE OFFICE OF THE PUBLIC DEFENDER
Patricia C. Jessamy, State Attorney

BALTIMORE CITY POLICE
Edward T. Norris, Commissioner

BALTIMORE CITY DEPARTMENT OF SOCIAL SERVICES
Yvonne Gilchrist, Executive Director

MARYLAND DEPARTMENT OF JUVENILE JUSTICE
Bishop L. Robinson, Secretary

THE OFFICE OF THE STATE’S ATTORNEY FOR BALTIMORE CITY
Stephen E. Harris, Public Defender

MARYLAND DEPARTMENT OF HUMAN RESOURCES
Lynda G. Fox, Secretary

THE NEW BALTIMORE CITY BOARD OF SCHOOL OF COMMISSIONERS
Carmen V. Russo, Chief Executive Officer

A P P E N D I X G

Hopetown Hypothetical Agreement

Cooperative Agreement Between the Department of Juvenile Justice, the Department of Family and Children Services, and the Hopetown County Juvenile County

Parties to the Agreement

This agreement is made and entered into by the Department of Juvenile Justice (hereinafter referred to as “DJJ”), the Department of Family and Children Services (hereinafter referred to as “DFCS”), and the Hopetown County Juvenile Court (hereinafter referred to as “the Court”).

Purpose of the Agreement

The purpose of this agreement is to promote increased cooperation, coordination, and integration at the administrative and service delivery levels for the benefit of children and families within the purview of the DJJ, DFCS, the Court, and any additional signatory agencies party to this agreement.

The parties to this agreement believe that greater multi-system coordination and integration is best accomplished through a comprehensive, strategic planning process that embraces and values inclusion of youth, families, and a broad based representation of youth serving agencies and organizations. Since a wealth of basic and applied research, excellent program and practice models, and accessible resources already exist, the parties to this approach will utilize the best available information, research, and practices to guide the process. This agreement provides a framework for the parties to enhance the level of collaboration and improve the quality of services delivered to youth and families.

Areas of Agreement

The parties to this agreement will identify agency representatives that participate in an ongoing committee organized to address the multiple issues articulated in this agreement. The parties will specify the function, roles, and responsibilities of the committee leadership and members.

The parties to this agreement will assess the current management information systems utilized by participant agencies/organizations and provide a report on the current capacity to share information across agencies/organizations. The report will identify barriers and obstacles (both statutory and policy) and jointly provide recommendations to overcome the identified impediments to enhanced information sharing. The report will also identify critical information that must be shared across agencies/organizations to enhance case management and service delivery to youth and families (including but not limited to: previous history of maltreatment; court, educational, medical, psychiatric, and family history; and previous services provided to the youth and family).

The parties to this agreement will identify data sets that must be shared across agencies/organizations (including but not limited to: # of foster care youth detained; # of delinquent youth with previous history of maltreatment; youth referred to the court with active foster care status) and ensure that this information contributes to improved analysis of current trends. This effort will lead to enhanced decision-making, particularly regarding prioritizing the allocation of shared resources among and across agencies/organizations.

The parties to this agreement will conduct an examination of the legal, policy, and procedural mandates unique to each agency/organization in order to make recommendations for changes that will contribute to improved coordination of initial decision-making, case management, and service delivery. The parties agree to provide a report of their findings and recommendations to participant agency/organization leadership.

In conducting the above, the parties to this agreement will provide each other with a written description of:

- agency/organizational structure and analysis,
- case flow processing and analysis, and
- identification and review of currently utilized case/service assessment instruments.

The parties to this agreement will inventory and assess the available services and resources utilized in behalf of youth and families within the jurisdiction. This effort is intended to reduce the unnecessary duplication of services and provide a cross-agency resource for youth and families.

The parties to this agreement will collaboratively develop an inventory of best practices and model or promising programs, and make recommendations for multi-agency development and implementation of selected practices and programs intended to improve the services delivered to youth and families.

The parties to this agreement will examine and analyze current agency/organization budget and funding requirements to determine the feasibility of blended/integrated/de-categorized funding opportunities to reduce duplication of resources and improve service delivery for youth and families. This effort will produce findings and recommendations and include, but not limit identification of potential additional funding sources for: administrative collaboration, development of management information systems, program development and implementation, and process and outcome evaluation.

The parties to this agreement will develop a timeline for the completion of the tasks enumerated in this memorandum (including reports and analysis and implementation).

A P P E N D I X H

Discussion Questions for Barriers to Integration and Coordination¹

Legal Issues

- What funds are available to support various components of the model (e.g., assessment, services delivery, personnel costs, training, and mechanisms for sharing information)? How can funds be combined to meet a family's multiple needs?
- Who is eligible for what services and supports? What eligibility review is required? Does the review become more complicated if funding streams and programs are combined?
- What about confidentiality? Are there statutes, regulations, or policies that prevent information gathered by a worker in one program from being shared with workers in other programs?
- How are costs to be allocated when funds from a variety of funding streams or programs are used jointly? For example, if cross-training is provided to staff from five different programs, which programs pay for what part of the training?
- How do requirements about management information systems help or hinder the integration of services for families? How do cost allocation requirements impact the ability to develop joint management information structures?
- How can waiver authority facilitate cross-program integration where barriers exist?

Information System Challenges

- How can existing information systems be used to promote coordination and integration across programs? For example, can the systems in relevant programs interface with each other to share information? Can they work together to facilitate reporting of all required data?
- Is there a single information system that can be used to determine eligibility for relevant programs and track individual and family progress towards desired goals?
- If the information systems do not facilitate coordination and integration, can new systems be developed and implemented? Can problems in existing systems be worked around?
- Can confidentiality be protected as needed while utilizing the information system(s)?
- Are there adequate resources to re-program information systems in ways that facilitate integration?

Concerns Raised by Performance Indicators

- How do performance goals for various programs encourage or discourage cooperation and integration across programs?
- To what extent are the performance indicators for relevant programs consistent?
- What services and activities get fewer resources and less attention because performance indicators do not measure them?

Managerial or Administrative Issues

- Who will administer the services in an integrated model?
- Will a single caseworker conduct an assessment or will the assessment be conducted by a multi-disciplinary team?
- Will families have a primary caseworker despite their involvement in multiple programs and services?
- Will services be co-located so that families receive services in a single place? If co-location is not feasible, what structural or procedural components can be put in place to ensure that service delivery is seamless?
- What is the appropriate level of expertise needed by any given worker for the integrated model to work?
- Will there be joint case plans (e.g., a single plan for all programs in which the family participates) or is joint case planning sufficient (e.g., multiple plans that are complimentary, not conflicting)?
- How will the use of funds be tracked and reported? What mechanisms are needed to ensure that relevant reporting requirements are met when multiple funding streams are utilized?
- What decision-making provisions are needed to determine whether the benefits of using a funding stream for a particular purpose outweigh the “costs” of using that funding stream? In other words, when do costs of fulfilling the reporting requirements, meeting the performance indicators, and complying with the requisite cost allocation methodologies outweigh the costs of using a particular funding stream?

Endnote

¹ Source: Hutson (2004).

APPENDIX I

Descriptions of Federal Programs for Children and Families¹

TANF: The Temporary Assistance for Needy Families (TANF) program (Hutson, 2004)² replaced the Aid to Families with Dependent Children (AFDC) program in 1996. Under TANF, states receive a lump sum of money that can be used to provide an array of supports and services, not just cash assistance. Spending must be consistent with at least one of the following purposes:

- (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; or
- (4) encourage the formation and maintenance of two-parent families.³

Eligibility for assistance is limited to “needy families,” but states have broad discretion in defining the income level that constitutes “needy.” There is a federal time limit of 60 months on the receipt of “assistance” (essentially payments designed to meet basic needs and child care and transportation assistance for families that are not employed). However, states can impose shorter time limits if they wish. TANF block grant funds are set at about \$16.5 billion annually. In addition, states are required to contribute a specified level of state funding for services and supports for low-income families. This state “maintenance of effort” requirement totals \$10–11 billion annually.

Food Stamps: The Food Stamp program⁴ is a federally funded, state-administered program that provides nutrition assistance to low-income families, elderly persons, individuals with disabilities, and childless adults to enhance their food purchasing power. Eligibility is time-limited for some unemployed, able-bodied adults without children, but not for families with children or those who are elderly or disabled. The federal government sets most rules, including eligibility requirements (130 percent of the federal poverty level [FPL]) and benefit levels. States have significant flexibility regarding benefit delivery policies, such as recertification requirements. States also have some flexibility regarding eligibility policies, such as establishing asset limits or creating a transitional Food Stamp benefit for families leaving welfare. The federal government pays 100 percent of the benefit with states sharing 50 percent of the administrative costs. Food Stamp funding is an open-ended entitlement for states—they receive funding for every eligible person the state serves. Thus, the funding level will vary from year to year. In FY 2003, the Food Stamp program provided nearly \$21.5 billion in benefits. In addition, the federal government and states spent \$346 million to provide employment services.

Child Support: The Child Support program⁵ is jointly administered and funded by federal, state, and county governments. The child support program enforces child support obligations by attaching part of the income of non-custodial parents and transferring it to their children. The program establishes the legal relationship between unmarried fathers and their children, sets child support orders, and obtains health insurance for the children. Programs in some states link parents to employment and other services. Like Food Stamps, the basic child support funding is an open-ended entitlement. For FY 2003, Congress appropriated approximately \$3.5 billion. States must also put up a state match of 34 percent to draw down these federal funds. In addition, states can earn performance bonuses that can be used “for any activity...which may contribute to improving the effectiveness or efficiency” of the state’s child support program. These funds are discretionary and Congress appropriated approximately \$470 million for FY 2003.

Medicaid: Medicaid⁶ finances health insurance for low-income children, families, pregnant women, the elderly and person with disabilities. The program is jointly funded by the federal and state governments, with the federal government paying half or more of the costs. Medicaid is administered by states within federal guidelines. Eligible persons fall into one of three basic groups: parents and children; the elderly; and individuals with disabilities. Eligibility requirements vary, but individuals in each of the three groups must have income and assets below specified thresholds. States can have broader eligibility coverage but at a minimum must cover children under age 6 in households up to 133 percent of the FPL and children under age 19 up to 100 percent of the FPL. States must also cover certain very low-income parents. States are required to cover a specific set of services and can adopt optional coverage of others.

As with Food Stamps and Child Support, Medicaid is an open-ended entitlement for states. Based on best estimates, Congress appropriated approximately \$112 billion for FY 2003. In addition, states must put up state dollars to match the federal dollars. The federal match is determined based on the financial condition of the state and ranges from 50–73 percent of the costs.

SCHIP: The State Children’s Health Insurance Program⁷ is a federal block grant program to states that provides health insurance coverage to uninsured children under age 19 in families up to 200 percent of FPL who are not eligible for Medicaid or covered by private health insurance. Some states have taken advantage of options to cover children above 200 percent of poverty. States can use SCHIP funds to expand their Medicaid programs, create a separate state health insurance program or to do both. For FY 2003, Congress appropriated \$3.1 billion for SCHIP. In addition, the states must put up state matching funds at their Medicaid match rates.

CCDF: The Child Care Development Fund awards funds to states to provide child care subsidies to low-income families and funds to improve the quality and availability of child care services. States set the income eligibility for their subsidy program, but federal funds cannot be used for families with incomes above 85 percent of the state median income. Children are eligible for CCDF-funded subsidies if they are younger than 13 (or in many states 19 if the child cannot care for himself or herself due to a disability, or is under court supervision) and if their parents are working or in education or training. In FY 2003, Congress appropriated \$ 4.7 billion for CCDF. In addition, states must meet a maintenance of effort requirement (about \$887 million) and put up state matching funds to draw down some of the federal funds. In FY 2003, if all states draw down their full federal matching funds, they will spend about \$1.1 billion.

Substance Abuse Grant: The Substance Abuse Prevention and Treatment Block Grant⁸ provides states with lump sum funding for preventing and treating substance abuse. States have broad discretion in how these funds are used, although there are some limitations; including limitations on the circumstances under which inpatient treatment can be supported with these funds and a limitation on the amount spent for services provided in a penal or correctional institution. There are also requirements that certain percentages of the funds will be spent on prevention and on services for women. For FY 2003, Congress appropriated approximately \$1.7 billion for this block grant. States must continue to expend a certain level of state funds to be eligible for these grants.

Mental Health Grant: The Mental Health Services Block Grant⁹ provides states with lump sum funding to help states provide comprehensive community mental health services. States have broad flexibility in the use of these funds. However, a certain portion of the funds must be spent to provide integrated systems of services for children. In addition, there are some limitations on spending, including a prohibition on the use of funds to provide inpatient treatment. For FY 2003, Congress appropriated approximately \$437 million for this block grant. States must continue to expend a certain level of state funds to be eligible for these grants.

Family Violence Grant: The Family Violence Prevention and Services Grant provides states and tribes with lump sum funding to increase public awareness about and prevent family violence and to provide for immediate shelter and related assistance to victims of family violence, including their children. States and tribes distribute these funds to local public agencies and nonprofit organizations, but must ensure that at least 70 percent of the funding is allocated to entities that provide immediate shelter and related assistance and that at least 25 percent of the funding goes for providing related assistance, which includes prevention and outreach services, counseling, transportation and child care. The funds cannot be used to provide direct financial payments to victims of family violence, but can be used to help them obtain financial assistance and health care through other programs. In addition to providing funding for shelter and related assistance (80 percent of total funding) the Family Violence Grant provides funding for state domestic violence coalitions and for technical assistance through National Domestic Violence Resources Centers. For FY 2003, Congress appropriated approximately \$126 million for the Family Violence Grant.

CAPTA Grants: The CAPTA provides several different discretionary funding streams. One provides funding and guidance to states to improve their CPS systems (e.g., the investigation and prosecution of child abuse and neglect cases). CAPTA also provides funding for innovative research and demonstration projects and for community-based efforts that support and strengthen families to reduce the likelihood of child maltreatment. The authorization level for all three programs is \$200 million. However, Congress rarely funds these programs at the authorization level. In FY 2003, Congress appropriated approximately \$22 million for the state grant program, \$34 million for research and demonstration projects and \$33 million for community-based family resource centers.

Child Welfare Services Grant: The Child Welfare Services Grant¹⁰ (Title IV-B, Subpart 1, of the Social Security Act), provides matching funds to states for a wide range of child welfare services. The definition of services that can be supported includes services aimed at: “(A) protecting and promoting the welfare of all children; (B) preventing or remedying...the neglect, abuse, exploitation, or delinquency of children; (C) preventing the unnecessary separation of children from their families; (D) restoring to their families

children who have been removed; (E) placing children in suitable adoptive homes; and (F) assuring adequate care of children away from their homes.” Funding for this program is discretionary and capped at \$325 million. For FY 2003, Congress appropriated approximately \$297 million for this grant. State allocations are determined on a formula basis and within that allocation states may draw down three federal dollars for every one dollar of state money spent in the program.

PSSF Grant: The Promoting Safe and Families Grant¹¹ (Title IV-B, Subpart 2, of the Social Security Act) provides states matching funds for a set of family support, family preservation, time-limited reunification and adoption support services. Federal funding for the program consists of two parts, a capped entitlement (\$305 million) and discretionary funds (up to \$200 million). States are awarded funds on a formula basis and up to the amount of their allocation, receive a 75 percent federal share for the costs of the program. In FY 2003, Congress appropriated approximately \$404 million for the Grant.

Foster Care and Adoption Grants: The Foster Care and Adoption Assistance Grants¹² (Title IV-E of the Social Security Act) guarantee reimbursement to states for a portion of the foster care costs of certain children. A child is entitled to federally funded foster care maintenance payments if: (1) he or she is removed from the home of his or her parents or specified relatives pursuant to a voluntary placement agreement or judicial order; (2) responsibility for the care and placement of the child rests with the child welfare agency; and (3) at the time of removal, the child’s family meets the state’s 1996 AFDC eligibility criteria. The federal government reimburses states at their Medicaid matching rate for each eligible child. In addition, the federal government reimburses states for certain training expenses at a 75 percent match rate and for administrative expenses and certain child placement costs at a 50 percent match rate.

These Grants also provide financial assistance to adoptive parents on behalf of certain children with special needs. Although states have discretion defining “special needs,” a child generally meets the criteria if he or she has a condition that makes it unlikely that he or she will be adopted absent financial assistance. The adoptive parents of a child with special needs are entitled to payments for certain non-recurrent adoption expenses. In addition, if the child meets the eligibility criteria of the states 1996 AFDC plan or the eligibility criteria for Supplemental Security Income (SSI), the state may provide the parents with on-going assistance payments and seek reimbursement from the federal government at the state’s Medicaid match rate. States are also entitled to reimbursement for certain training costs at a 75 percent federal match rate and for administrative costs and certain child placement activities at a 50 percent match rate.

As with Food Stamps, Medicaid, and Child Support, the Foster Care and Adoption Assistance Grants are open-ended entitlements to the state. Based on best estimates, Congress appropriated approximately \$4.9 billion for the Foster Care Grant and approximately \$ 1.6 billion for the Adoption Grant in FY 2003.¹³

CSBG: The Community Services Block Grant provides very flexible funding to states “to ameliorate the cause of poverty in communities.” At least 90 percent of the funding received by states is to be distributed by the state to local community action agencies and other neighborhood organizations. Up to 10 percent of a state’s funds can be used by the state to provide technical assistance, training, coordination, communication services, and other statewide activities that help support the work of local agencies. In FY 2003, Congress appropriated approximately \$646 million for CSBG. No state match is required to receive funding.

SSBG: The Social Services Block Grant¹⁴ provides very flexible funding to states to provide a broad range of social services. The goals of SSBG include helping families achieve and maintain economic self-support and self-sufficiency, preventing or remedying maltreatment of children or adults unable to protect themselves, preventing or reducing inappropriate institutional care by providing community-based or home-based services, and securing referrals for institutional care when other forms of care are not appropriate. In FY 2003, Congress appropriated \$1.7 billion for SSBG. States are not required to put up a match to receive funding.

Endnotes

- ¹ Reprinted with permission of CLASP.
- ² 42 U.S.C. § 601 *et seq.* For an overview of allowable spending under TANF, see U.S. Department of Health and Human Services, *Helping Families Achieve Self-Sufficiency: A Guide to Funding Services for Children and Families Through the TANF Program* (1999), <http://www.acf.dhhs.gov/programs/ofa/funds2.htm>.
- ³ For an overview of allowable spending under Temporary Assistance to Needy Families, see: U.S. Department of Health and Human Services (1999).
- ⁴ 7 U.S.C. § 2011 *et seq.*
- ⁵ 42 U.S.C. § 651 *et seq.*
- ⁶ 42 U.S.C. § 1396 *et seq.*
- ⁷ 42 U.S.C. § 1397aa *et seq.*
- ⁸ 42 U.S.C. § 300x-21 *et seq.*
- ⁹ 42 U.S.C. § 300x-1 *et seq.*
- ¹⁰ 42 U.S.C. § 622 *et seq.*
- ¹¹ 42 U.S.C. § 629 *et seq.*
- ¹² 42 U.S.C. § 670 *et seq.*
- ¹³ From these amounts, Congress subtracted approximately \$1.75 billion in advance funding. The Appropriations Committee's charts, however, do not break these down between foster care and adoption assistance.
- ¹⁴ 42 U.S.C. § 9901 *et seq.*

A P P E N D I X J

Summaries of Federal Programs for Juvenile Justice

Title V: Community Prevention Grants Program: The Title V Incentive Grants for Local Delinquency Prevention Program is commonly known as the Community Prevention Grants Program. Congress authorized it as part of the 1992 reauthorization of JJDP of 1974. Title V, the only federal funding source specifically dedicated to delinquency prevention, created a federal grants program to fund collaborative, community-based delinquency prevention efforts to reach youth in high-risk situations before they make poor choices. The program provides local jurisdictions with the resources needed to implement a comprehensive delinquency prevention strategy that is best suited to that community.

Communities have used Title V funds for a range of prevention programs and activities from pre- and postnatal strategies, such as nurse home visitation and preschool/parent training programs, to youth development initiatives involving the mentoring, afterschool activities, tutoring, truancy, and dropout reduction. For four years prior to FY 2003, funding for Title V was approximately \$95 million per year. The FY 2005 appropriation in the Administration budget is \$44.1 million.

JAIBG: Congress created JAIBG in the appropriations for the Departments of Commerce, Justice, and State; the judiciary; and related agencies for FY 1998, passed on November 26, 1997 (P.L. 105-119). The appropriation for JAIBG was \$250 million. OJJDP has been administering the JAIBG program. Funds are available on a formula basis. This formula provides a minimum allocation of 0.5% of the available funds to each state, with the remaining funds allocated to each eligible state based on relative share of the aggregate of all states' population of people younger than 18. The purpose of JAIBG is to provide states and local governments with funds to develop programs to promote greater accountability in the juvenile justice system. Since FY 2002, the program has faced severe cuts in appropriations, and Congress funded it at \$60 million in FY 2004. The program is authorized at \$350 million.

Delinquency Prevention Block Grant: The Delinquency Prevention Block Grant (DPBG) was included in the 2002 reauthorized JJDP. It funds activities designed to prevent and reduce juvenile crime in communities that have a comprehensive juvenile crime prevention plan. Eligible recipients include community-based organizations, law enforcement agencies, local education authorities, local governments, social service providers, and other entities with a demonstrated history of involvement in juvenile delinquency prevention.

Congress created DPBG with the consolidation of five separate program authorities, formerly grouped under Part C of JJDP, that focused on mentoring, state challenge activities, gang-free schools and communities, and other related activities. The total for those programs was \$126.4 million in FY 2003. Although Congress authorized DPBG beginning in FY 2003, it has yet to appropriate funds. The FY 2005 Administration budget proposes funding at \$42.8 million.

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