

BRC - Alignment and Integration Framework

Background

The Blue Ribbon Commission on the Delivery of Services to Children and Families (BRC), as part of its work to design a new department focused on serving children and families, has prioritized the importance of alignment and integration of services, policies and practices across all State-run and State-funded systems working with children and families in order for the State to be able to better achieve important outcomes related to child and family well-being¹. The BRC Alignment Work Group met on Aug. 9, 2016, and decided that alignment and coordinated service delivery is a priority regardless of the organizational structure that the BRC recommends for the new department. As a result, the Work Group discussed and identified the following during the Aug. 9th and subsequent meetings (Aug. 24th, Sept. 2nd, and Sept. 8th and Sept. 21st):

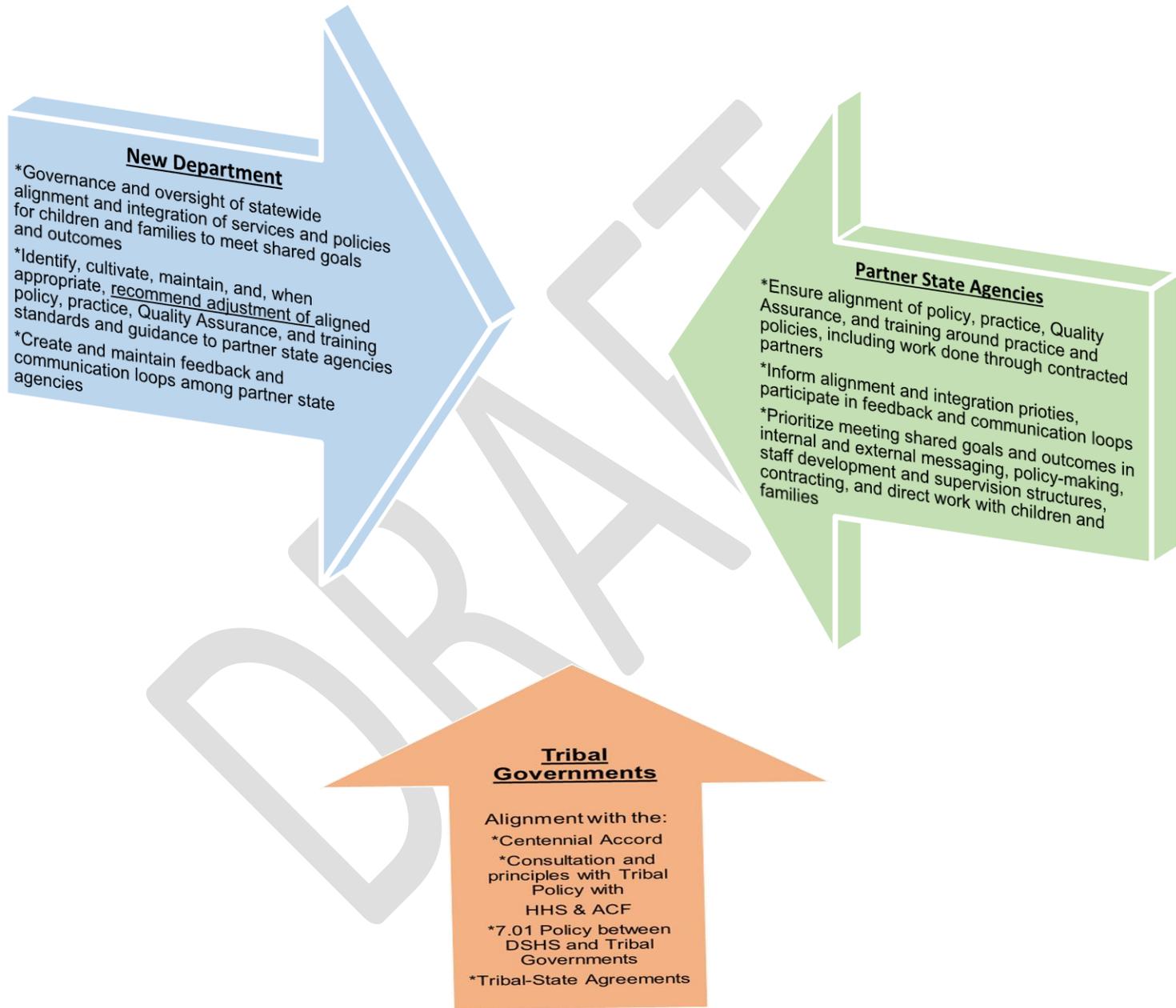
Vision for Alignment and Integration across agencies serving children and families, led by the new department

- Whenever the State is providing services or funding the provision of services to children and families:
 - The service delivery model should be based on a social determinants framework that is focused on prevention and well-being that is:
 - seamlessly coordinated rather than disjointed,
 - research and science-based, with a focus on brain development in children,
 - child development-informed,
 - culturally competent and culturally responsive in structure and practice,
 - recognizing the Sovereignty of Tribal Governments and promoting an understanding of Indian Child Welfare laws and policies,
 - which effectively engages family and elevates family voice and choice, meeting families where they are, and
 - that minimizes system-involvement or reduces the likelihood of additional system-involvement or further harm.
 - For example, this approach could apply to a family seeking economic support, a nutritional program for new parents, a child in the juvenile court system, a parent needing substance abuse or mental health treatment, a referral from a provider for possible abuse and neglect, a family experiencing domestic violence, a foster parent in need of support, a child experiencing multiple

¹ See, for example - <http://www.childwelfarepolicy.org/maps/state?id=48>
<https://wallethub.com/edu/best-worst-states-underprivileged-children/5403/#main-findings>
<http://datacenter.kidscount.org/>
<http://www.aecf.org/m/resourcedoc/aecf-the2016kidscountdatobook-2016.pdf>
<http://rightforkids.org/files/8113/4064/8461/FGA-RightForKidsBook-web-single-pages.pdf>

placements or transitioning out of the child welfare or juvenile justice system, or any other way in which a family is interacting with State systems of support.

- There should be a unified data base that promotes aligning, accessing, and activating around data, through the integration of data and data-sharing across agencies and in partnership with the community-based organizations. Each agency or case worker will have a more holistic picture of what the family or child needs, and be able to identify gaps or services being missed that are appropriate for the family. The necessary policies and practices would be in place to address clients' interests, confidentiality, and consent.
- The contracts and budgets for all programs and services should be aligned in terms of outcome measures, evaluation criteria, risk factors, reporting, training and, to the extent possible, eligibility criteria and populations to be served.
- Agency staff in the new department should support families seeking help so they do not have to navigate through complicated systems. Seamless transition to programs should not have to rely on personal relationships of those who have worked in the system for many years, but instead should be part of organizational training and mentoring for all case workers and others providing direct services.
- Support should occur at the earliest possible juncture with immediacy, not after a crisis has occurred. Services should be accessible, available, timely and provided equitably, without disparity based on geography, income or demographic factors. Providing services and supports with finite resources, those at highest risk of poor outcomes should be prioritized.
- The new department should provide a single point of accountability (a 'first among equals'), working in collaboration with the other agency directors, with clear governance structures, performance measures, transparency in reporting to the Governor, Legislature and public, with accountability to reform processes, break down silos, expectations, and meet shared outcomes.
- The new department is the brain trust for innovation, key research, and addressing emerging needs.
- There should be a unified children and family budget and service portfolio for the State that is not agency by agency but instead provides clarity and accountability in meeting this unified set of outcomes.
- The governance of this alignment and integration approach is one that supports alignment of decision-making and practice to address shared goals for our respective systems and our shared clients, where an authentic exchange and action occur to achieve the desired outcome for the child/family
- The orientation of all agencies linked through this alignment and integration framework would be no opting out in how these agencies work together to serve children and families; distinctions in mandates and/or missions do not negate or dilute the obligation to align and integrate in this new environment



Framework

**Note: Implementation costs will be variable so “may” and “will” are used in the “Any potential costs” column because there are some unknowns around initial costs of making this shift, with the expectation that some would not become sustained costs and there could be savings as a result of improved client experience and outcomes*

Domain	Alignment/Integration Strategies	Any potential costs (specify)
Governance	<ul style="list-style-type: none"> • Alignment work group/BRC proposes a governance structure to support decision-making and initial formation of governing body and/or governance lead that includes identifying an approach to support Tribal governance (<i>per the work group’s discussions, would want to avoid a traditional sub-cabinet or children’s cabinet structure</i>) • Once new department is formed or forming, new department leadership activates the governance structure from the beginning of the formation of the new department 	<p>For the new department, there may/will be staffing costs related to governance structure and any regular administrative expenses for managing/coordinating governance process for an optimal approach</p>
Policy Development	<ul style="list-style-type: none"> • Based on the BRC Guiding Principles, Alignment work group/BRC analyzes missions of partner state agencies to promote first tier of alignment/ integration policy considerations and programs that provide prevention and intervention services to children and families. • Alignment work group/BRC make initial recommendations of policy considerations to focus on aligned with the Guiding Principles • Alignment work group will propose criteria to identify which current programs across agencies are included in the new department and which would not be included in the new department and would be prioritized for integration and alignment; initial recommendations can be further reviewed once new department is formed • Alignment work group/BRC make initial recommendations for any staffing within the new department needed to serve the policy development function • Policy development will adhere to Washington State-Tribal Governments’ 7.01 consultation and the Centennial Accord policies • Once new department is formed, new department leadership should assemble leads of partner state agencies to discuss/inform this first tier of policy considerations and develop plan to continue to formulate ongoing policy alignment and integration 	<p>For the new department, there may/will be staffing costs related to policy development to support an optimal approach</p>
Development of Practice Frame	<ul style="list-style-type: none"> • Aligned with the BRC Guiding Principles, Alignment work group/BRC makes initial recommendations about a practice framework and focus areas related to alignment and integration across agencies • Practice frame development will align with Washington State-Tribal Governments’ policies and other relevant guidance from the Office of Indian Affairs • Once new department is formed, new department leadership should formulate practice model for alignment/integration, including: <ul style="list-style-type: none"> ○ Practice domains and related behaviors/functions ○ Engaging internal and external supports (i.e., navigators) ○ Supervision guidance 	<p>For the new department, there may/will be staffing, technical assistance, and consulting costs related to the development of a practice model to support an optimal approach</p>

Domain	Alignment/Integration Strategies	Any potential costs (specify)
Staffing Alignment Functions within Agencies	<ul style="list-style-type: none"> Based on the BRC Guiding Principles and in consultation with Tribal Governments, Alignment work group/BRC makes initial recommendations around how to optimally address alignment and integration on the partner agency side with staff linkages (if appropriate) 	For the new department and partner state agencies, there may/will be staffing costs associated with having either distinct staff or staff functions focused on alignment priorities
Training	<ul style="list-style-type: none"> Aligned with the BRC Guiding Principles, Alignment work group/BRC makes initial recommendations about training related to alignment and integration policies and practices across agencies To ensure an understanding of alignment considerations with Tribal Governments, training on the Indian Child Welfare Act, Government to Government Implementation Guidelines, 7.01 consultation, and the Centennial Accord will be included Once new department is formed, new department should formulate formal training priorities, approach, and curricula 	For the new department and partner state agencies, there may/will be training and staffing costs associated with having either distinct staff or staff functions
QA/ Monitoring/ Compliance	<ul style="list-style-type: none"> Based on the BRC Guiding Principles, Alignment work group/BRC makes initial recommendations about QA, monitoring, and partner agency compliance related to alignment and integration across agencies, including tools Q/A, monitoring, and compliance tools in work with tribal children and families (i.e., ICW Review Tool, 7.0 compliance monitoring) Once new department is formed, new department should formulate formal QA, monitoring and compliance processes, leaning on the governance structure if appropriate to support decision-making 	For the new department and partner state agencies, there may/will be staffing costs associated with having either distinct staff or staff functions focused around cross-systems QA, monitoring, and compliance

What Alignment and Integration Will Look Like

Scenario	Currently	Aligned and Integrated looks like....	What would be different?*
Mom coming in with a baby to receive WIC	WIC services provided with the potential of linkages to other services as needs present themselves	Proactively assessing for additional needs and providing access and linkage to meet those needs and also identifying if mom is a Native American/member of a Tribe (example – a depression screening and related protocol to offer assistance if the mom needs other supports and services wherever she lives and that she can access immediately and easily)	<ul style="list-style-type: none"> Maternal depression would be identified and addressed early on, preventing serious negative impacts on baby. Appropriate supports are identified that are accessible, portable, and voluntary Joint case planning when appropriate with ability to leverage and access partner agency's case management and data systems to promote a seamless approach to the service experience

Scenario	Currently	Aligned and Integrated looks like....	What would be different?*
Mom receiving substance abuse treatment in newborn's first year of life	Mom could be receiving substance abuse and mental health treatment currently available	Complementary home visiting services and supports, along with other supports that foster serving the family holistically around concrete supports, addressing other needs associated with well-being, building capacity and skill around the developmental needs of a child in the first year of life, and working with Tribe if mom is a member of a Tribe.	<ul style="list-style-type: none"> • Reducing isolation • Providing a more holistic approach to accessible and portable services • Joint case planning when appropriate with ability to leverage and access partner agency's case management and data systems to promote a seamless approach to the service experience
A homeless family with a child of any age	If accessing services, this family might be receiving specific supports around housing, economic assistance, and/or addressing other needs, but it may be based on where this family is in the state and what supports are available in that community	Serving this family holistically wherever they are in the state to address basic needs around housing, employment, and economic assistance via services that are accessible, available and portable, along with screening, identifying, and linkages to other needed supports, such as childcare for a family experiencing homelessness, with a goal of addressing immediate needs and helping the family stabilize and remain intact. If family members are part of a Tribe, contact Tribe.	<ul style="list-style-type: none"> • Reducing isolation • Providing a more holistic approach to accessible and portable services • Meeting both immediate needs and assessing and offering supports to promote child and family well-being • Joint case planning and ability to leverage and appropriately access partner agency's case management and data systems to promote a seamless approach to the service experience
Family with multiple adversities that is already connected to child welfare or connected to other public system supports	Family being case managed around a case plan with that respective agency and possibly linked/connected to services and supports to address other non-case plan needs, but not necessarily consistently and dependent on the case management and approach to addressing the case plan <u>and</u> other needs that are not a part of the case plan	To serve the family holistically, case management would offer specific supports to assure family receives appropriate services to address basic needs, promote child development and well-being, meet the specific needs of that family, and identify if family members are Native American/part of a Tribe and align services and contact Tribe.	<ul style="list-style-type: none"> • Case management would be holistic and provide access to needed services. • Services would meet both immediate needs and provide supports to promote child and family well-being • Joint case planning when appropriate with ability to leverage and access partner agency's case management and data systems to promote a seamless approach to the service experience

**Examples of systems that would be leveraged and accessed to support this alignment and integration include: Benefit Verification System (BVS), the Client Registry, and eJAS.*