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This article presents results of interviews with key administrators and other decision makers about their perceptions of how the Dawn Project has impacted systems of care in Marion County, Indiana. Responses were generally positive, but the authors also noted some resistance to change among key stakeholders.

Established in 1997, the Dawn Project serves children and adolescents who are at risk of residential treatment. Youth are referred to the Dawn Project through a consortium that determines whether the youth would be a good candidate for Dawn Project services. The Dawn Project includes strength-based planning, family involvement, and flexible funding. Respondents (stakeholders) were high-level administrators from agencies that collaborate with the Dawn Project, advocacy groups, local politicians, representatives from the local chapter of the Federation of Families, and two parents. Twenty respondents were interviewed about the impact the Dawn Project has had in the community since its inception. Themes underlying the kinds of questions asked of the respondents included: the positive impact of the Dawn Project; the negative impact of the Dawn Project; communication and financial changes associated with the Dawn Project; changes in coordinating care; traditional agency alliances; the history of the Project, and the meaning of strengths-based approaches.

The clearest theme to emerge from the interviews concerned the recognition among stakeholders that service coordination is a "useful approach" (p. 511) to providing treatment to youth. Although service coordination requires numerous meetings that are perceived to be somewhat of a burden to stakeholders, respondents generally understood that these meetings are nevertheless necessary to building an integrated system of care. The importance of family involvement was revealed to be the second most common theme among respondents. One stakeholder said, "...Since Dawn [has been] in our community, we have much more opportunity for family involvement through mutual support and taking families seriously as part of the solution to children's issues" (p. 512). An awareness that financial constraints for services have been loosened for Dawn Project stakeholders was also noted. As a result, "there has been more talk about wraparound and the use of 'flex' funds" (p. 513) as well as cost savings associated with the program's mission to treat children in the community who would otherwise receive residential treatment. Other positive responses include the impact that the Dawn Project has had on the "adoption, use, and proliferation" (p. 514) of strength-based approaches to treatment. Further, the Dawn Project "pushed the system to move beyond just treating children to also working with their environments" (p. 514).

Some evidence of resistance to change was manifested in responses that focused on (a) funding problems, (b) the lack of a prevention element to services, and (c) parents' lengthy involvement with the Dawn Project. First, there was "a natural resentment toward the resources the Dawn Project has been able to garner" (p. 516). For example, the authors reported on some myths about the Dawn Project's use of flexible funding. One such myth concerns a down payment supposedly funded by the Dawn Project's to enable a family to buy a home. This kind of misperception underscores most negative reactions to the program; that is, that the Dawn Project is over-funded in comparison to other child-serving agencies and spends its flex dollars too loosely. Second, there was a perception that the system of care excludes youth with less troublesome characteristics than those who are at risk for residential treatment. These respondents called for an emphasis on preventive measures. Third, some respondents thought that parents received services for too long a time and that, as a consequence, parents relied too heavily upon the Dawn Project for supports. In this respect, some stakeholders believed that the Dawn Project enabled parents rather than empowered them.

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According to the authors, there are clearly a number of challenges involved in building a system of care. Systems are slow to develop, and by the time they reach some level of maturity it is possible that the original intent of the system of care gets lost. Changes in leadership throughout the evolution of the system of care may also change, possibly causing a similar effect; that is, that the original intent of the system of care may become overridden by subsequent leadership. Additionally, there is a need to collaborate with child-serving agencies—but in such a way that agency goals, as well as system of care goals, are met.

Typically, results of this study would not be generalizable to other sites because of its small sample size and limitation to one geographic area. However the authors suggest that these findings can probably generalize to other *systems of care* communities in that systems of care communities share the same principles of family inclusion, collaboration, and the provision of integrated services in the least restrictive setting possible. Lessons learned from this examination of the Dawn Project's influence on the community suggests that building a system of care takes time, interagency collaboration, and parent involvement. Yet even among successful systems of care (which the Dawn Project is generally thought to represent), resistance to change can occur.