Module 1: Establishing a Vision and Direction for Coordination

Coordinating to Improve Family Experiences Toolkit: Resources for State and Local Human Services Agencies

Successfully coordinating human services and other public benefits programs to improve the experience of families requires a clear, well-defined vision of how families should experience whole-family service provision and clarity about the problems families currently face. So, before you can improve family experiences through coordination and integration, it is helpful to answer these key questions:

- What experience do families want when accessing government services? How does that compare to what they currently experience?

- What are our core values for serving whole families? What short- and long-term goals do we have for whole-family service delivery?

- To what extent is our program or agency ready to make the necessary changes to better coordinate services?

> Collaboration for the sake of collaboration can be just as destructive to system building as no collaboration. Effective collaboration has a purpose and concrete objectives, which change over time.
>
> *– Sheila Pires, Buildings Systems of Care: A Primer*

You might have an existing idea of how you want to improve the experience of families. That is great, hold on to your idea! However, it is often helpful to take a few steps back to keep moving forward.

The activities in this module will help your team answer these key questions and clarify **why** you want to use coordination to improve family experiences. **Having a shared understanding of why your team wants to coordinate will help you make sure your team is moving in the same direction with the same goal for improving the experiences of families.**

If you find yourself getting stuck in any of these steps, consider moving to **Module 2** for ideas and inspiration for addressing the pain points that families and staff face when coordinating across programs that your team may be able to take on through your work together.

Navigating this Module

Module 1 consists of two sections, each designed to guide you in addressing the key questions listed above. These sections include activities and reflective pause points to ensure thoughtful engagement and alignment with family needs. The table below describes these sections, why each step is important, and which teams would benefit most from the activities.

Section	What will this section help you with?	Why is this section important and who is this section most helpful for?
Section 1. Discuss your vision for whole-family experiences	Complete activities to support **drafting and refining a vision statement** that describes the experiences you want families to have with your agencies or programs.	Clarifying a vision is an opportunity to bring your team together and can help you in moving all members of your team towards a common goal. As you will see in Section 1, this vision can be broad or specific._This section will be most helpful for teams that do not yet have a specific focus or vision of how families should experience programs. If you've already thought about your vision, this section may also be helpful to validate that your vision is grounded in family experiences._
Section 2. Identify pain points, clarify a problem, and assess root causes	Develop **a service blueprint** of family interactions with your team's programs, identify **family and staff pain points** along the way, identify the **root causes of those pain points**, and develop a **problem statement** that captures and describes the pain points that can be addressed through coordination.	Identifying family and staff pain points can help focus on the "right" problem and describe who faces it, when it occurs, why it is worth improving, and how you know it is a problem._This section will be most helpful for teams that don't already have an idea of where change needs to happen or have a clearly defined problem to solve through coordination. This process can take significant time, depending on where you choose to focus and your team's experience working together, but it is a valuable step for ensuring your change process will have the intended outcome._

Who should be involved?

As you start working through the activities in this module, consider who should be involved. Ultimately, you will want to build a team that has a wide range of knowledge of both family experiences and multiple programs. Start with an initial team of program and agency leadership who can guide vision for the work and have authority to move a coordination effort forward, as well as staff who can speak to the experiences of staff and families on the ground, such as case management and call center supervisors and

managers. If your team is already involved in a coordination effort, you can start with the core team leading the cross-agency efforts. If your programs have continuous improvement teams, you may want to engage these staff in your initial team as well.

Importantly, **your team may be dynamic and will likely include various individuals who do not typically work closely together**. This module is an opportunity to bring them together to develop a shared understanding of how you can improve families' experiences with your programs.

You may find it beneficial to **expand or change your team as you work** through this module. For example, you may bring in front-line staff, other staff related to specific processes such as data management, or partners from outside organizations. As your team decides on a direction for improving family experiences, you may want to build a core implementation team that includes staff with decision-making power and direct service experience and ideally has 5 to 10 members. You may need to create working groups or advisory groups to address specific elements of your effort.

You should also consider when and how you want to **bring families and staff with experience accessing and engaging in services** into both your problem identification and implementation process. How this can look throughout your coordination efforts is discussed further in this module and the rest of the toolkit, and resources with further details can be found in **Module 4.**

What are the coordination strategies that this module will help me connect to?

This Toolkit offers strategies for solving specific types of problems where coordination is key. The strategies are organized into categories of solutions based on the processes they target. The following table gives an overview of the problem types addressed by the Toolkit and the corresponding categories of targeted strategies.

Solutions to address family and staff pain points

What types of problems might families and staff face?	What types of solutions does this Toolkit offer to address these problems?
Program-level problems: When the basic elements of human services programs, such as locations, policies, staffing, and communication are uncoordinated, families experience these programs in siloes. Navigating human services programs is unnecessarily complex and inconvenient for families and families may not receive important information about services that could help improve their well-being.	**Knowledge sharing.** By sharing information about programs and program changes across agencies, staff will learn about the wide range of programs the families they serve could be eligible to enroll and participate in. In turn, staff will be more prepared to serve and inform the families they work with about services that meet their needs.
	Policy alignment readiness. Identifying opportunities for aligning program policies and regulations, such as definitions and eligibility criteria, will set the stage for creating more consistency across programs—and a less confusing experience for staff and families when navigating multiple programs and services.
	Physical and virtual co-location. Putting multiple programs under one roof or developing centralized virtual tools for families to learn about and manage multiple services will create more convenient experiences for families who are engaging with multiple programs.
	Coordinated outreach and public communication. Programs or agencies can collaborate on outreach efforts by sharing data and building user-friendly tools for families to get information about programs. As a result, families will be more informed about programs that could help them meet their needs and more likely to enroll in and access these programs.
Application, eligibility determination, and renewal problems: Applications, eligibility, and renewal determination processes are not integrated across programs, which creates redundancies for families and staff, places unnecessary burden on families seeking services, and ultimately makes it harder for families to access important services.	**Coordinated applications.** Integrating applications for multiple services into one common application will decrease the burden on families, making it easier for them to access programs.
	Coordinated eligibility determination. Programs and agencies can work together to integrate eligibility processes and systems to create a more efficient experience for both staff and families. Programs can also work together to keep families informed on how eligibility may change based on program participation or changes in income.
	Coordinated renewals. Programs and agencies may be able to coordinate or integrate different elements of renewal, such as renewal timelines or renewal systems. Coordinating renewal can help reduce "churn" and ensure families do not lose the services they are eligible for.
Service-level problems: When elements of service delivery, from intake assessments through case management, are uncoordinated, families experience each program separately. This creates redundancies for families and program staff and results in unnecessary barriers between programs when engaging families and working with them to improve outcomes.	**Coordinated intake and referrals.** Coordinating intake and referral processes across programs will reduce burden on families and help program staff connect families to the services that meet their needs.
	Coordinated case management. Coordinating or integrating case management across multiple programs will allow programs to work together to improve whole-family outcomes and reduce the burden of sharing information that otherwise falls on families.

Section 1: Discuss your vision for whole-family experiences

This section will guide you in developing a shared vision for whole-family experiences. At the end of this section, you will discuss and refine your team's vision for how families experience services and benefits.

> "**Whole-family experiences**" are what individuals encounter when their needs are addressed holistically, which can include services provided to other members of their family.

Discussing your vision can give team members from across agencies an opportunity to come together and collaborate on defining a common goal for serving families. The processes in this section may reveal differences among team members, programs, and agencies, but will ultimately result in an agreed-upon direction for your work.

Drafting a vision statement can be as much about the process as it is the outcome. Identifying and clarifying your team's vision can help to:

- Define time-bound goals (for example, what is your vision for the program in 1 year, 5 years, or 10 years?)

- Document and discuss where there is agreement among team members and where there are differences

- Communicate a simple goal for your coordination effort to others who may join your team or who you consult with along the way

Step A. Understanding family experiences and goals

Creating a vision for serving whole families involves understanding the ideal experience you want families to have when they are interacting with multiple public benefits programs. This vision can be specific to the ways that your programs interact and the communities you serve but ideally would help you think beyond a single process or policy change.

Families are at the center of the work that you do, and they are also the end-users of the changes you implement. In other words, the decisions you make about your program impact family experiences. Your vision for families' experiences should be informed by what you know about their current experiences and goals. You can find this information in a variety of ways:

- Ongoing efforts with existing partners and families that work to better understand or improve experiences with services and benefits, such as family voice councils or close partnerships with family-led organizations.

- Family experience data your programs, agencies, or community partners may have already gathered, such as customer service surveys.

- Administrative data on family engagement and disengagement with services.

As you collect and review existing documentation and information on families' experiences and how they interact with programs, reflect on the following questions to identify themes that can inform your vision:

- What do we know about families' goals for interacting with our programs or services? Are these goals being met?

- What kinds of experiences are families having when they seek out services from our programs? What experiences do we imagine they want to have when accessing benefits?

- How could we learn more about families' goals and experiences?

Your team can accomplish this through collaborative idea generation meetings in person or using a virtual tool like Mural.

*Go to **Box 1** in the **Coordination Visioning and Problem Identification Worksheet** in **Appendix A** to document common themes about current family experiences you are interested in improving that may drive your vision.*

Step B. Discuss your vision for whole-family experiences for your team

As you center the experiences of families being served, it is important to step back and **define a shared vision for whole-family experiences** for your team. As a reminder, this can focus on specific opportunities for coordination or may be further reaching and reflect larger goals for family experiences across your programs and services.

As you reflect on your vision, think out 1, 5, or 10 years from now and consider the following reflection questions:

- What are some words we would want families to use when describing our programs or services?

- What would a successful interaction with our programs and services look like for a family?

- What do families need from our programs? What change would matter the most to them?

- Why are family experiences with our programs or services important to us?

- Will the families who are expected to benefit from our work have a say in determining what the goal is or why it is important?

- What are our programs' key strengths? How can we rely on those strengths to improve family experiences?

- What core values and beliefs drive our approach to supporting families?

At this stage, the goal is to agree on an overall direction for your efforts (i.e., what are you hoping to accomplish through coordination strategies?), but your vision doesn't

necessarily need to be in a final form. There are resources for creating a more formal, externally facing vision statement in Module 4 of the toolkit. Your vision should center families, meaning it should describe the experience you are aiming to create for families. If you are doing this activity remotely, you can use a virtual workspace tool like Mural or Miro for this activity. If you used one of these tools in **Step A**, consider building off the same board for this activity.

Examples of whole-family vision statements that have been developed and used by states and localities include:

- "Families experience services in an integrated, compassionate manner." Illinois adopted this vision in their effort to improve low-income families' access to work supports by aligning systems delivering those supports. Illinois noted that having a vision that clearly communicated their goals was crucial to change management and fostering alignment among thousands of staff.
- "Reducing hunger." Colorado used this shared vision during their effort to align work support systems to increase family well-being and stability. Having a clear vision focused on improving client well-being in a tangible way was easy to communicate and helped to build buy-in among key partners.

*Go to **Box 2** in the **Coordination Visioning and Problem Identification Worksheet** in **Appendix A** to document your team's vision for coordinating services to improve the experiences of families.*

Section 2: Identify pain points, clarify a problem, and assess root causes

In this section, you will explore the barriers that get in the way of achieving your team's vision of whole-family experiences. To do so, your team will consider both the **experiences of program staff administering services and the experiences of families accessing services**, identifying pain points for each. You will then build a consensus around a problem statement clearly describing a problem families face when interacting with your programs that prevents you from achieving your vision and analyze this problem to identify its root cause(s).

Please keep in mind that developing a plan for improving family experiences may not be linear and may take significant time and effort. As your team moves from developing a shared vision to identifying the pain points, you may want to return to earlier steps as you learn more about family experiences and your vision becomes clearer.

This process will take time, but it is worth the effort. The benefits to your team from committing to this process include:

- **Ensuring you have the information you need to plan and implement a successful coordination effort**
- **Building commitment and buy-in across your team through the process**

- **Discovering who else you need to bring into the conversation**

- **Helping you check that your proposed solutions align with the problem you want to solve**

Step A. Develop a service blueprint to identify family and program pain points

Service blueprinting is an effective tool for **visualizing the interactions** between families and program processes. You may be familiar with journey maps—service blueprints are similar to journey maps but focus on the "journey" of *both* families and staff and how they relate to program processes. Because they connect different family-facing and administrative processes, they can be helpful for mapping complex family experiences involving multiple programs.

This activity will help your team identify pain points, pinpoint a problem you can act on, and begin identifying how you want to use the strategies in this toolkit.

This step is **helpful for all teams** and can be adapted to meet your needs whether you have a high-level vision for coordination to improve family experiences or want to make discrete changes to specific programs or processes.

For this section, we have incorporated an example to inspire your work. In this example, a team of TANF and One-Stop Center workforce leadership have identified parents struggling with engagement in program services in some multi-generational households. The team has decided to dig into this further by developing a service blueprint of the initial intake for families and how TANF and One-Stop Center staff connect them to supportive services across other programs.

Identifying what to visualize

You will want to begin by **identifying what services and which family experiences** you are interested in better understanding. You could map from the first interactions with your programs to the very last interactions, but if this feels daunting, your team can also choose to map a portion of family interactions with a program, such as the renewal process. You will also want to consider the family whose experience you are mapping, because their characteristics and goals will drive your focus. This could be, for instance, families with higher barriers to accessing services or higher service needs, such as single parent or multi-generational families, or all families who are likely to need access to services across multiple programs.

An example service blueprint is included in **Appendix B** of this module. Every blueprint should reflect the important elements of your programs and partnership, so your team should feel comfortable customizing the example as needed.

Service blueprints have a few key elements or "lanes" that are mapped out along the family journey. These elements, along with examples, are described below.

Family (client) actions: Things families do to access services.

> Example: A parent seeking job training services completes a needs assessment asking about their needs and the needs of their children.

Front-line staff actions (frontstage): Processes and people that families see and interact with during their service journey. These are the elements of the program that families can speak to and directly impact their experiences.

> Example: Intake staff at the One-Stop Center provide referrals for services aimed at supporting the well-being of the parent participant and their children, such as subsidized child care. These referrals involve providing information to families on where to go to enroll in other services and documentation in a referral system that sends emails to good-fit service providing partners, if the parent participant consents.

Management and system actions (backstage): Processes and people that families do not interact with but are necessary to provide services and affect family experiences. These are elements that families cannot speak to but influence their experiences indirectly and involve program staff and systems.

> Example: Intake staff rely on an electronic referral form that asks questions about parent participant and child needs only, which sends automated referral emails to partner agencies based on those needs.

Support processes: Other non-program actions that support the programs. These may be actions of contractors or others outside of your partnership who provide supporting services or products. These are generally program elements outside of your direct control but are important factors influencing family experiences.

> Example: The other agency partners and community-based organizations focused on parent, child, and overall household needs, such as housing assistance, receive referral emails and may conduct proactive outreach to families to support enrollment in services.

Communication channels: Any documents, signs, or other communication families receive or see when they access services. This could include things like documents or forms received during meetings, signed in an office, or templated reminders or post-service emails.

> Example: The parent participant receives a paper list of supportive programs they and their children may be eligible for based on their participation in TANF.

In addition to these key elements, you may add additional "lanes" for keeping track of other important elements of family experiences such as time required for each action, measures of quality for each action, and the emotional experiences of families in each step. It may also be helpful to break out the infrastructure and technology involved.

Completing a service blueprint

Creating a complete service blueprint will likely require multiple rounds of information collection and validation with staff and families, but your team can begin by creating an initial draft. Below is a suggested sequence for developing, completing, and validating your services blueprint.

- Begin by taking an initial pass at the service blueprint with your core team first. The How to Create a Service Blueprinting Facilitation Guide lays out the participants, structure, and materials needed to hold an initial service blueprinting meeting.

- Identify where there are gaps in your knowledge of this process and bring in others to speak to these components, such as families, staff who interact with families daily, technical team, or contracted partners.

- Validate your draft with other groups of staff and family-serving community partners.

This activity can be completed in person, as described in the facilitation guide, or virtually using a tool such as Mural (simple template and family experience-focused template, which can be used together) or Miro (simple template and detailed template).

Step B. Use the service blueprint to identify pain points for families

Now that you have developed a service blueprint, use it to identify pain points that families face when they interact with or try to access human services programs. Use the guiding questions below to identify the most critical pain points to address through coordination:

- **Identify what is most important for families:** What are the barriers, challenges, or negative experiences that families have shared with staff?

- **Identify where coordination is likely part of the solution:** When do families face inconveniences, redundancies, or confusion specifically when interacting with multiple human services? At what points are families sharing information about themselves that other programs or agencies already have or completing similar tasks across multiple programs?

- **Identify who is most impacted:** How do these experiences differ for different populations? Are there specific groups or communities that face more barriers? Are there specific groups for whom the current processes work well?

- **Identify whether your team can influence these family pain points:** Are there any pain points tied to processes that can't be changed, such as a program compliance requirement? Are there pain points that are an intentional part of the structure of services, such as a check-in to ensure engagement?

Example: The key pain point for the parent participant for this section is that they were not asked about the well-being of every household member as part of their intake assessment and did not get connected with services for their parent (grandparent of their child) who lives in their home.

*Go to **Box 3** in the **Coordination Visioning and Problem Identification Worksheet** in **Appendix A** to document family pain points your team wants to prioritize addressing.*

Step C. Use the service blueprint to identify pain points for staff

Next, use the service blueprint and your identified pain points for families to identify the related pain points for program staff. These should be pain points that get in the way of staff serving families as effectively as possible and in a way that is in line with your whole-family vision. Like the family paint points you identified, keep in mind these staff pain points will likely reflect larger system- or process-level issues as opposed to individual staff themselves. Use the guiding questions below to identify the most critical pain points to address through coordination:

- **Identifying processes related to family pain points:** For each family pain point you've identified, what are the related interactions with staff and systems? What other internal processes are related to those interactions?

- **Identifying staff pain points:** Which of these actions and processes were also identified as pain points on the staff side?

- **Identifying missing staff and process actions causing pain points:** Are there any places where the family pain point is driven by a process that doesn't exist or a staff action that isn't happening? These may show up at points where your programs interact with one another.

- **Identifying which pain points could be mitigated:** Which program-level pain points experienced by staff are changeable? Which might face practical barriers, such as resource or regulatory constraints? Which may be related to larger organizational structure or culture among partner programs?

Example: The key related pain point for staff is that intake staff do not know what to ask parent participants related to individuals in their home other than the participant and their children. The intake staff person is also not aware of services for seniors that the parent participants could be connected to.

*Go to **Box 4** in the **Coordination Visioning and Problem Identification Worksheet** in **Appendix A** to document staff and process pain points your team wants to prioritize addressing.*

Step D. Develop a problem statement that incorporates pain points

Now, your team can use the pain points you identified and integrate them into a clear problem statement.

This activity is helpful for teams that identified many pain points to target—developing a clear problem statement can help teams make sure pain points they are looking to address could reasonably be **resolved at the same time**. Problem statements are also helpful for communicating the goals of the team to others outside of the team working on this activity.

A problem statement describes a problem that programs can address and how families are impacted by the problem, including the following elements:

- **What is the problem?** This should include the staff pain points you identified in the service blueprint activity, articulating where the issue within the program is happening.

- **Who is having the problem?** This should refer to the families who are affected by the problem.

- **When and where does the problem occur?** This should refer to the action families are trying to take when they encounter the problem and the time frame.

- **Why is the problem worth solving?** This should include one or more of the family pain points you identified in the service blueprint activity to ensure the change has a logical link to the improvement of family experiences.

- **How do we know it is a problem?** This should include any evidence you have on the details and extent of the problem.

Example: Individuals seeking job training supports at One-Stop Centers are not asked about the full set of needs for members of their households by intake staff during the intake process, leading to job training and employment barriers for other non-parent adults in the household being missed and resulting in participants disengaging with program services.

*Go to **Box 5** in the **Coordination Visioning and Problem Identification Worksheet** in **Appendix A** to document your coordination problem statement.*

Step E. Validate your problem statement by assessing the root cause(s)

This is the last step! The service blueprint you created provides a strong foundation for developing your problem statement, but it is important to ensure you are **addressing the root cause of the problem rather than its symptoms**. The following exercises, and associated guides for completing them, can be used to understand the root cause(s) of the problem.

This activity is helpful for teams that would like to target a pain point that they have struggled with resolving in the past, that they are unsure of the cause of, or that may have many potential causes. A root cause analysis can help your team identify the key factors that are driving the issue to help you make sure to target the "right" problem.

Root cause analysis exercises

- **Fishbone tool.** A Fishbone diagram captures cause and effect sorted into useful categories. This tool for assessing root causes may be most helpful if there are many dimensions to your problem statement, such as multiple staff roles and levels, data and technology systems, policies, and partners. Guidance for completing a Fishbone exercise can be found here. If you are completing this virtually, you could use a Mural or Miro board to facilitate this activity. An example of a completed Fishbone tool is included in **Appendix C** of this Module.

- **Five Whys tool.** A Five Whys activity captures root causes of a primary problem. This tool for assessing root causes may be most helpful if you have a more complicated problem that requires digging deeper. Guidance for completing a Five Whys exercise can be found here. If you are completing this virtually, you could use a Mural or Miro board to facilitate this activity. An example of a completed Five Whys tool is included in **Appendix D** of this module.

> Example: When the team completed a root cause analysis of the problem statement they developed, they identified that the One Stop Center's expanded thinking about the well-being of the whole-family and broader barriers to program participant did not consider the wide variety of household makeups. This includes not considering other adults in the household who may need services and adult caregiving responsibilities for program participants that may limit their ability to fully engage in employment services.

Go to Box 6 in the Coordination Visioning and Problem Identification Worksheet in Appendix A to document the root causes driving the problem your team identified.

Now, consider the pain points for families and staff in **Box 3** and **Box 4** and the problem statement you documented in **Box 5**. Given the root causes you identified, how might you revise these items to more accurately reflect the problems families and staff face? Consider the following reflection questions to incorporate the root cause into your understanding of pain points and the problem statement.

- Does your identified root cause clearly explain why families face the challenge, burden, or negative experience you identified?

- After identifying the root cause, does the "true" problem lie in a different process or element of your programs than you originally thought?

Next Steps

After completing the activities in this module and identifying one or more pain points for families and staff when engaging more than one human services program, we recommend turning to Module 2 for additional support in identifying potential coordination strategies to address those pain points. **Module 2: Guide to Identifying Coordination Strategies** maps pain points to the different coordination strategies detailed in **Module 3: Coordination Strategies and Supporting Resources.**

Appendix A. Coordination Visioning and Problem Identification Worksheet

Develop and clarify your vision for whole-family services

Box 1. Family experience(s) you are interested in improving

Box 2. Your team's vision statement for coordinating whole-family experiences

Identify pain points, clarify a problem, and assess root causes

Box 3. Pain points for <u>families</u> you would like to address

Box 4. Pain points for <u>staff</u>, including both the systems they interact with and activities they complete, that you would like to address

Box 5. Problem statement that captures the pain point(s) for families and staff you'd like to address

Box 6. Root causes of the problem you identified

Appendix B. Service Blueprint Example

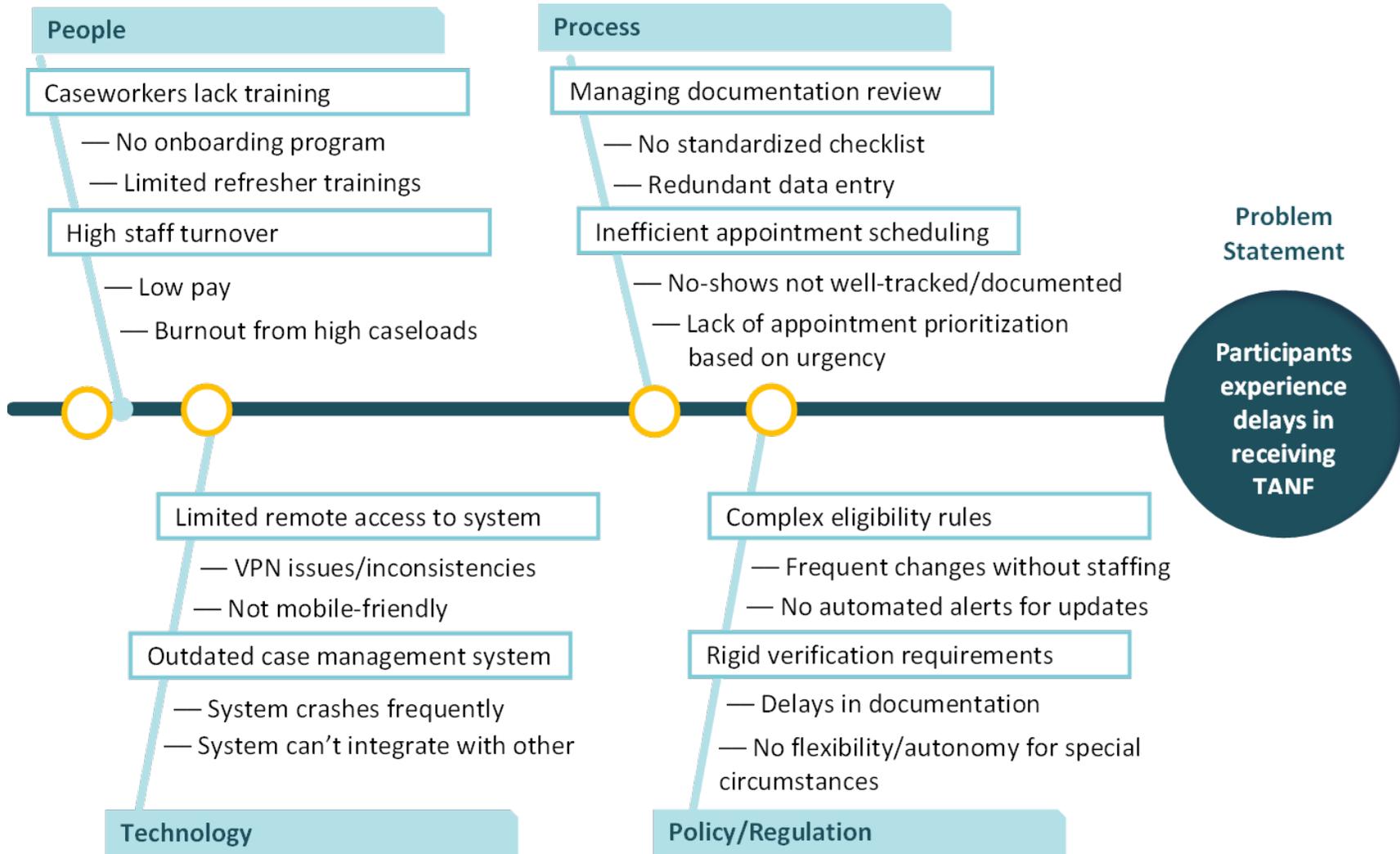|				
Families' emotions and feelings	Hopeful but frustrated to answer questions similar to those in other programs	Surprised and concerned about how family dynamic and safety may be impacted		Relieved to learn that family safety and needs can be addressed
Family (client) actions	Attend interview to complete TANF eligibility documentation	Receive information on child support	Schedules meeting with child support worker and completes documentation	Meets with child support worker and discusses family circumstances
Communication channels	In-person meeting		Phone call	In-person meeting
Frontstage actions	**TANF worker** holds meeting with family to complete eligibility documentation	**TANF worker** communicates CS requirements at end of meeting	**Child support worker** schedules and communicates documentation requirements	**Child support worker** reviews documentation with family and assess next step for family
Backstage actions	**TANF worker** reviews application and assesses missing information		**Child support worker** reviews case information	**Child support worker** documents exemption or cooperative actions needed
Support processes	Information from application populates eligibility system		Relevant case information shared to child support system	

Appendix C. Fishbone Tool Example

People

Caseworkers lack training
— No onboarding program
— Limited refresher trainings

High staff turnover
— Low pay
— Burnout from high caseloads

Process

Managing documentation review
— No standardized checklist
— Redundant data entry

Inefficient appointment scheduling
— No-shows not well-tracked/documented
— Lack of appointment prioritization based on urgency

Problem Statement

Participants experience delays in receiving TANF

Limited remote access to system
— VPN issues/inconsistencies
— Not mobile-friendly

Outdated case management system
— System crashes frequently
— System can't integrate with other

Technology

Complex eligibility rules
— Frequent changes without staffing
— No automated alerts for updates

Rigid verification requirements
— Delays in documentation
— No flexibility/autonomy for special circumstances

Policy/Regulation

Appendix D. Five Whys Tool Example

Problem Statement	A child welfare program identified low rates of fathers engaging in services intended to support them in meeting the goals in their reunification plans. **Why are fathers not receiving needed services?**
Why?	Because we don't have the right types of services for fathers located in the right places around the state.
Why?	Because our agency has not developed partnerships with service providers focused on the needs of fathers.
Why?	Because our agency doesn't single out fathers' needs in a targeted way, we don't look for ways to secure services to address their needs.
Why?	Because fathers and service providers are not actively engaged in program and policy development, they don't have a prominent voice in our planning.
Root Cause(s)	Because our agency culture focuses more on mothers and doesn't equally value the potential role of fathers. As a result, our agency policies, caseworker training, supervision procedures, and performance measures are not structured or aligned in a way that effectively guides and reinforces best casework practices in assessing and addressing fathers' needs.

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