Leading Collaboration in a Community to Address the Shelter Needs of At-risk Youth in Lane County

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Abstract

Serving the needs of at-risk foster youth in Lane County is a difficult challenge. It is compounded by the reality of no existing local youth shelter in Lane County. Addressing these needs in an environment with diminishing resources is what literature refers to as a "wicked challenge". Wicked challenges arise from complex challenges that arise from complex systems, and are fundamentally distinct from other types of problems. "Wicked problems…. are complex, novel and difficult to understand. Solutions are not readily evident and solutions to address them don't yet exist." (Magis, 2011) In addressing the needs of at-risk youth, "wicked challenges" involve provisions of safety, stability and shelter within our county, and thus require the collaboration with State, County and community partners.

The EMERGE leadership framework is used in the Executive Masters of Public Administration (EMPA) program at the Portland State University, with the intention of empowering public officials to successfully address "wicked problems and challenges (Magis, Ingle and Duc, 2013). The EMERGE framework is new. The framework consists of an integrated set of leadership concepts and tools, but has not been widely applied and tested in actual public sector settings.

The capstone focuses on how several of the EMERGE leadership concepts and tools operated in practice using the case study methodology. The specific research question that the capstone addresses is "Can the EMERGE framework effectively mobilize Lane County stakeholders to agree on an innovative and robust pathway forward in creating a youth shelter that can address the safety, health and independence of high risk youth in a manner that is politically feasible and financially sustainable?" The case application of the EMERGE Framework covers the period of April 2012 through May 2013. The case focuses on the application and observable organizational changes associated with application of the first EMERGE tool. That is, the Leadership Opportunity Selection tool, in the context of high-risk youth in lane County, Oregon. A leadership opportunity is defined as a "complex challenge or issue in your public

sector work setting for which you have some discretionary authority as a public official to address, and over which you have some potential influence."

The findings from the case study indicate that the application of the EMERGE leadership approach facilitates the process of finding common ground and areas of convergence with followers and others who are inspired by the "Leadership Opportunity", and share a common interest in addressing it. From this case analysis, we can conclude that the EMERGE Leadership Framework provides a robust and suitable platform for addressing the wicked challenge of high-risk youth in Lane County. Additional case applications are required to assess the general applicability of EMERGE with other wicked challenges in other locations.

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Glossary of Terms

APPLA Another Permanent Planned Living Arrangement applies to youth who either have deceased parents, parents whose rights have been relinquished or terminated, or other compelling reasons preventing a return home plan from foster care

BRS Behavioral Rehabilitation Services -Special contract beds with professional training and services meeting criteria set by the State of Oregon Child Welfare Program

CCO Coordinated Care Organizations, or CCOs, are beginning to form in local communities. CCOs are networks of all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan

4C's (Community Care Coordination Council) this council was created by the LaneCare Health Management Organization that merged into the Trillium CCO in 2013. Members of the council are community services partners from the non-profit organizations, representatives from the local school districts, Oregon Family Social Network (OFSN), DYS and DHS. This council meets monthly to discuss the services provided, needs of the community and shared interests.

DHS/CWP Department of Human Services Child Welfare Program Branch of the State of Oregon Department of Human Services The Department of Human Services (DHS) is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves.

DYS Department of Youth Services – County program serving youth in the criminal justice system

EMERGE Leadership Framework is a new leadership approach introduced in the EMPA program by the Portland State Faculty to specifically address "wicked problems and challenges (Magis, Ingle and Duc, 2013).

ICTS Intensive Community Treatment Services wraparound program for high-risk youth and children covered by the Oregon Health Plan
ILP Independent Living Program – State mandated program for all foster children age 16 to 18. Provides assistance for youth in achieving independence through education, employment and general life skills.

Oregon Health Authority State The Oregon Health Authority is at the forefront of lowering and containing costs, improving quality and increasing access to health care in order to improve the lifelong health of Oregonians. OHA is overseen by the nine-member citizen Oregon Health Policy Board working towards comprehensive health reform in our state.

OFSN Oregon Family Social Network is an organization comprised of parents of children with mental health issues. This organization acts as a parent-to-parent support group. This organization provides respite and activities for families

OYA Oregon Youth Authority – State program serving youth adjudicated in the criminal justice system

Residential Treatment Beds (PRTS) Psychiatric Residential Treatment Services

State Hospital Beds equivalent of going to a State Hospital for an adult. Highest level of care, Weekly dr visits.

TFC Therapeutic Foster Care Highly trained homes working under the BRS umbrella

IV E is an uncapped entitlement program for youth that meet Federal criteria. It covers preventative case management services including shelter care that is not a lock-down or houses more than 25 children.

Introduction

The population of at-risk youth in Oregon and in Lane County is growing. (Oregon Health Authority 2010);if nothing is done to address this situation these high-risk youth will join our already overtaxed mental health system, emergency rooms, detention centers and correctional institutions.They will tax our communities to the limit with little success in finding safety, health and independence. We cannot solve all of the issues that plague these children, however we can do better. The approach we are currently using in Lane County, and in Oregon, to address this high-risk youth challenge is not working; we need a new approach.

One positive factor in the current system is that Lane County Child Welfare system maintains positive working relationships with the mental health community and service providers in an environment that is highly collaborative and creative. Overall, Lane County is well situated for pioneering an innovative approach for high-risk youth placements that will allow the greatest number of youths to remain in the community while receiving consistent treatment from local providers as well more consistent contact and a durable connection with their families and schools.

The high-risk youth placement challenge in Lane County is what the literature refers to as a "wicked challenge." (Rittel, 1973) As defined by Magis "Wicked problems…are complex novel, and difficult or impossible to completely understand. Solution are not readily evident and solution to address them don't yet exist," (2011p. 3). Addressing the needs of high-risk youth presents the community with a complex population with no clear solution to its ever changing needs.

The EMERGE leadership framework is a new leadership approach introduced in the EMPA program by the Portland State Faculty to specifically address wicked problems and challenges (Magis, Ingle and Duc, 2013).

A core principle of the EMERGE leadership approach is that:

"You cannot solve a problem from

The same consciousness that created it.

You must learn to see the world anew."

--Albert Einstein

The EMERGE framework describesan innovative leadership approach for addressing wicked challenges by finding a pathway forward that engages multiple stakeholders and mobilizes new sources of commitment and revenues along the journey;however, to date the EMERGE framework has not been extensively tested in real life situations. This capstone examinesthe efficacy of the Leadership Opportunity Toolfrom the EMERGE framework to motivate the stakeholders of Lane Countyin addressing the high-risk youth placement challenge. More specifically: Can the EMERGE framework effectively mobilize Lane County stakeholders to agree on an innovative and feasible pathway forward in creating a youth shelter that can address the safety, health and independence of high risk youth?

BACKGROUND AND SETTING

Caseworkers, juvenile court parole officers, community service providers and caregivers as well as parents of at-risk youth face many challenges. Their needs are many and resources constrained. This is both a national and local issue..

- In 2001, the National Coalition for the Homeless foundthat homeless youth are the fastest growing segment of the homeless population
- In November 2002, the Department of Health and Human Services reported that between 21% and 40% of runaway youth had been sexually abused, compared to between 1% and 3% of the general youth population. (American Civil Liberties Union, 2003)
- According to a national homeless youth sample, 33% had been in foster care, 51% had been physically abused, and 60% of girls and 23% of boys had been sexually abused. (YouthCare, Inc., 1998)
- Federally funded programs serve only a fraction of the nation's homeless youth population. In 2007, federally funded programs made over 700,000 contacts with youth through street outreach programs but served 47,400 (less than 10%) with shelter and housing. (Congressional Research Service)
- Over 50% of youth in shelters and on the streets report that their parents told them to leave or knew they were leaving and did not care. (Greene J. ,Ringwalt, Kelly, Iachan, & Cohen, 1995)
- Youth under the age of 18 are at higher risk for homelessness than adults.
- The average age at the first homeless episode is 14.7 years. (YouthCare, Inc., 1998)
- Approximately 1.6 million youthsages 12 to 17, which is7 % of the national population, had run

away from home and slept on the street in the past 12 months. (SAMHSA Office of Applied Studies, 2004)

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- Federally funded programs serve only a fraction of the nation's homeless youth population. In 2007, federally funded programs made over 700,000 contacts with youth through street outreach programs but served 47,400 (less than 10 percent) with shelter and housing. (Congressional Research Service)
- It costs $53,665 to maintain a youth in the criminal justice system for one year, but only $5,887 to permanently move a homeless youth off the streets. (Unknown Author.2007. *Treatment for Homeless Youth Pays Off in Long Run.* Retrieved July 19, 2007 from http:// www.huliq.com/7079/treatment-for-homeless-youth-pays-off-in-long-run)

Compounding this issue is the lack of collaboration between the service providers. The caseworkers from the Department of Human Services (DHS) are not trained in the processes necessary to access enhanced services for the families they are serving. What the caseworkers do know is that there are no shelters available for foster youth over the age of 12 in Lane County.Difficult decisions about where a youth will be safe for the night due with no available beds in the county, and at times in the state, have become far too frequent.

Another complicating factor is that if the child has "behavioral" issues, possibly due to environment or mental health issues,which drive their actions and bring them into contact with law enforcement, the Department of Youth Services (DYS) refers them to DHS without providing supportbecause by law DYS is limited in their work with youth to criminal activity. Continued cutbacks in funding have limited the available beds even for youth who warrant detention. This requires difficult decisions about which youth will stay and which will be released due to bed availability rather than what may be dictated by need.

Along with the housing challenges, continuity of care is significantly lacking for the at risk youth population.The Oregon Health Plan (OHP) mental health component (previously Lanecarewhich has merged with Trillium,) has traditionally been the primary service provider of this population but OHP's providers are continuously frustrated with the lack of information and follow through needed to provide

effective care. Medication management and the prompt increase or decrease of levels of care are difficult if not impossible to monitor when the youth constantly move from county to county for shelter and the case workers struggle to navigate the system.

Within the legal system itself, similar concerns are voiced. Court Appointed Special Advocates, (CASA) often express frustration on why these youths are not better served:"Why are they being moved so much? Why are we moving them out of the county? Why are they running away from placements? Why can't they continue with their counselors? Do they need medication? Do they need their medication adjusted? Who really knows this youth?" However, CASA's resources are stretched thin as well and cannot serve all the youth in need of an advocate nor can they follow each of their clients as thoroughly as they would like.

Our therapeutic and life skills service providers (4C's) struggle to communicate effectively with each of the caseworkers, parole officers, educators, and health care providers who are involved in the youth's life to find the gaps in services in order to develop a plan to fill the holes in care. Lost phone calls and voice messages as well as misinterpreted emails haveled to increased stress in a naturally stressful field and, most importantly,the youth are not receiving the care they needed. Counselors continuallyexpress feelings of loss because just as they achieve a trusting relationship the youth will suddenly be moved to another county due to the lack of local resources.Lane County is fortunate in that there is an available facility specifically designed to care for at-risk youth. It has a state of the art floor plan that allows for appropriate levels of supervision, education programming, health care and recreation opportunities. Activating this facility would allow the county to use an existing local resource that is sitting unused.

Research Methodology

To reiterate the coreresearch question is whether the application of EMERGE framework can effectively mobilize Lane County stakeholders to agree on an innovativeand feasible pathway forward in creating a youth shelter that can address the safety, health and independence of high risk youth?

To determine whether the stated question can be answered, the study begins in March of 2012. My methodology includes three general steps. First, a literature review presents the current situation and extentof knowledge about leadership and high-risk youth. The review focuses specifically on Lane County along with a summary of the findings about high-risk youth placement in research documents and the literature in general. The literature review will identify possibilities and resources that can be assembled to create a local shelter. It describes currently active shelters across the country as well as someof the services they offer. Second, an indepth stakeholder analysis is undertaken. The main players in the study and project are DHS, DYS the CCO (Coordinated Care Organization), CASA, and the 4C's. Third, this study documents my leadership approach and the progress made in collaborating with partners in the Lane County community.

The approach is built upon the statement that;

"Every Interaction is an opportunity for leadership"

PhyusinMyint, 2009

To be successful leaders need to find common ground and areas of convergence with followers and others who are inspired by a Leadership Opportunity;. The nature of wicked challenges is such that their successful resolution requires a collaborative approach.After returning from a week-long educational experience in Washington D. C. in February of 2012, the need for a change in the culture of community partners became the primary focus of the study.Before the community would be able to work together towards a common vision, the culture would have to evolve into one of trust and respect for the perspective roles of each community partner.

As an agent of change, as defined by the EMERGE tools, I applied the EMERGE Leadership concepts through the Leadership Opportunity Tool to the need for an at-risk youth shelter toreframethe nature of the challenge in Lane County and to forge agreements among key stakeholderto create a collaborative

vision, shared values andmission.The approach used to achieve this goalconsistsprimarily of personal meetings, telephone and email consultations, and most importantly teamwork.

LITERATURE REVIEW

Leadership for Wicked Challenges

The dominant portion of leadership theories and research concerns itself with relationships between leaders and their immediate followers or with supervisory behaviors (scheduling, discipline, rewards, etc.);it is almost as though leadership scholarsbelieve that leader-follower relationships exist in a vacuum.While it is unlikely that scholars believe this, the fact is that the organizational and environmental context in which leadership is enacted has been almost completely ignored.(Hunt, 2000) Leadership studies are unlikely to be of significant additive value until they take into account wider organizational variables. If the effects of varying leadership styles are to be unraveled, the research design will need either to hold organizational variables constant and explore for leadership effects, or to explore the interaction effects by incorporating organizational variables and leadership dimensions. Neither of these is likely to occur until organizational researchers pay greater attention to leadership models and leadership researchers pay greater attention to organizational models.
Here is a *very* [emphasis added] partial list of new metaphors to describe leaders: gardeners, midwives, stewards, servants, missionaries, facilitators, conveners. Although each takes a slightly different approach they all name a new posture for leaders, a stance that relies on new relationships with their networks of employees, stakeholders, and communities.

For this study, all the stakeholderswill be those who work with youth in the fields of mental and physical health, criminality, political leadership, and fulfillment of basic needs. No one can hope to successfully lead any organization by standing outside of or ignoring the web of relationships through which all work is accomplished.

The interactions and dynamic relationships between individuals rather than compartmentalization by job titles or duties are basic characteristics of leader-follower relationships. Continuity of workflow is the leader's objective. Tying together the independent parts of the total operation that have been fractionated by the need for specialists, departments and organizational checks and balances is critical because in the public service worldthere are no neat beginnings and ends, sharp demarcation lines between what is inside and what is outside, or between what is past what is present and what is future that are typically associated with essentially legalistic static models of human groups. (Hunt, 2000) Today's leaders act in a global, complex, uncertain and interconnected business environment;among the leaders' challenges in this context is the need to reduce complexity and uncertainty for followers and provide a desirable picture of the future shared by the people they lead. Leaders need to have a sense of purpose and guiding vision. Moreover, they have to lead in a business environment, which undergoes a general crisis of legitimacy and trust; commercial viability and long-term business success depend on the ability of a firm and their leadership at act responsibly with respect to all stakeholders in business, society and the environment. (Crossan, 2008)

Important as it is that leaders are forthright in articulating the principles for which they stand; what leaders say must be consistent with the aspirations of their constituents. Leaders who advocate or stand for values that are not representative of the collective will not be able to mobilize people to act as one. Leaders set an example for their constituents based on a shared understanding of what is expected;leaders must be able to gain consensus on a common cause and a common set of principles;they must be able to build and affirm a community of shared values.

Experience has taught us that no matter how extensive top executive's support of a shared set of values is, leaders cannot simply impose their values on organizational members. Instead they must be proactive in involving people in the process of creating shared values.(Posner, 2007) Imagine how much ownership of values there would be if leaders actively engaged a wide range of people in their development. Shared values are the result of listening, appreciating, building consensus, and practicing

conflict resolution. For people to understand the values and come to agree with them, they must participate in the process: unity is forged, not forced.Leaders are encouraged to invite everybody to the table, or if that is not feasible, a representative group of constituents, to discuss the organization's values and see what critical themes emerge.

Shared values, however, should never be used as an excuse for the suppression of dissent. When dissenting voices are silenced, when shared values become unquestioned doctrine freedom of expression is lost and with it goes innovation, creativity, and talent, and sometimes people's lives. Freedom of expression is essential to creating a culture of contribution and commitment. If leaders desire long-term sustainable growth and development then freedom just may be that value that makes possible all the others. (Posner, 2007)

Effective leaders surround themselves with the right people and build on each other's strengths. Yet in most cases, leadership teams are a product of circumstance more than design. Among the executive teams we have studied, team members were selected or promoted based primarily on knowledge or competence. So, the best salesperson becomes the chief sales manager, even if he is not a great people manager. The smartest person in IT winds up as the CIO,the financial expert gets promoted to CFO, and so on.

Rarely are people recruited to an executive team because their strengths are the best compliment to those of the existing team members. When is the last time you heard a leader talking about how your team needed to add a person who not only had the technical skill but also who could help build stronger relationships within the group? Or someone who couldhelpinfluence others on behalf of the entire team? The vast majority of the time, we recruit by job function and all but ignore individuals' strengths whilethe most cohesive and successful teams possess broader groups of strength.(Rath, 2008).
The search for scientific basis for confronting problems of social policy is bound to fail; because of the nature of these problems, they are "wicked" problems whereas science has developed to deal with "tame" problems. Moreover, publicpolicy problems cannot be definitely described; in a pluralistic

society there is no such thing as the undisputable public good, there is no objective definition of equity.Policies that respond to social problems cannot be meaningfully correct or false and it makes no sense to talk about “optimal solutions” to social problems. Even worse, there are no “solutions” in the sense of definite and objective answers. (Rittel, 1973)

In recognition of these increasingly complex and dynamic global issues, in 2007 the Mark O. Hatfield School of Government at Portland State University and the Ho Chi Minh National Academy for Politics and Public Administration in Hanoi initiated an innovative partnership to co-produce a new “Public Leadership for Sustainable Development” curriculum to better resolve the world’s public sector wicked challenges.

Morgan et al describes leadership as a recursive process, beginning with a leadership initiative that is carried forward by a small number of leaders who engage followers and stakeholders. (Morgan et al, 2009). In the process of engagement, the definition of the problem as well as the range of solutions is redefined and transformed to build support at the community institution level. Leaders, as the stimulator of this process, must be skilled in attending to “the shared-power context” and adept at choosing whom to involve while keeping track of values, facilitating group dynamics, ensuring individual commitment to the process, and arranging steps necessary for decision making.

Building upon the constitutional functions of public service, Morgan et al observe that the diffusion of power in both policy making and the delivery of public services has accelerated over the past few centuries given rise to disconcertingly complex and “wicked problems” in which conventional approaches to leadership have become ineffective. Therefore, leading in our shared-power world amidst complexities requires “many traditional management skills such as planning, directing, and coordinating, but it also requires the addition of a different set of skills that include collaborative decision making, brokering deals, and bridging resources.”(Morgan,2008 p.209)

This “boundary-spanning” capacity coincides with what Keohane and Nye have identified as the missing and necessary link to our government challenge at the vertical and horizontal intersection (2000). Leadership today is at the nexus of the vertical and horizontal interaction, fueled by shared power dynamics of social, political and economic forces. Fostering the new type of public leadership within the ever-increasing complexity and interdependence global system requires critical transformation in leadership from one f managing and protecting boundaries to one of transformational and inspirational boundary spanning –the capacity to create direction, alignment and commitment across boundaries (Yip et al, 2004)

The legacy model, a description of Morgan et al’s take on public leadership and constitutional governance, is built largely upon the distrust of leaders due to the power of leadership to pervert the public good through the pursuit of personal or single-minded values (Morgan et al, 2009). Drawing upon the theoretical works of the founding father’s debates, the legacy model emphasizes the stewardship function that administrative leaders play in attending to the substantive values of the constitutional system, while facilitating change and educating the public. According to the legacy model, the first and primary role of administrative leaders is to attend to contending values inherent in the foundations of the American constitutional debate. Second, the legacy model requires public administration to accommodate the need for changes without sacrificing core values or the integrity of the governing design. The legacy model treats leaders as “stewards of constitutional values and governing processes as well as catalyst to the process, generating in their followers a common ownership and understanding of the issues, fashioning effective means for delivering the goods and carrying the vision into the future.” The legal model requires its leaders to recognize “value conflict” as a built in feature of the American political life, demanding that its leaders prepare for and aspire to engage and appreciate the value of “balancing competing administrative traditions.” Third, the final function of legacy leadership involves an educational and advisory role that administrative leaders play in their routine interaction with elected and appointed officials, citizens, and non-governmental

agencies. Public leaders who are able to perform this function well, become both “process- and substance- centered leaders,” guiding themselves and others through substantive values.

The core values of The Department of Human Services are integrity, innovation, respect, service equity, responsibility, stewardship and professionalism. Finding a framework that meets the values and needs of the mission is essential in creating a successful pathway. This review hasdiscussed in part the importance and realities of leadership;successful leadership does not work in a vacuum. Meeting the needs of a community in public service amplifies the connected nature of the community; the stakeholders, community partners, youth and neighbors are all affected by the outcomes. Leaders in widely varying roles collaborate throughoutthe community by leading from where they sit, stand and walk. The EMERGE framework recognizes the opportunities for ALL involved rather than a top-down approach by encouraging an integration of systems leadership and sustainable development into the vision and practice of leadership in the 21st century. (Magis, p.1) At the heart of the EMERGE is the presumption that humans interact in complex and dynamic systems and that success in public leadership entails competence in systems thinking and practice as it relates to human systems. In human systems issues, visions related to those issues, and opportunities to address the issues along with stakeholders and leadership, are all emergent phenomena. EMERGE promises a path forward for public officials who are awash in the dynamic complexities of indeterminate and intractable systems issues. EMERGE advances a curriculum that focuses on processes related to exploration and discovery, contextually-based and vision-driven planning and innovation, discernment of systems feedback and emergent patterns, engagement of social learning to adapt plans and methods, and wise navigation through and environment characterized by uncertainty.

“In the EMERGE leadership framework, all participants learn leadership through a hands-on practice with a ‘Leadership Opportunity’ in a team setting, A Leadership Opportunity is defined as a complex challenge or issue in your public sector work setting for which you have some discretionary authority as

a public official to address, and over which you have some potential influence." The selection of the Leadership Opportunity will:

1. Provide a mechanism for practicing leadership skills by applying EMERGE tools on wicked work challenges/issues;
2. Enable experimentation with the appropriateness of the EMERGE framework within the work context; and
3. Assist in using new leadership skills to better serve the public interest both now and in the future.

The Leadership Opportunity Selection Tool involves three steps:

1. Select a Wicked Challenge;
2. Reframe the Wicked Challenge as a Leadership Opportunity; and
3. Create an initial Vision for the Leadership Opportunity.

EMERGE is based on the tenet that couched within wicked problems are multiple and ongoing opportunities to affect positive change. Leadership is uniquely suited to discern the opportunities and to navigate a path via those opportunities to effect positive change; hence, the wickedness presents not a problem, but a challenge to leadership. Leadership will engage in new and unique ways of thinking, challenge entrenched ideas and practices, utilize tools and strategies specifically designed for engaging complexity, and experiment with new approaches.

As wicked problems are characteristic of systems and endemic to the twenty-first century leadership context, EMERGE us designed to focus on the elucidation in the practical realm of public leadership and on explication of strategies to work with them. EMERGE designers, however, posit alternative terminology to wicked problems, namely wicked challenges and is based on the following assumptions:

- Leadership of the twenty-first century will acknowledge and learn to work with complexity.

- Leadership will examine challenges from a perspective immersed in systems, be attuned to complexity to gain novel understanding, and to discern opportunities to address wicked challenges.
- Leadership will join with others to envision a future wherein the opportunity is realized and inspire a shared commitment to contribute to that vision.
- Leadership will engage unique ways of thinking, challenge entrenched ideas and practices, utilize tools and strategies specifically designed for engaging complexity, and experiment with new approaches.
- Through conscious openness to generative learning leadership will venture into the knowable, integrate lessons gleaned from praxis and research effect positive change for the public good, and expand the capacity to work with complexity.

While recognizing its strengths, one concern in regards to EMERGE arises: the complexity of the framework itself. Leaders in public administration have been facing cutbacks and increased workloads during the recent economic downfall with little indication of improved conditions in the near future. Learning new and innovative methods while doing more with less is essential, yet the training and adviceis often met with skepticism or openopposition.

However, the designers of EMERGE recognize that leadership is a practice by establishingtendistinct modules and by helping learners to understand the theoretical construct as well as tools to implement practice. However, the volume of information and challenge to understanding and implementing a new model can be daunting to an overworked public sector staff member with pressing work requirements and the public's demand for immediate results.

In summary, the leadership literature review shows that there is a promising leadership approach for dealing with complex challenges with at-risk youth interventions. This review has also shown the importance of this integration as an integral role of a public servants' leadership work from where one sits

At-Risk Youth Interventions

The Social Dimension of establishing a shelter refers to the local and organizational cultures. A cultural shift of caring for the at-risk youth in Lane County outside of the foster home environment is necessary to provide safety, stability and continuity of care. Finding safety, healing and security in a youth's home community allows for a better chance for stability and reunification with family. Defining and understanding the complex issues surrounding the needs of at-risk youth will help facilitate this culture shift.

Until nearly 150 years ago, families who could not raise their own children relied for help on extended family members, charity from religious organizations, or orphanages. Many older children were apprenticed to tradesmen as a means of preparing them for adulthood.(Trattner WI.1989) State-supported foster care in the United States arose in the 19th century from social welfare programs that sent children from Eastern cities to the Midwest, where they lived with farm families as an escape from the dangers of urban life. In 1863, the Massachusetts State Board of Charities approved funding for a system of state-supported foster homes, paying nonrelatives a weekly stipend of $2.00 to care for children in need of out-of-home placement. Federal support for foster care was established in 1933 under Title IV E of the Social Security Act. In the 1960's the number of children placed in foster care rose dramatically in response to increased awareness of the problem of child abuse. However, by the late 1970's social service researchers had documented that many children remained adrift in the foster care system because little effort was made to either reunify them with their biological families or arrange for adoptions. In 1980, the Child Welfare Reform Act (PL 96-272) directed social service agencies to prevent out-of-home placements when possible, to make reasonable efforts to reunify them with their biological families when feasible, or to find adoptive placement when necessary. Although the number of children in foster care initially declined in the early 1980's, increases in the incidence of substance abuse, single-

parent families, homelessness, child poverty and child abuse, as well as the emergence of human immunodeficiency virus (HIV) infection, resulted in even greater expansion of the foster care population.(Curtis PA. 1999) Current efforts to reduce the number of children in foster care include increased use of family preservation programs to prevent out-of-home placement, more attention to returning children home quickly from foster care, accelerating termination of parental rights proceedings, and greater efforts to adopt these children.

The Adoption and Safe Families Act (ASFA) of 1997 is the most significant recent legislations affecting children in foster care. The context for this law was the pervasive view that the pendulum had swung too far to the side of preserving families, and away from protecting children. ASFA establishes the health and safety of children in the child welfare system as clear priorities. Well-justified concerns persist regarding the length of time children linger in care; ASFA requires states to begin terminating parental rights if a child has been in care for 15 of the prior 22 months. Under aggravated circumstances, such as when a parent has been convicted of a felony against a child or a parent's rights to a sibling have been involuntarily terminated, AFSA enables (but does not require) the states to proceed with terminating parental rights without providing further justification for doing so. For all children in foster care, states must obtain a court order continuing foster care at least every 12 months by demonstrating that reasonable efforts have been made toward establishing a permanent plan for reunification, legal guardianship or adoption. The legislation also offers fiscal incentives for states to increase the number of children adopted. Clearly, the intent is to limit time in foster care.

Nonrelative care was the norm in foster care until the early 1990's. However, as more women entered the labor force the number of nonrelative foster family homes declined from about 147 000 in 1984 to 100, 000 in 1990. (National Commission of Family Foster Care. 1999) In response to this trend, public agencies sought assistance from the children's relatives to provide kinship foster care homes. In current

practice, the term “kin” includes any relative, by blood or marriage, or any person with close ties to the family. (Takas M, 1993)

Kinship care may offer certain advantages. Children may find placement with known family members less traumatic than placement with strangers; cultural and religious practices are more likely to be continued, which has been a major factor for advocates of kinship care. Kin frequently have a special commitment to helping their own (the old axiom that “blood is thicker than water”); contact with parents is often more frequent, and may facilitate eventual reunification.

There may also be disadvantages to kinship care compared with regular foster care; skeptics question whether the extended family members of these inadequate parents are appropriate surrogates to provide kinship care. Each situation should be individually weighed, given the strong ideological preference for first seeking placement with kin it is crucial to ask how kinship care can be helped to succeed. Potential kinship caregivers must be carefully screened, especially because they are first seeking placement with kin and are often not required to meet the same standards used for licensed foster homes. Frequently, informal kinship placements (i.e., no court involvement and no legal transfer of custody) are arranged by public or private social service agencies, and it is uncertain what services kinship families receive and what obligations the agencies impose under these circumstances. Moreover, we know little of how children fare in these informal arrangements. In most situations involving abuse or neglect, it is probably preferable that care and custody be formally transferred to a social services agency to enable ongoing support and oversight.

On the other hand, children in kinship care have needs similar to those in nonrelative foster care, especially regarding their mental and dental health. Kinship caregivers tend to be older, less educated, less financially stable, and in poorer health than nonrelative foster parents. Proponents of kinship care believe kin will/should provide for their own; but these families have typically received fewer services, even when the public agency has had legal custody of the child. Therefore, because children in kinship

and traditional foster care face similar conditions in terms of reasons for their placement, their levels of health, mental health and developmental needs, and financial difficulties confronting many of the families who provide such care, more uniform approaches are necessary with respect to placement and support of all children in care, regardless of type of placement. Furthermore, children in kinship care have averaged longer stays than those in nonrelative foster care, largely because less vigorous efforts have been made to reunify them with their parents and to determine a permanency plan. It is incorrect to assume that because the child is with family there is little urgency to return him or her to the biological parents; all children in foster care need secure arrangements, and careful long-term planning is needed to reduce the uncertainties in their lives.

The findings of consistently high rates of physical, mental health, and development problems in this population raise several important questions. To what extent did children bring these problems with them into foster care? To what degrees are these (or additional) problems attributable to the foster cares experience? Does the foster care system attend to the special needs of these children and help to improve their health status and overall functioning? A review of existing data sheds some light on these questions.

For the most part, children enter foster care in a poor state of health. In addition to abuse or neglect that commonly results in out-of-home placement, their poor health reflects exposure to poverty, poor prenatal care, prenatal infection, prenatal maternal substance abuse, family and neighborhood violence, and parental mental illness. (Curtis PA 1999) Children entering foster care are also more likely to have received inadequate routine preventive health care before placement than their peers. Similarly, children entering foster care may be at especially high risk for HIV infection, given the association between child maltreatment and substance abuse. For example, in Chicago Flaherty and Weis conducted a review in 1990 based on the physical examination findings of 5,181 children taken into protective custody over a 22-month periodthat found that nearly half (44%) had an identified health problem, including acute infections (otitis media, sexually transmitted diseases), anemia, and lead

poisoning. In addition, approximately 5% of the children evaluated for physical abuse were found to have occult fractures not suspected by their caseworkers. In Baltimore reports of 2,419 children assessed shortly after placement in foster care show that almost all (92%) had at least one abnormality on physical examination, including disorders of the upper respiratory tract (66%), skin (61%), genitals (10%), eyes (8%), abdomen (8%), lungs (7%), and extremities (6%). (Chernoff R,1994) Nearly one-quarter (23%) of younger children failed a developmental screening and 22% of older children were already receiving special education services before placement. As a result of these evaluations, 53% of the children were referred for further medical services.

Sustainable, safe family reunification is the major objective of foster care placement for most children, and ongoing contact with parents during placement is an important factor with regard to determining if children eventually return home.(Davis IP, 1996)Unfortunately visits may also be a source of much emotional stress for children as well as their biological and foster parents; most children respond to visits with parents with a combination of anticipation and anxiety and it is not uncommon for behavior problems to occur before and after visits. Children may feel anger at their parents, whom they feel may have abandoned them and they may perceive the end of the visit as another abandonment when they cannot go home with their parents. Less commonly, they may be afraid of being subjected to further abuse or neglect during the visit. The location where visits take place and how they are conducted may influence their impact on the children, but these factors have received scant research attention. Many agencies have specific programs to facilitate visits but some visits take place in the foster parents' home, at a public site (e.g. fast food restaurant) or in the biological parents' home. The last is particularly problematic, if not supervised by a third party, because behavioral problems, skin marks, or the child's verbal account of the meeting after the visit may too readily be interpreted by foster parents or caseworkers as evidence of maltreatment by the biological parents. Although visits with biological parents during placement are often stressful, such contact should reassure children that their parents still care about them. Visitation may help strengthen the biological family's functioning and lead to more

successful outcomes once the child is returned home. Thus, child welfare agencies should carefully plan and implement visits, paying particular attention to the purpose of visits for the individual child and family.This can be hampered in the event a child is placed in a facility or home that is so far from the family that there are financial and time barriers making visits are too difficult to maintain. However, visits that subject the child to repeated neglect by the parent(s), exposure to violence, or conflict between the biological parents and the foster parents or child welfare agency may aggravate the child's adjustment to placement and should be avoided until the situation can be improved.

Despite more than 30 years of concern by health care and social service professionals about the health and mental health of children in foster care, relatively little progress has been made in improving the delivery of needed services. The causes for this inertia are complex and widespread.

Among barriers to providing health and mental health care for this population are problems within the child welfare system itself. Anecdotal evidence has shown that children have become ill or died after placement because neither social workers nor the foster parents were aware of children's immediate health care needs. Frequent moves among foster homes or out of and back into foster care also contribute to children receiving care from many different physicians with little or no continuity.

Many child welfare agencies lack specific policies regarding health care of children in foster care. For the most part, caseworkers rely on foster parents to exercise sound judgment to determine when children require health and mental health care, yet foster parents are not empowered to give legal consent for treatment. In some jurisdictions biological parents must provide direct consent for health, developmental or mental health care their children receive while in placement, introducing a potential obstacle or delay to necessary services. Although many parents sign consent for routine health care at the time of placement caseworkers must locate and encourage parents to sign separate consents for other specific evaluations (e.g., mental health, developmental, or educational) or treatments, including any psychotropic medications. Child welfare agencies are responsible for ensuring that children in their care and custody receive services necessary to optimize their health and development. However, most

agencies have continued to struggle with significant resource shortages in the face of increasing caseloads, and children's health care has not been a priority for the child welfare system. Both the Child Welfare League of America and the American Academy of Pediatrics have provided general guidelines for health care to children in foster care, but these have not been widely implemented. State agency regulations are needed to specify how this should be accomplished. (Battistelli ES 1998) There is clearly a need for creative and collaborative initiatives between the child welfare and health care systems to improve the health care of foster children.

Health care professionals share responsibility for the poor care children receive in the foster care system. Although many of the physical, psychological, and developmental problems these children experienced are similar to those occurring in the general population, especially among low-income families, many health care providers and mental health professionals have had little training regarding issues specific to children in foster care and may not recognize problems or refer these children for appropriate care. In particular, community health care providers are more likely to identify and refer young children entering foster care for evaluation and treatment of physical health and educational concerns than for developmental and mental health problems. (Horwitz SM, 2000)

Addressing the health care needs of children in foster care has not attracted many pediatricians. The children's complex social situations, the extra time required providing care, and the modest reimbursement may explain why many health care providers have been deterred from becoming involved. (Simms MD, 1991) Lack of communication with professionals in the child welfare system and frustration with the limitations of that system may also discourage health care providers.

Nationally, the inflexibility of existing state-operated Medicaid health care funding structures, and the move to managed care contracting without appropriate consideration of the special needs of children in foster care has made it difficult to develop new approaches to delivering health and mental health

services to this population. Furthermore, private foundations have shown little interest in supporting this aspect of child welfare

Health care services for children in foster care should not only enhance the health of individual children, but also facilitate and reinforce permanency plans. To these ends, several broader goals must be met including development of an individualized health care plan for each child in foster care and integration of that health care plan into the overall child welfare plan. The latter requires good communication between child welfare and health professionals.

Health care professionals can playvaluable roles in the care of foster children. Because of the high rate of health, developmental, behavioral, and educational problems, foster children generally require more frequent visits and more time than most children. Many states require that children newly placed in foster care have a comprehensive health assessment within 30 to 60 days of placement. In addition to the usual health maintenance activities required at each age, young children entering foster care should be screened for anemia, elevated lead level, sickle cell disease (when appropriate) and tuberculosis exposure. Signs or symptoms of physical abuse, neglect, or sexually transmitted diseases should prompt referrals for a more complete evaluation, if possible, to an interdisciplinary team specializing in these problems. Developmental and psychosocial screening should include direct examination with standardized measures because studies have shown that reliance on caseworker and foster parent history for developmental information identifies only about 30% of all children with developmental delays. (Halfon N, 1995) Thus, initial comprehensive medical evaluation should include mental health and developmental assessments. A follow-up visit should be arranged within 1 to 2 months to monitor the child's adjustment to the foster home and to evaluate his or her development and emotional wellbeing. After their health status has been fully assessed, children in foster care should be followed closely to monitor their progress.

As adolescents turn 18-21 they are generally no longer eligible for services through the foster care system and foster families may no longer accept responsibility for them. Clearly, this can result in a very difficult transition to independent living. Many states provide assistance to adolescents in foster care, such as help with housing, college, and job training to ease this transition. The responsibility for preparing adolescents for this transition rests primarily with the child welfare system. However, studies have found that adolescents who age out of foster care are generally poorly prepared for employment and independent living. (Barth RP1990)Recent federal legislation (Title IV-E Independent Living Program) has doubled support for these efforts, from $70 million to $140 million. States are allowed to use some of these funds for easing the transition to independent living for youth aged 19 to 21 by, for example care providers can help prepare these youth by discussing future plans and preparation. Ensuring continued medical coverage may be another important issue, and the health care practitioner may offer to continue being the primary care provider for some period. Alternatively, assistance with finding a new provider is needed. There may also be a need to guide the foster family on how to encourage and support autonomy, but also to maintain an important emotional connection. The transition to independent living can raise many complex emotional and practical issues. Although there are few easy answers, health care providers can play a valuable role by supporting the teen and foster family in preparing for the challenges ahead.

Children's thoughts, feelings, concerns, and wishes are another potentially valuable area to evaluate. Understanding children’s views of their foster homes, foster parents, and caseworkers, the health care system and health care providers, and what they would like to see changed, may help to improve their levels of success. There is often a loyalty although often unwarranted to the biological family. Some children, especially over the age of 12, do not want to “bond” to a loving family. They will try to sabotage any efforts that appear to them to be driving them away from their families. Placements are often done in a hasty crisis atmosphere with limited resources and time to consider the child’s

emotional needs; these placements are often doomed from the start causing more disruption in the child's life.

Unfortunately, the population of children in foster care has increased dramatically over the past 2 decades. As a result of the circumstances that lead to placement, children entering the foster care system often have serious health and mental health disorders. Many of the children spend a significant portion of their childhood in foster care and there is little evidence that they receive comprehensive health care while in placement. In many respects, foster care remains a poor system for poor children. However, placement in foster care provides an opportunity and a responsibility to address all of the health care needs of this very high-risk group of children. Providing a shelter that allows safety and stability while alternate placements and needs for children to be assessed while remaining in the local community, addresses many of the needs of the child.

In summary, the at-risk youth review demonstrates the wickedness of this issue and the lack of progress to date in addressing this complexity.

Youth Programs in Oregon

Since originating in 1972 as a Multnomah County demonstration project to provide residential care for adolescent substance abusers who were largely homeless, Janus Youth Programs has provided a second chance for youth from high risk environments - many of whom have no other resources, no other family. Today, Janus Youth Programs has grown to become one of the largest nonprofits in the Northwest operating over 20 different programs that span Oregon and Washington. Many Janus programs are regarded as best practice models and have been replicated both in and out of the United States.

Janus' organizational philosophy is grounded in collaboration with community organizations, as this is often the only way to minimize duplication of effort while maximizing the amount and quality of services. Having been part of more multi-agency projects than any other child-serving organization in Oregon, Janus Youth Programs has set the standard for interagency collaboration.

Governed by a volunteer Board of Directors that includes youth representation, Janus is licensed by Oregon's Department of Human Services and the Oregon Youth Authority to provide group residential and shelter care; licensed by Oregon's Department of Drug and Alcohol for a certified drug and alcohol program; and, licensed by Washington State for group residential and foster care. Janus' alternative education school is registered with the Oregon Department of Education and is approved for Learning Disabled and Emotionally Disturbed students. A 501(c)(3) tax-exempt corporation, Janus is independently audited and meets or exceeds reporting requirements on all of its funding contracts.

Janus Youth Programs has operated community-based programs for children, youth and families in Oregon and Washington since 1972. A network of over 20 programs includes:

- Runaway and homeless youth services in Oregon and Washington that provide street outreach, 24-hour access and assessment, emergency and short-term shelter, family reunification, continued school support, transitional housing and independent living services
- Residential services for youth in custody of the Oregon Youth Authority and emotionally disturbed and neglected youth in Oregon's Department of Human Services' child welfare system
- A scholarship program helping former clients pursue higher education or vocational/technical training
- A 85,000 square foot urban agriculture program focused on hunger reduction, employment and economic independence

Janus Youth Programs serves over 6,000 children, youth and families each year in addition to completing nearly 30,000 face-to-face contacts with runaway and homeless youth through an all-volunteer street outreach program on the streets every night of the year.

Another successful program can be found in Massachusetts' organization for homeless and runaway youth.

Bridge Over Troubled Waters is another nonprofit agency that provides comprehensive services to runaway and homeless adolescents. Most Bridge clients are from the Boston area, but Bridge also helps young people from other parts of Massachusetts and from out of state. Youth do not need a referral for this program.

Bridge offers health services, counseling, education, career development, and crisis intervention and housing includes emergency shelter, Transitional Living Program, Single Parent House, and Cooperative Apartments.

Brookline Community mental Health Center (BCMHC) is a prevention-based nonprofit community mental health center that serves primarily low and moderate-income Boston-area residents; many clients are at-risk youth and their families.

The Center's programs for youth include the Transition to Independent Living program for homeless young men, and the New Pathways Emergency Shelter for Teens program. The New Pathway program houses runaway and homeless youth with area host families.

Seton Youth Shelters leads the way in delivering critical help to teens in crisis throughout Southside Hampton Roads. The caring staff offers hope and confidence to teens and parents while creative implementation of programs provides added capability.

Seton Youth Shelters was established in 1985 as Mother Seton House, Inc. by three local clergy and a few citizens who were concerned about the vulnerability of runaway and homeless girls living on the streets. The agency was named after Mother Elizabeth Ann Seton, the first person born in the United States to be declared a saint and a daughter of charity who had provided shelter and schooling for girls and boys who had been orphaned.

Initially, girls were sheltered in the homes of host families but soon the number of girls needing assistance grew to the point that St Nicholas Catholic Church stepped forward to provide the use of their rectory to house up to 11 girls at a time. In 1999, St Aidan's Episcopal Church provided a free land lease and a second shelter was opened so that Seton Youth Shelters could provide shelter, counseling and support for boys in crisis.

Currently each of the shelters provides emergency shelter, counseling and support 24 hours per day without charge to youth ages 9 through 17 who are in crisis.

Soon after the second shelter for boys was opened, street outreach services were launched with a weekly Teen Drop-In Center at the Oceanfront and mobile vans providing hot food, counseling and education throughout selected neighborhoods ion the Southside and the Virginia Peninsula.

Most recently, the Mentoring Children of Prisoners Program was established to provide one-on-one positive role models for children ages 4 to 18. This program compliments the other positive youth development approaches that are core to the shelter and street outreach services. Building upon the potential of each young person and supporting the development of the skills necessary to become productive and self-sufficient members of their family and our community is the linking philosophy of all Seton service.

In summary, this reviewof youth programs has identified many of the complex issues facing at-risk youth. Various programs and shelters throughout the country have attempted to address these issues with limited or qualified success. The limited success achieved by these programs makes clear that what we are doing is not working. Although some needs are met anda few issues are being resolved what makes this challenge truly wicked is its complexity. Establishing a shelter supported by the community, county, and state, for Lane County will not solve all the problems of at-risk youth; it will not address all the issues; it will not meet all the needs. Yet a shelterImay be able to provide some stability and safety to better assess the needs and allow a collaborative approach to use the resources we have to be innovative in our pursuit to do the right thing.

AT-RISK YOUTH STAKEHOLDERS

The Department of Human Services

"To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity."

The Department of Human Services Child Welfare of Lane County has been sending children in need of shelter to Coos Bay, Lincoln County, Douglas County and Multnomah County often these shelters are full to capacity or inappropriate for the needs of our children. The culture is embracing a new transformation of Differential Response strategy there is a stronger drive towards keeping children in their own communities. We know that children are safer and families stronger when DHS and communities work together to identify and address family issues early and keep children safe at home or in their communities. Differential Response means that we place less focus on investigative processes and focus more on helping families identify their needs to keep their children safe.

Parents and families benefit from DHS and communities working together to provide stronger up front services and voluntary engagement in solutions, services, and support to achieve more successful resolution of issues. An additional anticipated outcome will be the safe and equitable reduction of children in the foster care system by increasing the number of African American and Native American children remain in the communities with their families.

Several collaborative frameworks have been developed by the leadership team to build a trust relationship and stronger collaboration between community partners. Differential Response will find a fertile ground to help DHS create the cultural shift so needed in the community that will result in a distribution of shared power.

Workers throughout the state have been challenged with finding shelter for at-risk youth while their needs are assessed and an appropriate placement can be identified. Temporary foster homes are often over-filled and unable to provide safety. Workers in Lane County “wish” for a local safe and available shelter for their children in care, however, DHS/CWP does not own a facility or have the resources to staff a facility. Child Welfare does have limited funding available to support shelter through Title IV E funds and local branch funding.

The Southern Region Residential Consultant represents the Department of Human Services. Due to the changes in the Behavioral Rehabilitation Services (BRS) system in the past five years, finding placements for high-risk youth has become increasingly more challenging. Although few would disagree that a child is best raised in a loving family, highly skilled foster families are hard to find when you are trying to place a violent child with a history of fire starting, sexual abuse and animal abuse. Having a local shelter to keep these children safe while resources are explored is a great motivating factor for our consultant. Exercising the "Precautionary Principal", the consultant would be mindful of the child's best interests long-term placements in the shelter would not be an option although there would be in-sight supervision at all times, children who pose a risk to others in the shelter even with supervision would not be appropriate. This shelter would be a part of a system of care for the youth. Most often youth that use shelters come from foster homes or residential facilities this shelter would be a steppingstone to a more permanent solution. Although the need is currently high, there are no indicators indicating a reduction for a lesser need in the future. From experience we could predict that the availability of a local shelter will entice those struggling with their teenagers to "drop them off' at the DHS doorstep. As with our cases at present, criteria would have to be met to warrant a stay. Changing the culture from one of dismay at our lack of resources to one rich in opportunity has been enlightening and motivating.

The Department of Youth Services

"The purpose of the department of Youth Services is to protect the public by reducing delinquency and improving juveniles' ability to live productively in our community.

The Department of Youth Services (DYS) provides assessment, probation, training, counseling and Detention services for all youth, ages 12-17 years old, referred by local law enforcement because of Criminal behavior. It is the branch of Lane County government responsible for services to youth accused Of law violations or judged delinquent by the juvenile court. DYS is funded from the Lane County general fund, along with some state and federal grant funding for new programs. Many of their services for

children in the community also fall under the Title IV E Eligibility Federal Fund.

The Juvenile Court is an arm of the Oregon state circuit court system and is housed at DYS. DYS' staff is group workers and counselors specializing in juvenile corrections; DYS staff members are County Employees who are all experienced in working with troubled youth. The Department is organized into Units: Administration, Detention Services, Intake Services, and Supervision Services.

Many of the children in the communitywho are in both DYS and in DHS custody have overlapping needs and services in place.

The Cap Committee meets every Wednesday morning to discuss children who are in the DYS system and plan for their next steps. DYS staff presents their cases and request input towards recommendations for the future for the children. DYS has often voiced one of the frustrations of working with a delinquent child when the child completes a program and is ready to return to the world and attend school because the child returns to the previous environment from where he or she came. Within a few short weeks and sometimes days, old habits return and the child is again referred to the system. Collaboration with community partners to follow through with family service is pivotal in make a sustainable change. An anticipated outcome would be the reduction of recidivism in the youth system. Many of the children in the system have both delinquency and mental health barriers and a shelter would allow appropriate services to address both issues in a safe and resourceful environment.

The Assistant Division Manager of the Department of Youth Services is enthusiastic about the prospects of a shelter with a wing in his building and an out building on the campus as two viable options he is looking forward to moving the project forward. The learning opportunity of being part of a shelter program allowing the community to serve our at-risk youth is welcomed by his staff as well. However, the concern that other counties would be leaving their troubled youth in our county is a challenge. Before allowing an out-of-county youth use the facility, an agreement would have to be signed that upon their leaving the shelter, the youth must return to their home county. This has been the process in other county shelters to alleviate over taxing a county with a shelter. The need for a shelter for the

youth coming from the Department of Youth Services is great at this time there are no indicators that this need would change in the near future for ay viable reason.

CCO Coordinated Care Organization

"Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care."

Beginning August 1, 2012, LIPA and LaneCare members moved to a new type of healthcare delivery system called a Coordinated Care Organization (CCO). Trillium has been certified by the state of Oregon as the CCO in Lane County; as a CCO, Trillium is bringing together a new culture of varied of types of care under the umbrellas of a single group including physical, and behavioral issues. Patients will have one point of contact for most of their healthcare needs while providers, counselors, nurses - will be able to better coordinate care. Instead of just treating members when they get sick, we can work with them to keep them healthy and better manage existing health conditions. We can also work to prevent unnecessary trips to the hospital or emergency room. A healthier community starts with a helping hand at the local level; Trillium employees are active participants in our community through involvement in everything from food and supply drives for needy children and homeless shelters, to fund-raising events for medical research, to supporting environmental projects and animal shelters.
Volunteers come from all levels and departments of the corporation and have developed an Employee Charitable Giving Team. The team's mission is to support collaborative local efforts to improve the health, safety, and quality of life for individuals in our community. Thanks to a management team experienced in the community, medically based decision making, and provision of care, we are able to work with community agencies to strengthen the Coordinated Care Organization (CCO).

The Utilization Review Accreditation Commission (URAC)'s standards provide a mark of distinction for healthcare organizations to demonstrate their commitment to quality and accountability. URAC accreditation ensures that appropriately trained clinical personnel conduct and oversee the utilization

review process, that a reasonable and timely appeals process is in place, and that all medical decisions are based on valid clinical criteria.

The Triple Aim of improving the health of the population enhancing the experience of care and reducing the cost of care is what drives the collaboration with community partners and paves the way for continuity of care. A strong partnership allowing the patient to remain in his/her local setting, and supports continued services meeting the needs of the patient. Meeting with DHS and DYS at the UR's and Cap Committee creates an environment that provides creativity and optimal use of appropriate resources. The needs of the whole family are met to provide the best chance of sustainability and a healthier lifestyle for the youth; the knowledge and experience of each of the community partners enhances the treatment of the patient. As insurance covers the mental health treatment costs of foster children we have been able to staff cases weekly to ensure the most appropriate care available is provided with input from all the caregivers involved in the child's life. DHS has enjoyed a unique and successful partnership with what was previously LaneCare and is now the CCO.

4C's Community Care Coordination Council

4C's Community Care Coordination Council is another asset and stakeholder in meeting the needs of high-risk youth in our community. The culture is defined as a council of community therapists, service providers and education representatives meeting monthly to share ideas, trends and issues in the community. One of the many successes of this group is the local wrap around program, Intensive Community Treatment Services, (ICTS). This program provides a family with a therapist for the child, a skill builder, a prescriber, and a family therapist. ICTS provides a high level of services in the home of the family as well as in the office, school and in the community. ICTS is most often assigned to families to avoid a child going into care as well as to aid in transition as a child is returned to the family. This program is shared among five community agencies meeting the needs of families in the community without delay. DHS and the school district is also part of this creative and innovative council.

When meeting with this council the discussion around a community shelter brought on an avalanche of creative ideas for the youth, they echoed the value of continuity of care and family involvement. They rejoiced in the possibility of continued education in the community and the availability of Independent Living Programs. (ILP) They shared the dream of a day center where youth could come and receive counseling and life skills trainings as well as peer support. The power is shared among the various agencies involved.

CASA/Courts The Judicial System

"The Mission of the Oregon CASA Network is to strengthen CASA Programs in Oregon
Vision Statement: Our vision is that CASA Programs will have sustainable resources to advocate for all children who are victims of neglect and abuse in Oregon".

Court Appointed Special Advocates (CASA) provides a powerful voice for abused and neglected children in Lane County. CASA's culture focuses on one primary program - the recruitment, training, and support of volunteer advocates. When children are removed from their homes due to abuse or neglect, they are placed in an overburdened system where they can slip through the cracks and risk continued abuse or neglect. Court Appointed Special Advocates have the power to prevent this tragic reality; each CASA volunteer is appointed to just one or two children or sibling groups from a waiting list and conduct an independent investigation of the child's circumstance. If CASA discoversthat the child has an unmet need, they perform the unique role of improving access to services for the child and parents while monitoring progress throughout services. The CASA volunteer speaks for the child's best interests in the courtroom, ensuring he or she moves quickly and effectively through the system and into a safe, permanent home Nearly 1,200 children are currently in foster care in Lane County, the highest rate of any county in Oregon. Of these children 700 are in need of a CASA volunteer, yet CASA has the capacity to serve only 300 children per year. CASA supports keeping our children in our community for care and supervision. With a limited pool of CASA workers, caring for children in the community allows for a

stronger sustainable relationship. CASA collaborates with DHS in caring for the children they are part of the team of professionals and caregivers attempting to serve at-risk youth.

CASA supervisors shared potential concerns about children not being in homes and being in a shelter too long; they were concerned that a shelter would lesson the urgency of finding permanency, as workers would too easily abuse it. Time limits for stays were discussed and fears changed to opportunities. A shelter's ability to provide availability for CASA to meet with their clients and work more closely as a team was very encouraging. Input from CASA is highly regarded by the court system influencing decisions directing the life of a youth's case plan.

Case Application of EMERGE Framework with Findings

As a requirement of the curriculum of The Executive Masters in Public Administration, my cohort met with several agencies and governing bodies at our nation's capital in Washington D.C. Realizing the wealth of history, resources and information in our nation's capital, I shared the frustration many of us carry: why are our systems failing? Considering all of the state of the art systems and well-educated, dedicated people dedicating their lives for the common good, what are we missing? The ongoing theme we heard and discussed at the end of each day was the lack of relationships between the policy makers, legislators, lobbyists, administrators and others. The absence of these relationships, although difficult to measure statistically, are said to be an integral part of the failure in leadership in our government today. Reasons for the loss of personal relationshipsamong organizations may result from our modern technology where person-to-person communication has become less frequent rare.The constant need to focus on re-elections and the fund raising that entails;ora faster pace of business where leisurely dinners sharing personal stories are no longer a priority.

I returned from Washington D.C. to my position as supervisor of the residential unit in child welfare to find despair and discouragement in Lane County.Three unfortunate changes involving our community partners were making it more difficult to work together and access resources

First, the Oregon Health Plan will no longer cover mental health services for children with symptomology of conduct disorder. It ceases to matter if the child has covered mental health diagnosis as well,if the symptomology is driven by conduct disorder, we will no longer be able to serve them. This new ruling will affect nearly half of the population we serve as nearly all youth in the Department of Youth Services will fall under this ruling.

Second, the number of beds for delinquents available at the Department of Youth Services was cut in half due to statewide budget cuts. We work together with foster youth who had act out violently by using the detention beds when appropriate. Now, however, this resource would rarely be available with these bed limitations.

Finally, to compound matters, the Josephine County Shelter in Southern Oregon, owned and run by the county, was closed. As funding in the county became increasingly restricted, the future of the shelter was placed on a ballot measure that requested a tax increase to maintain the service. Josephine County's residents chose not to continue funding the county youth correctional facility at the previous level causing the shelter to close. Although private non-profit organizations expressed some interest in continuing the program, nothing came from that interest. The shelter was utilized by Lane County consistently for many years even though it was located a substantial distance from Eugene. This loss is devastating for Lane County Child Welfare workers as the Douglas County shelter was often full or unwilling to take some children based on their behaviors. With the loss of this shelter placement resource for youth, DHS is at a crisis level.

With all the changes building on each other,Lane County Youth coming into care or needing a change in placement are left with few if anyoptions; compromising safety by placing unstable, violent youth in placements that are not equipped to meet their needs and putting other children at risk is against the mission of the Department of Human Services which is “to help Oregonians be safe, healthy and independent.” We have now lost much of our mental health services, availability to access the delinquency system, and the shelter we had previously depended upon.

Crisis situations have become all too familiar in the Child Welfare divisions during the recent economic downturn causes work stress resulting in high turnover, lowering morale, increasing turnover and training costs; yet we are expected to continue to follow our core values work to serve the public and build their confidence in our care.

The increased pressure on each community partner has become a barrier between the agencies;instead of working together and pulling our resources a territorial self-protective mode came over the community. How then can we helpbuild a community of trust between community partners at such a difficult challenging time?

After much debate at several meetings aboutwho is responsible for which at-risk youth and to what extent, the Director of Youth Services eloquently stated, “these are not your children; these are not their children; these are not my children! These are ***our children!”*** (Aarons, 2012)

Modeling the way, I first began the building of trust between the agencies as essential. In order to accomplish this I usemy vested authority with the resources of DHS. I met with my superiors and requested some le-way in the usual process of determining how we screen youth in need. I requested to team up with DYS although the youth may not fit our ‘usual’ criteria for services. With some apprehension on the part of the agency executives, I was given permission to serve.

One of the fundamental premises I began with was If one agency provides some services another can pick up where they left off, according to each agency's strengths. Momentum begins to build, but not without struggles. Using skills identified by the Strengths' Finder in Strengths Based Leadership (Rath 2008), I focused on follow through;scheduling and attending inclusive meetings by stakeholders to keep momentum. As an "activator", I encourage advancement for my community partners and work individually to help them meet their goals. Going outside of the usual parameters of my job description brings a return of better services for at-risk youth and their families as well as strengthens partnerships in the community. Within six months, the two agencies, (DHS and DYS) have now a relationship of trust and collaboration. No longer are we spending energy trying to find reason why youth are not in our individual services fields. The agencies now look to how can "we" as a team meet the needs of this youth and their family.How do we sustain this momentum into the future?

In the first step of the Leadership Opportunity Tool we must identify the wicked challenge. A literature review clearly defines the needs of our youth with varied issues that will not be solved by any one action. The beauty of a local shelter is that it will allow the local community partners to address the immediate needswhile creating a network of services to address the interrelated needs of the youth housed in the shelter. Throughout research there are many different types of youth shelters addressing many of the needs of at-risk youth throughout the country. It is clear the issue defined as a "Wicked Challenge" is not unique to the State of Oregon or Lane County. What is consistent is the need for a shelter in some capacity in Lane County. Though there may be some agencies more or less committed to the shelter, they bring a different perspective based on the roles they play with at-risk youth. While none of these perspectives are better than the other, each bring a dynamic that leaders must recognize and successfully navigate to begin thinking about what opportunities may exist to address this 'wicked challenges.' Leadership is visionary both in thought and in action, leadership does not simply react to challenges; it proactively seeks opportunities to realize its vision and values.

Communities around the country have responded to this leadership opportunity in various ways. In locations where private organizations have not stepped up to greet the challenge, other organizations have responded.

Using the Leadership Opportunity Tool to select the Wicked Challenge the issue is clearly identified; what the community and DHS is doing isn't working; a new innovative approach is needed to bring about the desired change; and a collaborative approach breaking down barriers to bring strengths to the table from the community will be new and different. Work will need to be done beginning with a leadership team; the competing leadership traditions and values will be identified and compared. "The most insightful Contextual Intelligence will be developed through a shared process where leaders, followers and other stakeholder pool their perspective and insights. So, more perspectives (different people) represented in the CI analysis, the better information you will generate." (Ingle, 2011) After meeting with the relevant stakeholders, an understanding of cultural context, distribution of power resources, collaborator needs and demands was identified, discussed and outlined.

Over the course of February and March of 2013, the values, mission and vision of each agency was identified and shared. We agree to working collaboratively in the community is a positive undertaking. However to approach a vision such as a shelter, we must be within the values and mission of each stakeholder. Adherence to each party's traditions and values is imperative to ensure agency and organizational support and sustainability.

Discussion with the various agencies resulted in several levels of agreement among these organizations.

1. Providing a safe, stable shelter for youth in Lane County is complex due to the various needs, risks, and challenges is difficult to understand and analyze.
2. Addressing the needs and providing and adequate shelter has many connected and combined parts.

3. All the parts are mutually dependent.
4. Many of the issues are difficult to clarify; they are indefinite, vague and unclear
5. This challenge is polycentric. A shelter is a service for at-risk youth, but there are families, friends and a community invested in its successes well as all the service providers.
6. One of the beauties and challenges of working with youth is the erratic, random and changeable environment that is ever present.
7. Providing a local shelter will always present difficulties and constantly present new issues that are difficult, if not impossible to solve will constantly arise.
8. Individual factors cause this challenge to remain nonlinear. There are no straight-line solutions or clear direction in working with at-risk youth.

Returning the discussion to Lane County, a parking shared lot with other agencies brings my idea into sharp focus. Lanecare, Lane County Mental Health and the Department of Youth Services, share parking lots with each other along Martin Luther King Boulevard, yet they rarely meet to discuss the same youth that each served. Lanecare meet with the Department of Human Services every Thursday to discuss youth if facilities at Utilization Reviews; the Department of Youth Services meet every Wednesday morning at a Cap Committee meeting to discuss the future of youth who were in their system; the Department of Human Services meet weekly to staff cases with Youth in their offices; 4C's meet monthly to discuss services available in the community. All of these meetings discuss the lives of many of the same youth often up four times in one week, but never with all the players present at the same time despite their close proximity to each other.

As the situation has become dire the workers of DHS, DYS and the CCO struggle to trust their leaders and in provide services to those in need.A leadership framework encouraging workers and re-establishing their faith in their ability to serve the community with limited time, resources and public support is a challenge. We cannot deny the challenges before us, nor can we compromise our services. Breaking down and specifying one area of need would be the accessibility of a shelter for at-risk youth;meeting this need will allow DHS workers to safely secure placement locally for youth on their

caseloads. DYS can also access this shelter allowing more beds available for youth leaving detention while the community partners will then be able to provide continuity of care for their at-risk youth. This will provide visible results for the public sector supporting the agency. The EMERGE framework allows for the identification of this need and provides a tool to encourage and motivate the community.

We are no different than Washington D.C. with our lack of collaboration. Lanecareis instrumental in playing "host" to the community; however, due to the confidentiality of cases being discussed a schedule is created to allow only those directly involved be in the room as individual cases are staffed. At the end of the reviews, a representative from DYS will arrive along with some representatives from community partners. If there are particular cases to share with a releases of information can be executed and then we can brain storm on what strategy will be the most appropriate to meet the needs of each particular case. Having all the possible players in the room is invaluable to the caseworker and youth; this process affirms the value of input from each participant. The Department of Youth Services continues the process and invitesLanecare and DHS to now attend their Cap Committees; caseworkers are encouraged to participate in both in place of in house meetings which provide an opportunity for the caseworker to access more community support with one less meeting. Care coordinators and parole officers no longer voice frustration in making contact or requesting support.

CASA and the Courts soon noticed the culture change among the agencies. The judge now requests DHS be present at all Delinquency Hearings of youth involved with DHS and often asks DHS to sit in on cases where more community involvement may be helpful for the youth.

Fears of extra work being generated or lack of trust between community partners is diminished; this newly created relationship provides a fertile ground for the Leadership Opportunity tool.

Lane County organizations are hesitant of agencies creating more work with diminishing resources defining our challenge of establishing a network that could support a local shelter is daunting to say the least. Sharing the responsibility and bringing all the potential authorities to the table is essential because each of our organizations can bring a new perspective to the effort. For example, DHS is currently paying other counties to house our youth while DHS Youth from neighboring counties are also in need of shelter which shoed that a shelter will not be a new expense for DHS.

While attending meetings with the Cap Committee, DYS often has youth who no longer have detainable charges, but have no place to go once they are discharged; a shelter could provide stability, safety and allow workers and the youth time to locate a resource. DYS has recently hired a contractor to help them obtain Federal Funding for services for youth although detained youth do not qualify for this funding, yet sheltered youth do, this funding source would cover up to 60% of the shelter care costs.

In Lane County, there are two options for housing a shelter; a building not connected to the detention center or an entire wing of the detention center that is not currently being used; there are no immediate plans to use either of these areas. Both of these buildings are state of the art facilities built to serve at-risk youth. They are not being used at this time due to lack of resources.

Community partners and counseling agencies could manage the shelter and provide additional employment opportunities in our community. The facility is centrally located and in excellent condition as well as being purpose-designed as a youth shelter. Suddenly, this wicked problem has become a leadership opportunity.

However, the discretionary authority is shared; policy dictates to DHS the authority to support an approved housing facility; DYS and DHS will be 60% funded by the Title IV E Federal Funding for youth they serve, who are not currently in detention. There is a school connected with DYS that is be available

for youth in the shelter if theircurrent school is not a resource. Youth in shelters are covered by Oregon Health Plan (OHP)which allow the CCO to provide continuity of care for all medical and mental health needs; including the community partners providing mentalhealth care in the 4C's organization.

Planning exercises are endemic in child welfare agencies and include development of lengthy 'planning to plan' documents and five-year strategic plans that have no chance of being implemented, but truly imagining possible futures is rarely done. Nevertheless, imagination is connected to hopes and fears in a way that rational analysis is not and therefore has a potential to generate excitement and commitment to goals that may seem, at least initially, fanciful or even fantastical.

The imagination of a community's collaboration is now morphed into an enthusiastic "Vision" in response to the Wicked Challenge as a leadership opportunity. Using collective discourse to collaborate and listen to each other's needs and concerns to ensure that all community partners and stakeholders would benefit from the establishment of a community shelter for the high-risk youth quickly turned the "challenge" to an "opportunity". This was done over the course of the last year at weekly and monthly meetings as well as personal interviews and discussions.

In March, 2013,we established a leadership team representing a varied group community partners. Each team member is a learner about the varied roles they hold in the community; a cultural shift is affected as differences between organizations are complimentary skill sets, barriers are now steppingstones and enthusiasm grows among the organizations. Meetings with each organization take place to discuss the opportunity before us in our community; we share our vision, barriers and possible outcomes and along the way, the discussion changes dramatically from "if only **we** could" to "when do **we** get started!"

The result is the creation of a mission statement, a vision and a statement of shared values on an innovative and robust pathway forward:

Mission Statement

"Through collaboration of community partners, we strive to provide a sustainable and protective shelter to improve the well-being of our youth in Lane County."

Vision

"Provision of a local accessible shelter to meet and exceed the needs of at-risk youth in Lane County. The cultivation of partnerships to establish a sustainable shelter."

Shared Values

Our mission and vision will be achieved through the application of our core values of the shelter, which is consistent with the values of all organizations who are working together to meet the needs of Lane County Youth. These values include:

- Respect: we are of a common humanity, and we aim to affirm the worth of each individual including children, families, staff, and volunteers.
- Environment: We strive to provide a shelter that provides continuity of care and accessibility for family and significant relationships in the community
- Diversity: Culturally specific and responsive services are provided by highly qualified and diverse staff. We strive to keep children and youth connected to their families and cultural identities.
- Families: We recognize that the needs of families is rapidly changing and are innovative in our provision of services to respond to such changes.
- Safety: A primary value of the shelter is to provide a safe home for at risk youth.
- Equality: We are committed to equal access, service excellence, and equality for all youth.
- Partnership: We actively build and nurture partnerships in the community to deliver the best services to meet the needs of our children.

In summary, the Case Study demonstrates that Lane County stakeholders are becomingmore collaborative around the at-risk youth shelter through the use of the Leadership Opportunity Tool from the EMERGE Leadership framework. This foundation built on leadership, trust and collaboration will be strong and sustainable through the challenges of opening the shelter in the future.

CONCLUSIONS

Based on the lane County case experience, we can make conclusions about the research question, Can the EMERGE framework effectively mobilize Lane County stakeholders to agree on an innovative and feasible pathway forward in creating a youth shelter that can address the safety, health and independence of high risk youth?We can draw several conclusions:

a. The initial application of EMERGE framework has yielded positive results. Agreements on the new shelter opportunity are now in place among various stakeholders who were previously uninterested or opposed to the idea. "The most effective leaders surround themselves with the right people and then maximize their team" (Rath, 2008). Maximizing the leadership was accomplished in the establishment of the team from key organizations in the community. Players were chosen from various organizations and councils to approach this "wicked challenge" and present an opportunity to their organizations. Each organization presented the team with a unique mission, skill set and power structure. This was true in Lane County.The last year and a half has been a year of building trust, stability, and sharing compassion to build hope in a field few believe is hopeful. We have worked together on cases and shared some successes and the difference has been in the shared community responsibility. There is no longer finger pointing unless we are pointing to someone new to help. This cultural shift has opened the pathway for the use of additional EMERGE tools to bring this shelter to a reality.

b. During the first year of the application of the EMERGE framework, we have built an excellent foundation of trust and collaboration for moving forward to the actual creation of a youth shelter in the next two to three years. The beauty of the EMERGE Leadership Model is the "collaborative leadership approach". As described earlier in the various organizations involved in this project, the expanding world of horizontal complexity requires leaders to supplement their traditional knowledge and skills that have enabled them to operate successfully within bureaucratic hierarchies. Through a year and a half of consistent communication and relationship buildinga high level of trust and agreement with partners developed that spans organizational, jurisdictional and sectorial boundaries. A new set of leadership competencies is emerging to lead effectively in a world where power is dispersed across groups, organizations, governing entities and individuals throughout every level of society. The kind of new leadership competencies that are needed to deal successfully with the current challenges have to be in alignment with the kind of leadership roles of individuals. EMERGE can and will be empowering when meeting a wicked challenge. The success of the framework, in my opinion, relies heavy on the ability to

have stakeholders with discretionary influence, but equally have strong relationships with other related organization

c. The leadership journey is with regard to this at-risk youth opportunity is just beginning. The shelter creation opportunity is only in the initial stages, and evaluation of the results at this point is limited by a lack of systematic information from each of the stakeholders. More information is required before we can come up with a definite answer about the effectiveness and feasibility of the EMERGE framework in its context. The framework is rich with tools and steps to developcollaborative leadership. The primary focus is on leadership a process of recursive emergence from the perspective of a public official. The model has at least 10 modules; each of the modules can be presented as a stand-alone learning session, all ten are interrelated. As this leadership team addresses this wicked challenge, other modules may be effective.

"Perhaps the ultimate test of a leader is not what you are able to do in the here and now – but instead what continues to grow long after you are gone." (Rath, 2008)

With the data collected and the practice of using EMERGE; I hope to utilize the leadership team approach to this wicked challenge with enthusiasm, commitment and value of the vision for our community. I will address whether the EMERGE concepts and tools brought to light some potential the leadership opportunities for the community to embrace and institutionalize.

As we move forward, a survey will provide a systematic method of data collection and analysis to assess the efficacy of the EMERGE approach**.** I have created a survey for the leaders of the stakeholder organizations involved in this shelter creation process that addresses the following dimensions of EMERGE:

- Did this tool help them embrace new and creative ideas?

- Do they feel motivated by incorporating continuous learning and adaption to their work
- Are we following the “Precautionary Principle” of do no harm?
- Do we see the whole while working with the parts?
- Are we thinking in both the present and the future?
- Can we recognize unintended consequences and surprises?
- Did the team see value in the process?

Other tools of EMERGE will be researched and used as we move forward in establishing the vision of a shelter in our community.

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In January of 2013, the change in the community became for evident as the courts began to request dual agencies to sit before the bench. At the table, one agency would defer to the other in collaboration before the court. The Judge expressed appreciation initially; now there are higher expectations, (as there well should be)

IMPLICATONS FOR YOUR FUTURE WORK AND YOUR LEADERSHIP LEARNINGS

From the EMPA program, I begin my reflection from the portfolio. I reviewed my goals as a public servant:

1. Bring the Residential Unit of the Department of Human Services/Child Welfare to a level that utilizes the resources we have to the fullest potential. Initially this would be to identify the individual strengths of the workers themselves and develop those strengths creating a balance of talents to the unit. This would be measured through the Employee Development Plans and an increase in statistics without diminishing moral and teamwork.
2. Build my own strengths and ability to lead within my unit and among my co-workers on the management team. Energy and enthusiasm is not enough without content. Learn the needs of my followers; increase my "capacity to discern trends in the face of complexity and adaptability while trying to shape events." (Nye, 2008)
3. Become confident and marketable in "special projects" as a state leader for the Department of Human Services.

Using the "Strengths Based Leadership" tool of Tom Rath and Barry Conchie, the Residential Unit increased the skill level in their affirmed fields of strengths and performed well. Statistics show that work performed has increased and morale has remained stable in difficult times. The success of this

project brought to mind the idea that if we can find individual strength and bring it to the table in a unit, could we not find organizational strength and bring that to the community to achieve even greater goals?

Completing the Executive Master of Public Administration classes has increased the field of study and the quality of practice a hundred fold. Through the last year and half, the experience of learning through the eyes of all my cohorts in their varied fields of public service, on a national and international level, creates an environment without limits.

The trip to Washington D.C. impressed the value of taking the time for the person and the relationships that are so vital for success. There were many well-oiled operations and agencies with brilliant people at the helm, yet incredible frustration. Combining the skill sets and missions through trust and compassion for the future, not just the here and now, created a clear vision of the possibilities for Lane County. It was through this experience, true competent leadership appeared essential for success in collaborating with community partners accepting wicked challenges and becoming a community of opportunity.

Our visit to Vietnam must be described as a beginning. Acknowledging all we have as conveniences and luxuries, comparing Vietnam's rich history with our own learning new values and ways of life are difficult to assimilate in the conclusion of a program. The influence of the trip has been felt in many decisions, opinions and thoughts of day-to-day life. Frustration over so many policies and laws limiting new ideas, compared to few if any social services in that country, bears reflection. The influence will continue to grow and manifest in the personal leadership skills.

As DHS is embracing Differential Response as a program that increases family and community responsibility and moves towards a less intrusive government presence, a balance needs to be achieved.

This EMPA has provided a rich groundwork to strive for balance in meeting the needs of our communities as leaders in the public sector.

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A1: Survey: Is the Leadership Opportunity Tool Effective in Inspiring Collaborative Work?

EMERGE approach to leadership:

Does the leadership opportunity tool help you embrace new and creative ideas? (Check one)	**1 No**	**2**	**3 neutral**	**4**	**5 Yes**

Please comment:

_____
_____
_____

Do you feel motivated by incorporating continuous learning and adaption to your work?	**1 No**	**2**	**3 neutral**	**4**	**5 Yes**

Please comment:

_____
_____
_____

Are we following the "precautionary principle" of do no harm?	**1 No**	**2**	**3 neutral**	**4**	**5 Yes**

Please comment:

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_____

Are we thinking in both the present and the future?	**1 No**	**2**	**3 neutral**	**4**	**5 Yes**

Please comment:

_____
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_____

Do we see the whole while working with the parts?	**1 No**	**2**	**3 neutral**	**4**	**5 Yes**

Please comment:

_____
_____
_____

Can we recognize and/or anticipate unintended consequences and surprises?	**1 No**	**2**	**3 neutral**	**4**	**5 Yes**

Please comment:

_____
_____
_____

Did you see value in the process?	1 No	2	3 neutral	4	5 Yes

Please comment:

_____
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Additional Comments: