

# **GUIDE FOR** **Developing and** **Implementing** **Child Welfare** **Practice Models**

Jan McCarthy, MSW

October, 2012



**National Child Welfare Resource Center  
for Organizational Improvement**

A service of the Children's Bureau, a member of the T/TA Network

UNIVERSITY OF SOUTHERN MAINE  
Muskie School of Public Service

## **About the guide**

This guide grew out of the belief at the National Child Welfare Resource Center for Organizational Improvement (NRCOI) that there was a need and interest in the field for a comprehensive resource to focus on developing and implementing child welfare practice models. NRCOI Director Peter Watson, Associate Director Anne Comstock and Consultant Mary O'Brien provided vision, guidance and support to author Jan McCarthy as the guide developed.

The guide was produced with the encouragement and support of our NRCOI federal project officer, Randi Walters from the Children's Bureau, US Department of Health and Human Services and is available on line at [www.nrcoi.org](http://www.nrcoi.org)

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## **About the author**

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Catherine Cutler Institute for Health and Social Policy

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ISBN 978-0-9888710-0-7

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# Acknowledgements

We greatly appreciate the efforts of child welfare agencies throughout the country who, along with their State, Tribal, community and family stakeholders, are implementing child welfare practice models. We thank the 24 agencies whose work is reflected in examples throughout the Guide and are particularly indebted to representatives from Indiana, New Jersey, North Carolina, and Utah who contributed in-depth information through interviews and written documents:

- Maria Wilson, Practice Model Director, Indiana Department of Child Services
- Christine Norbut-Mozes, Former Associate Commissioner, New Jersey Department of Children and Family Services
- Patrick Betancourt, Child Welfare Services Administrator, North Carolina Division of Social Services
- Candice Britt, Former CFSR Coordinator, North Carolina Division of Social Services
- Jo Ann Lamm, Senior Consultant, National Child Welfare Resource Center for Organizational Improvement (NRCOI), former Child Welfare Director, North Carolina Division of Social Services
- Linda Wininger, Director of Program and Practice Improvement, Utah Department of Child and Family Services

The Guide also reflects contributions from implementation research, the work of the Children's Bureau Training/Technical Assistance (T/TA) Network, a review of the literature, and the expertise and publications of organizations and consultants who develop and implement practice models, including:

- National Implementation Research Network (NIRN)—adaptation of an implementation framework to child welfare practice
- Child Welfare Policy and Practice Group (CWPPG)—Paul Vincent, National Consultant and Director
- Application of the Getting to Outcomes Model—Anita Barbee, Kent School of Social Work, University of Louisville
- *Building Systems of Care: A Primer for Child Welfare*—Sheila Pires, Human Service Collaborative
- Child Welfare Implementation Centers (established by the Children's Bureau in 2008)—implementation projects focused on child welfare practice models
- Positioning Public Child Welfare Guidance—National Association of Public Child Welfare Administrators

We would like to thank the team at the National Child Welfare Resource Center for Organizational Improvement (NRCOI) who envisioned the Guide, provided continual guidance, improved each draft with candid and helpful feedback, and made an unwavering commitment to develop a practical and useful Guide, including Anne Comstock, Steve Preister, Mary O'Brien and Kris Sahonchik.

We would also like to acknowledge the contributions of Anne Bernard, editor and graphic designer. In addition to designing the Guide and the graphics, Anne made extensive edits and offered invaluable advice on the structure of the Guide.

Peter Watson, NRCOI Director  
Jan McCarthy, Author



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To help families achieve positive outcomes, child welfare systems throughout the country are strengthening their approaches to practice. Many States choose to do this using a new or renewed child welfare practice model. This Guide offers an overall framework for developing, implementing and/or strengthening a family-centered practice model, cites specific examples from States and Tribes, and provides additional information to help child welfare agencies and their partners make informed choices in selecting their approaches to this important work.

Implementation research shows that strong practice model designs require solid implementation plans to succeed,<sup>1</sup> so the Guide follows two tracks:

Section 1: Developing a Practice Model

Section 2: Implementing a Practice Model

Even though development and implementation are discussed in separate sections, they are not separate tasks. Implementation begins when agencies start thinking about a practice model.

*...the Practice Model informs frontline staff members of what is expected in their daily work and also provides direction to administration on needed administrative resources*

– New York City’s Child Welfare Community’s Commitment to Quality Practice; [http://www.nyc.gov/html/acs/downloads/pdf/quality\\_practice\\_model.pdf](http://www.nyc.gov/html/acs/downloads/pdf/quality_practice_model.pdf)

## Practice Model Purpose

Practice models guide the work of a child welfare agency and improve outcomes for children, youth and families.

### **A clearly articulated practice model:**

#### **helps child welfare executives, administrators and managers**

- identify the outcomes they hope to achieve;
- develop a vision and consistent rationale for organizational and policy decisions;
- decide how to use agency resources;
- define staff performance expectations;
- develop an array of services;
- create a qualitative case review system;
- collaborate with families and youth; and
- work across systems.

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#### **helps supervisors fulfill their role as keepers of the agency’s culture with responsibility for**

- training, guiding and supporting frontline staff;
- monitoring and assessing staff performance and child/family outcomes;
- modeling the agency’s values and approach to working with families; and
- observing and advocating for needed change.

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#### **gives child welfare workers**

- a consistent basis for decision making;
- clear expectations and values for their approach to working with families, children, and youth;
- a focus on desired outcomes;
- guidance in working with service providers and other child-serving systems; and
- a way to evaluate their own performance.

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**encourages the community, the agency’s network of stakeholders, and children, youth and families to engage with the agency in fulfilling its mission.** For example, many Tribal child welfare program stakeholders find that a written practice model helps to:

- ensure effective and consistent practice;
- establish Tribal/State agreements;
- articulate the need for funding;
- clarify the purpose and scope of the Tribal child welfare program; and
- communicate their purpose and values to Tribal governments, families and community partners.<sup>2</sup>

## Practice Model Definition

While some agencies use the term “practice model” to describe efforts related to **specific** program interventions, in this Guide practice model implies a broader framework for an organization’s overall approach to child welfare work—from vision through outcomes—and the specifics in between.

Simply stated, practice models are the basic **principles** and **approaches** that guide an agency’s work. The principles are descriptive enough to suggest the performance required to practice consistently;<sup>3</sup> help shape the thinking and behavior of frontline child welfare workers to improve safety, permanency and well-being;<sup>4</sup> and address organizational issues such as agency leadership, management, supervision and relationships with the community.<sup>5</sup>

To develop and implement a practice model, a child welfare agency engages its internal and external stakeholders in a process to:

- confirm the agency’s overall **vision**;
- identify the basic **principles and values** for the practice model;
- set goals and desired outcomes that align with the principles;
- describe the **core intervention components/skills** it wants to practice, setting standards for skills, behaviors and actions of workers, supervisors, and managers that will reflect the agency’s principles;
- provide the resources and supports needed to implement the practice model; and
- evaluate fidelity to the practice model, the implementation process, and **outcomes** for children youth and families.

### DEFINITIONS

The **vision** defines the goal and purpose of the agency and provides a framework for the strategic planning process by defining the results the agency hopes to achieve.<sup>6</sup>

Guiding **values and principles** determine what agency services and systems look like and how services are delivered.<sup>7</sup>

**Core intervention components** and practice skills form the agency’s approach to working with families, youth and children.

**Outcomes** for children, youth and families are connected to the agency’s vision and principles.

*A practice model really defines how you do business every day; it defines core values that inform how you interact with children and families. It also gives you a common and accepted set of principles and goals as you work with providers and other outside partners.*

– Cheryl Williams, Foster Care Program Manager, Richmond, Virginia, Department of Social Services<sup>8</sup>

## Section 1 | **Developing a Practice Model**

Many States and Tribes are developing and implementing child welfare practice models. Several participated in technical assistance projects with the federally-funded Child Welfare Implementation Centers, while others have worked on practice models for a number of years, spurred by their own commitment to reform, by the Child and Family Services Review (CFSR) process, and/or by lawsuits. Common values and principles, approaches to determining outcomes and measuring performance, and intervention components/skills have emerged. These are all guided by the agency's vision.

### **Common Elements of a Practice Model**

*The principles of system of care are so closely aligned with family-centered practice principles that you can't do one without the other. It all comes together in the heart of what we are doing in North Carolina—child and family teams.*

– Jo Ann Lamm, former Child Welfare Director, North Carolina Division of Social Services

#### **Vision**

Establishing an agency's vision, which will guide the selection of values, principles and outcomes, is an essential early step. To come to consensus on the vision, leaders should bring together key staff and stakeholders (internal, external, families and youth) in an inclusive participatory process. The same process should guide selection of values, principles and outcomes.

#### **Values and Principles**

When developing a child welfare practice model, endorsing a clear and fully articulated value base guides the way staff work with families and with each other, and determines how the practice model is structured, how decisions are made and what services are offered. The principles an agency endorses impact the work at all levels—frontline practice, supervision, management and interactions with the community.

Most agencies implementing practice models endorse a family-centered perspective based on practice principles promoted by the federal Children's Bureau and system of care reform initiatives, originally begun in the [children's mental health system](#)<sup>i</sup> and formally initiated in the child welfare system in 2003 through [nine demonstration grants](#).<sup>ii</sup>

<sup>i</sup> Since 1992, the Comprehensive Community Mental Health Services for Children and Their Families Program has provided grants and cooperative agreements to States, communities, territories, Indian Tribes, and Tribal organizations to improve and expand their systems of care to meet the needs of an estimated 4.5–6.3 million children with serious emotional disturbances and their families. At the core of this program is the goal of developing a comprehensive array of community-based services and supports guided by a system of care philosophy. <http://www.tapartnership.org/SOC/CommunityHealthServices.php?id=history#skipHistory>

<sup>ii</sup> In 2003, the Children's Bureau awarded grants to nine organizations to demonstrate systemic changes in the way States and Tribes provide services to children, youth, and families. These 9 demonstration grants tested the efficacy of a systems of care approach to improving outcomes for children and families involved with the child welfare system and to address policy, practice and cross-system collaboration issues raised by the CFSRs. <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/index.cfm>

## Practice Principles Endorsed by the Children's Bureau<sup>i</sup>

### CFSR practice principles

- family-centered practice
- community-based services
- individualizing services to meet the unique needs of children and families
- strengthening parental capacity to protect and provide for children<sup>1</sup>

### Other principles endorsed by the Children's Bureau

- child-focused
- collaborative
- culturally responsive
- outcome oriented
- the importance of focusing on child social and emotional well-being to improve outcomes<sup>2</sup>

## Core Values and Guiding Principles in Systems of Care

- community-based
- child-centered and family-focused
- culturally and linguistically competent
- comprehensive, incorporating a broad array of services and supports
- individualized
- provided in the least restrictive appropriate setting
- coordinated at both the system and service delivery levels
- involve families and youth as full partners
- emphasize early identification and intervention<sup>3</sup>

## Additional Principles Endorsed by Agencies and Tribes

- permanency—children and youth need and deserve permanent families
- safety—the importance of keeping children, youth, families and communities safe
- the value of raising children in family settings
- placement (if necessary) should be with relatives whenever possible
- strengths-based approaches
- trusting and respectful relationships
- shared responsibility
- others

Whether agencies select the principles above or others, they should:

- involve multiple stakeholders (internal, external, including families and youth) in the selection process;
- focus on what the agency and community believe should guide the work; and
- acknowledge the selected principles as the agency's value base.

## Worksheet: Articulating Practice Model Principles (See page 55.)

This worksheet provides a more detailed look at family-centered practice principles and can help agencies determine the principles they want to guide their frontline practice.

## Determining Outcomes and Measuring Performance

Agencies developing a child welfare practice model usually begin by identifying what needs to change, what they want to achieve (how practice will change and how child/youth/family outcomes will improve) and how to measure that achievement. Determining the evaluation design should be one of the first decisions, and agencies should choose the most rigorous evaluation design they can accommodate.<sup>ii</sup> Selection of specific outcomes is based on the conditions, strengths and needs of each State, Tribe or community.

To measure performance, States have shifted from compliance-oriented audits toward a combination of quantitative data measures and qualitative case review approaches for evaluation and monitoring. Qualitative case reviews not only identify problems, they can help solve them.<sup>4</sup> In 2008, the National Child Welfare Resource Center for Organizational Improvement (NRCOI) estimated that more than 40 States were using some sort of qualitative case review component, most of which were modeled on the CFSR instrument and process. These qualitative approaches help State and local agencies identify and understand the key practice and systemic issues that impact their child and family outcomes and how these relate to implementing practice models. [See Indiana's example on page 44.](#)

<sup>i</sup> For more details on each principle, see: *An Introduction to the Practice Model Framework: A Working Document Series*, 7/22/08, p. 2-4 — <http://www.nrcoi.org/practicemodel/PracticeModelWorkingPaperIntro.pdf>

<sup>ii</sup> Barbee, A. F. (2012, September). Evaluation designs for assessing practice models. *Children's Bureau Express*, 13(8), Retrieved from <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issuaid=139&onid=2&articleid=3636>

## Core Intervention Components (Skills) and Outcomes

The six core intervention components (skills) in Figure 1 are common across many practice models and essential to the casework process and family-centered practice. They guide work with families in all phases of the child welfare system and can be used to operationalize agreed-upon principles, move the practice model from paper to reality and describe what happens in frontline practice.

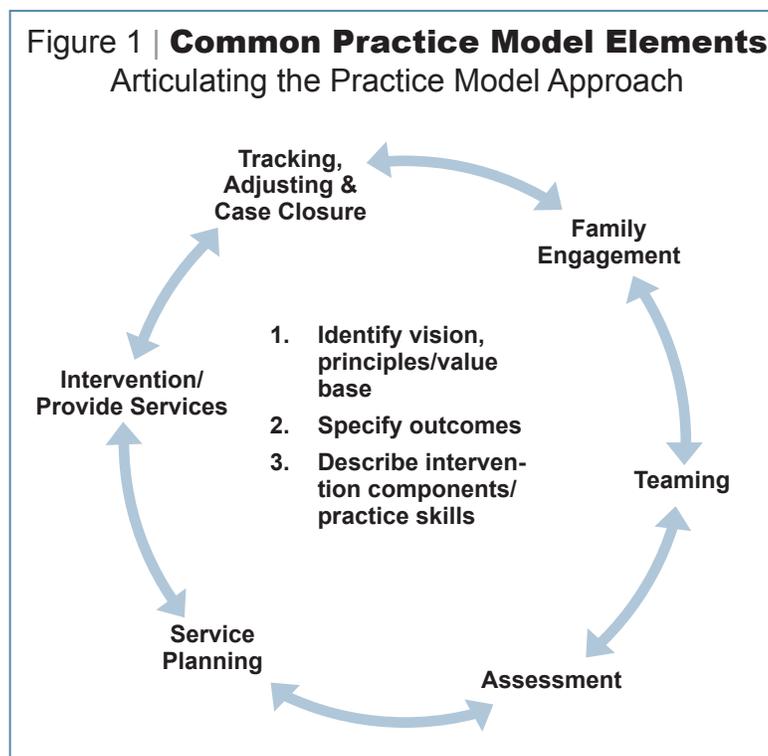
Keeping its vision, principles and value base in mind, an agency can specify its anticipated outcomes, select and fully describe each intervention component and identify the skills needed by staff to implement the practice model on the frontline. Whether an agency chooses the components, definitions, and outcomes described below or others, it should go through a collaborative process to define what its frontline practice will look like and what it hopes to accomplish.

### Worksheet: Identifying Frontline Practice Skills *(See page 59.)*

This worksheet will help agencies define the skills staff will need to implement the core intervention components.

Although the core intervention components in Figure 1 appear to be separate, in practice they are all linked together as part of the casework process. For example, while family engagement is the first component discussed below, it is essential in every aspect of work with children, youth and families. Assessment is not a one-time activity, but a continuous process as long as a family or child is involved with the agency. Likewise, tracking progress, reassessing, adjusting, and case closure is described as the final component, but workers and families reassess and adjust throughout the casework process.

Once agreement is reached on a practice model, States usually create practice standards to operationalize it and develop guidelines or policies that reflect the



practice model principles. The descriptions, standards or guidelines must be explicit enough to ensure best practices, but flexible enough to allow social workers to meet the unique needs of individual children, youth and families.

### Family Engagement

**DEFINITION:** Family engagement is a family-centered, strengths-based approach to establishing relationships with families and sustaining the “work” to be accomplished together with them.<sup>5</sup> On the practice level, this includes setting goals, developing plans, making decisions, and working with families to keep their children safe, provide them with a permanent home, and attend to their well-being. On an organizational or system level, it means including families as key stakeholders and advisors in policy development, service design, and evaluation.<sup>6</sup>

## ANTICIPATED OUTCOMES

**Safety**—When families are engaged and committed to changing their situations, children are safer<sup>7</sup> and more likely to remain in their own homes.

**Expanded placement options**—Involving family members, including fathers and extended family, early in the planning process provides a greater opportunity to explore the use of relatives as placement/permanency options for children.<sup>8</sup>

**Family satisfaction**—Families report a higher level of satisfaction when a family peer support worker (e.g., parent partner) engages with them through the initial screening, assessment and service planning processes.<sup>9</sup>

**Building family decision-making skills**—Engaging in strengths-based decision-making processes and having appropriate problem-solving approaches modeled helps families explore and communicate their own problem-solving strategies.<sup>10</sup>

### Teaming

**DEFINITION:** One of the most influential concepts discussed in this field over the past decade is the notion that child welfare agencies cannot single-handedly achieve the safety, permanency and well-being of children, and that child welfare is a community effort requiring a team. Teaming is an effective way of working with children, youth and families (child and family teams), among staff in the child welfare agency (intra-agency teams), and with other child-serving systems and providers (cross-agency teams).

### Working in teams with children, youth and families

When working with families, teaming means assembling, becoming a member of, or leading a group to bring needed resources to the critical issues faced by children and families.<sup>11</sup> One of the clearest reflections of teaming at the practice level can be found in the growing use of child and family team meetings. Each structured, facilitated meeting brings together the wider family group, supported by professionals and community resources, to craft, implement and/or update a plan that ensures child/youth safety, permanency and well-being. The plan builds on family strengths and addresses the family's needs, desires and dreams. While there are many different family teaming models, a common value base informs the practice,<sup>12</sup> including belief in the power of families and their communities to solve problems.

## Los Angeles County, CA— Engaging Parents as Partners

The First Five LA's Partnerships for Families (PFF) is a five-year initiative launched in 2005 to provide voluntary child abuse prevention services to pregnant women and families with young children (<http://www.first5la.org/programs/Partnerships-For-Families>). Rather than engaging parents solely as recipients of assistance, PFF joins with parents as full partners in defining and achieving goals within their own families and communities. Its parent engagement efforts are steered by the belief that parents are capable of setting and accomplishing their goals, learning new behaviors, and identifying the help they need. In PFF, rather than adhering to old notions that services “fix” those who need help, practitioners engage parents as respected partners working toward goals defined by families. PFF offers a toolkit on Growing and Sustaining Parent Engagement (<http://www.cssp.org/publications/growingandsustainingparentengagement-toolkit.pdf>) which includes a “roadmap” to guide agencies and communities in effective parent engagement.<sup>13</sup>

[See an additional example on page 68.](#)

*The goal of different practice is not the different practice. The goal is to change outcomes. In some places where we've had intensive family teaming implementation, workers tend to think that the goal is to facilitate meetings. We have to help them understand that no—the goal is to help the family achieve safety, permanency and well-being.*

– Paul Vincent, Director, The Child Welfare Policy and Practice Group

## Teaming among child welfare agency staff

For many child welfare agencies, intra-agency teaming has become a way to gather input, problem-solve, support the decision-making process of individual workers, and make decisions about agency direction. Teaming puts less emphasis on individual decision making and more on group input and consensus. Reflecting frontline practice principles, intra-agency team meetings are strengths-based, give a voice to staff members at all levels, and consider multiple perspectives.

## Teaming within and across child-serving systems

Teams are being used within specific systems such as mental health, juvenile justice, education, developmental disabilities and early childhood, and also across child-serving systems. Teaming can bring child-serving systems together to coordinate care for individual families and youth, and plan at a system level for community-wide and State initiatives. When teaming emerges as a practice strategy in multiple systems, coordination becomes extremely important.

### ANTICIPATED OUTCOMES

Several States that have implemented family teams are enthusiastic about the results and describe:

- improvements in their relationships with families,
- greater consensus on service plans that reflect the perspectives of stakeholders,
- more information about families' strengths and needs, and
- more effective and appropriate interventions.

## Teaming

**Virginia**—In Richmond, team decision-making (TDM) has helped everyone get behind one goal for each child—a safe, nurturing, healthy life. The plans produced in court now reflect the perspectives of all stakeholders. The judge agrees that the new approach is making life “smoother and less fragmented for kids and families... people are talking about major life issues before they come to court. The key players have already met and they’re better prepared; there’s more consensus. There is a higher comfort level among social workers, parents and foster parents during court sessions.” More amazing and gratifying, say frontline workers and supervisors, is how dramatically the social service department’s reputation in the community has improved since implementing TDM. Families are saying, “Why didn’t you do this before?”<sup>14</sup>

**North Carolina**—Child and family teams used during the provision of CPS, in-home services, and placement services improve the decision-making process... and develop specific, individualized and appropriate interventions for children and families.<sup>15</sup>

**Indiana**—Results of the family meetings include more effective plans and interventions because of a greater richness of family support and more inclusive decision making. An important decision to be made in implementing child and family teams (CFTMs) is what event or key decision point triggers a meeting. In Indiana, CFTMs are held at all key decision points in both assessment and ongoing case management phases. The following triggers prompt a CFTM to occur:

- Safety Planning (identifying family strengths and needs so that risks can be mitigated or removed)
- Prevention of Removal (child remains safely in the home)
- Placement (exploring relatives, non-custodial parents, local placement, placement with siblings, ensuring placement stability)
- Visitation Planning (parents, siblings, relatives, essential connections)
- Case/Service Planning (“Informal Adjustment” development, recommendations for disposition, case plan, education needs, medical needs, implementation, tracking and adjusting, etc.)
- Reunification Planning
- Permanency Planning
- Case Closure<sup>16</sup>

[See additional examples on page 68.](#)

Findings from the Child and Family Services Reviews indicate that the use of some type of family team meetings to facilitate reunification efforts promotes active involvement of birth parents, extended family and others to achieve permanency for children.<sup>17</sup>

It is evident from firsthand accounts that child and family teams can produce desired outcomes, and although most studies suggest that family group decision making/family group conferencing (FGDM/FGC) yield positive results for children and families, there has been a call for more rigorous assessment of them. Emerging research on other models (e.g., Family Team Conferencing; Team Decision Making) is primarily descriptive in nature.<sup>18</sup>

## Assessment

**DEFINITION:** In child welfare, assessment is a continuous, individualized, strengths-based process for gathering, analyzing and using information about children, youth and families to determine their strengths, needs and wishes. The assessment, completed in partnership with children, youth, parents, and other family members, is the foundation for case planning and is revisited and revised as the family progresses through the child welfare system.<sup>19</sup> Child and family teams are often involved in the assessment process.

Specific assessments are conducted of safety, risk, trauma, development, and placement needs. They serve distinct purposes and may be used at one or more points in the casework process, but they are not considered comprehensive family assessments. As defined in Comprehensive Family Assessment Guidelines from the Children's Bureau ([http://www.acf.hhs.gov/sites/default/files/cb/family\\_assessment.pdf](http://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf)), "comprehensive" assessments incorporate information collected through other assessments and address the broader needs of the child and family that affect safety, permanency and well-being. A comprehensive assessment encompasses the "big picture," not just a set of symptoms.<sup>20</sup>

The child welfare system also regularly assesses the strengths and needs of potential resource families (foster, adoptive, kinship) regarding placement of children in their homes. These assessments should be based on the same principles as comprehensive family assessments.

## ANTICIPATED OUTCOMES

It is generally acknowledged that when the assessment provides a shared understanding of the family's strengths and needs and identifies the changes necessary to achieve safety, permanency and well-being, it sets the direction for creating an effective, mutually-developed service plan. Such a service plan is the first step toward achieving the desired outcomes. In the second round of CFSRs, strong performance on assessing needs and providing services to parents was significantly associated with achieving permanency outcomes.<sup>21</sup> Findings from the initial round of CFSRs (2001—2004) also identified a connection between assessments and good outcomes for children and families.<sup>22</sup>

### Comprehensive Family Assessment

- Recognizes patterns of parental behavior over time;
- Examines the family's strengths and protective factors to identify resources that can support the family's ability to meet its needs and better protect the children;
- Addresses the overall needs of the child and family that affect the safety, permanency, and well-being of the child;
- Considers contributing factors such as domestic violence, substance abuse, mental health, chronic health problems, and poverty; and
- Incorporates information gathered through other assessments and focuses on the development of a service plan or plan for intervention with the family. The service plan addresses the major factors that affect safety, permanency, and child well-being over time.

[http://www.acf.hhs.gov/sites/default/files/cb/family\\_assessment.pdf](http://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf)

## Minnesota Guide Addresses Family Assessments

The Minnesota Department of Human Services has published *Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families*, a comprehensive guide including an informative chapter on conducting assessments. [http://www.d.umn.edu/sw/snydersfiles/AdvCW/week3/Family\\_Centered\\_Practice\\_Guide.pdf](http://www.d.umn.edu/sw/snydersfiles/AdvCW/week3/Family_Centered_Practice_Guide.pdf)

## Iowa Family Assessment Bulletin

In April 2008, the Child and Family Services Division of the Iowa Department of Human Services published *Children in Child Welfare: Comprehensive Functional Family Assessment*, a practice bulletin that discusses the definition of a comprehensive assessment, domains covered, expectations of social workers, and research and practice tips. <http://www.dhs.state.ia.us/docs/Assessment.pdf>

## Using Comprehensive Family Assessments (CFA) to Improve Child Welfare Outcomes (CFDA #93.670)—Experiences of Five Discretionary Grant Projects<sup>i</sup>

In 2007, the Federal Children's Bureau funded five discretionary grant projects to use the Comprehensive Family Assessment (CFA) Guidelines ([http://www.acf.hhs.gov/sites/default/files/cb/family\\_assessment.pdf](http://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf)) to examine and improve their comprehensive family assessments (CFAs) during a five-year grant period. Among other requirements, the five projects are to develop, implement, and institutionalize protocols and interagency processes to support strengths-based, ongoing assessment of all family members. The five sites will evaluate the implementation of the CFAs and document potential links between conducting CFAs and improved child and family outcomes.

Recognizing that conducting comprehensive child, youth and family assessments is one part of a broader set of practices that must be in place to realize timely and appropriate outcomes, the grantees also are expected to implement, at a minimum, the following components:

- Use the CFA Guidelines (a 10-step process) to develop, implement and institutionalize assessment protocols and interagency processes.
- Use CFA results to guide decision making and service planning.
- Assess multiple domains for the family, children and youth in a manner that is strengths-based and culturally responsive.
- Address the big picture.
- Reassess strengths and needs over the life of the case.
- Establish effective working partnerships with families to identify and respond to needs.
- Collaborate between child welfare agencies and community partners.
- Ensure organizational and administrative supports and staff time.<sup>23</sup>

While they hold common expectations, each of the five sites is unique in its approach:

- **Alabama** is implementing a five-stage comprehensive assessment process (CAP) with children and families involved in on-going child protective services, beginning in 3 counties with the potential to expand statewide.
- **Alamance County, NC** is implementing a CFA model using motivational interviewing to develop partnerships with families and engage them in the assessment and case planning process. The target population is children and families involved in investigation or in-home cases, until closure or transfer to foster care.

*Continued on page 10.*

<sup>i</sup> Alabama Department of Human Services; Alamance County Department of Social Services, NC; Contra Costa County Child and Family Services Bureau, CA; Illinois Department of Children and Family Services; Ramsey County Community Human Services, MN

## Using Comprehensive Family Assessments (CFA) to Improve Child Welfare Outcomes

- **Contra Costa County, CA** is implementing a CFA practice model called Comprehensive Assessments for Positive Family Outcomes (CAPFO). It is also establishing a Learning Community, using motivational interviewing, focusing on father engagement, and targeting new referrals to child protective services.
- **Illinois** uses a dual-professional approach to implement comprehensive family assessments. The Department of Children and Family Services (DCFS) extended its Integrated Assessment Program (IAP), which served children in placement, to include children in intact families in need of services. At the heart of the IAP is a partnership between the child welfare worker and an Integrated Assessment (IA) screener who is a licensed clinician. Together they interview children, parents, and caregivers, and conduct assessments to produce an IA report with clinical observations and recommendations. [http://www.childwelfare.gov/management/funding/funding\\_sources/sitevisits/illinois.cfm#page=summary](http://www.childwelfare.gov/management/funding/funding_sources/sitevisits/illinois.cfm#page=summary)
- **Ramsey County, MN** is implementing a culturally-grounded, thorough, holistic and comprehensive family assessment to use with all children and families receiving child protection services. It focuses on a strength-focused practice and using critical thinking and analysis (gathering and assessing relevant information to solve complex problems). [http://www.childwelfare.gov/management/funding/funding\\_sources/sitevisits/minnesota.cfm#page=project](http://www.childwelfare.gov/management/funding/funding_sources/sitevisits/minnesota.cfm#page=project)

In spite of many implementation challenges, including competing departmental priorities, shifting organizational structures, and caseworker workload concerns, some of the sites have demonstrated positive preliminary outcomes such as:

- fewer children entering care;
- more purposeful visits with families;
- families previously showing little progress improved, allowing their cases to be closed safely;
- improved interaction and engagement with families using motivational interviewing;
- on average, level of risk decreased from initial assessment to closure;
- increased engagement of fathers; and
- increased likelihood of reunification when both parents participate (along with the caseworker and a clinical screener) in the assessment process (Illinois site).<sup>24</sup>

## Service Planning

**DEFINITION:** While the child and family assessment is the basis for developing the service plan—a written, agreed upon individualized plan of action between the agency and the family—the service planning process is a continuous cycle of working together, assessing progress, and updating the plan to reflect that progress, changes in family circumstances and new assessment information.

The service plan is coordinated with other plans the child and family may have (e.g., individualized education program [IEP], family investment plan, substance abuse treatment plan). Family team meetings can be used to develop the service plan, review progress, and ensure that the plan maintains relevance, integrity and appropriateness.<sup>25</sup>

### ANTICIPATED OUTCOMES

An effective, mutually-developed service plan is necessary to attain the outcomes specified for each child and family.

In the second round of CFSTRs, engaging all members of the family and individualizing and adjusting case plans were noted as strengths in States that performed well on achieving permanency and stability for children.<sup>26</sup> In addition, the first round of CFSTRs found that States with high ratings for developing case plans jointly with parents and youth also had high percentages of children in permanent and stable living situations.<sup>27</sup>

As practice consistently implements individualized, strengths-based service planning processes across the board, agencies are more likely to achieve overall goals of safety, permanency and well-being for all children and youth they serve.

### California—Case Planning Resource Guide

The Northern California Training Academy at University of California Davis Extension, Center for Human Services, has created *Participatory Case Planning in Child Welfare Services: A Resource Guide*. This guide describes best practices and outlines steps for using participatory case planning with families in the child welfare system. <http://humanservices.ucdavis.edu/Academy/pdf/104187-PCP.pdf>

### New Jersey—Field Guide for Frontline Staff

The New Jersey Department of Children and Families, Division of Youth and Family Services has produced a field guide entitled *Engaging Families—Making Visits Matter*. This guide offers suggestions to help frontline staff engage with families and develop effective service plans. <http://www.nrcoi.org/PMNetworkDocs/CPM%20Field%20Guide.pdf>

### Maryland—Service Planning from a Parent's Perspective

A parent from Maryland, formerly involved with the child welfare system, demonstrates how she overcame hurdles to become involved in service planning.<sup>28</sup>

“At first it was hard to work on the plan. I didn’t feel like I was a member of the team; most of them were strangers. I wasn’t really involved in the plan, but I still showed up for every meeting. I heard harsh things about what they said that I had done and what I had not done for my children. My mother and sister were taking care of my kids. Catena was 4 weeks old when I left her with my mother. She was born drug affected. They talked more to my mother than they did to me. I was doing what I was supposed to do. I had gone to treatment and was 90 days sober, but they still didn’t talk to me. I knew something about my children—things that only a mother knows. I wanted to tell them that Catena was colicky and Tyrone had the shakes, but they asked my mother about this, instead of me.

When the team couldn’t hear what I was saying, I wrote a personal letter for my worker to read to the team. This really helped. It was the icebreaker for me. The team will ask you what you would need to get your kids back. Here’s what I did to get my kids back. I went to a parent support group. I learned how to speak for myself. I learned how to let my emotions guide the team meeting. I found out that I could let others know that I needed help. I got a parent partner from the family organization in my town. She was my advocate. She was also an ex-addict and had been sober for 13 years. I could identify with her. People had looked down on me, so I had started to think that my kids might be better off with someone else. She told me that my kids needed to be with me and that I shouldn’t give up. I started reading novels about women. I began to feel better about myself. I learned how to go to market again. I learned to fix healthy foods for my kids. I cut coupons to save money. I had to learn to bond with Catena again. She was so young when she left me. THIS WAS ALL PART OF MY PLAN.

After the kids came home, it wasn’t easy, but my children are doing well. I’ve been clean and sober for more than 8 years now. I’ve had a job all that time. I have my kids with me, and I’m a volunteer advocate for other families. I’ve been there, done that, and got the T-shirt. This helps when I work with other families.”

## Intervention (Providing Services)

**DEFINITION:** Intervention follows assessment and planning and is the actual delivery of individualized, strengths-based services and supports (formal and informal) agreed to in the service plan and offered by the child welfare agency, private providers, and the family’s natural support systems. Caseworker visits with each child and family member are acts of intervention. Intervention may also include:

- child welfare agency programs and services (e.g., child protective services, foster care, adoption);
- best practices and formal/therapeutic services (e.g., multidimensional treatment foster care); and
- support services that enhance the likelihood the intervention will work (e.g., transportation services, child care, parent partners).

To intervene effectively, social workers must have certain skills, and communities must offer an adequate array of needed services and supports.

### ANTICIPATED OUTCOMES

- The primary purpose of each intervention is to help children, youth and families achieve their individual goals. The prevailing belief is that effective intervention strategies, which reflect the components of the individualized service plan and are based on the principles of family-centered practice, will do this.
- Round 2 CFSR findings noted that caseworker visits with parents and children were associated with stronger performance on permanency outcomes and placement stability.<sup>29</sup>

## Alabama—Diversify Service Array, Make Flexible Dollars Available

In the Alabama R.C. litigation, the following principle of the settlement had a major impact on the approach to service delivery:

*Class members and their families shall receive individualized services based on their unique strengths and needs...The type and mix of services provided shall not be dictated by what is available...Services must be adapted to class members and their families.*

This principle, in conjunction with the belief that children and families should be treated as partners in planning, made it evident that the conventional service array of parenting classes and counseling did not respond to the unique strengths and needs of the families served. Providers had to diversify their service array and flexible dollars had to be made available to frontline workers. Both objectives became a major part of the resource development effort and contributed significantly to the success of the reform.<sup>30</sup>

## Minnesota—Guidance on Visiting with Families, Youth and Children

The Minnesota Department of Human Services Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families — [http://www.d.umn.edu/sw/snydersfiles/AdvCW/week3/Family\\_Centered\\_Practice\\_Guide.pdf](http://www.d.umn.edu/sw/snydersfiles/AdvCW/week3/Family_Centered_Practice_Guide.pdf) — offers guidance for social workers about visiting with parents and children. It notes that in day-to-day practice, the best way a social worker can support families to achieve their service plan goals is with consistent contact. The Minnesota Guide provides strengths-based communication activities to help workers create the foundation for engaging families and providing quality visits. It addresses how the worker approaches visits and identifies areas in which progress should be documented, such as:

- child safety, including review of any child(ren)’s illness or health concerns, injuries, incidents and physical environment;
- service planning;
- well-being needs of the child(ren); and
- child relationships and connections to culture and community.

*It was important for us to have the services in place necessary to support families. If you have family team meetings with families talking about what it is that they need, and you’re establishing goals with a family, and you’re not able to then deliver on that... that is an issue. It is really important to make sure you have services in place, or flexible funds to go out and purchase services.*

– Christine Norbut-Mozes, former Associate Commissioner, New Jersey Department of Children and Families

## Tracking Progress, Reassessing, Adjusting the Plan, and Case Closure

**DEFINITION:**<sup>31</sup> Tracking and adjusting ensures that the original plan is implemented as developed and continuously evaluated for ongoing effectiveness. In this process, children, youth, and families; their teams; and their social workers together:

- determine whether planned interventions have been provided and meet the needs identified,
- learn whether families are satisfied with existing strategies,
- assess additional information and changes in family circumstances,
- determine if new needs have arisen,
- celebrate achievements and goals that have been met,
- discuss areas needing improvement and address the consequences of lack of improvement,
- modify the plan as needed, and
- close the family/child case when goals are achieved.

### ANTICIPATED OUTCOMES

Achievement of child, youth and family goals and successfully ending a family's involvement with the child welfare system is the desired outcome.

In a family-centered practice model this decision, driven by the achievement of safety, permanency and well-being as defined in the service plan, is made jointly by the worker with the family (or the older youth) and the child and family team. Closure does not imply that the family will no longer have access to services in the community, only that the formal relationship with the child welfare system is ending. Transition services (and ongoing services, if needed) should be in place prior to case closure so families can safely sustain their children in their homes. This applies whether the permanent placement is with the birth family, relatives, or an adoptive family. For young adults exiting the out-of-home care system, this transition would include a plan for connecting to meaningful adults and support services.

## New Jersey—Strategies for Tracking and Adjusting

The Department of Children and Families' Field Guide, *Engaging Families—Making Visits Matter* (<http://www.nrcoi.org/PMNetworkDocs/CPM%20Field%20Guide.pdf>) suggests how social workers might elicit solutions when tracking and adjusting service plans with parents.

- **Build on a shared vision.** Start where there is strong agreement and resonance with the family. Point to times when the family demonstrated strengths related to this area. Help the family see that tracking and adaptation is a shared process to insure that the family's goals for the children are met.
- **Identify what has gone according to plan.** Even if it means going through the plan non-sequentially, identify what has worked and gone well. Help the parent and/or caregivers operate from a sense of efficacy and success which can give them strength and openness to look at where the plan has gone awry.
- **Be honest about the areas that are tough.** Acknowledge the barriers to successfully overcoming such issues as substance abuse, trauma recovery, mental illness, cognitive and developmental challenges. Help the family normalize relapse and failings as part of the process and as understandable.
- **Create and recreate a shared commitment to live up to the children's needs, even when it means re-vising the original plan.** Acknowledging that while normal, some relapses and vulnerabilities may exact too high a price from children can help parents have a deeper commitment to change and a more thorough back-up plan.
- **Remind the family that they can create and call upon their "team," even if the agency does not use formal teaming as practice.** Many families spiral downwards because they are afraid to ask for help. If something is not working, part of the job is to help the parent fix it; the other part is to help the parent find other supports.<sup>32</sup>

[See an additional example on page 69.](#)

# Designing a Culturally Responsive and Inclusive Practice Model

The interaction of race, culture, and child welfare services is complex and hard to untangle.<sup>1</sup> Child welfare practice models must work well with children, youth and families of all cultures represented in the community served. Children of color, belonging to various cultural, ethnic, and racial communities (primarily African American, Hispanic, and Native American) are disproportionately represented in the child welfare system and frequently experience disparate and inequitable service provision.<sup>2</sup> A truly family-centered practice model uses many strategies that can positively impact both disproportionality and disparities and are culturally responsive at the practice level. At the organizational level, there are several ways to ensure that the processes of developing and implementing a practice model are culturally competent and intentionally focused on making the practice model work for families of all cultures.

## At the Practice Level: Meet the Needs of Multiple Cultures

### Use a Family-Centered Approach

The principles and specific approaches of a family-centered practice model fit well within a culturally competent approach to service delivery. They use strengths-based family engagement strategies. They bring together family members, and others closely connected to the family, as a team to offer support, serve as resources and assist in assessing strengths/needs. Service plans and interventions are individualized to meet the unique needs of each family (no cookie cutter plans). Families are involved in assessing their progress and adjusting the plan and interventions as needed. These approaches are likely to consider a family's culture and lead to a culturally competent service plan because families are fully involved in the process. But other, more specific strategies will strengthen the cultural focus of the practice model.

### Define Culture Broadly

Think broadly about culture and do not use it interchangeably with race/ethnicity. Culture is also about religion, geographic

### Practice Level: Meet the Needs of Multiple Cultures

- Family-centered approach
- Define culture broadly
- Involve cultural brokers
- Review current data on whom agency serves

### Organizational Level: Create Culturally Inclusive Implementation Process

- Include cultural leaders
- Develop a specific plan
- Use population data
- Ask probing questions

regions, socioeconomic status, class, sexual orientation, disability, etc. Thinking broadly about culture enables social workers to recognize and respond to multiple cultural variables, even among racially homogeneous groups.<sup>3</sup>

### Involve Cultural Brokers

Consider involving a cultural liaison or broker from the family's community and culture. Cultural brokering<sup>i</sup> offers support to families and helps them understand child welfare decisions affecting them and their children. It provides social workers with important information about families. It helps families with tangible assistance (e.g., transportation, arranging child care,

i The concept of cultural brokering is an ancient one that can be traced to the earliest recorded encounters between cultures. Definitions of cultural brokering have evolved over time. One states that cultural brokering is the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).—from National Center for Cultural Competence. (2004). *Bridging the Cultural Divide in Health Care Settings: the Essential Role of Cultural Broker Programs*. Georgetown University Center for Child and Human Development, p. 2.

household items) and clarifies the agency's role related to safety, permanency and well-being. Cultural brokering helps to operationalize the concept of the agency sharing power and decision making with the family and the community.<sup>4</sup>

### **Review Current Data**

Review **current** data about the children and families who come (and do not come) through the agency's doors. The delivery of culturally and linguistically competent services begins with knowing the characteristics of the population being served.

*Neighborhoods and communities are often in flux, and strategies for helping a traumatized child who recently arrived from El Salvador, for example, are not interchangeable with strategies used to help African American children. As populations move out and new populations come in, approaches to service delivery must be reevaluated.<sup>5</sup>*

– Vivian Jackson, National Center for Cultural Competence, Georgetown University Center for Child and Human Development

### **Fresno, California— Cultural Brokers**

In a West Fresno community, the Fresno County Department of Children and Family Services (DCFS) invited representatives of a group of African American community members who were concerned about the high rate of African American families entering the child welfare system to attend Team Decision-Making meetings on behalf of families entering or already in the child welfare system. Over time, their role evolved into that of cultural brokers.<sup>6</sup>

[This example continues on page 70.](#)

## **At the Organizational Level: Create Culturally Inclusive Development and Implementation Processes**

### **Include Cultural Leaders**

Identify and reach out to cultural leaders in the community. Include them and other representatives from the cultures being served in the development and implementation process (e.g., cultural representatives on the core leadership team and in each workgroup), and establish a specific workgroup to target cultural issues in the practice model itself.

### **Develop a Specific Plan**

The implementation process should include a specific, coordinated plan to address cultural and language issues. Adequate resources for the plan must be identified and implementation monitored.<sup>7</sup>

### **Use Population Data**

Set up a system to capture data about the composition and characteristics of the population being served. Use the data to design the practice model, develop services that fit the population and make appropriate decisions regarding outreach and collaboration.<sup>8</sup>

### **Ask Probing Questions**

Understanding the community served can start with leadership from any level in an organization. As decisions are made, any individual can (and should) ask questions such as:

- Whom do we serve?
- Whom do we not serve, and why?
- How does the culture of our clients influence their experiences?
- How does their socio-cultural context contribute to their distress and to their healing?
- Whom do we serve well?
- Whom do we not serve well and why?
- What organizational changes do we need in order to make a difference?<sup>9</sup>

## North Carolina<sup>10</sup>—Child Welfare’s Response to Diversity

For more than a decade, the Division of Social Services has brought the family-centered practice approach to all of its work. This has helped practitioners see the benefits of learning about, accepting, and supporting diversity. The State has adopted a number of practices to address racial disparities. Although cultural and other differences still pose challenges, progress is being made. Since 2000, the percentage of African American and Native American children in care has dropped significantly.

[This example continues on page 70.](#)

## Tribal Child Welfare Systems

Findings from the Technical Assistance Needs Assessment conducted by the National Child Welfare Resource Center for Tribes ([NRC4Tribes](#)) are an excellent resource for understanding current practices in Tribal child welfare systems, the unique challenges facing them and systemic and practice issues. The assessment focused on the types of training and technical assistance (T/TA) needed by Tribal child welfare programs.<sup>11</sup> Participants identified several infrastructure elements necessary for effective Tribal child welfare programs, including a documented practice model and a Tribal Children’s Code that aligns with the practice model, reflects the culture and value of the Tribe, and meets federal child welfare requirements.<sup>12</sup>

The T/TA Needs Assessment determined that the infusion of culture into Tribal child welfare practice is intricate and multifaceted. The majority of Tribal child welfare programs operate from a foundation of cultural and Tribal values that are reflected in program philosophy and that shape the attitudes and approaches workers use in delivering services.<sup>13</sup>

## Managing Parallel Processes

When an agency commits to implementing a practice model, the principles should guide not only the approach to working with individual children, youth and families, but also the process for developing the practice model and, when implemented, all agency operations and relationships. Improving frontline worker skills and behaviors is one goal of a child welfare practice model. An equally important goal is organizational change (internal and external). These are **parallel processes**—agency leaders, managers and supervisors are expected to treat staff, stakeholders and community partners the same way they expect frontline staff to treat families: being strengths-based and working as a team. The CFSR process reinforces the importance of managing parallel processes by focusing on both frontline child welfare practice and the systemic supports for practice at the local level.<sup>1</sup>

## Indiana

The Department of Child Services believes that it is critical to use the same philosophies, principles and values through all levels of the organization, including with families, children, staff, community partners and providers. These principles govern how the agency shapes policy, hires and trains staff, develops resources, contracts for service, manages cases, supervises, and evaluates outcomes.<sup>2</sup> Indiana implemented child and family team meetings to hear the family’s voice. Within the organization, they hold staff meetings in the form of child and family team meetings to ensure that everyone’s voice is heard.<sup>3</sup>

## Arlington County, Virginia

In the December 2010 description of its Child Welfare Services Practice Model, the Division of Child and Family Services demonstrates a parallel process by setting standards of practice for Professional and Organizational Capability and for Service Delivery. The standards commit management to creating a productive work environment that supports the values, principles, and core beliefs of the practice model.<sup>4</sup>

*A vital representation of the leadership’s dedication to the principles is how they are used throughout the agency as a whole. For example, if workers hear the principle of individualized work with families, and they see that they’re not given the flexibility to address system barriers and rules that are incompatible, they don’t take the direction of the agency very seriously.*

- Paul Vincent, Director, The Child Welfare Policy and Practice Group<sup>5</sup>

## Section 2 | Implementing a Practice Model

Section 1 provided guidance on defining common practice model elements. Section 2 discusses strategies for implementing the common practice model elements.

### Implementation Definition

Implementation occurs when an individual (or other decision-making unit) puts a new idea into use<sup>1</sup> and has been defined as a specified set of activities designed to put into practice a policy, activity, or program of known dimensions. Characteristics include:<sup>2</sup>

- Implementation processes are purposeful and include enough detail that independent observers can detect the presence and strength of the implementation activities.
- Current practice and the desired future practice and outcomes should be defined in such a way that progress and change can be measured.
- Implementation addresses two kinds of activities and outcomes—those related to the implementation process itself and those related to the practice model design.
- Implementation must occur and involve changes at multiple levels:<sup>3</sup>
  - **Frontline practice level**—what practitioners say and do in their work with children, youth and families.
  - **Management/organizational level**—what administrators say and do to support the practice model by improving operations, policy, infrastructure, management and supervision.
  - **Community level**—the way the child welfare agency partners with other agencies, families and youth, natural helping networks, and stakeholders to achieve community support.
  - **System level**—what State and county officials say and do to change funding, regulatory, policy and inter-agency relationships.

### Implementation Framework

Fully implementing a practice model is a complex and lengthy process. States often use an articulated change management theory or framework to guide and manage the implementation process. A framework offers a structure for handling diverse perspectives, keeping the implementation process on track, and staying focused on the outcomes the practice model is designed to achieve. Some change management theories being used by child welfare systems are described in the box on page 18. As noted by the California Evidence-Based Clearinghouse for Child Welfare, the science behind most of these implementation approaches is, for the most part, in its infancy.<sup>4</sup> They are included not as recommendations, but to demonstrate the range of choices available.

This Guide uses a framework adapted from the National Implementation Research Network to describe **implementation stages** (exploration, program design/installation, initial implementation, and full implementation) and **implementation drivers** (the organizational tasks, activities and supports that drive the implementation of child welfare practice models).<sup>i</sup> By doing this, we continue the ongoing efforts by the Children's Bureau Training and Technical Assistance (T/TA) Network to apply lessons learned from NIRN's research on the implementation of evidence-based practices to child welfare system change efforts.

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<sup>i</sup> These [NIRN publications](#) are listed in the Resources on page 72, rather than footnoted in the text of the Guide. For more information on implementation research on evidence-based practices, see the NIRN website: <http://nirn.fpg.unc.edu>

The **implementation stages**, discussed first in this section, provide a structure for organizing the sequence of activities involved in developing and implementing a practice model. The **implementation drivers**, discussed next, point to key organizational issues that need to be addressed to support development and implementation of a practice model.

While the reality of putting all of this together is not likely to fit neatly within any written structure, this NIRN framework provides a way of thinking about the key steps that can assist agencies in moving forward.

### Change Management Theories and Resources

The **National Implementation Research Network (NIRN)** — <http://nirn.fpg.unc.edu> — NIRN is creating fertile ground for advancement in the science of implementation, organization change and system reinvention.

Fixen, D., Naoom, S., Blase, K., Friedman, R., Wallace, F. *Implementation research: A synthesis of the literature*. 2005. This monograph summarizes findings from research literature on the implementation of evidence-based practices and proposes frameworks for understanding effective implementation processes. <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf>

**Getting to Outcomes Model** — <http://ideas.repec.org/a/eee/cysrev/v33y2011i5p622-633.html> — Barbee, Anita P.; Christensen, Dana; Antle, Becky; Wandersman, Abraham; and Cahn, Katharine. Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review*, Volume 33, Issue 5, May 2011, Pages 622-633. This article presents a framework for approaching the organizational changes needed to support a practice model.

**Framework for Implementing Systems Change in Child Welfare** — <http://wpicenter.org/index.php> — The Western and Pacific Child Welfare Implementation Center presents a framework for achieving systems change which emerged from three child welfare implementation projects and includes five key elements – vision/values, leadership/commitment, stakeholder involvement, capacity/infrastructure, and environment.

**Strategic Planning for Child Welfare Agencies** — <http://www.nrcoi.org/rcpdfs/strat.plan.pdf> — This guide, produced by the National Child Welfare Resource Center for Organizational Improvement (NRCOI) in January 2004, discusses what strategic planning is and why we do it. It describes four stages of the process and illustrates each stage with examples from State and county practice.

**Building Systems of Care: A Primer for Child Welfare** — <http://gucchd.georgetown.edu/72382.html> — Pires, Sheila; Lazear, Katherine; and Conlan, Lisa. This Primer, produced for the National Technical Assistance Center for Children’s Mental Health in partnership with the NRCOI in 2008, is designed to help child welfare leaders build alliances, think strategically about the pros and cons of different structures and practice models, and be strategic about a collaborative process to implement change.

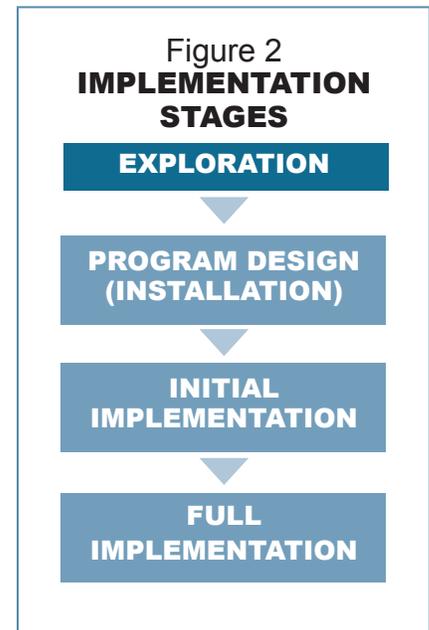
**Implementation Decision Guide for Child Welfare** — <http://www.cebc4cw.org/implementation-resources/tools/implementation-decision-tool-for-child-welfare/> — This tool tackles the issue of implementation of evidence-based practices in child welfare. It focuses on interactions among people, organizations, and systems and recommends a four-phase approach. The guide also describes seven approaches to implementation commonly cited in the literature.

**ADKAR** — <http://www.change-management.com/tutorial-adkar-overview.htm> — A model for change management - Awareness, Desire, Knowledge, Ability and Reinforcement.

## Implementation Stages

It is important to note that the implementation stages frequently overlap, planning for financial and program sustainability should occur throughout, and many of the tasks that support effective implementation are relevant across one or more stages.<sup>1</sup> The implementation process includes progress, setbacks, and ongoing problem solving.<sup>2</sup> For example, during the Exploration Stage, it is critical to garner support for the practice model throughout the agency and in the community at large. Even with strong support at this early stage, if the agency experiences significant staff turnover or if community leaders change, it will need to revisit the practice model principles and approaches with new staff and new leaders during the Full Implementation Stage.

Child welfare agencies and their stakeholders should be more concerned about accomplishing the implementation activities described in the four stages than about matching each activity to a specific stage. Agencies should pay attention to the general flow of the stages and all the tasks, activities and supports (known in the NIRN framework as implementation drivers) that operationalize implementation.



### Exploration

A great deal has to happen in the first stage of implementation, and it may take quite a while. The need to improve practice and achieve better outcomes is confirmed, and there is a strong belief that developing and implementing (or improving) a practice model will address these concerns. An agency explores different intervention components and begins to understand the implications of adopting a new or revised practice model. Exploration draws to a close when the decision is made to move forward and a broad plan is initiated.

Exploration addresses key planning processes (the role of leadership, assessing agency readiness and involving stakeholders) and structures (core leadership teams, workgroups and communication systems.) Exploration activities include:

- begin to plan
  - leadership commits to engage in the process
  - the agency and community show a capacity and readiness for change and develop strategies to create readiness, if needed
  - stakeholders, including families and youth, become involved in the exploration process
- create the necessary structures
  - core leadership team
  - workgroups
  - a communication system
- gather information on child and family needs
- learn from practice model experts and other agencies/States that have implemented practice models
- begin to define the agency vision, practice model principles, the core intervention components/skills and desired child/family outcomes (and how to measure them)
- complete a draft implementation plan

## Planning Processes

### *The Role of Leadership*

- adaptive challenges
- technical challenges

### *Assessing Readiness*

- organizational readiness
- individual readiness
- creating readiness

### *Involving Stakeholders in Designing the Practice Model*

- selecting the stakeholders
- when to involve stakeholders

## **Planning Processes: The Role of Leadership**

The planning process begins with a deep understanding of the need and rationale for implementing a new, or reforming an existing, child welfare practice model and the outcomes to be achieved. While this understanding is important for everyone involved, it begins with agency leadership. Leaders should be comfortable with the length of the process and willing to commit time and resources to a sustained long-term effort.

Leaders need to distinguish between the adaptive and technical work necessary to develop and implement a child welfare practice model, and must address the work appropriately in the planning and implementation process.

- An **adaptive approach** is needed when legitimate but competing perspectives emerge; the problem, solutions and implementation strategies are unclear and require learning; **and** the primary locus of responsibility for the work is **not** the leader.
- A **technical approach** is needed when perspectives are aligned, the problem, solutions and implementation strategies are clear, and the primary locus of responsibility for organizing the work rests with the leader(s).<sup>3</sup>

**FOR EXAMPLE** Consider the strategies for implementing family group team meetings, an approach used in many child welfare practice models. This requires tackling both adaptive challenges and technical challenges.

**Adaptive challenges**—how to give families a forum, the power, and the responsibility for making a plan for their children. There are a variety of perspectives about whether and how the agency should transfer decision-making responsibility to family teams, and whether families and other supportive allies are viewed as capable of accepting this responsibility and power. The primary locus of responsibility for the work (facilitating the family group meetings) is with frontline staff and group facilitators, not with agency leadership. An immediate solution is likely to be unclear and requires learning how to encourage frontline staff to trust family decisions, how families come to believe the agency respects their view and decision-making role, and how to move from a history of individual decision-making and control to sharing decisions with a group of individuals. Leaders cannot answer these questions by themselves. They should “give the work to the people”<sup>4</sup> and involve a broad array of stakeholders including social workers, families and youth.

**Technical challenges**—setting up the family team meetings. Perspectives are aligned, or at least they can be, if the adaptive challenges have been addressed. There is agreement that a system for offering family team meetings must be established. Definition of the problem and potential solutions are clear (e.g., we need resources such as space to hold the meetings, child care, transportation, trained facilitators, etc.). The primary locus of responsibility for organizing the work rests with the leader(s) (e.g., agency leaders ensure that workers and facilitators are trained to participate in family meetings, they designate resources, they ensure that agency policies are revised, etc.).

## Leadership Roles

A review of practice model implementation in child welfare, including interviews with child welfare leaders in **Indiana, Utah, North Carolina** and **New Jersey**, concluded that leaders must demonstrate an active and stable commitment to development and implementation; pace implementation across the State, realizing that this is a long and ongoing process; dedicate necessary resources; remain flexible and willing to evolve; be inclusive and transparent; and bring a broad array of internal and external stakeholders into the development and implementation process.

## Planning Processes: Assessing Agency Readiness

A critical first step in the exploration stage is determining whether the agency is ready to develop a practice model. Does it have the capacity to engage in and sustain this long-term change effort? If not, is the agency willing and able to create an atmosphere that increases readiness and promotes change? Readiness matters because it impacts all stages of implementation from exploration through full implementation. Although there is no simple way to define and measure readiness for systemic change, some common domains emerge in the areas of organizational and individual readiness.

### Organizational Readiness

Is the State, agency, organization, community, and/or Tribe as a whole ready, willing and able to make the needed investment in change? Consider:

- leadership;
- organizational culture and climate;
- vision, principles, goals, outcomes;
- resources, capacity, caseload and workload;
- state of practice;
- infrastructure to support the implementation process;
- staffing and preparation of staff;
- involvement of families, youth, external stakeholders and community; and
- cultural competence and attention to disparities.

### Individual Readiness

Are individual staff at all organizational levels (directors, managers, supervisors, frontline workers, administrative staff, etc.) prepared for the change? Consider:

- understanding and acceptance of the practice model approach;
- stage of staff readiness (pre-contemplation through maintenance);<sup>i</sup>
- staff skills (clinical skills needed to implement the practice model); and
- administrative support for staff participation in the development/implementation process.

## Worksheet: Assessing Readiness (See page 63.)

Borrowing from several other system change efforts, the experiences of multiple agencies and States, and NRCOI's experience with strategic planning, we have created a list of considerations within specific domains for assessing organizational and individual readiness to undertake practice model reform. There are several ways to use this list:

- Review all the domains for a comprehensive overview. While many will not need to be addressed until later in the implementation process, it is important to consider them up front.
- Prioritize which domains to consider and work on first, based on the agency's strengths and needs.
- Invite multiple stakeholders (internal and external, including families and youth) to discuss these considerations, determine whether the agency is ready to begin, and decide where to focus.
- Identify issues that must be addressed in order to become ready.

<sup>i</sup> Individuals who seem resistant to change may simply be at a lower level of readiness. Stages include pre-contemplation, contemplation, preparation, action and maintenance. Melissa Van Dyke presentation at Atlantic Coast Child Welfare Implementation Center 2010 Forum, *Staying the Course – Laying the Groundwork For Sustainable Systems Change*, June 15-16, 2010, Annapolis, Maryland, Audio available at <http://mediasite.umaryland.edu/mediasite/Viewer/?peid=953ae1374092404a8b9e2d8d5e5c39d21d>

### What if your agency is not ready?

Readiness does not require that everything on the list of considerations has been achieved. Rather, it's an awareness of what needs to be considered and a willingness to work on these issues. However, there are legitimate reasons for not undertaking an extensive system change effort. Two widely used guides to strategic planning<sup>5</sup> note that if the organization's key decision makers lack commitment or if there is no internal commitment to the plan and no intent to implement it, undertaking such an effort would be a waste of time and energy.

### Creating readiness

Conducting a readiness assessment will help identify the issues that need to be addressed to build organizational and individual readiness and help establish timeframes. Accountability for creating readiness rests with leaders (often an implementation team) and not with those who are expected or invited to change.<sup>6</sup> How to do this depends, in part, on the specific readiness domains an agency needs to address, but there are a number of general strategies for helping an organization get ready.

- John Kotter identified “creating a sense of urgency” as the first of eight phases in transformation.<sup>7</sup> There must be enough people who see the need to improve and believe that without change the agency will not be able to achieve its vision, nor the desired outcomes for children and families. To increase readiness, these believers try to communicate that urgency to others. The first stage of readiness is reached when enough people believe that the status quo is more dangerous than launching into the unknown.
- Kotter's second phase involves building a powerful coalition to guide the reform efforts.<sup>8</sup> This coalition would include leaders and others who “champion” the practice model. Provide champions with the support and authority needed to bring others on board—both those open to the new practice model and those more likely to wait to see how the change effort proceeds.
- Look beyond the child welfare agency for solutions. Invite partner agencies to help, and seek family and youth input regarding the need for and the value of the new practice model. Ask families who have some experience with the practice model approach to share their “before and after” stories.
- Learn from others. Readiness can be enhanced by practical examples of success from other States, Tribes, and organizations. Visit the Practice Model Peer Network website: <http://www.nrcoi.org/PracticeModelNetwork.htm> for tools and documents shared by others, a schedule of quarterly peer network calls, and additional resources.
- Try to understand the preferred outcomes, loyalties and potential losses among key stakeholders, especially those opposed to the change effort, to anticipate and address resistance to the effort.
- Share detailed information with, and seek input from, individuals who are not ready for the change. They will need information and time to process what the change means for them.<sup>9</sup>
- Address workload issues so staff feel they have adequate time to participate in the change process.

An important readiness factor is caseload size and overall workload, because no amount of training or reinforcement of a good practice model will make up for the inability of staff to devote time needed to implement the intervention components in their daily practice. Fidelity and outcomes are likely to suffer.<sup>10</sup>

## Virginia<sup>11</sup>—Readiness Factors in Selecting the Lead Pilot Site

Child welfare reform in Virginia included introducing a family-centered practice model focused on permanence and including families in child welfare decision making and permanency planning. The city of Richmond Department of Social Services (DSS) became the lead pilot for Virginia's statewide initiative to transform child welfare. While Richmond demonstrated some readiness, it also was one of the most challenging localities. Readiness factors included the following:

**Challenging opportunity**—With the highest number of kids in care and in group care, and an authoritarian operating culture, Richmond provided the possibility of real impact in a relatively short period of time. There was a sense that if you could succeed in Richmond, you could succeed anywhere.

**New and committed leadership**—The new executive director at Richmond DSS had the will and vision to turn the system around.

**Active involvement of a family court judge**—The judge shared similar goals and the court was working on issues similar to DSS; history of collaborative efforts between DSS and courts.

**Influential group of leaders**—This group, which was involved early on, included educators, juvenile justice and probation, community leaders, and supportive providers.

**Consultants ready to work with them**—The Annie E. Casey Foundation provided guidance, structure, direction and affirmation, along with a sense that similar reform efforts had worked elsewhere; this helped to accelerate innovation.

**Influential group of DSS staffers**—These workers were frustrated with the status quo, ready to make changes, and wanted to do better by families.

### Does being ready predict implementation success?

While it seems logical that being ready to take on a significant system change enhances the chance of success, so far there is scant research evidence to support this belief. The NIRN synthesis of implementation research found that while developers of various readiness scales have assessed the reliability and construct validity of their measures, there has been no assessment of predictive validity. Thus the relationship between measures of readiness and later implementation success is unproven.<sup>12</sup>

## Planning Processes: Involving Stakeholders in Designing the Practice Model

Federal requirements, national standards, and strategic planning literature consistently point to the need to involve a broad range of stakeholders in planning.<sup>13</sup> Common sense does, as well. Collaborating with a diverse group of stakeholders to develop a practice model provides valuable input into the early design of the model and builds a shared commitment to achieving identified outcomes and sustaining the practice model in the future. The more people who support the practice model, the better its chance of success. Those who help create the practice model understand it, become ambassadors for it, take ownership and commit to seeing it succeed. It sets the stage for future collaboration around the practice model, as well as other initiatives.

The principle of partnering and sharing responsibility with families, youth, communities and other agencies is embedded in family-centered approaches. These approaches acknowledge that the entire community shares responsibility for creating an environment that helps families raise children to their fullest potential.<sup>14</sup> Child welfare leaders must ensure that the practice model is NOT one leader's vision, but the work of a system of leaders with a long-term investment in meeting the needs of families and children.<sup>15</sup>

## Selecting the stakeholders

Three questions guide the selection of participants in the development and implementation process:

- Who will be impacted by the practice model?
- Who needs to understand it, use it and implement it?
- Whose support is needed to develop, implement and sustain the practice model?

**Stakeholders may include:** families (birth, adoptive, foster, kin) and youth; local, State, regional and Tribal child welfare staff from all levels—administrators, supervisors, and frontline staff; community providers; county/city/Tribal council representatives; partner agencies (e.g., mental health, schools, courts, juvenile justice, medical, substance abuse); system of care representatives; family advocates; State legislators; researchers; universities; grassroots organizations; law enforcement and others unique to specific areas.

**Involving families and youth.** Family-centered practice models acknowledge that to meet the needs of the families and youth they serve, agencies must involve them in developing and implementing the practice model. Learning from families what approaches they find most helpful will enable the practice model to meet their real needs in a culturally responsive manner and improve outcomes. Because families and youth are essential to the implementation process, the agency must create a safe and welcoming environment where they can share their points of view. Basic supports such as transportation, child care, stipends, food and convenient meeting times and locations have a major bearing on success in involving and partnering with families.<sup>17</sup>

### **Don't leave out critics and people who may be difficult.**

If left out, they may pop up later and resist the direction the agency is taking. Those who appear to be opposed can become good partners in thinking about the adaptive challenges of legitimate, but competing agendas.<sup>18</sup>

*It is remarkable that this system of care has been through too many governors and changes in leadership, yet through it all, it has been the families who give the strength to system advocates and families who carry forward the integrity of the system as conceived.<sup>16</sup>*

– Nadezhda Robinson, Director of Child Behavioral Services, New Jersey Department of Children and Families

Ask about and understand the real or perceived losses key stakeholders may experience as the practice model implementation proceeds. At best, bringing together diverse voices and perspectives in the early phase of development leads to a strong practice model and helps the community move forward together. At the least, it leads to understanding why certain stakeholders are resistant or not ready to move forward.

## When to involve stakeholders

The earlier stakeholders are involved in developing the practice model, the more supportive (and less suspicious) they will be. Involving them early and keeping them involved throughout implementation encourages their support and helps the agency create a stronger and more effective practice model. To continuously involve a diverse group of stakeholders throughout the implementation process, include them in ongoing structures for planning and implementation.

*The most important thing is to bring your key partners on board right away, as soon as you have the thought. In North Carolina, we talked about findings from the CFSS right up front with county leadership, and everything was done in collaboration with the counties. There was nothing the State office did by itself. Bringing the counties on board and having them sit at the table with us at every discussion was critical.*

– Jo Ann Lamm, Senior Consultant, NRCOI, former Child Welfare Director, North Carolina<sup>19</sup>

## A Tribal Perspective

“When we wrote our practice manual, we interviewed Tribal elders, Tribal council, people who have been foster parents, people who had been in out-of-home placement, people who had their children removed when they were little, all sorts of folks...And then we wrote a practice manual based on our values, not on anybody else’s values. And when we try to hold to that, it seems to work better.”<sup>20</sup>

## Colorado—Multiple Stakeholders

The Colorado Practice Model (CPM) was developed to provide a clear, consistent and cohesive approach to practice and service delivery in order to achieve positive outcomes for children and families involved with the child welfare system. Multiple stakeholders were involved in this process. The practice model framework was designed and developed collaboratively with child welfare staff and stakeholders across the State. The goals and objectives of the initiative are being accomplished by working groups of State and county staff, consumers, community and Tribal stakeholders.<sup>21</sup>

## Structures for Planning and Implementation

### *Core Leadership Team (Steering Committee)*

- formative tasks
- ongoing role

### *Workgroups (Implementation Teams)*

- involve stakeholders
- study issues
- make recommendations

### *Communication Systems*

- among workgroups and core leadership team
- internal
- external

## Structures for planning and implementation

Three structures are needed to support the development and implementation of a practice model: a core leadership team (often called a steering committee) facilitates and manages the overall process; workgroups (often called implementation teams) tackle each of the major tasks; and a communication system links these two structures, informs and gathers feedback from all stakeholders involved in the process, and keeps the public informed.

### Core Leadership Teams

Agencies implementing a child welfare practice model usually form a core leadership team to guide and manage the process from its early planning stages through implementation. To achieve consistency and long-term commitment to the priorities, one team should be “in charge” throughout, rather than one team charged with developing the practice model and another responsible for implementation.

The core leadership team must be large enough to represent the child welfare agency, system partners, families, youth, and other key stakeholders, yet small enough to be effective and get the work done. The size and scope of the practice model initiative (local, regional, or statewide) determines the scope of authority for the core team, the need for additional teams at each system level, and the need to link the work of the teams. The core leadership team provides a focused, accountable structure to ensure that the practice model will not be abandoned or derailed in the future.<sup>22</sup>

## Core Team Formative Tasks

When forming the core leadership team, address development tasks such as:

- Select team members who represent multiple staff levels in the child welfare agency, partner agencies, key stakeholder groups, families and youth, and the cultural demographics of the families and youth who are served by child welfare.
- Ensure that the team as a whole and each of its members have the authority required to conduct the business of the team and to make decisions.
- Create a team charter that outlines roles, responsibilities and scope of authority.
- Orient members so that everyone has equal knowledge of the practice model initiative.
- Set up a regular meeting schedule.
- Identify a leader (or co-leaders) and clarify team member roles and functions.
- Establish a process for running meetings and reaching decisions.
- Implement strategies for involving families and youth on the core team and on workgroups (stipends, child care, transportation, accessible meeting times and locations).
- Provide the funds and other resources needed to operate the team, including staff to manage the work.

## Core Team Ongoing Role

Once these formative tasks have been tackled, the core leadership team develops, implements, evaluates and sustains the child welfare practice model. This may include the following tasks:

- Establish an open, inclusive process to develop the agency vision and practice model principles, outcomes, and core implementation components.
- Identify the major tasks involved in developing and implementing a practice model considering all of the key [implementation drivers](#). (See page 33.)
- Create workgroups to carry out the major tasks, establishing communication with and support for each group. This might involve an executive level liaison for each workgroup.
- Create or approve and manage an implementation plan.
- Provide training/orientation for each workgroup, receive reports/recommendations from them and work on “busting barriers” as problems arise.
- Review data and monitor progress on implementation and outcomes, make revisions or adjustments based on findings, and provide regular reports to the community, legislature, funding sources and others.
- Develop a financial plan to ensure sustainability of the practice model.

## Workgroups

Workgroups provide a structure for getting the work done, involving a larger group of stakeholders, and building enthusiasm for the practice model. When a State, Tribe or community commits to a new practice model, it must identify the major implementation tasks and ensure that someone or some entity has responsibility for each of those tasks. These responsibilities usually fall to workgroups (or implementation teams) managed by the core leadership team. The workgroup members study all issues related to the assigned task, gather data, reach out to other stakeholders for input and feedback, and make recommendations to the core leadership team.

### Massachusetts—Steering Committee (Core Leadership Team) and Design Teams (Workgroups)

In 2009, the Massachusetts Department of Children and Families (DCF) implemented a new, strengths-based approach to working with families, the “Integrated Casework Practice Model,” establishing the framework, structures and processes, expected outcomes, and underlying core values for DCF’s involvement with children and families.<sup>i</sup> To develop and implement its practice model, Massachusetts created a statewide steering committee; regional facilitators; and area, regional, and statewide implementation teams. Five design teams served as workgroups, each focusing on a specific aspect of the practice model—safety, permanency, well-being, community-connected practices, and effective leadership. Social workers, supervisors, managers, community and family representatives participated as design team members. Each design team met regularly over a three-month period and presented recommendations to the overall steering committee. Prior to finalizing the practice model, a series of regional forums were held with staff, providers, and communities to solicit input on strategic plan recommendations and prioritized action steps.

### Virginia—Workgroups

In Virginia, the system transformation effort introduced a new practice model and focused on five “building blocks” developed collaboratively by a broad range of State and local stakeholders: managing by data; engaging families; investing in resource family recruitment, development, and support; creating a continuum of community-based services to support children and families; and developing a statewide training system.

Each building block had its own workgroup which met monthly to assess performance on indicators, then gather and analyze data to shape new policies and approaches to their specific building block. An immediate payoff of the workgroups was that local and State officials hammered out difficult issues. All decisions were made together, building trust that was critical to transformation.<sup>23</sup>

## Communication Systems

A structure for communicating about the development and implementation of the practice model focused on clear, consistent, open and frequent communication is a key element of effective implementation.<sup>24</sup> The structure must ensure:

- **Communication among workgroups, the core leadership team, and others directly involved in the implementation process.** Workgroups and the core team need a vehicle to share information on their progress, present challenges that need to be resolved, and check that the workgroups are on track. Workgroups also need to share their activities and progress with each other to guarantee a consistent approach and avoid duplication of effort.
- **Internal communication to share information about the practice model with staff at all levels of the agency and across all programs.** This internal communication must be two-way (top/down and bottom/up) and should include feedback loops so that managers not only share information with staff, but also provide the opportunity for honest and direct staff feedback on the practice model. A structure for internal communication helps to reinforce the practice model principles and approach, minimize rumors and misinformation<sup>25</sup> and generate interest in the implementation process.

<sup>i</sup> MA Department of Children and Families, *Integrated Casework Practice Model, Fact Sheet*. <http://www.mass.gov/eohhs/docs/DCF/icpm-general-fact-sheet.pdf>

- External communication with the public and community at large shares the practice model vision/goals and progress with stakeholders who are not directly involved. When the broader community understands the rationale for the change, they are more likely to support it. External communication may include a social marketing campaign which can change the behavior of a large number of people, usually over a long period of time.<sup>26</sup>

All interested stakeholders, including the general public, should have access to information about the new practice model in a format and language they can use. The communication structure should be designed to fit the needs and resources of the individual State, Tribe or community. Social media, powerful communication tools that use the internet to establish interactive dialogue and to share materials, allow the sharing of information easily and inexpensively. Often a communication team or committee is charged with designing an overall communication plan.

### North Carolina—State and Local Communication

In 2002, the State selected 10 counties to participate in redesigning child welfare, and all the remaining counties have since begun implementation. Throughout the implementation process, regular monthly meetings have been held between State and county staff.

Jo Ann Lamm, former Child Welfare Director in North Carolina noted that, “Our regular monthly meetings allowed the State and counties to hold each other accountable to make sure we were implementing the multiple response system (MRS) strategies. We reported out on where we were in implementing the strategies, what the challenges were, and what was working, and the counties learned from each other. These monthly meetings still happen in North Carolina, and they keep dialogues going among caseworkers, State staff and leadership about how we can enhance practice.”

[\(This example continues on page 71.\)](#)

## Communication Vehicles

*For those involved in implementation process*

- create master list
- regular electronic updates/alerts/blasts
- regular meetings: core leadership team, workgroups, core team and workgroup chairs, workgroups and core team liaisons

*Internal Communication*

- web portal for sharing information
- newsletter—online and in print
- electronic suggestion box for feedback
- incorporate practice model components in training
- reminder of goals, e.g., wallet cards

*External Communication*

- targeted focus groups and stakeholder forums
- brochures
- press conferences
- presentations
- interagency meetings
- social media<sup>i</sup>

### New Mexico—Communication Planning

Since November 2009, New Mexico has been developing a new practice model for the Protective Services Division (the Piñon Project). The protective services leadership team, along with regional and field staff, foster parents, parents, children, youth, Tribes, courts, providers and other stakeholders are involved. A workgroup, including State staff and community partners, crafted the communications plan for the Piñon Project.

[\(This example continues on page 71.\)](#)

<sup>i</sup> For information and resources on developing a social media strategy, social media policy, and current social media tools, see <http://www.nrcwdt.org/wp-content/uploads/2012/09/Social-Media-for-Child-Welfare-Resource-Guide.pdf>

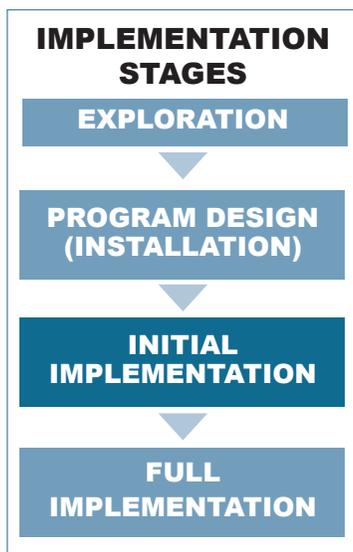
## Program Design (Installation)

After deciding to implement a specific practice model, it is time to make organizational changes, gather resources, build competencies and create the supports necessary to begin implementation. Key activities during this stage are listed below, and are described in more detail in the [implementation drivers](#) section beginning on page 33.

- Finalize core intervention components of the practice model.
- Define goals and periodic benchmarks to measure progress on implementation and achieving outcomes.
- Set up or refine a system for collecting and analyzing outcome data.
- Align external and internal stakeholders—get families, youth, providers, and system partners on board.
- Align staff selection with the practice model principles and necessary practice skills
- Identify staff performance expectations.
- Begin relevant training and coaching for staff at all levels to implement core intervention components.
- Strengthen supervisory capacity.
- Develop policies and procedures needed to facilitate implementation of the practice model.
- Identify funding sources and streams that will cover services and infrastructure, including practice model staff.
- Ensure that the funding streams are established, reliable and adequate.
- Adjust caseload size to fit the practice model requirements.
- Assess and expand the array of services, as needed.
- Negotiate with providers regarding new services and approaches to working with families.
- Adapt information technology, if needed.



<sup>i</sup> The second stage is identified by the NIRN as “Installation.” Evidence-based practices (already tested and proven) may be “installed” in a new community. Implementation of a new or revised child welfare practice model may require more attention to determining the design of the model itself. Therefore, the child welfare field has been calling this second stage “Program Design.”



## Initial Implementation

Initial implementation starts the difficult and complex work of using the practice model. During this stage, frontline staff begin to use the intervention components of the practice model in their daily work. This can be an awkward stage with high expectations that must be managed. No one should expect the practice model to work as well at this stage as it will later, when staff are more experienced and all the system supports are in place. The goal is to get started,

learn from mistakes, and develop system solutions so problems will not recur. This stage provides the time needed to “get good at” the core intervention components and might involve implementing the practice model in depth on a small scale to learn from the process before implementing it more widely. Initial implementation may include:

- Continue to build staff competency through training, intensive coaching and support.
- Create feedback loops to ensure communication among staff, management, families and other stakeholders. For example, provide performance feedback to staff and allow them to identify initial implementation challenges.
- Acknowledge and manage implementation challenges. Involve stakeholders and staff in finding solutions.
- Plan for staff turnover.
- Identify champions of the practice model and encourage them to help others.
- Monitor initial fidelity to the implementation process and make adjustments.
- Refine policies and procedures, as needed, to strengthen implementation of the practice model.

### Sequencing the implementation process

A choice must be made to implement the practice model in a specific locality or region, to implement statewide, or to begin in a few sites with a goal of going statewide in the future. States will have their own reasons for choosing one of these options. This section focuses on sequencing statewide implementation after implementing the model in a few sites, often referred to as pilot sites; immersion sites; first implementers; and innovation, transformation, or implementation zones. We call them “first implementers.”

### Benefits of Sequencing Implementation

In a June 2009 presentation about the challenges and solutions of implementation, representatives of the National Implementation Research Network (NIRN) offered rationale for beginning with a representative sample in which to “try out” new ideas and “suspend usual rules.” This can result in:

- making a smaller “mess,”
- rapidly learning from mistakes and making course corrections,
- experiencing intended and unintended consequences,
- documenting “what works,” and
- thinking about the implications of scaling-up.<sup>1</sup>

States might consider sequencing the implementation of their practice model to:

- collect data on outcomes in the first implementer sites;
- use this data to tweak the practice model design and work out the kinks in the implementation process as they move to statewide implementation;
- assess how the practice model might impact different regions of the State, e.g., small, medium, large or urban, rural, suburban;
- demonstrate early success and push the agenda forward;<sup>2</sup> and
- gain the time and resources needed to build support for statewide implementation.

### How to Select First Implementers

States need to base this choice on what they want to change and improve, their own strengths and needs, and their desired outcomes. The importance of being strategic about this selection cannot be overstated.

## Selecting First Implementers

**New Jersey**<sup>4</sup> The first implementers of New Jersey's Case Practice Model (called immersion sites in New Jersey) were selected based on the following factors:

- Readiness factors
  - local leadership support,
  - balanced caseloads,
  - support for the practice model approach,
  - achieving good outcomes,
    - stable CPS referral patterns that could be managed with existing staff,
    - stable management and supervisory workforce,
    - low staff turnover rate,
    - progress in developing resource family practice (another initiative),
    - progress in developing adoption practice (another initiative), and
    - majority of staff moved beyond trainee status.
- Geographic distribution (so the first implementers would be accessible as peer-to-peer technical assistance providers and to demonstrate efficacy of the model in different geographic areas).
- Demographic variation (representing the range of challenges across the State).
- Referral and placement rates are representative, not outliers.
- Assessment of other pilots in the office, so as not to overload, and to incorporate the other efforts into the practice model.

**North Carolina**—The Division of Social Services used an RFP process to select a representative group of 10 counties to serve as first implementers and participate in redesigning child welfare. They chose a diverse group of counties (large and small, rural and urban) to test the model in different circumstances. More counties wanted to participate in the first group; however, the State wanted to assure that it had the infrastructure in place to support each site, especially with technical assistance and coaching.<sup>5</sup>

**Indiana**—In adopting its new practice model, Indiana used size as the criteria for selecting regions to serve as first implementers. By selecting a small, medium, and large region, they were able to compare and contrast lessons learned.<sup>6</sup>

Paul Vincent, former director of Family and Children's Services in Alabama and a consultant to many States engaged in practice model reform, recommends starting with counties that have some readiness and also tackling the bigger counties earlier, although not necessarily first. Vincent cites the benefits of implementing in the more complicated jurisdictions early while the passion for the reform is greatest and you are likely to have the most supportive resources. He notes that learning from challenging areas can help future implementation efforts. He also recommends that the first implementer sites be different enough that you learn something from each.<sup>3</sup>

## Working with First Implementer Sites

States should focus on building an effective practice model in first implementer sites, involving the sites in State-level planning, and strengthening their capacity to offer peer-to-peer consultation as the practice model is expanded to other counties.

## Working with First Implementers

**New Jersey** implemented its practice model broadly and deeply. Initially all 5000 staff across the State were trained in two foundation curricula—building trust based relationships and making visits matter. The four local offices serving as first implementers received four additional training modules—developing trusting relationships with children and families; the basics of creating and supporting family teams; strengths-based, functional assessments; and using assessment to craft individual service plans. Immersion included on-site coaching on facilitating family team meetings, concurrent development of local provider partners, service inventory and expansion, and infrastructure development.

New Jersey developed the first four counties so they could flourish and become peer-to-peer demonstration sites. They evaluated the efficacy of their "immersion" approach and ensured that development of the four sites was not rushed and resources were not diverted under the pressure of expansion.<sup>7</sup>

**North Carolina**—The 10 pilot counties worked with the State to define the family-centered principles of partnership and the seven strategies of the Multiple Response System (MRS), North Carolina's ongoing effort to reform child welfare services. The State convened the 10 counties regularly to discuss lessons learned from a peer perspective, develop policies and procedures, and celebrate successes. The counties were encouraged to set their own implementation pace and to dialogue with stakeholders and community partners about MRS.<sup>8</sup>

## Expanding Statewide

Each State has to determine the pace for statewide implementation and how much flexibility the expansion counties will have in deciding how and when to implement the practice model. These decisions will be based on the progress in the first implementer sites, the size and complexity of the State, and the resources and level of support available for expansion, including the expertise and availability of the first implementer sites to serve as peer TA consultants or “buddy” sites to the expansion sites.

### Expanding Statewide

**New Jersey** staggered expansion beyond the four immersion sites (selected in 2007) and all counties had implemented the practice model by mid 2012. Even as the four immersion sites developed, statewide training, with focused coaching led by the local office leadership, helped develop readiness in other localities. Advanced practice training and coaching was staggered throughout the State taking into account State and local training capacity and the following critical measures of readiness:

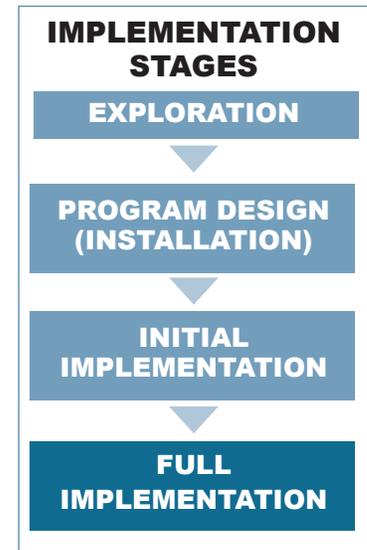
- Staffing levels must be at or near target levels.
- Staffing maturity—80% of staff must be beyond the 6-month initial trainee period.
- Stable staffing at all levels—managers, supervisors and caseworkers.
- Caseload targets must be achieved.
- Caseload distribution—no individuals are burdened with excessive caseloads.
- Service development—developing resources and services in more poorly served areas of the State.<sup>9</sup>

## Full Implementation

Full implementation is achieved when the practice model becomes integrated into daily practice, the functioning of the organization and the system as a whole. At this stage, staff are experienced and skilled in the new practices and intervention components. The processes, procedures, and supports to provide services in a new way are in place and have become routine. The practice model is ready to be evaluated for expected child and family outcomes and for fidelity to the model, based on criteria determined by the agency, knowledgeable experts and stakeholders. Activities include:

- Track child, youth and family outcomes.
- Track fidelity through qualitative case reviews.
- Evaluate family and youth satisfaction.
- Solicit feedback from multiple stakeholders and consumers.
- Use information from these reviews, data and stakeholder feedback to identify needed improvements, make changes and track the impact of those changes.
- Implement a comprehensive staff performance evaluation based on the practice model principles, skills, and desired outcomes.
- Adjust staff selection criteria, if necessary.
- Rebuild competency, as needed, through continued coaching and additional training.
- Promote visibility of the new practice and successful outcomes.

Lessons learned during initial implementation can be applied to full implementation, and the practice model can be adjusted to reflect these lessons, including a purposeful and planful approach to innovation and local office adaptation.

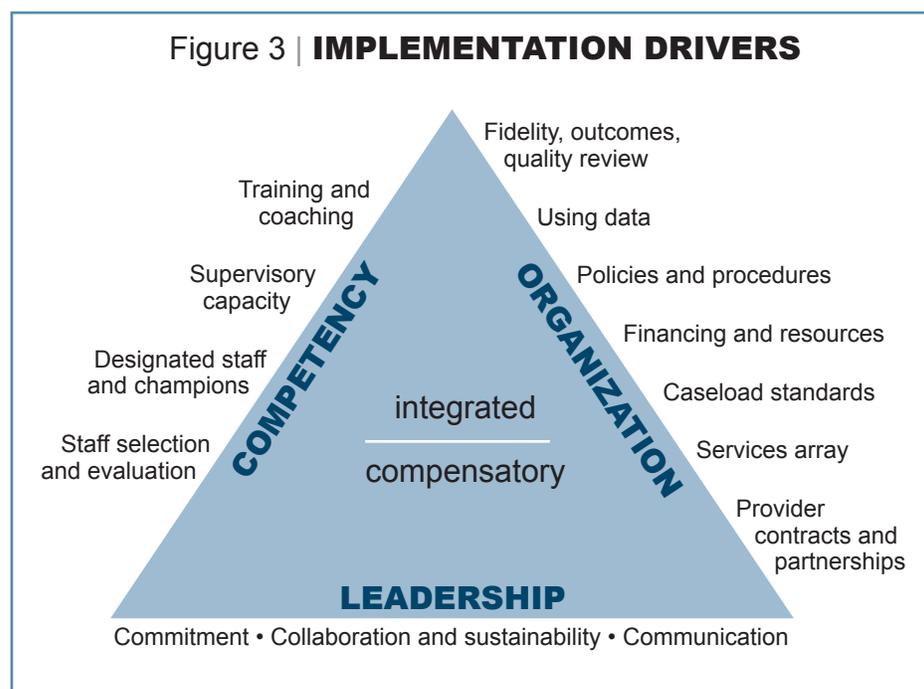


## Implementation Drivers

For staff to successfully implement the practice model, implementation drivers must be in place at the organization and systems levels at every stage. These tasks, activities and supports help leaders establish, support, sustain and improve the practice model while helping frontline staff to maintain high fidelity to the model.<sup>1</sup>

NIRN organizes implementation drivers into three categories—**leadership, competency and organization**<sup>2</sup>—and notes that they should be **integrated** to maximize their influence—promoting similar goals, requiring similar knowledge and skills and, used together, improving outcomes. They are also **compensatory**, working together to support and compensate for one another so that a weakness in one component (e.g., an agency’s training program) can be overcome by strengths in another component (e.g., stronger criteria in the staff selection process).<sup>3</sup> While any of the drivers may be weak or strong, none of them should be completely absent, and they must remain integrated.<sup>4</sup>

The 14 organizational tasks that support the development and implementation of a child welfare practice model are arranged below in NIRN’s three categories. Individual agencies may focus on slightly different tasks based on the practice model chosen, its scope (e.g., local or statewide, across all programs or program specific), and the stage of readiness when implementation begins. These tasks are not linear or sequential and may occur in more than one, or even all implementation stages. All tasks undertaken should reflect the agreed-upon practice model principles.



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**methods leaders use to manage the technical and adaptive challenges of implementing a child welfare practice model.**

## 1 | Leaders demonstrate full commitment to the practice model

To adopt a practice model, agency leadership must clearly commit to the model and express that commitment both inside the organization and with external community partners. This expressed commitment is facilitated by firsthand experience and a full understanding of the model from the beginning.<sup>5</sup>

A review of practice model implementation in child welfare, including interviews with child welfare leaders in four States, described the following strategies for demonstrating leadership commitment to practice model principles and approaches:

- Make implementation a priority, align the practice model with other agency initiatives.
- Dedicate resources, including staff and funds, to implementation.
- Talk about the practice model everywhere you go.
- Use the principles in your own management work.
- Participate in training and case review processes that measure performance on the desired practice.
- Use quality improvement results.
- Work to resolve problems and reduce barriers.

Like any change strategy, the effectiveness of a practice model depends on the priority given it by system leadership. To realize its potential to change practice, it should be seen as an overarching mandate at the State and local management levels, as well as by frontline staff.<sup>6</sup>

*Our director, members of our State executive team and all of our regional directors go out on the qualitative case reviews that measure performance on core elements of the practice model, which sends the message that this is of great importance to them. Everyone knows that the administration is 100% committed to this.*

– Linda Wininger, Director of Program and Practice Improvement, Utah Department of Child and Family Services

## 2 | Leaders invite collaboration and promote sustainability

Effective leaders realize the limits of their own authority to bring about change and the importance of inviting others to engage in the work. The principles and benefits of collaborating across systems and sharing responsibility with families and youth are embedded in family-centered approaches.

Three areas where leadership has a specific responsibility to promote collaboration include:

- building a base for sustaining the practice model,
- aligning the practice model with existing reform efforts and initiatives, and
- paving the way for coordinated service planning at the child/family level.

### ***Building a base for sustaining the practice model***

A practice model cannot be initiated and then later discontinued when resources dry up. It is a way of doing business that becomes part of the fabric of the agency. Agency leadership is challenged to do whatever is necessary to ensure the practice model will be sustained, even when resources, circumstances, or leadership changes.

Collaborating with a wide range of stakeholders is one strategy to promote sustainability. Barbee et al. recommend that child welfare leaders encourage cross-system stakeholder committees to plan for sustainability, since child welfare agency leaders turn over every two years, on average. Stakeholder committees should include State legislators, community leaders, families who have benefited from the practice model, university representatives, program leaders, and others.<sup>7</sup>

*This is not a new initiative... it will be our way of life.*

—Maggie Bishop,  
Director, New Hampshire Division for Children, Youth, and Families, May 2009, in reference to creating a practice model in NH

### ***Aligning implementation of the practice model with existing initiatives***

Creating a collaborative task force to address each issue involving children and youth can lead to collaboration fatigue. The intent may be good and the action logical, but over time policies requiring new collaborations focused on narrow topics can result in dozens of separate, concurrent collaborations. As one local leader put it, “I used to have to attend meetings with 17 different departments; now I have to participate in 17 different coalitions.”<sup>8</sup>



Leaders must determine how implementing the practice model fits within existing planning efforts. Will it be part of a broader reform plan, or will the practice model serve as the broader plan and incorporate more specific initiatives? Leaders must think about overall system needs to ensure that the goals and values of the practice model are integrated with other initiatives, and to save time and resources.

### ***Paving the way for coordinated service planning at the child/family level***

In family-centered practice models, front-line social workers must coordinate individualized child/family service planning with other agencies. In a parallel process, child welfare leaders can coordinate service planning by inviting leaders from partner systems to collaborate in the system level implementation process.

This collaboration provides frontline staff with a model of cross-system coordination and confirms leadership’s commitment to the concept. It helps child welfare leaders understand how the practice model will impact partner organizations. It also enables partner agency leaders to feel part of the child welfare reform, increases the likelihood that they will adopt the practice within their own agencies, and provides the partners information they need to train their own staff to participate in cross-system service coordination efforts.

Inviting family and youth to participate at the organizational level also has multiple benefits—child welfare leaders will hear family perspectives about service coordination, the family/youth leaders will understand the practice model, be prepared to participate on family teams and in individual family service coordination processes, and may serve as ambassadors of the practice model to other families.

### **New Jersey—Cross-System Collaboration and Aligning Implementation of the Practice Model with Other Initiatives**

In implementing their case practice model, New Jersey child welfare leaders recognized that to achieve genuine improvements, case practice changes needed to extend beyond the child welfare Modified Settlement Agreement, and beyond the Division of Youth and Family Services (DYFS). This is why State leaders made enhanced coordination between DYFS and the Division of Child Behavioral Health Services (DCBHS) a core strategy of the State’s reform and committed to:

- unify and coordinate case practice between DYFS and DCBHS;
- eliminate dual case management services;
- form a single behavioral health entity to broker services in a local area;
- deploy clinical staff to DYFS offices in three pilot areas to improve planning for children’s behavioral health needs and coordination with the local behavioral health System of Care;
- enhance planning and coordination between DYFS and DCBHS for youth in residential care;
- support moving youth from residential care to appropriate community-based services; and
- build a plan to improve DYFS’ direct access to behavioral health services for children and youth involved with DYFS.

From New Jersey Department of Children and Families, *Effecting Change: Implementing the DCF Case Practice Model, Executive Summary*, p. 6, <http://www.state.nj.us/dcf/documents/about/case/CPMExec-Summ9.28.07.pdf>

## **3 | Leaders create an environment for open communication**

Communication is an essential, ongoing change management strategy leaders must maintain during all implementation stages—with agency personnel, collaborators and the public. Open and effective communication systems improve organizational culture and climate by actively soliciting staff and stakeholder input and encouraging ideas to improve agency performance. This attracts talent to the agency and supports staff retention, which improves service delivery and achieves better outcomes for children, youth and families.



*Positioning Public Child Welfare Guidance*<sup>9</sup> describes the importance of communication with the public and notes that child welfare is frequently an unknown quantity to the general public, often judged by high profile cases that reflect a small part of a larger, more complicated picture. An agency’s communication system can connect its vision and values with its operations, shining a light on the practice model and making it understandable to the public.

Leaders must ensure that communication systems reflect the practice model principles, are open and transparent, honest, timely, consistent, clear, and in a format and language that all stakeholders can understand. During the implementation process, leaders must address the adaptive challenges (e.g., collaborating more meaningfully with partner agencies to achieve shared outcomes) and technical challenges (e.g., setting up websites, initiating newsletters) required to create and sustain effective communication strategies.



**mechanisms to help develop, improve and sustain the competence to implement an intervention or practice model.**

*I think there needs to be a shift in core training from a focus on policy and process to a focus on the core practice skills practitioners need to have. New workers certainly need some informational grounding, but training tends to be much more abbreviated in showing people how to apply knowledge in day-to-day practice. Trainers need to be able to model the core skills, and create activities where the group can practice those skills and get feedback from the training team about their performance. Then workers enter the field maybe not knowing every rule about foster care, but knowing how to engage families and understanding how a team might be facilitated.*

– Paul Vincent, Director, The Child Welfare Policy and Practice Group<sup>3</sup>

## 4 | Increase competence through training and coaching

Social workers, supervisors, managers, agency leaders, foster and adoptive parents, providers, and other involved partners must have, or acquire, the competence to apply the principles and the intervention components/skills of the child welfare practice model. To provide staff with the appropriate training and coaching to gain the knowledge and skills needed,<sup>1</sup> the agency must consider:

- the content and implementation of a training plan,
- training leaders first, and
- the importance of coaching.

### *The content and implementation of a training plan*

Building competence in a child welfare practice model requires a significant training and coaching effort and all agency staff, not just a few agency representatives, should receive training. When implementing practice model training statewide, leadership must ensure staff coverage with the least possible disruption in services, decentralize training sites to decrease travel time, and establish web-based processes to facilitate statewide enrollment.

An agency’s training plan should be developed or revised to fully embed the values and intervention components/skills of the practice model framework. Because the product available to families and youth served by the child welfare system is the practice of frontline workers, training must focus on guiding the day-to-day practices and skills of those workers,<sup>2</sup> shifting away from primarily focusing on policy and process.

### **Developing a Training Plan**

**Tennessee**—The “Practice Wheel” framework used by the Tennessee Department of Children’s Services conceptualizes practice as a process continuously involving engagement, teaming, assessment, planning, intervention and tracking. Core training is organized within these themes or components. The Department’s Quality Service Review also measures conformity and fidelity to these components.<sup>4</sup>

**Alabama**—Similarly, in its reform efforts, the training plan in Alabama followed the natural practice model process, with week one devoted to engagement, week two to assessment, week three to strengths-based planning, and week four to intervention. Later an additional module was devoted to child and family team meetings. The content of the training was practice- rather than procedure-oriented.<sup>5</sup>

[See an additional example on page 71.](#)

## Train leaders first

To make a clear commitment to the practice model, leaders must be engaged and immersed in its principles and approaches from the start, so agencies should first train the staff who will lead implementation efforts to ensure their active support once other staff are trained.

Supervisors should be trained before or at the same time as case-workers. If direct practice staff are trained first, they may not feel free to practice differently in the “old practice” environment. For example, their supervisor may not support the new practice direction (or may even be directly opposed to it), existing policy may be incompatible, or the information system may ask for different data than the worker is trained to collect in the new model.<sup>6</sup>

## The importance of coaching

Coaching occurs in the service setting and requires diligent and continuous one-on-one work with staff using demonstration and observation, addressing strengths, discussing obstacles, suggesting changes in approach and reinforcing the change over and over.<sup>7</sup> Coaches may also “co-practice” with workers in meetings with children and families and co-facilitate family team meetings. In its work on practice model implementation in several States, The Child Welfare Policy and Practice Group found that demonstrating with real families is the most powerful way to change practice.<sup>8</sup>

## Training Alone Is Not Enough

While most skills can be introduced in training, they are really learned with the help of a consultant/coach. The 2002 meta-analysis of teacher training and coaching conducted by Joyce and Showers demonstrated that even very good training which included demonstration, practice and feedback resulted in only 5% of the trained teachers using the new skills in the classroom. However, when the training was accompanied by coaching **in the classroom**, there was dramatic improvement, and 95% of the teachers used the new skills.<sup>9</sup>

*If you're just going to train caseworkers, the practice isn't going to stick. If leadership and managers aren't buying into it and aren't supporting them, they're not going to be able to continue that practice. We trained leadership first because we needed managers to hold casework supervisors accountable for the practice.*

– Christine Norbut-Mozes, former Associate Commissioner, New Jersey Department of Children and Families

## Identifying Coaches

Initially, many States contract with coach/consultants who have experience and expertise in implementing child welfare practice models. Eventually, these outside coach/consultants train others within the State to serve as coaches. Barbee notes that the development and mentoring of highly skilled internal practice coaches is a critical component for long-term success.<sup>10</sup>

Several Child Welfare Implementation Center (CWIC) directors who provide coaching in States recommend that if a State is trying to implement a practice model without the benefit of outside consultation, mid-level supervisors, champions, early adopters, and practitioners who grasp what the change is about would be natural coaches, but would need to learn coaching skills. “It’s more than just knowing the model.”<sup>11</sup>

### Identifying Coaches

**Indiana** identifies staff who are excited about the practice model, and trains them as peer coaches to support other caseworkers in facilitating family team meetings.

**New Jersey** initially planned to have casework supervisors coach new staff on the practice model, but learned that some casework supervisors had the capacity to be coaches, and others did not. The State decided not to limit the pool of coaches to a specific position and selected staff who were champions for the practice and interested in being leaders.<sup>12</sup>



## 5 | Enhance supervisory capacity to implement the practice model

Supervisors are the most stable element of the child welfare system, and their involvement and support in introducing and achieving systemic change is crucial. Supervisors make the link between practice model values/concepts and actually changing practice. When child welfare supervision is strengthened and supervisors are fully supported:

- practice improves;
- better outcomes are achieved;
- worker retention improves; and
- supervisor effectiveness, team effectiveness, and worker and supervisor job satisfaction improve.<sup>13</sup>

Traditionally, supervisory conferences have tended to be case-specific rather than exploring the caseworker’s overall practice. When implementing a specific practice model, supervisors have the opportunity to provide feedback about a worker’s global practice skills<sup>14</sup> and create a work environment where the practice model is consistently applied.<sup>15</sup>

To accommodate and support supervisors in their role as agents for practice change, agencies need to carefully rethink the supervisory role, balance expectations, train and coach supervisors in the practice model itself and then offer additional training and coaching in how to supervise to the practice model. Even when supervisors understand the practice model, they often have difficulty translating the model into their mentoring and supervisory role. Follow-up coaching can provide team case consultations under the direction of the supervisor and facilitated by a practice coach allowing supervisors to help workers on case-specific issues in a safe learning environment while learning their coaching role.<sup>16</sup>

### Minnesota’s Guide for Supervisors

**Minnesota**—The Minnesota Department of Human Services implemented a guide for child welfare supervisors grounded in the values, principles and skills found in Minnesota’s child welfare practice model. The [Supervisor’s Guide](#)<sup>17</sup> translates each of the 11 practice model principles into specific supervisory actions/skills that demonstrate use of each principle. It also identifies “markers of effectiveness” which outline what a supervisor should actually see in terms of caseworker performance when the specific supervisory skills are consistently implemented. By looking for these markers, supervisors can assess whether their efforts were successful. Child welfare supervisors played a significant role in developing the guide. The guide promotes a value-driven, results-oriented model of child welfare supervisory practice and clearly demonstrates how values guide practice and drive performance.<sup>18</sup>

[See additional examples on page 72.](#)

## 6 | Designate specific practice model staff and find champions



Designating specific practice model staff to support other agency personnel as they adopt and practice new skills prioritizes work on the practice model and ensures the focus and consistency needed for a long implementation process. It also demonstrates agency leadership's commitment to the change.

It is also important to seek out those who are excited about the practice model to become champions and leaders in development and implementation—those people in the agency or the larger community who support and embrace the new practice model. They grasp what the change is about, believe strongly in its principles, and have become experts in applying the practice model. Usually they are local, respected staff who have the perspective of the field. The Kotter model argues for finding people who have positive results to share in order for the change process to move forward. In its technical assistance work on Solution Based Casework, the University of Louisville team similarly observed that spreading good news of early successes is an important activity, and the mere exposure to change gets people used to it and less resistant.<sup>19</sup>

### How champions help.

Champions share successes and help persuade staff who are less enthusiastic and are waiting to see how the change effort proceeds. They lead staff out of their comfort zones and model innovation and growth. Champions from the community, who enjoy credibility and influence, can serve as political buffers and supports with stakeholders and the media.<sup>20</sup> Champions also provide ongoing support for staff as coaches, practice consultants, and liaisons from the field to the implementation team.

### How to support champions.

Formalize the role of champions by giving them a designated position in the implementation of the practice model. They should be trained, not only in the practice model itself, but also in strategies for coaching and supporting other staff. Identify opportunities for them to share what they are doing and what is working well. Give them the time, responsibility and authority to facilitate practice change.

### Dedicated Practice Model Staff

**Indiana** appointed a full-time practice model director at the State level and has six full-time peer coach consultants, each assigned to three regions. The peer coach consultants, pulled from the field, are experts in practice who are not seen as threatening and enjoy the trust of staff.<sup>21</sup>

**New Jersey** created an assistant director position for each of its 10 area offices to focus on workforce development and implementation of the case practice model.

**North Carolina** stresses the importance of having staff dedicated to the practice model, and instead of hiring new staff, they rewrote job descriptions to assign two State level staff to work on the practice model.

*It helped us early on to have a dedicated staff person in a division whose focus was 100% on implementing this family center practice model—actually at one point we had two people dedicated. This shows the counties that you are invested and 100% behind the practice model and I don't know that we would have been successful without that. – Candice Britt, North Carolina*

**Washington**—In moving to Solution Based Casework, the implementation team identified “early adopters,” or champions, and recruited them for special notice and additional training. These staff became site-based consultants, local and respected colleagues who could serve as ready consultants available in every district office.<sup>22</sup>



## 7 | Align staff selection and performance evaluation with the practice model

Once implemented, a practice model impacts all agency support systems, including staff selection and performance evaluations. To ensure staff competence, these two processes must align with the practice model principles, the necessary practice skills, and the desired outcomes.

### *Staff selection.*

The staff selection process should be geared toward finding and hiring staff whose values are aligned with the practice model and who have, or can learn quickly, the needed practice skills. Human resource functions such as hiring criteria, job descriptions, recruitment methods, job interview protocols, orientation, and pre-service training must reflect the practice model values, skills and outcomes.

### *Staff performance evaluations.*

As expectations for working with children, youth and families change, so should the formal expectations for practitioner performance (the performance evaluation process).<sup>23</sup> The staff performance evaluation process itself should follow practice model principles: strengths-based and individualized, with caseworkers participating in assessing their own performance.

The performance evaluation focuses on whether each worker demonstrates the practice model value base and has the necessary clinical skills to put each of the core intervention components into practice. It also might look at aggregate outcomes achieved by children, youth and families served by the worker. When performance needs improvement, the agency would create a comprehensive professional development plan and provide resources to implement the plan, including improving practice conditions such as high caseloads or inadequate data systems.

### **Staff Selection**

**Indiana**—The Department of Child Services revised its interview tool for hiring new caseworkers to include behavioral questions and rating scales to identify key characteristics that will support the practice model. They also updated position profiles and developed staff performance measures focused on their five core practice model skills: Engaging, Teaming, Assessing, Planning and Intervening.<sup>24</sup>

## ■ Gather, synthesize and use accurate data

Measure fidelity, assess outcomes, quality review system

Revise policies and procedures

Financing and resource development

Meet caseload standards

Comprehensive services array

Procurement, contracting and partnerships with providers

### ORGANIZATION DRIVERS

#### create and sustain organizational and system environments that promote effective practice models.

*“Having data—even good, relevant data—only gets you so far, though. The key to getting people to pay attention to data, and to use it to manage, is to use it as an analytical tool and not as a way to beat people up. It’s not about embarrassing people. Looking at data and information in a dispassionate way has already helped us make huge changes in the system. If we don’t get feedback, then we don’t know what changes we need to make. Data doesn’t give you the answers, but it allows you to ask more targeted questions.”<sup>3</sup>*

– James Payne, former Director, Indiana Department of Child Services

## 8 | Gather, synthesize and use accurate data

### Use data early to determine what needs to improve

Gathering, synthesizing and using accurate data is important in all implementation stages, even before deciding to move forward with a practice model. An agency must have data that provide an accurate understanding of the outcomes they want to improve. This data will inform a discussion of what strategies might lead to improvement (e.g., a practice model) and how to measure progress.

The National Child Welfare Resource Center on Data and Technology (NRC-CWDT) notes that “the mantra is to understand what is driving the performance you are getting before you decide how to fix it.” The NRC-CWDT advises in *Tips, Tools and Trends*<sup>1</sup> to anchor all strategy development in empirical data: quantitative, qualitative, or ideally, both.

### Will the existing data information system support practice model implementation?

Can strengths-based, individualized service plans be easily captured in the data system? Can team meetings and their outcomes be tracked? Can data be shared across systems? Is the information system accessible statewide and in all local offices? Does it allow for analysis of large amounts of information? Is it user friendly and helpful to frontline workers? These are important questions to assess during the Exploration or Program Design Stage.

During the Initial and Full Implementation Stages, child welfare agencies and their stakeholders rely on their data systems to support workers in their everyday practice, assess fidelity, provide outcome data, track overall performance, determine if the practice model is making a difference, and support decision making to ensure continuing implementation of the practice model over time.<sup>2</sup> To effectively support implementation of a child welfare practice model, information systems must have the capacity to do all this.

### Two States Improve Data Systems

**North Dakota** built and enhanced support for its practice model through a Program Improvement Plan (PIP)<sup>4</sup> strategy—introducing FRAME, a new child welfare data system. The system was built around the need:

- for increased efficiency (it reduced duplication; enabled disconnected data systems to work together under one “engine”);
- for greater data access (established a data warehouse); and
- to support best practice case management in case and system-level decision making.

**Indiana** is rolling out a new data system in 2012 that will allow the department not only to track overall system-wide trends, but also to monitor performance at the frontline level. The new system will allow the department to run a variety of customized reports on demand.

## 9 | Measure fidelity, assess performance/outcomes, and create a quality review system

### Measure fidelity

To understand evaluation results and build evidence of effective practice in child welfare, practitioners and researchers must know the extent to which programs are implemented.<sup>5</sup> Once an agency has settled on its practice model, it must review for fidelity to its principles and practices to accurately analyze performance. Because what gets measured often gets done, this ongoing fidelity monitoring encourages frontline workers to follow the practice model. Monitoring fidelity ensures an ongoing connection between the practice model and daily social work practice.<sup>6</sup>

### Assess performance and outcomes using existing Continuous Quality Improvement (CQI) system

In addition to monitoring fidelity, agencies must assess the impact of their new practice models on performance and outcomes. To do so, agencies should determine whether existing CQI data, information and processes focus adequately on the key values, practices and intended outcomes embodied in their new practice models. Where gaps exist, agencies may need to modify or develop new ways of collecting, analyzing and using data and information to assess and ultimately improve performance.

### Structure qualitative case reviews (QCR) around practice models

During the Initial and Full Implementation Stages, agencies may use qualitative case reviews to measure fidelity to the practice model, track child and family progress/outcomes, assess overall agency and system performance, and provide feedback to staff on their performance. Many agencies use case review protocols similar to the reviews done in the Child and Family Services Review (CFSR) process.

Some agencies use quality service review (QSR) protocols, analyzing how well a child and family were engaged by a system, what type of team was developed, and whether planning and intervening was appropriate and mindful of the child and family's long-term outcomes (e.g., permanence).<sup>7</sup> Findings from a CFSR or QSR process can promote and support efforts to improve frontline practice and services.

Agencies using a qualitative case review approach also identified several quantitative indicators a QCR helps to improve: timely reunification, timely adoption, placement stability, discharge to legal permanence, and performance on foster care reentries.<sup>8</sup>

Gather, synthesize and use accurate data

#### ■ Measure fidelity, assess outcomes, quality review system

Revise policies and procedures

Financing and resource development

Meet caseload standards

Comprehensive services array

Procurement, contracting and partnerships with providers

#### ORGANIZATION DRIVERS

#### Evaluation and Monitoring

In Kentucky, the original measurement tool used to evaluate the impact of Solution Based Casework (SBC) included 33 items that specifically measured aspects of SBC. These measures helped assess fidelity to the model across the State, and compare cases with high versus low adherence to the model in performance on outcomes of safety, permanency and well-being.<sup>9</sup>

*Using a system that gives you feedback on your practice is vital. You can't succeed with practice model-driven practice unless you know whether you're delivering it or not.*

– Paul Vincent, Director, The Child Welfare Policy and Practice Group<sup>10</sup>

## Indiana's Quality Review System

**Indiana's Quality Service Review (QSR)** — <http://www.in.gov/dcs/files/1QSRProtocolUpdates2009020310.pdf> — is an action-oriented learning process that provides a way to know what is working or not working (and why) at the point of practice, where children, youth and families interact with practitioners.<sup>11</sup> It involves case reviews, data pattern reviews, and interviews with key stakeholders and focus groups, and focuses on improving practitioner performance while building capacities to improve the local practice conditions.<sup>12</sup>

Indiana structured its quality service review around its practice model principles, key practice functions (core intervention components), and also tracks practice indicators (outcomes).

**Principles**—the QSR protocol begins with an introduction to Indiana's practice model values and beliefs.

**Core Intervention Components**—Each case review determines practice performance for the key practice functions (core intervention components). For example, the system performance indicator in the section on “Engaging” focuses on Role and Voice of Family Members, and the reviewer determines the degree to which family members actively participate in decisions made about child/family change strategies, services and results. The protocol provides descriptions of a best case scenario in which “families own the change process” and sets out eight questions to guide the reviewer in determining to what degree families are engaged.<sup>13</sup>

**Outcomes**—When Indiana began to reform its child welfare system, it selected 10 practice indicators to track and began producing monthly practice indicator reports. These reports offer a collection of data elements that allow DCS to monitor effectiveness of its practice model. Examples of these monthly reports are available at: <http://www.in.gov/dcs/3364.htm>.

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*You must design an evaluation system that's going to measure success, apply it early and often, so that you really know whether your practice model is making a difference...otherwise you don't know what you did that actually worked.*

– Christine Norbut-Mozes, former Associate Commissioner, New Jersey Department of Children and Families

## 10 | Revise policies and procedures

Gather, synthesize and use accurate data

Measure fidelity, assess outcomes, quality review system

### ■ Revise policies and procedures

Financing and resource development

Meet caseload standards

Comprehensive services array

Procurement, contracting and partnerships with providers

### ORGANIZATION DRIVERS

### *Establish policies that reflect the practice model framework*

Historically, the federal government has used policy to guide child welfare practice in one direction or another. The Child and Family Services Reviews, and federal laws such as the Adoption and Safe Families Act, the Multiethnic Placement Act, and the Fostering Connections to Success and Increasing Adoptions Act established policies that have significantly impacted child welfare practice. Agencies engaged in practice model reform also need to establish new policies or change existing ones to support the desired frontline practice.

### *Policy implementation planning*

The policy implementation process involves strategies to develop the policy, present it to staff, execute it and determine whether it achieves its stated goals. For example, it is important to obtain staff and stakeholder input about the policy prior to issuing it, provide technical assistance to staff about its content, establish a central point/person for questions, and establish feedback loops. Timing is crucial. Allow enough time from issuance of the policy to its implementation for staff to thoroughly understand it and make the changes neces-

sary to accommodate it. Share the new policy in a variety of ways (printed, online, verbally, in supervisory conferences, etc.) and make it accessible to all who need to know about it, including caregivers, families and youth. After the policy has been implemented for a period of time, analyze it to determine whether it is achieving stated goals and modify it based on this evaluation.<sup>14</sup>

### Washington's Policy for Monthly Health and Safety Visits

In September 2008, the Children's Administration (CA) implemented a policy for monthly (not to exceed 40 days between each visit) face-to-face health and safety visits for every child in CA custody. This policy clearly supported the principles of CA's practice model which directs policy and procedures toward family-centered practice and is informed by [solution based casework](#).<sup>15</sup> CA views monthly visits with children in foster care as an essential practice to help ensure that children are safe from harm, that the placement is a good match for their needs, and that their needs are being met. Regular visits also provide the opportunity to engage children, youth, caregivers and parents in case planning and support their progress in meeting identified goals. Prior to implementation of the monthly visit policy, quarterly visits had been the policy. In FY 2008, only 10.5% of children in foster care were visited at least once every calendar month. Performance has improved dramatically to 80% (FY2011) and 84% (FY2012), according to a Semi-Annual Performance Report for the Braam Revised Settlement and Exit Agreement. Using the new federal measure, 96% of visits were completed monthly, out of the number necessary to visit each child in out-of-home care monthly.<sup>16</sup>

Significant supports were put in place to implement the new policy:

- CA is converting old policy manuals into a Practice and Procedures Manual with a very user friendly format offering rationale and resources for implementing every policy.<sup>17</sup>
- The governor received additional funding from the legislature to reduce caseloads from an average of 24:1 to 18:1. In 2008 less than 50% of caseworkers had caseloads at 18 or below. In June 2012, 74% met the caseload standard.<sup>18</sup>
- A new information system, FamLink, provides a means for social workers to report on monthly visits (date, time, location, participants, case notes) and tracks performance.
- Supervisors regularly discuss monthly visits with caseworkers (a tool to facilitate these discussions was created).
- CA implements quality assurance through monthly InfoFamLink reports, and reviews cases where visits did not occur to determine reasons and trends. Follow up actions are implemented to ensure children are visited by their assigned social worker, and performance is reported to regional management teams.

## 11 | Address financing and resource development

### What needs to be funded

When an agency has agreed on its practice model, who it will serve and how, and with what anticipated outcomes, agency leadership and stakeholders decide WHAT must be funded to develop, implement and sustain the practice model. Determining HOW to fund it is a later step. This sequence ensures that the practice model itself drives the financing strategies and not the other way around.<sup>19</sup>

Funding must support a variety of tasks, supports, and infrastructure development.

- Improve competency with:
  - consultants hired during the exploration stage and retained throughout the implementation process;
  - training for new and existing staff, providers, and caregivers; and
  - coaching.
- Adjust workloads and caseloads to fit the demands of the practice.
- Assess and strengthen service capacity using:
  - child and family team meetings;
  - evidence-based practices;
  - individualized community-based services, including flexible funding; and
  - parent partner programs.
- Address fidelity to the practice model and evaluate outcomes by:
  - adapting data systems;
  - tracking outcomes;
  - strengthening staff performance evaluations; and
  - implementing quality review systems.

Gather, synthesize and use accurate data

Measure fidelity, assess outcomes, quality review system

Revise policies and procedures

■ **Financing and resource development**

Meet caseload standards

Comprehensive services array

Procurement, contracting and partnerships with providers

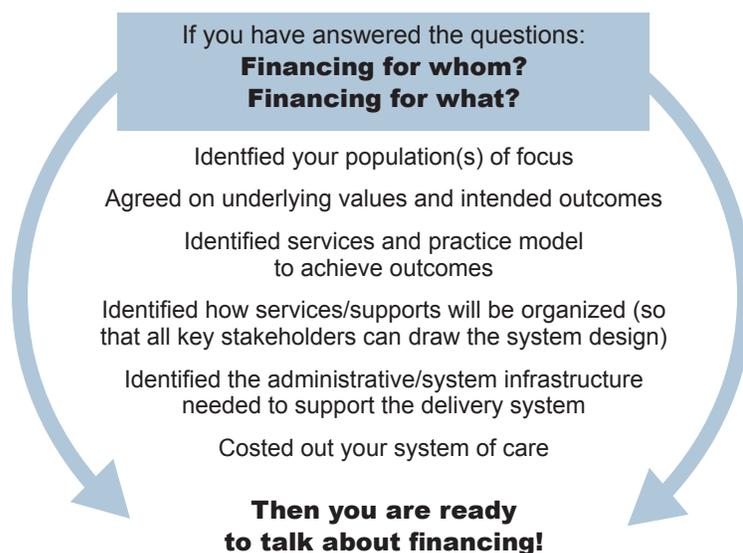
### ORGANIZATION DRIVERS

### How to finance a practice model approach

If agencies understand the funding sources for children and families served by the public sector—how they might be used and their constraints—they can create a collaborative, integrated approach to funding the child welfare practice model and services offered by other child-serving systems. The following strategies for financing community-based systems of care, many of which are relevant to child welfare practice models, are adapted from *Building Systems of Care—A Primer for Child Welfare*.<sup>20</sup>

- **Redeploy existing dollars.** To finance new services, redirect funds from areas with high costs or poor outcomes. Leaders need to assure that any “savings” generated by implementation of the practice model (e.g., reduction in out-of-home placements) will be reinvested in other service areas (e.g., prevention and in-home services).
- **Refinance to maximize federal funding sources.** Expand services covered by Medicaid, ensure effective draw-down for all IV-E eligible children and for the various activities allowable under IV-E such as case management and training.
- **Raise new revenue.**
- **Create new funding structures** such as pooled, braided and blended funding.
- **Think of financing from a comprehensive, cross-systems perspective,** drawing on multiple funding sources. While government funding streams provide most resources, others such as foundations, businesses, and donations are also important.

Figure 4 | **First Steps In A Strategic Financing Approach**



Pires, S., et al. *Building Systems of Care – A Primer for Child Welfare*, p.111. [https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/PRIMER\\_ChildWelfare.pdf](https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/PRIMER_ChildWelfare.pdf)

### Virginia—Aligning Budget and Policy Priorities to Promote Family-Based Care

In 2006, Virginia began working on a child welfare practice model that focused on permanence and underscored a statewide commitment to include families in child-welfare decision making and permanency planning. As the work progressed, one problem became obvious at the State policy level. Although the State considered its system to be family-focused, the formula used to provide matching funds to localities for foster care placements did not distinguish between residential and family-based placements, and residential placement rates were too high. To remedy this situation, the State reduced by 50% the match rate localities were required to meet for community-based services and increased by 25% the localities' share for non-Medicaid residential services. Reducing the match rate targeted what many saw as one of the State's biggest problems—funding had not been used to encourage good practice, nor to discourage poor practice.

Virginia also increased its family-based care capacity through a phased-in 21% payment hike for foster family reimbursements and an additional \$2 million to recruit, train, and support foster, kin, and adoptive parents who care for children in the system.

By 2010, community-based care for children increased by nearly 60%, the State's foster care caseload shrank by more than 20%, the number of children in congregate care was nearly cut in half, and child permanency rates increased to more than 80%.<sup>21</sup>

## 12 | Meet caseload standards

Caseloads that are too high create problems in the child welfare system whether the agency is establishing a practice model or not. The Child Welfare League of America (CWLA) notes that critical incidents, including child injuries and deaths, almost always involve an overworked caseworker who didn't have sufficient time to adequately assess or monitor the child's situation.<sup>22</sup>

### **Hire additional staff and orient them to the practice model**

One strategy for dealing with caseload size is to fund and hire more staff, and many States have done this. But hiring a large cohort of new staff is only one part of the solution. New hires must be trained, coached and supported in the agency's practice model approach and make it their way of work.

Gather, synthesize and use accurate data  
Measure fidelity, assess outcomes, quality review system  
Revise policies and procedures  
Financing and resource development  
■ **Meet caseload standards**  
Comprehensive services array  
Procurement, contracting and partnerships with providers

### **ORGANIZATION DRIVERS**

### **Two Important Change Elements: Workforce and Practice Model**

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Adequate size workforce	+	Practice model	=	Improved practice and outcomes
Inadequate size workforce	+	Practice model	=	Frustration, difficult to achieve outcomes
Adequate size workforce	+	No practice model	=	Lack of direction, difficult to achieve outcomes

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### **States Use Different Methods to Meet Caseload Standards**

Georgia, Indiana, Iowa, New Jersey, Utah, Washington and Arlington County, Virginia addressed caseload size as they implemented practice models through their practice model standards and/or hiring additional workers.

#### **Practice model standards—**

- **Georgia**—"Employees will have workloads that enable practice to be consistent with the model of practice. Supervisors will have five workers each and will not carry cases."<sup>23</sup>
- **Iowa**—"Staff have workloads at a level that permit practice consistent with the model of practice, and that are reasonably in accord with recommended national standards."<sup>24</sup>
- **Arlington County, Virginia**—"Managers set and incorporate standards for staff that are consistent with recommended national best practices, including caseload size."<sup>25</sup>
- **New Jersey**—"It is imperative that every office practicing the new model be at or near target staffing levels for caseload carrying and supervisory staff and have 80 percent of their caseworker staff beyond the six-month initial training period as well."<sup>26</sup>

#### **Hiring additional workers—**

- **Indiana**—In 2005 the governor established the Department of Child Services (DCS) as a cabinet-level, independent agency. To carry out its mission to serve and protect children and families, the Indiana legislature provided DCS the resources needed to reduce caseloads to 12 new cases or 17 ongoing cases per worker. This doubled the number of agency staff to 1500 by 2008.<sup>27</sup>
- **Utah** saw an infusion of new staff due to its child welfare lawsuit, several years before they implemented a new practice model.
- **Washington**—From July 2005 through December 2008, the Children's Administration in Washington hired over 400 social work FTEs or their direct supervisory or clerical support.<sup>28</sup>

## 13 | Develop comprehensive services array

Agencies developing and implementing a child welfare practice model must offer a comprehensive array of services, and frontline workers trained to implement a practice model with fidelity must be able to refer families to the services they need.

### Assess and enhance the service array

While it may seem like a huge undertaking for an agency to strengthen its service array while developing and implementing a practice model, combining the two processes could be both beneficial and efficient. Both processes should be grounded in the same principles and focus on similar outcomes, and with input from stakeholders involved in practice model implementation, an agency can learn what services are really needed to

support individualized, strengths-based planning and to achieve successful outcomes. Some agencies undertake the services enhancement process while preparing for the Child and Family Services Review (CFSR) or as a strategy in the State's Program Improvement Plan (PIP).<sup>29</sup>

### Scope of services to address

A review of practice model documents from several States demonstrates that services should be culturally responsive and relevant to the needs of a diverse population, accessible, timely, targeted at the risk and need of children and families in all areas of the State<sup>30</sup> and focused on community-based services to enable families to live together safely, reducing reliance on out-of-home and residential care.

Gather, synthesize and use accurate data

Measure fidelity, assess outcomes, quality review system

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Financing and resource development

Meet caseload standards

#### ■ Comprehensive services array

Procurement, contracting and partnerships with providers

#### ORGANIZATION DRIVERS

### Connecticut's Community Partnership and Service Delivery Model

The Connecticut Department of Children and Families (DCF) developed a differential response system (DRS) using a community readiness planning process in each of the five DCF regions to design a community partnership and service delivery model. Assisted by Casey Family Services, each region assessed service strengths and needs and outlined the most important services that should be accessible to families involved in differential response.<sup>31</sup>

The five regional teams in Connecticut identified similar core services.

- Basic needs: financial assistance, food stamps, food banks, clothing closets, diaper banks, utilities assistance, transitional and subsidized housing, furniture, health care, public benefits enrollment, and coordination
- Mental health (chronic, situational, trauma-informed)
- Alcohol and drug abuse treatment
- Employment and training assistance
- Child care (drop-in, after school, special needs, hours to accommodate shift workers)
- Transportation

- Parenting education and skill development/life coaching and mentoring
- Parent leadership, peer support, parent advocacy
- Social supports, enrichment, and recreational activities
- Legal services

Each of the Planning Teams stressed the need for local and customized service delivery and embraced the concept of working more collaboratively with consumers. Two roles strongly endorsed by all five regional teams were a case manager, who would partner with the family and DCF to broker the services and supports most needed by a family, and a family advocate, ideally a previous consumer who could provide support, role modeling and guidance to families.

## 14 | Manage procurement, contracting and partnerships with providers

Public child welfare’s reliance on private service providers differs significantly in agencies across the country. Whether an agency relies on providers for most of their services or just a few, providers are essential partners and play an important role in implementing child welfare practice models from exploration through full implementation.

Numerous fiscal tools and incentives can be used to promote practice change and create the provider network needed. These tools, discussed more thoroughly in *Building Systems of Care—A Primer for Child Welfare*,<sup>i</sup> can help agencies design a service system to meet the needs of children, youth and families; ensure frontline practice based on practice model principles; and purchase quality care. They include:

- adjusting fee structures (capitation and case rates);
- refining procurement processes;
- initiating performance based contracting;
- inserting criteria such as practice standards, staff preparation, addressing the needs of diverse populations and providing culturally competent services in requests for proposals (RFPs); and
- forming provider networks.

Providers also respond to incentives such as having greater flexibility and control, training and staff development, back-up support when especially difficult administrative or service challenges arise, more timely reimbursement, and capacity development grants (start-up money).<sup>32</sup>

Involve providers when determining which mechanisms to employ. They can explain how the changes impact the services they provide and help address any potential unintended consequences.

*We had some wonderful providers who were part of the workgroups Casey helped put together. They’ve changed their programs to offer more community-based and in-home services.*

– Brinette Jones, Interim Deputy Director, Richmond Department of Social Services<sup>ii</sup>

<sup>i</sup> This section is in part adapted from Pires, S., Lazear, K., and Conlan, L. *Building Systems of Care—A Primer for Child Welfare*, Module 8, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, 2008. <http://gucchd.georgetown.edu/72382.html>

<sup>ii</sup> *Back on Track- Transforming Virginia’s Child Welfare System*. Annie E. Casey Foundation, p. 11. <http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7B2620ED4A-1117-43E2-ADDE-CF35F914BB48%7D>

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### ■ Procurement, contracting and partnerships with providers

#### ORGANIZATION DRIVERS

#### New Jersey—The Role of Providers in Implementing a Child Welfare Practice Model<sup>33</sup>

One of the powerful lessons of reform that the New Jersey Department for Children and Families (DCF) learned from other jurisdictions was the need to develop and nurture provider partnerships during the exploration stage. New Jersey recognized the profound effect the case practice model would have on providers, requiring them to make changes such as:

- embracing the principles of family-centered, strengths-based practice;
- commitment and capacity to participate in family meetings;
- flexibility in service delivery (in substance, timing and methodology);
- willingness and capacity to experiment and test new methods of service delivery and types of services;
- willingness and capacity to make staff available for training; and
- developing service continuums rather than single service delivery models.

DCF saw providers as key partners throughout the planning process, during the training and coaching phases, as members of family teams, and as responders to service requests.

## **Texas—Redesigning Foster Care Through Changes in Contracting, Procurement Processes and Fiscal Model<sup>34</sup>**

In January 2010, the Texas Department of Family and Protective Services (DFPS) acknowledged multiple system problems and joined with other child welfare stakeholders to redesign its foster care system. They formed a Public Private Partnership (PPP) group which recommended changing the ways that DFPS contracts and pays for services. The group also recommended that the redesign happen in phases, so that lessons learned could be applied to each subsequent roll out.

Foster Care Redesign is based on input and recommendations from over 3,000 stakeholders, including youth currently and formerly in foster care. The Redesign is founded on the following guiding principles, also known as quality indicators:

- Children are safe in their placements.
- Children are placed in their home communities.
- Children are appropriately served in the least restrictive environment that supports minimal moves for the child.
- Connections to family and others important to the child are maintained.
- Children are placed with siblings.
- Services respect the child's culture.
- To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences and activities similar to those experienced by their non-foster care peers.
- Children and youth are provided opportunities to participate in decisions that impact their lives.

Foster Care Redesign represents a fundamental shift in the way DFPS had been doing business with child placing agencies and foster parents, establishing single source continuum contractors (SSCCs) in specific catchment areas responsible for developing a full array of paid services for all children who enter care in the area. Rather than paying providers more when children are in higher levels of care, Texas has created financial incentives for achieving better outcomes such as less time in temporary, substitute care and moving children quickly into permanent placements (reunification, kinship care, and adoption). In June 2012, DFPS announced tentative contract awards for a SSCC in each of two areas—metropolitan and non-metropolitan. The SSCCs will be paid a blended rate (separating service levels from rates) for all children served, regardless of service level or placement type. In the final stage of implementation, payment will shift to a blended case rate intended to improve permanency outcomes and reduce time in care.

According to a former foster child, Redesign will eliminate the service level system, meaning fewer moves for children and less emphasis on documenting “bad” behavior and more emphasis on documenting positives. Also, the emphasis on achieving permanency faster means that stays in foster care should be shorter, with everyone working toward the same goal.

For more information see detailed reports and presentations on the DFPS website: [http://www.dfps.state.tx.us/Adoption\\_and\\_Foster\\_Care/About\\_Foster\\_Care/redesign.asp](http://www.dfps.state.tx.us/Adoption_and_Foster_Care/About_Foster_Care/redesign.asp)

# CONCLUSION

This Guide has provided information and examples to help agencies consider key aspects of developing and implementing a practice model. By highlighting common practice model elements, activities at each of the implementation stages, and specific implementation drivers, we hope to help agencies move successfully towards stronger frameworks for practice. We urge agencies to keep the following points in mind about the importance of an ongoing implementation process:

## Establish an effective implementation process.

Implementation research has shown that good practice model designs require solid implementation plans to succeed.<sup>1</sup> Make the implementation process inclusive, comprehensive, efficient and effective.

- Keep the process and the practice model as simple and straightforward as possible. Articulate the guiding principles, define the approach (intervention components), identify the outcomes to achieve, and build in the needed supports.
- Tend to all 14 implementation drivers in the three categories (leadership, competency, and organization).<sup>2</sup> The importance of each of them, plus others identified by individual agencies, will depend on the readiness of each agency and the scope of the practice model, but consider each of them.
- Focus on what needs to happen at the practice level, plus any aspect of the system's infrastructure that may need to change. For example, to successfully implement a child welfare practice model, frontline social workers must be supported with a manageable workload; they must be competent (trained and coached) in the practice model; they must have access to community-based services children, youth and families need; and they must have the financial and policy support needed to implement the practice model with fidelity.

## Expect that it will take a long time to achieve full implementation.

Don't rush the process. Implementation involves a set of complex and interrelated tasks that may take longer than anticipated. Allow time to adjust to lessons learned and consider sequencing implementation, beginning in one or a few sites with a goal of implementing more broadly in the future. The process may take several years, but the long-term result will be worth it in terms of sustainability and quality of practice and services.<sup>3</sup>

*No specific family involvement meeting or process will improve the long-term prospects of children unless the agency as a whole has policies, practices, staff, and incentives that consistently and constructively involve families and focus on children's needs, including safety, well-being, and stable family relationships. Often, a comprehensive, family involvement-focused practice model is the vehicle for connecting the dots.*

– Biehle and Goodman<sup>4</sup>

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## **System reform is continuous.**

The process is not over at the full implementation stage. Implementing a child welfare practice model permanently changes the way the child welfare system operates. To sustain this change in practice requires continuous review of fidelity to the principles and the practice; tracking outcomes for children, youth and families; training/coaching new staff and retraining existing staff (as needed); gathering data; assessing system performance; and making needed changes.

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## **Write about your implementation process and share it with others.**

A written examination and summary of the process keeps implementation focused and provides information to share with other States and communities. It creates a record of progress, hurdles, challenges, and solutions, and it informs others who are not directly involved in implementation. Sometimes system reformers “do” a lot, without taking the time to reflect on what they have done. Writing forces important reflection, and others benefit when that is shared.

As agencies engage in the long and continuous process of developing and implementing practice models, and share what they are learning, everyone will gain a better understanding of how to move towards more consistent and effective child welfare practice, and improved outcomes. Strong practice models have the potential to bring to life, across agencies and systems, the practice consciously chosen by a wide array of stakeholders as providing the most effective services for the children and families served by child welfare systems. This potential makes the time, effort and resources involved in developing and implementing child welfare practice models a wise investment.



## Worksheet | **Articulating Practice Model Principles**

This worksheet can help States determine what principles will guide their frontline practice. Compiled from a review of practice model principles published by approximately 10 States and several other resources, these principles are applicable across the core intervention components and are grouped by beliefs important to family-centered practice.

The principles are examples and can be used to generate discussion. Whether an agency selects the principles listed in the worksheet or others, it is important to involve multiple stakeholders (internal, external, including families and youth) in that selection and focus on what the agency and community believe should guide the work. These beliefs and principles become the agency's value base and help prioritize agency goals. The beliefs and principles also become the value base for frontline practice and impact supervision, management, and the agency's interactions with the community at large.

### **Articulating Principles**

#### *Define Beliefs About*

- families
- how the casework process should work
- where children should live
- working in teams
- the importance of culture in a family's life
- partnerships and collaboration

### **1. What do we believe about families?**

We believe that:

#### **Beliefs to consider:**

- Children are safer when their families are engaged and committed to making changes, thus full engagement with families is necessary.
- Families are the experts regarding their own needs, are motivated to recognize their needs and resources, and should have a lead role in working toward change.
- Strengthening parental capacity enhances their ability to protect and provide for their children.
- Relationships with families should be based on respect and trust; communication should be open and honest.
- Child welfare respects family bonds and responsibilities.
- Extended family, non-custodial fathers, natural support systems, and resource families play significant roles in a child's life.
- It is important to maintain family relationships through frequent family visitation (for children in placement).
- Intervention addresses the needs of the whole family, as well as individual children.
- Family and youth are full partners, and youth have a unique perspective—this means family and youth voice will be heard in all aspects of practice and system improvement.

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## 2. What do we believe about how the casework process should work?

We believe that:

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### Beliefs to consider:

- Practice is strengths-based—assessment and service planning build on the strengths of children, youth, families and communities, rather than emphasizing problems and pathology.
- Practice is individualized - assessments, services and supports are designed to address the unique needs of each child, youth and family.
- Social workers listen to each person’s voice and concerns.
- Assessment and service planning are continuous, ongoing processes, not one-time events.
- A comprehensive approach is preferred:
  - the focus is on the “big picture,” addressing the broader needs of the family, rather than only a set of symptoms which led to involvement with child welfare;
  - underlying conditions are addressed; and
  - service plans incorporate a broad array of services.
- Consistent contact and visits by the social worker assist families in achieving their goals.
- Focusing on child social and emotional well-being will help improve outcomes.
- Intervention services should not be constrained by the availability of services. When needed services are not available, child welfare works collaboratively with families and other systems to create them.
- Child welfare staff and providers are adequately trained and supported and have workloads that allow them to practice in a way that is consistent with these principles.

## 3. What do we believe about where children should live?

We believe that:

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### Beliefs to consider:

- Keeping children safely at home, with their families, and in their communities is preferred.
- Services are provided in the least restrictive, most normalized setting appropriate for the child and family needs.
- When children must be placed in out-of-home care:
  - they are placed whenever possible with relatives or kin;
  - they are placed in close proximity to their family;
  - siblings are placed together, unless the safety or well-being of a child is put in jeopardy by the placement; and
  - caregivers are adequately trained, supported and informed about the children they care for.
- Children should be reared in family settings.
- Children and youth need and deserve a permanent family.
- Services are provided to meet a child’s placement goals as soon as possible.

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#### 4. What do we believe about working in teams?

We believe that:

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**Beliefs to consider:**

- The team process values multiple perspectives and purports that a team is often more capable of creative and high quality decision-making than an individual.
- Assessments, completed in partnership with children, youth and families, include suggestions and contributions from the full family team.
- Child and family teams are a valuable strategy for identifying resources, developing steps to protect the child and support parents, and reviewing progress on the service plan.

#### 5. What do we believe about the importance of a family's culture?

We believe that:

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**Beliefs to consider:**

- Children and families have the right to be understood within the context of their own family rules, traditions, history, and culture.
- Interventions respect cultural diversity and are adapted to fit the culture of the child, youth and family being served.
- Organizations have a responsibility to convey information in a manner that is understood by diverse audiences, including persons of limited English proficiency, those with low literacy skills or who are not literate, and individuals with disabilities.

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## 6. What do we believe about partnerships and collaboration?

We believe that:

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### Beliefs to consider:

- Child welfare supports a collaborative approach to working with families, providers, other child-serving systems and community stakeholders.
- Collaboration is important at the individual child/family level to coordinate care and at the management level to strengthen the array of services and supports available to meet child/family needs.
- Child welfare shares resources and responsibility with the broader community.

### REFERENCES

In addition to the published resources listed below, this worksheet was developed through a review of the practice model principles of approximately 15 States and with internal resources supplied by the National Child Welfare Resource Center for Organizational Improvement.

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## Worksheet | **Identifying Frontline Practice Skills for a Family-Centered Practice Model**

Adopting a family-centered practice model leads to a change in approach that is likely to require new roles, behaviors and skills for many frontline workers. In transitioning from a traditional problem-focused approach to strengths-based practice, it is important to describe specifically the skills workers will need to implement the six core intervention components (family engagement, teaming, assessing, service planning, intervening, and tracking/adjusting/closure).

The skills are presented for consideration by agencies that are developing child welfare practice models. Whether an agency selects these skills or different ones, it is important to be aware of the clinical skills needed to implement the practice model; put into place strategies to ensure staff will have the skills necessary to implement the new model (e.g., pre-service and in-service training, supervision, coaching); and incorporate these skills in staff recruitment efforts and staff performance evaluations.

When using this tool to discuss and make decisions about the necessary skills, be sure to involve multiple stakeholders (internal, external, including families and youth); focus on how your agency and community believe social workers should approach their practice with children, youth and families; and be guided by the principles you have selected for the practice model.

### **Identifying Skills**

#### *Define skills for*

- setting goals with children, youth and families
- facilitating team meetings
- conducting assessments
- developing service plans
- engaging in purposeful interventions

### **1. What skills should social workers have to help them set goals with children, youth and families?**

#### **Skills to consider:**

Social workers honor the principles of family engagement when they join with the family to set mutually acceptable goals, for example, by:

- developing an initial working agreement with families about the issues to be addressed;
- asking about the family's goals before insisting on the agency's goals;
- ensuring that the goals are free of jargon; and
- identifying with the family what success will look like, so the family will know what is expected of them and when they have achieved the goals.

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## 2. What skills should social workers have to help them facilitate and participate in family team meetings?

### Skills to consider:

Effective facilitation is key to a team-based process. Facilitators must have specific skills that reflect the value base of family engagement and teaming in order to implement the activities listed below.

- Preparing for the team meeting
  - Engage families and build trust with them.
  - Prepare families in person, in advance of their first team meeting.
  - Ask families to identify who they want to participate on the team.
- Facilitating (not directing) the team meeting
  - Understand the structure and process of family team meetings.
  - Engage the family in the assessment process.
  - Engage the family in creating a comprehensive and effective plan for the child/youth/family that is tailored to the family's expressed needs.
  - Recognize, support and build the family group's capacity to protect and care for the child/youth.
  - Identify with the team family-specific natural supports.
  - Address power imbalances between family groups and child protection personnel.
  - Ensure that children, youth and families are respected and heard during the meeting.
- Ensuring follow-up
  - Partner with the family in the follow-up of their plan.
  - Be aware of wide array of services and supports and their effectiveness.
- Collaborating
  - Engage and organize the informal and professional supports and service providers in the families' lives to be part of the family's plan.

Team members, other than the facilitator, must capably perform their roles on the team as well. They need to have the skills to listen, contribute to the meetings, participate collaboratively, and offer follow-up assistance with families.

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### 3. What skills should social workers have to help them conduct assessments, develop service plans and engage in purposeful interventions with children, youth and families?

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#### Skills to consider:

To conduct comprehensive, strengths-based family assessments, develop individualized service plans, and intervene effectively, social workers will need strong skills in interviewing, analyzing, documenting, collaboration and follow-up. The skills they need will vary greatly from one family to the next and from one situation to the next. For example, they may range from finding housing to changing a deeply embedded, multigenerational pattern of thinking and behaving.<sup>i</sup>

- Interviewing skills
  - Engage the family in a trust-based relationship and shared decision-making.
  - Ask questions in a strengths-based, non-threatening manner.
  - Welcome extended family input and participation.
  - Involve the family in the assessment of their cultural beliefs, values and practices that bear upon strengths, needs and resources.
  - Listen well and hear the underlying conditions, as well as the immediate issues.
  - Make visits with families and children purposeful. Stay focused on the family's goals. Provide the opportunity for children, youth and families to share their concerns.
- Critical Thinking Skills
  - Critical thinking and knowledge of practice help families and children reframe their issues and translate problems into needs and wants.
  - Incorporate information from multiple assessments such as intake, safety, and risk assessments, as well as mental health, substance abuse, education and other assessments. Use these assessments to provide a broad and deep picture of family issues.
  - Make decisions with families, based on the comprehensive family assessment, as to what has to change to achieve outcomes.
  - Service planning goes beyond identifying needs to matching those needs to individualized services.
- Documentation/Writing Skills
  - Transmit to writing the information obtained during the assessment process. Document what is learned in a cogent, clear and concise assessment report.
  - Create assessments that are unique and individualized and are NOT interchangeable. Do not prescribe similar sets of services and supports to multiple families.
  - Avoid the use of general terms such as: "Mom is resistant" or "Mom is cooperative."
  - Describe feelings, behaviors, and events as specific strengths or needs.

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<sup>i</sup> *Engaging Families, Making Visits Matter: A Field Guide*, New Jersey Department of Children and Families, Division of Youth and Family Services, n.d., <http://www.nrcoi.org/PMNetworkDocs/CPM%20Field%20Guide.pdf>

- Collaborative skills
  - Accept the family's definition of the problem, the behavioral changes that must take place and practical solutions.
  - Share the assessment information and your understanding of the family with the family, the team and other professionals involved with the family.
  - Refer to other agencies for specialized assessments and services.
  - Workers must have a good understanding of the services available in the community and be willing to advocate with families for appropriate services.
- Follow-up
  - Conduct re-assessments at particular points in the casework process.
  - Evaluate family progress continuously.
  - Agency workers may be required to identify and even help create services, when appropriate ones are not immediately available.

#### **4. What other skills should social workers have to help them implement the child welfare practice model?**

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#### **REFERENCES**

Some of the skills identified in this worksheet are from an unpublished self-assessment tool that the Child Welfare Policy and Practice Group uses to operationalize values and principles and answer the question of what it looks like to engage in family-centered practice.

The Child Welfare Policy and Practice Group. *What Does Family Centered Practice Look Like?*  
<http://www.childwelfaregroup.org/>

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Worksheet | **Considerations for Assessing Readiness**

These considerations may be used to determine whether an agency is ready to undertake a significant systems change process such as developing a child welfare practice model. Although there is no simple way to define and measure readiness for systemic change, several common readiness domains have emerged and can be organized as organizational readiness (is the State, agency, organization, community, and/or Tribe as a whole ready to make the needed investment in change) and individual readiness (are individual staff at all organizational levels prepared for the change). When reviewing the considerations, do not expect your agency to be fully ready in every domain, and do expect that readiness will change over time.

By using a Likert Scale (strongly agree to strongly disagree), you can turn this list of considerations into a checklist for assessing your agency's specific readiness strengths and needs.

The sources used to create this worksheet are listed on page 67.

**Assessing Readiness***Organizational readiness:*

- Leadership
- Organizational culture and climate
- Vision, principles, goals, outcomes
- Resources, capacity, caseload and workload
- State of practice
- Infrastructure to support the implementation process
- Staffing and preparation of staff
- Involvement of families, youth, external stakeholders and community
- Cultural competence and attention to disparities

*Individual readiness:*

- Understanding of the practice model
- Stage of staff readiness (pre-contemplation through maintenance)<sup>i</sup>
- Staff skills (clinical skills need to implement practice model)
- Administrative support for staff participation in the development/implementation process

**ORGANIZATIONAL READINESS****LEADERSHIP**

- \_\_\_\_\_ Key leaders with decision-making authority have been identified to lead the practice model reform.
- \_\_\_\_\_ Agency management or Tribal governing authorities are aware of the practice model reform and accept their role in it.
- \_\_\_\_\_ Leadership for the effort is intentional, committed and will be sustained throughout the process.
- \_\_\_\_\_ Potential challenges (technical and adaptive) have been identified and planned for.
- \_\_\_\_\_ Leaders are engaging agency staff in the work.
- \_\_\_\_\_ Leaders engage a broad array of stakeholders in the discussions, including leaders from partner agencies and families and youth.
- \_\_\_\_\_ Leaders are committed to the principles and approaches that will guide the practice model reform and use them in their own work.

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<sup>i</sup> Individuals who seem resistant to change may simply be at a lower level of readiness. Stages include pre-contemplation, contemplation, preparation, action and maintenance. Melissa Van Dyke presentation at Atlantic Coast Child Welfare Implementation Center 2010 Forum, *Staying the Course – Laying the Groundwork For Sustainable Systems Change*, June 15-16, 2010, Annapolis, Maryland, Audio available at <http://mediasite.umaryland.edu/mediasite/Viewer/?peid=953ae1374092404a8b9e2d8d5e5c39d21d>

## ORGANIZATIONAL READINESS

### LEADERSHIP

- \_\_\_\_\_ Leaders are prepared to devote as long as it takes to implement the practice model reform. They understand that system reform is a long-term process and will pace the implementation.
- \_\_\_\_\_ Leaders have the authority and willingness to commit needed resources to the reform process.
- \_\_\_\_\_ The need for change is clear. Data describing the need for change is shared with internal and external stakeholders.
- \_\_\_\_\_ Potential solutions have been considered.

### ORGANIZATIONAL CULTURE AND CLIMATE

- \_\_\_\_\_ Budgetary constraints and the economic climate have been considered and assessed (fiscal resources).
- \_\_\_\_\_ The political climate that may support or challenge the practice model reform has been considered.
- \_\_\_\_\_ Local, State, federal, or Tribal legislative or regulatory changes that may affect the practice model reform have been considered.
- \_\_\_\_\_ Political, economic and social opportunities to promote the practice model reform have been identified.
- \_\_\_\_\_ If needed, contingency planning to address resistance to practice model implementation has begun.
- \_\_\_\_\_ There is sufficient support of the need for practice model implementation and sufficient motivation to make the changes.

### VISION, PRINCIPLES, GOALS AND OUTCOMES

- \_\_\_\_\_ The agency's mission/vision has been clearly articulated.
- \_\_\_\_\_ The principles and values that will guide the development of a practice model have been clearly articulated.
- \_\_\_\_\_ These principles are consistent with Child and Family Services Review (CFSR) and system of care practice principles.
- \_\_\_\_\_ There is consensus within the agency and among stakeholders about the mission/vision and the guiding principles.
- \_\_\_\_\_ If there is not consensus on the mission and principles, there is consensus that they need to be refined.
- \_\_\_\_\_ The mission and principles define where the agency wants to go. They are linked to anticipated outcomes that will occur when the practice model is implemented.
- \_\_\_\_\_ There is a shared understanding of the goals and expected outcomes, and these outcomes are highly valued.

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## ORGANIZATIONAL READINESS

### RESOURCES, CAPACITY, CASELOADS, WORKLOAD

- \_\_\_\_\_ There is an understanding of the resources (personnel, fiscal, and time) required to undertake such an extensive change and to develop, implement and sustain a practice model.
- \_\_\_\_\_ The agency is committed to investing the fiscal and staff resources needed to manage the practice model development process.
- \_\_\_\_\_ The agency is committed to investing the resources needed to implement and sustain the practice model.
- \_\_\_\_\_ Agency leaders have acknowledged the time required for staff to participate in the process (e.g., in planning meetings) and to learn new skills (e.g., training, coaching) and will allocate workloads and caseloads to accommodate these activities.
- \_\_\_\_\_ Staff workloads and caseloads are at a level that will allow them to implement the model with fidelity in their daily practice.

### STATE OF PRACTICE

- \_\_\_\_\_ The strengths and needs of the current casework practice/model have been assessed and there is an understanding of what should be preserved and what should be improved.
- \_\_\_\_\_ The agency wishes to promote consistency in practice across all jurisdictions and within all agency programs.
- \_\_\_\_\_ There is an agency-wide interest in providing quality child welfare practice to achieve good outcomes for children, youth and families.

### INFRASTRUCTURE TO SUPPORT THE IMPLEMENTATION PROCESS

- \_\_\_\_\_ The agency will provide the institutional resources needed to manage the development and implementation process (e.g., space, staffing, training).
- \_\_\_\_\_ Communication mechanisms to support the implementation process have been considered and/or identified (e.g., mechanisms for communication among workgroups and with the core leadership team).
- \_\_\_\_\_ Structural changes needed to develop and implement the practice model have been considered and/or identified (e.g., a core implementation team made up of diverse stakeholders or a cross-system governance structure to encourage cross-system participation in the process).
- \_\_\_\_\_ Modifications needed to align policies, procedures, or Tribal codes with the child welfare practice model have been considered and/or identified.
- \_\_\_\_\_ Data systems to monitor and support accountability for the implementation process, fidelity to the practice model, and impact have been considered and/or identified.
- \_\_\_\_\_ Other current child welfare projects that may support or challenge the implementation of the practice model have been identified and discussed.
- \_\_\_\_\_ A practical and cost-effective process for implementation has been defined; a work plan outlining roles, tasks, and timelines, and a process for reviewing progress have been created.

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## ORGANIZATIONAL READINESS

### STAFFING AND PREPARATION OF STAFF

- Staff throughout the agency will be involved in the development and implementation process.
- Key internal staff who will lead implementation of the practice model have been identified.
- Discussion has begun about how staff will be prepared for the changes that occur with the new practice model.
- Supervision/coaching/mentoring strategies to support the development and implementation of the practice model have been considered and/or identified.
- Training strategies to support the practice model have been considered and/or identified.
- Measures and mechanisms for assessing staff performance relative to the practice model approach have been considered and/or identified.
- Needed modifications to current staff recruitment and retention strategies have been considered and/or identified.

### INVOLVEMENT OF FAMILIES/YOUTH, EXTERNAL STAKEHOLDERS AND COMMUNITY

- Key external leaders (e.g., top-level decision makers across systems, judges, family and youth leaders, community-based organization leaders, providers, ethnic-based organization leaders, etc.) who will support the implementation of the practice model have been identified and engaged.
- The agency is committed to meaningful stakeholder involvement and to partnering with families and youth in the implementation process. The agency has considered or has begun engaging parents, foster parents, kin caregivers, adoptive parents, and youth in the process.
- For States, discussions have begun about ways to engage Tribal agencies in the development and implementation of a practice model and about strategies for ensuring the practice model reflects the culture and values of the Tribes.
- For Tribes, discussions have begun with States regarding how a Tribal practice model may relate to the State's child welfare practice model.

### CULTURAL COMPETENCE AND ATTENTION TO DISPARITIES

- The agency has considered and/or identified how the principles, approaches and expressed outcomes of the practice model will reflect the cultures of the children, youth and families served by the agency.
- The agency has considered the impact a new practice model might have on racial, ethnic and/or geographic disparities in the child welfare system.
- The agency has delineated strategies for promoting cultural and linguistic competence and decreasing disparities as part of implementation of the practice model.
- The agency is including cultural representatives in the development and implementation process.

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## INDIVIDUAL READINESS

### UNDERSTANDING OF THE PRACTICE MODEL

- \_\_\_\_\_ Staff throughout the agency (all levels, all roles) have been informed of the process to develop and implement a child welfare practice model.
- \_\_\_\_\_ Agency leaders have considered and/or identified strategies to help all staff understand and accept the practice model (e.g., providing information, sharing early successes, seeking input, peer support and consultation).

### STAGES OF STAFF READINESS

- \_\_\_\_\_ Generally, individual staff members understand and support the principles that guide the new practice model.
- \_\_\_\_\_ Agency leaders understand that different staff may be at different stages of readiness and do not interpret an early stage of readiness (e.g., contemplation) as resistance.
- \_\_\_\_\_ The agency understands reluctance on the part of some staff and considers how to balance addressing their concerns and slowing the change process down too much.
- \_\_\_\_\_ The agency has begun discussing ways to bring all staff to a similar stage of readiness.

### STAFF SKILLS (CLINICAL SKILLS NEEDED TO IMPLEMENT THE PRACTICE MODEL)

- \_\_\_\_\_ The agency has identified strategies to ensure staff will have the clinical skills to implement the new model (e.g., training, supervision, and coaching).

### ADMINISTRATIVE SUPPORT FOR STAFF PARTICIPATION IN IMPLEMENTATION PROCESS

- \_\_\_\_\_ Agency leaders support staff participation in the development and implementation of the practice model and have identified ways to provide them with the time needed for active and representative participation (e.g., addressing workload issues).

### References

In addition to the published sources listed below, this worksheet was developed using internal resources supplied by National Child Welfare Resource Center for Organizational Improvement, the Mountains & Plains Child Welfare Implementation Center and the National Technical Assistance Center for Children's Mental Health at Georgetown University.

Fixen, D., Naoom, S., Blase, K., Friedman, R., Wallace, F. *Implementation research: A synthesis of the literature*. National Implementation Research Network. 2005. 9-10. <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf>

Fixsen, D., Blase, K., Horner, R., and Sugai, G. *Readiness for Change, Scaling-up Brief*, Number 3, State Implementation & Scaling-up of Evidence-based Practices Center, FPG Child Development Institute, University of North Carolina at Chapel Hill, February 2009. [http://projects.fpg.unc.edu/~pfi/pdfs/think\\_tank\\_2\\_2012/43-Readiness\\_for\\_change.pdf](http://projects.fpg.unc.edu/~pfi/pdfs/think_tank_2_2012/43-Readiness_for_change.pdf)

Barbee, Anita P.; Christensen, Dana; Antle, Becky; Wandersman, Abraham; and Cahn, Katharine. Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model, *Children and Youth Services Review*, Volume 33, Issue 5, May 2011, 622-633. <http://www.sciencedirect.com/science/article/pii/S019074091000352X>

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## Additional Examples

### Family Engagement

#### Northern California—Signs of Safety (SofS): Hearing the Child and Youth Voice<sup>i</sup>

Northern California's "safety organized practice model" includes Signs of Safety (SofS) and Structured Decision Making (SDM). Beginning in 2010, 13 Northern California counties and San Diego County embarked on a journey to integrate Signs of Safety (SofS)<sup>ii</sup> into everyday practice. These counties are paving the way to a child welfare system based on a solution-focused approach, creating partnerships with children and families to not only protect children, but to create healthy families than can thrive on their own.

One of the most significant areas in which the Signs of Safety approach has evolved is in the development of tools and practices that promote the involvement of children and youth in child protection assessment and planning decisions. A considerable body of research indicates many children and young people who are involved in child protection systems do not understand the processes that are unfolding around them, and they feel that they have little or no say in what happens to them.<sup>iii</sup> SofS brings the child's voice into the life of the family and to the table.

The Three Houses Tool is a child-centered information-gathering tool used in the SofS approach. It is designed to help child protection workers elicit child and youth views about what is happening in their lives and what they want for their future. The tool may also be used to bring their views to other family members and professionals to ensure that the child's view is incorporated into all assessment and planning. The tool has been well received by social workers and has helped parents understand their child's point of view.

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### Teaming

#### New Jersey—Team Facilitators

Many States have written policies that govern the implementation of child and family teams in their child welfare systems. Many of these States train facilitators who are not the child's social worker to conduct the team meetings. Some States contract with private consultants or providers to facilitate the team meetings. New Jersey chose a different course.

The Department of Children and Families intentionally trained caseworkers to facilitate family team meetings DCYF decided that caseworkers are the ones that know the families best, and are responsible for ensuring that the case plan gets carried out, so the decision was made that they would be the ones to facilitate those meetings.<sup>iv</sup>

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- i The source for this example is the Fall 2011 issue of *Reaching Out, Current Issues for Child Welfare Practice in Rural Communities*, produced by the Northern California Training Academy. For more detailed information about Signs of Safety and the efforts in CA, see the newsletter at: <http://academy.extensiondlc.net/file.php/1/resources/RON-Fall2011SofS.pdf>
- ii Signs of Safety (SofS) brings Solution-Focused Treatment to child welfare as a clear, rigorous practice model. SofS was designed to provide skills, techniques and an overarching practice methodology for child welfare work. It offers strategies for creating constructive working partnerships among frontline child welfare practitioners, the families they work with and community resources. It also provides a common language and format ("safety mapping") for enhanced critical thinking and judgment on the part of all involved with a family. For further information see <http://academy.extensiondlc.net/file.php/1/resources/RON-Fall2011SofS.pdf> and [www.signsofsafety.net](http://www.signsofsafety.net)
- iii *Reaching Out, Current Issues for Child Welfare Practice in Rural Communities*, Northern California Training Academy, UC Davis Extension, Center for Human Services, Fall 2011, p. 4. <http://academy.extensiondlc.net/file.php/1/resources/RON-Fall2011SofS.pdf>
- iv Interview with Christine Norbut-Mozes, former Associate Commissioner, New Jersey Department of Children and Families, with Mary O'Brien, February 26, 2011.

## Teaming

### Sacramento County, California—Collaborative Decision Making

Sacramento County CPS, one of the California counties integrating Signs of Safety (SofS) into their everyday practice, has been involved in a comprehensive reorganization, focused initially on core principles and the design of a new practice model. Laura Coulthard, former director of Child Welfare in Sacramento County, describes collaboration as “the centerpiece of good decision making... A common theme across all child welfare systems is the critical nature of decision making. In our county, individual social workers have long been responsible for making decisions alone. Decisions regarding safety, placement and services rested squarely on the shoulders of the social worker. We began to see that decisions made based on one individual’s perception may overlook important information and can lead to one-dimensional decisions. As we evaluated our practice model, we recognized that if we were to place children and families at the heart of everything we do, we had to expand our decision-making process to include families, communities, agency and court partners, and all those that helped to improve safety and increase permanency for our children and families.”<sup>i</sup>

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## Tracking, Adjusting, and Case Closure

### Indiana—Quality Service Review Focus on Tracking and Adjusting

The Indiana Department of Child Services Quality Service Review (QSR)<sup>ii</sup> protocol includes “Tracking and Adjusting” as a performance indicator. The QSR expects that an ongoing examination process is used by the family team to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. The QSR Protocol defines “tracking and adjusting”; cites important questions to consider; and uses 11 measures specific to tracking and adjusting to determine performance. Listed below is the first measure and the areas it addresses:

The QSR Protocol notes that tracking and adjustment are necessary learning and change processes that make the intervention process smart and ultimately effective for children, youth and families. The Protocol highlights that effective tracking requires maintaining ongoing situational awareness, and effective adjustment depends upon the team understanding and acting on what is working and not working to help families meet the conditions for safe case closure.<sup>iii</sup>

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i Coulthard, Laura. “The Journey Toward Organizational Transformation,” in *Reaching Out, Current Issues for Child Welfare Practice in Rural Communities*. Northern California Training Academy, University of California Davis Extension, Center for Human Services, Fall 2011, p.22. <http://academy.extensiondcl.net/file.php/1/resources/RON-Fall2011SofS.pdf>

ii Indiana Department of Child Services Quality Service Review Protocol, p. 70 - 71. <http://www.in.gov/dcs/files/1QSRProtocolUpdates2009020310.pdf>

iii Indiana Quality Service Review Protocol - Practice Review 11:Tracking and Adjusting, p. 70. <http://www.in.gov/dcs/files/1QSRProtocolUpdates2009020310.pdf>

## Designing a Culturally Responsive and Inclusive Practice Model

### Fresno, California<sup>i</sup> - Cultural Brokering (Continued from page 15.)

The Fresno County Department of Children and Family Services (DCFS) examined its cultural broker approach and in 2011 published a curriculum on using cultural brokers to engage with African American families in child welfare. The study examined:

- the salient features of and challenges associated with the cultural broker approach;
- the effects of cultural brokers on the quality of families' experiences and services; and
- the differences in safety, permanence, and well-being outcomes in families working with cultural brokers compared to other families.

Findings indicate that overall the partnerships formed between DCFS and respected leaders in the African American community led to shared responsibility, decision-making, and ultimately, accountability for the safety, well-being, and permanency of children within their environment. Many families with cultural brokers generally felt better educated, informed, motivated and empowered to try and change circumstances in their lives. In cases where cultural brokering did not have a positive impact, researchers believed brokers may have been assigned to families too late, or the situations of the families were too complex or severe.

Study and curriculum findings are available at: <http://www.csulb.edu/projects/ccwrl/CulturalBrokers.pdf>

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### North Carolina<sup>ii</sup>—Child Welfare's Response to Diversity (Continued from page 16.)

North Carolina sees its growing diversity as a valuable opportunity. For more than a decade, the State has been bringing the family-centered practice approach to all of its work, guided by these principles of partnership:

- Everyone desires respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Judgments can wait.
- Partners share power.
- Partnership is a process.

These principles have helped practitioners see the benefits of learning about, accepting, and supporting diversity. The State has adopted a number of practices to address racial disparities, such as:

- Child and Family Team meetings to increase family participation and informal supports in decision making;
- structured decision-making tools to minimize potential bias;
- implementation of cultural competency training for all child welfare staff;
- increased attention and resources for front-loading individualized, preventive services, as done under the Multiple Response System;
- increased efforts to find relatives and natural supports, including paternal relatives and "fictive" kin; and
- collaboration with community partners to pool resources and share information about available services.

Although cultural and other differences still pose challenges, progress is being made. In 2000, 50.3% of the children in care were African American; in 2009 it was 40.6%. In 2000, the percentage of Native American children in care was 2.2%; in 2009 it was 1.4%.

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i Description adapted from: Siegel, Dolores, et al. "Use of Cultural Brokers as an Approach to Community Engagement with African American Families," in *Child Welfare: An Empirically Based Curriculum*. California Social Work Education Center, California State University, Fresno, Department of Social Work Education, 2011. Slides 52, 53, 55, 60, 89,90. <http://www.csulb.edu/projects/ccwrl/Cultural%20Brokers.pdf>

ii Information for this example was adapted from *Children's Services Practice Notes for North Carolina's Child Welfare Workers*. June 2009, Volume 14, Number 3, <http://www.practicenotes.org/v14n3.htm>

## Structures for Planning and Implementation

### New Mexico—Communication Planning (Continued from page 28.)

Practice model leaders created a workgroup, including State staff and community partners, to craft the communication plan for the Piñon Project, and the State is well on its way toward implementing it. It has:

- developed a listserv for stakeholders interested in following the Piñon Project;
- identified communication channels such as a webpage dedicated to the project, including sharing minutes of all Advisory Team meetings; and monthly newsletters which address vision, mission, accomplishments to date, events, implementation timelines, and answers to questions;
- completed readiness discussions in each of the implementation zones to review the Piñon Project values, current practice strengths, areas needing additional support, and training/coaching needs; and
- conducted and shared the results of an organizational assessment (a survey of 700 staff, plus 16 focus groups across the State with staff and community members) designed to assess the overall health of the agency and get perceptions of previous change initiatives and input about current practices that can inform the Piñon Project.

More information about the Piñon Project, a description of the practice model, and examples of these communication strategies can be found at: <http://www.cyfd.org/pinonproject>

### North Carolina—State and Local Communication (Continued from page 28.)

North Carolina's focus on systemic reform was complemented by implementation of a federal system of care grant funded by the Administration for Children and Families in 2003. One goal of the grant was to support system of care implementation and expansion across North Carolina through local collaboratives. This required ongoing communication between the State and local collaboratives across the State.<sup>i</sup> A local Collaborative Communication Committee, representing the cross-agency and family stakeholders involved in the system, ensured State/local communication with a website, regional meetings, brochures, and a meeting calendar.<sup>ii</sup>

For additional information on North Carolina's child welfare system of care grant: <http://www.childwelfare.gov/management/reform/soc/communicate/initiative/profile.cfm?grantee=8&menu=about>

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## Training and Coaching

### Utah—Training

When Utah developed its practice model, they trained all staff in seven principles and five practice skills. Training was provided within each region, allowing for less time away from the office. A new cycle of training was offered every 45 days. The model was implemented over time, allowing staff to become "champions" and then trainers, rather than just using supervisors to train. The training has expanded to include a modified version for community service providers, non-case carrying staff, and foster parents. In addition, a statute was put in place that requires new caseworkers to shadow an experienced worker for three months before taking on a case.<sup>iii</sup>

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- i National Systems of Care Technical Assistance and Evaluation Center. Infrastructure Document Site Example Template—NC, Communication, [http://www.childwelfare.gov/management/reform/soc/communicate/initiative/soctoolkits/resources/NC\\_CommunicationInfrastructureExample.pdf](http://www.childwelfare.gov/management/reform/soc/communicate/initiative/soctoolkits/resources/NC_CommunicationInfrastructureExample.pdf)
- ii Pires, Sheila, Lazear, Katherine and Conlan, Lisa. *Building Systems of Care – A Primer for Child Welfare*. National TA Center for Children's Mental Health and National Child Welfare Resource Center for Organizational Improvement, 2008. p.143 [https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/PRIMER\\_ChildWelfare.pdf](https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/PRIMER_ChildWelfare.pdf)
- iii Mysiewicz, Mary. Practice Model Framework: A Brief Overview. Casey Family Programs, July 2008, p. 4. [http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/67832.pdf;jsessionid=7BBD8003ED8EC9A818DFC22CC8EDAB43?w="+NATIVE%28%27recno%3D67832%27%29&upp=0&rpp=10&r=1&m=1](http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/67832.pdf;jsessionid=7BBD8003ED8EC9A818DFC22CC8EDAB43?w=)

## Enhancing Supervisory Capacity

### New York—Supervisory Guide (Continued from page 39.)

A [Supervisor's Guide to Assessing Practice](#)<sup>i</sup> created by the New York State Office of Children and Family Services, provides a process for examining case practice within a local district and at the unit level, helps supervisors provide quality feedback to caseworkers on selected aspects of their case practice and guides supervisors in supporting the professional development of caseworkers. It contains suggested guidelines for the practice assessment process, a description of the core elements of the practice framework, and protocols for collecting information and providing feedback to the caseworker.

### Indiana—Additional Supervisory Support and Training (Continued from page 39.)

When the Indiana Department of Child Services (DCS) adopted a new practice model including values, a focus on trust-based relationships and five practice skills, they realized that supervisors need to be trained before or concurrently with the caseworkers. DCS created a separate training for supervisors on the supervisory skills necessary to support case managers' practice in the practice model.<sup>ii</sup> DCS also provided regular monthly support to supervisors in a group meeting format, through a central office staff person with expertise in clinical supervision practice.<sup>iii</sup>

### New Jersey—Additional Training and Supervisory Tool (Continued from page 39.)

The New Jersey Department for Children and Families trains office supervisors in the practice model curricula prior to line staff. The Department also listened to supervisors' requests and added at least one additional day of training at the end of each training module to teach supervisors how to supervise to the particular skills being taught in that module.

New Jersey also has created hands-on supervisory tools. As the former Associate Commissioner for the Department for Children and Families noted, "Training gives the broad brush approach, but we wanted staff to act differently, practice differently and talk differently to families. So we developed tools that take the terminology from training and get it into supervision and ingrained into practice. One example is the [observation tool](#),<sup>iv</sup> which can be used by supervisors to observe how well their workers are employing the engagement strategies they learned in training and to provide feedback. It's really a hands-on mentoring tool."—Christine Norbut-Mozes, New Jersey

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i A Supervisor's Guide to Assessing Practice, New York State Office of Children and Family Services, 2005, Child Welfare Institute. [http://www.bsc-cdhs.org/Libraries/Common\\_Core/Supervisors\\_Guide\\_To\\_Assessing\\_Practice.sflb.ashx](http://www.bsc-cdhs.org/Libraries/Common_Core/Supervisors_Guide_To_Assessing_Practice.sflb.ashx)

ii Interview with Maria Wilson, Practice Model Director, Indiana Department of Child Services, by Mary O'Brien, February 11, 2011.

iii Indiana Department of Child Services, Case Practice Reform Overview, Spring 2009, p. 4. <http://www.in.gov/dcs/files/8DCSPacticeModelOverviewUpdate.pdf>

iv <http://www.nrcoi.org/PracticeModelNetworkStateDocs.htm>

## Links and Organizations for Ongoing Support

### National Implementation Research Network (NIRN)

Throughout the Guide, we used the NIRN framework to describe the stages of implementation and implementation drivers. To do so, we adapted information from the following NIRN publications and presentations. For additional information, see: <http://nirn.fpg.unc.edu>

- Fixsen, Dean; Naoom, Sandra; Blase, Karen; Friedman, Robert; Wallace, Frances. *Implementation Research: A Synthesis of the Literature*, 2005. <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Monograph-Full-01-2005.pdf>
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- Blase, Karen; Fixsen, Dean; Metz, Allison; and Van Dyke, Melissa. *Can Science Survive in the Real World: Implementation Challenges and Solutions*. Webinar for the Child Welfare Knowledge Transfer Group, 6/23/09—National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill, [www.muskie.usm.maine.edu/ncic/assets/BlaseImpCh&Sol0609.ppt.ppt](http://www.muskie.usm.maine.edu/ncic/assets/BlaseImpCh&Sol0609.ppt.ppt)
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- Blase, Karen; Devin, Pat; Van Dyke, Melissa. *System and Practice Change Through an Implementation Lens*. Children's Bureau Intensive On-Site T/TA Workgroup, October 28, 2009, National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.
- Atlantic Coast Child Welfare Implementation Center, *2010 Forum - Staying the Course—Laying the Groundwork For Sustainable Systems Change*, June 15-16, 2010, Annapolis, Maryland. Presentations by: Melissa Van Dyke, *System and Practice Change through an Implementation Lens* and Cathy Potter, *Bringing It Altogether*. [http://www.accwic.org/news\\_events/accwic\\_10\\_conference\\_materials.htm](http://www.accwic.org/news_events/accwic_10_conference_materials.htm)
- *Facing Reality: What It Takes to Implement Systems Change*. Webinar 5/16/11, sponsored by Children's Bureau, Child Welfare Implementation Centers. <http://www.nrcadoption.org/wp-content/uploads/2011/02/Facing-Reality-What-it-Takes-to-Implement-Systems-Change-E.pdf>

### Organizations Sponsored by the Children's Bureau

**The National Child Welfare Resource Center for Organizational Improvement (NRCOI)** has produced two publications and launched a practice model peer network to help child welfare agencies and Tribal social service programs develop and implement comprehensive, written, and articulated practice models. <http://www.nrcoi.org>

- *An Introduction to the Practice Model Framework*, developed in collaboration with the National Child Welfare Resource Center for Permanency and Family Connections (NRCDFC), introduced and addressed the purpose and definition of a practice model.
- Implementing Practice Models in the *Child Welfare Matters* newsletter (Summer/Fall 2011) provides resources for agencies that have defined a practice model and face the challenge of implementation. It summarizes key factors that drive the implementation process and lead to practice change.
- **The Practice Model Peer Network** helps network members focus on key issues they face in developing and implementing practice models. The network includes a webpage with individual State documents, tools, and other relevant resources and links; a network listserv to facilitate information requests among members; and quarterly webinars for ongoing communication. Recordings and materials from each webinar are posted on the website: <http://www.nrcoi.org/PracticeModelNetwork.htm>

**The Child Welfare Information Gateway** provides examples of practice models and additional materials to guide child welfare agencies as they develop and implement practice models. [http://www.childwelfare.gov/systemwide/sgm/index.cfm?&submit=1&topicName=practice\\_models&audiencename=professionals](http://www.childwelfare.gov/systemwide/sgm/index.cfm?&submit=1&topicName=practice_models&audiencename=professionals)

**Children's Bureau Express** focused on child welfare practice models in its March 2008 (<https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=92&articleID=1504&keywords=practice%20models%20in%20child%20welfare>) and August 2012 (<https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewSection&issueID=138&subsectionID=42>) issues. The August 2012 issue looks at practice models through the lens of implementation.

**Child Welfare Implementation Centers (CWICs)** — In 2008, the Children's Bureau established five regional Implementation Centers to work intensively with States and Tribes on implementing strategies to achieve sustainable, systemic change for greater safety, permanency, and well-being for children, youth, and families. Several are helping States and Tribes to develop and implement practice models. For additional information, contact the individual CWIC. <http://www.childwelfare.gov/management/reform/building/implementation.cfm>

- **Northeast and Caribbean Child Welfare Implementation Center** — <http://muskie.usm.maine.edu/ncic/>
- **Atlantic Coast Child Welfare Implementation Center** — <http://www.accwic.org/>
- **Midwest Child Welfare Implementation Center** — <http://www.mcwic.org/>
- **Mountains and Plains Child Welfare Implementation Center** — <http://www.uta.edu/mpcwic/>
- **Western and Pacific Child Welfare Implementation Center** — <http://wpicenter.org/>

**The National Child Welfare Resource Center for Tribes Needs Assessment Findings** — <http://www.nrc4tribes.org/tribal-child-welfare-practice.cfm> — include a series of specific findings and recommendations concerning Tribal Child Welfare Practice.

**The National Resource Center for Permanency and Family Connections (NRCPPFC)** offers a Hot Topics Section on its website which includes many resources on Family Centered Practice and Practice Models. [http://www.hunter.cuny.edu/socwork/nrcfcp/info\\_services/family-centered-practice.html](http://www.hunter.cuny.edu/socwork/nrcfcp/info_services/family-centered-practice.html)

## Additional Organizations

**Positioning Public Child Welfare Guidance (PPCWG)** at the American Public Human Services Association (APHSA) — <http://www.ppcwg.org/> — was developed by the Positioning Public Child Welfare Initiative, an initiative begun in January 2007, led by National Association of Public Child Welfare Administrators and supported through a strong collaboration with Casey Family Programs. It includes an extensive module on child welfare practice models, Practice Model Guidance. <http://www.ppcwg.org/practice-model-overview.html>

**Annie E. Casey Foundation (AECF)** — <http://www.aecf.org/> — makes grants, provides direct services to children and families, and partners with public systems on reform efforts, supporting communities to ensure that all children, regardless of circumstance, achieve the best outcomes possible and have lifelong connections to a caring, nurturing family. In 2010, Casey centralized the Foundation's technical assistance, training, and management consultant expertise to form the Child Welfare Strategy Group, bringing together the Casey Center for Effective Child Welfare Practice, the Family to Family Initiative, and the Casey Strategic Consulting Group. <http://www.aecf.org/MajorInitiatives/ChildWelfareStrategyGroup.aspx>

**California Evidence-Based Clearinghouse for Child Welfare (CEBC)** — [www.cebc4cw.org](http://www.cebc4cw.org) — provides child welfare professionals with easy access to vital information about selected child welfare related programs. It recently published *The Implementation Decision Guide for Child Welfare* which describes issues that need to be addressed for effective implementation of evidence-based practices. It includes descriptions of key concepts, an easy way to determine where your system/organization is on the implementation continuum, and guidance on ways to support effective implementation of evidence-based practices in child welfare, mental health, and social service systems. <http://www.cebc4cw.org/implementation-resources/tools/implementation-decision-tool-for-child-welfare/>

**Casey Family Programs (CFP)** — <http://www.casey.org/> — When public child welfare agencies seek outside help with practices and policies to better the lives of children, Casey Family Programs' team of strategic consultants can assist. In July 2008 CFP published *Practice Model Framework: A Brief Overview*. <http://library.childwelfare.gov/cwig/ws/library/docs/gateway/Blob/67832.pdf;jsessionid=287224C8971559FDD8C94C36938442FB?w=+NATIVE%28%27recno%3D67832%27%29&upp=0&rpp=10&r=1&m=1>

CFP and the **Center for Juvenile Justice Reform at the Georgetown University Public Policy Institute (CJJR)** — <http://cjjr.georgetown.edu/> — have partnered since 2007 to address the unique issues presented by children and youth who are known to both the child welfare and juvenile justice systems. Together they published *Crossover Youth Practice Model*. <http://cjjr.georgetown.edu/pdfs/cypm/cypm.pdf>

**Center for the Study of Social Policy (CSSP)** — <http://www.cssp.org> — ensuring that children and their families have the supports, opportunities, and resources they need to thrive is the cornerstone of CSSP's child welfare work. <http://www.cssp.org/reform/child-welfare>

Currently CSSP's child welfare system reform work includes, in part:

- direct consultation with States and localities on changing practices, financing reform, strategic planning and building community partnerships;
- developing new initiatives, including research, identifying best practices and working with selected jurisdictions to promote child well-being for youth in foster care; and
- developing recommendations to guide qualitative case-based reviews as part of State and county child welfare quality assurance systems.

A recent publication is *Counting is Not Enough: Investing in Qualitative Case Reviews for Practice Improvement in Child Welfare*, published in collaboration with the **Annie E. Casey Foundation**. <http://www.cssp.org/publications/child-welfare/child-welfare-misc/Counting-is-Not-Enough-Investing-in-Qualitative-Case-Reviews-for-Practice-Improvement-in-Child-Welfare.pdf>

**The Child Welfare Policy and Practice Group (CWPPG)** — [www.childwelfaregroup.org](http://www.childwelfaregroup.org) — is a private, non-profit organization developed to help child welfare, mental health and juvenile justice systems create, design and manage organizational change that results in improved practice and outcomes for children and their families. It offers a comprehensive description of the history and importance of creating a practice framework or model of practice: *Adopting a Child Welfare Practice Framework*. <http://www.childwelfaregroup.org/documents/Framework.pdf>

**National Child Traumatic Stress Network (NCTSN)** — [www.nctsnet.org/](http://www.nctsnet.org/) — works to raise the standard of care and improve access to services for traumatized children, their families and communities. It sponsored a webinar, *A Case Study of Scaling Up a Differential Response Child Welfare Model Statewide*, which provided an overview of the application and utility of the NIRN Implementation Frameworks in supporting the scale-up of a Differential Response Child Welfare Model statewide. <http://www.nctsnet.org/content/case-study-scaling-differential-response-child-welfare-model-statewide-pay-now-or-pay-later>

**National Wraparound Initiative (NWI)** — <http://www.nwi.pdx.edu/> — promotes understanding about the components and benefits of wraparound, and provides the field with resources to facilitate high quality and consistent wraparound implementation. The NWI has addressed *The Art of Wraparound in the Child Welfare Environment*. <http://www.nwi.pdx.edu/webinars/Webinar7.pdf>

# Endnotes

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New Jersey – <http://www.nj.gov/dcf/documents/about/case/DCFCasePracticeModelJan2007.pdf>;  
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## Conclusion (page 52)

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