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Implementing Practice Models

This issue provides information for child welfare agencies working to improve practice and outcomes by implementing a practice model. The main article highlights ten key factors to consider in implementation, organized under three **implementation drivers**—leadership, competency and organization. We also provide links to our new practice model peer network website for resources, state documents, and opportunities to connect with others engaged in implementing practice models. We hope you find this issue helpful in your work, and as always we welcome your feedback. Please visit our website at www.nrcoi.org!

Peter Watson
Director

Your goal is to help children, youth and families.

Our goal is to help you.

There is a growing consensus in child welfare systems on principles (such as family centered and individualized services) and approaches (such as engaging and teaming) linked to better outcomes. As a result, many agencies are developing and implementing practice models—principles and approaches that guide an agency’s work.¹ Our goal in this issue is to provide concise ideas and resources for agencies that have defined a practice model and face the challenge of implementation: moving the principles and approaches from paper into practice.

Agencies grappling with how to implement a complex system reform like a practice model can draw on a growing body of knowledge about implementation. The National Implementation Research Network (NIRN) has been synthesizing what is known from implementation research on evidence based practices, and is working with the federally funded Implementation Centers (ICs)

¹More detailed definitions have been developed in:

Adopting A Child Welfare Practice Framework, Child Welfare Policy and Practice Group. <http://www.childwelfaregroup.org/documents/CWGPracticeFramework.pdf>

An Introduction to the Practice Model Framework: A Working Document Series, July 22, 2008. National Child Welfare Resource Center for Organizational Improvement and the National Resource Center for Permanency and Family Connections. <http://muskie.usm.maine.edu/helpkids/practicemodel/PracticeModelWorkingPaperIntro.pdf>

“Successful adoption and implementation of a comprehensive child welfare casework model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model,” Barbee, A. P., et al. *Children and Youth Services Review*, Volume 33, Issue 5, May 2011, Pages 622-633.



Implementing Practice Models

and National Resource Centers (NRCs) to apply that knowledge to child welfare.² We use the NIRN concept of **implementation drivers**—the activities necessary to putting a new program or approach into practice—and apply it to child welfare practice models. NIRN organizes these drivers into three major categories: **leadership, competency and organization.**

Agencies developing and implementing practice models can also learn from those who are further along in implementation, so we

²For more on implementation research see The National Implementation Research Network (NIRN) Website: www.fpg.unc.edu/~nirn and *Implementation Research: A Synthesis of the Literature*. 2008. The National Implementation Research Network. http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph_full.pdf

interviewed people involved in implementing practice models in four states—Indiana, New Jersey, North Carolina and Utah. As described below, all four states have developed a specific and clearly articulated practice model, and are well into implementation. Based on interviews with key people from these states, other state experiences, implementation research, and the work of the National Child Welfare Resource Center for Organizational Improvement (NRCOI) and other national consultants, we identify ten key factors agencies should consider in implementation, organize them under the three implementation drivers, and illustrate them with examples from the four states. (See Figure 1). We also provide links to documents and tools these states have shared, posted on our [practice model peer network website](#).

Practice Model Interviews

Indiana

Maria Wilson, Practice Model Director, Indiana Department of Child Services. Formerly a supervisor and regional practice consultant in Indiana's largest region and one of the practice model pilot sites.

As part of a broad practice reform effort beginning in 2005, Indiana created a new Cabinet level Department of Children's Services, hired 800 new family case managers (FCMs), increased minimum staff qualifications, strengthened training, and adopted caseload standards. The state also adopted a new practice model which includes values, a focus on trust-based relationships and 5 practice skills. Implementation began in a small, medium and large region in 2006, and went statewide within 18 months. The state completed all training and facilitation development by late 2009.

New Jersey

Christine Norbut-Mozes, Associate Commissioner, New Jersey Department of Children and Families, formerly Director of the Division of Youth and Family Services (DYFS) and Deputy Director for Operations for DYFS.

One of the strategies in New Jersey's first round Program Improvement Plan (PIP), aligned with the state's broader reform plan, was to implement the case practice model. In 2007 they developed a written practice model and a detailed implementation plan. The state wanted to shift to engaging families and sharing power with them, and to do this New Jersey implemented both broadly and deeply. All 5000 staff across the state were trained in 2 foundations—Building Trust Based Relationships and Making Visits Matter. At the same time, the state chose 4 local offices for immersion, which involved 4 additional modules of training and ongoing coaching on facilitating family team meetings. Immersion has been gradually rolled out to other local offices, with a plan to have all immersed by mid-2012.

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Implementation research and state experiences show that addressing all three implementation drivers—leadership, competency and organization—is critical to successfully implementing and sustaining new programs and practices over time. Figure 1 illustrates the 10 key factors we have organized under these three drivers. While some agencies may define or focus on slightly different factors, they will not be successful unless they pay attention to each of the three drivers.

Visit the **PRACTICE MODEL PEER NETWORK WEBSITE**

Quarterly calls/webinars: Share with colleagues engaged in practice model work

Resources: Links to publications and websites on practice models and related topics

State Documents: View practice model tools and documents shared by states

North Carolina

Patrick Betancourt, *Child Welfare Services Administrator, formerly Multiple Response System (MRS) Policy Consultant*

Candice Britt, *Former CFSR Coordinator, Division of Social Services, North Carolina*

After the first round CFSR in North Carolina identified issues with practice and outcomes, state and county leadership discussed the need to make improvements. In 2001, the state selected a representative group of 10 counties to participate in redesigning child welfare. These counties worked with the state to define the family centered principles of partnership and the 7 strategies that make up the Multiple Response System (MRS). These 10 counties were the pilot sites, and each developed its own plan to implement the strategies. In 2003, 42 more counties began implementation, and the rest of the state began in 2006.

Utah

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

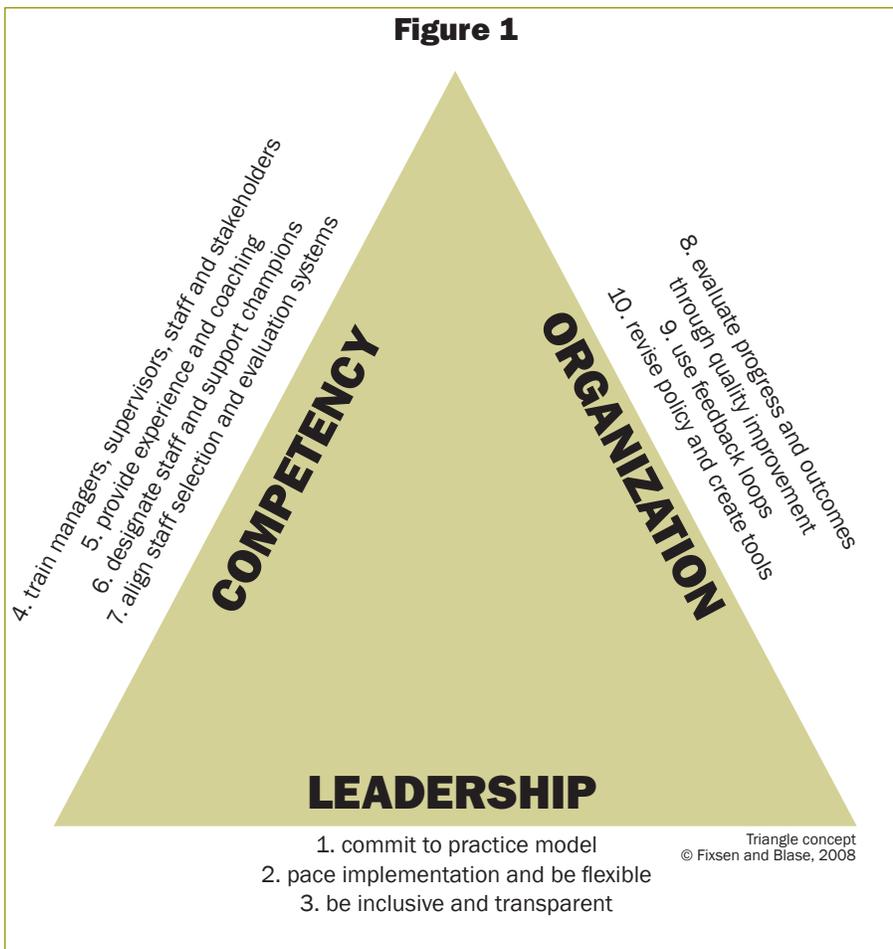
Development and implementation of a practice model was one of the goals in the performance milestone plan developed in 1999 in response to a lawsuit. To implement the plan, Utah developed a practice model, trained all staff in the 7 principles and 5 practice skills, and developed and implemented a qualitative case review process to continually track and report on performance in these practice areas.

National Consultants

(with experience in IN, NJ, NC or UT)

Jo Ann Lamm, *Senior Consultant, NRCOI, and formerly Child Welfare Director, North Carolina, 2002–2006, during implementation of MRS.*

Paul Vincent, *Director of the Child Welfare Policy and Practice Group (CWPPG), and formerly Director of Family and Children's Services in Alabama. The CWPPG has worked with numerous states in practice model development and training, coaching and practice evaluation—including Utah, Indiana and New Jersey.*



Two other concepts from implementation research help guide use of these implementation drivers:

- **implementation drivers must be integrated:** the work of leaders, systems to build competency and other organizational systems must use the same language, focus on the same goals and support one another. Thus they are not linear—agencies can start with any of the drivers as they are all linked and contribute to success.
- **implementation drivers can be compensatory:** while agencies have to pay attention to each driver, a weakness in one driver can be overcome temporarily by strengths in others.

LEADERSHIP DRIVERS guide implementation by committing to the practice model, pacing implementation and being flexible, inclusive and transparent.

1. Commit to the practice model

Agency leaders must demonstrate commitment to the principles and approaches in the practice model in specific ways. In addition to dedicating resources, including staff and funds, to implementation, successful leaders talk about the practice model everywhere they go, use the principles in their own management work, and make implementation a priority, aligning the practice model with other agency initiatives. They participate in training and review processes that measure performance on desired practice, use quality improvement results, and actively work to resolve problems and reduce barriers. They realize that implementation of a practice model involves adaptive challenges that require new solutions from leaders throughout the system, so they involve their management staff and a broad array of stakeholders in

the effort. It is most helpful when directors or a series of directors provide leadership over a number of years, but lower level managers can provide this stability as well.

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, Utah

Communicating a consistent message, both internally and outside the agency, and encouraging everyone to use the same language helps build understanding of and commitment to the practice model.

*One of the things we thought was really important was consistency, so that everyone in the state, whether you are a stakeholder, a provider, in the agency or in courts, was hearing the same information. We developed a practice share point intranet site that everyone has access to. We also developed a **power-point presentation on the practice model** that we encourage everyone to use so that they are getting the same information. – Maria Wilson, Indiana*

When an agency commits to implementing a practice model, the principles and approaches should be used not only on the case level but across all agency operations. With this parallel process, agency leadership expects managers and supervisors to treat staff and stakeholders the same way they want staff to treat families—for example, by being strengths based and working as a team. This commitment to using the principles and approaches helps embed the practice model in all of the organizational practices, operations and systems.

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

2. Pace implementation and be flexible

Implementation is a long and ongoing process. Both New Jersey and North Carolina slowed down implementation after they realized they needed time to adjust to lessons learned, and to ensure that statewide supports, such as training and preparing staff to provide coaching and assistance, were in place.

When we started in 2007 we thought we could get the whole state immersed by 2010, but we slowed this down when we realized we needed to track and adjust as we went. We are being realistic and we know that it is going to be at least five to ten years before it is really integrated into practice. – Christine Norbut- Mozes, New Jersey

Focusing on a limited number of jurisdictions and then gradually rolling out implementation to the rest of the state is an effective approach. In the initial roll out sites, agencies can implement deeply by providing extensive training, following up with coaching and technical assistance, and aligning other organizational systems. To set the stage for the gradual rollout to the rest of the state, some states simultaneously provide a basic level of training for all staff statewide as the initial sites receive more intensive support.

We resisted pressure to roll out to other counties more quickly because we wanted to make sure that state office infrastructure was in place to provide support. We made sure that state staff members in our county administered system were trained in family centered principles and in facilitating child and family teams so that they could provide coaching and technical assistance. – Jo Ann Lamm



LEADERSHIP DRIVERS guide implementation by committing to the practice model, pacing implementation and being flexible, inclusive and transparent.

I don't think any system can implement a statewide practice reform in all jurisdictions concurrently. They just don't have the support capacity to make that meaningful or very deep. Strategically you do want to start with counties that have some readiness, and if you can demonstrate early success, it's easier to push the agenda forward. A mistake we made in Alabama was putting the most challenging counties too far down the list. I think you ought to tackle the bigger counties and more complicated jurisdictions earlier rather than later, while there's the greatest passion for reform, and while you're likely to have the most supportive resources.

– Paul Vincent



In this ongoing implementation process, agencies have learned the importance of being flexible and willing to evolve. The original implementation plan may not include features that become necessary, or a strategy may not work and needs to be adjusted.

We recruited peer coaches trained by external consultants and then realized that if one left or if one had issues we would need someone to address that. So we created the position of peer coach consultant, full time staff development personnel to develop, support and sustain the peer coaches. They were not in our plan at the beginning but they have ended up being one of the most important aspects of our practice.

– Maria Wilson, Indiana

3. Be inclusive and transparent

Effective child welfare leaders realize that their authority to bring about change is limited, so they need to set out the vision and tasks and invite people throughout the system to engage in the necessary work. These leaders are open and inclusive, and bring a broad array of internal and external stakeholders into the practice model development and implementation process, including:

Staff, counties and local offices: *In North Carolina, the core group with the 10 pilot counties had some administrators but I insisted that a majority be supervisors and social workers from the counties. Getting buy in and ownership from front line staff early on was critical.* – Jo Ann Lamm

Stakeholders and community: *We had great leadership but what pushed us more than anything was the permission to be transparent. We opened ourselves to scrutiny and invited people in to tell us how we could do better and to discuss what they could do to be a part of that. We started having dialogues we had never had before.* – Maria Wilson, Indiana

Other systems: *We did presentations to judges and attorneys so that they understood what we were talking about and the value of our practice model. Those have been very important.* – Linda Wininger, Utah

Providers: *It is really important to make sure that your providers understand what it is that you're trying to do, and that they feel a part of it. We didn't think enough about how it was going to impact them, since we would be asking them to be part of family team meetings. – Christine Norbut-Mozes, New Jersey*

Families and youth: *We did involve families but if I had to do it over again I would have even greater family involvement. I wanted to hear from foster youth and families in our system, and we did invite them to meetings, but we were only able to pay for transportation and now we could offer them a stipend. – Jo Ann Lamm*

COMPETENCY DRIVERS build the ability of those throughout the organization to use the principles and approaches by training managers, supervisors, staff and stakeholders, providing experience and coaching, designating staff and supporting champions, and aligning staff selection and evaluation systems.

4. Train managers, supervisors, staff and stakeholders

Agencies should train staff who will lead implementation efforts first to ensure their active support once other staff are trained. New Jersey trained the executive team, area directors, local office managers, and casework supervisors (New Jersey's second level of supervision) on the two foundation modules before they rolled out training statewide.

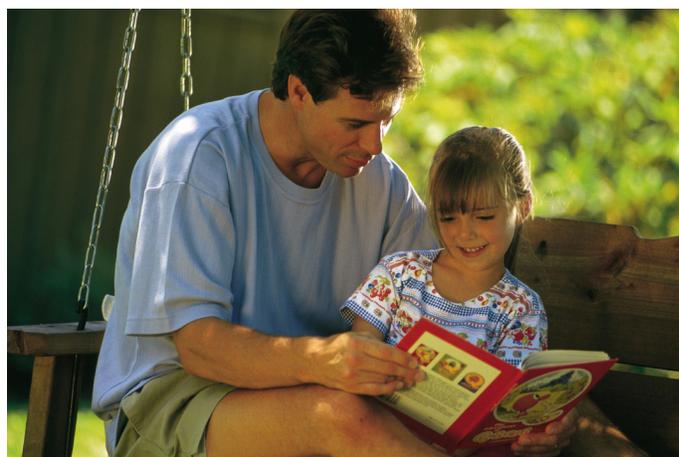
Getting leadership buy-in is really key. We trained leadership first because we needed managers to hold casework supervisors accountable for practice. – Christine Norbut-Mozes, New Jersey

While training often introduces concepts and values, changing practice also requires a focus on day-to-day work. Supervisors play a critical role in making that link, and they need to be trained before or concurrently with their caseworkers. Agencies often find that supervisors require additional training on skills

needed to manage, oversee and supervise to the new practice.

We listened to what supervisors were telling us and recognized that they needed a little extra. So we added at least one additional day of training at the end of each module to teach supervisors how to supervise to the particular skills being taught in that module. – Christine Norbut-Mozes, New Jersey

Implementing a practice model often involves a large scale effort to train and coach all existing casework staff and supervisors, and to integrate the practice model into new employee training. Indiana and Utah both found it challenging to schedule training for existing staff.



COMPETENCY DRIVERS build the ability of those throughout the organization to use the principles and approaches by training managers, supervisors, staff and stakeholders, providing experience and coaching, designating staff and supporting champions, and aligning staff selection and evaluation systems.

Training new staff and all of our existing staff was a huge undertaking. It was an average of 125 hours of training so that took a great deal of time up front. – Maria Wilson, Indiana

Administrative and support staff need the same training or a modified version, as do foster parents, providers, courts and those in other service systems. Utah has a shortened version of practice model training that foster parents and providers must complete in order to be licensed or receive contracts from the state. In North Carolina, state and county staff made [presentations to foster parents and guardians ad litem](#), and offered trainings for community partners.



5. Provide experience and coaching

To bring about sustained practice changes, training must be paired with experiential opportunities through practice during training sessions, field work between training sessions or as a follow-up to training. Experience can be particularly effective in transforming staff resisting the new practice.

Training is just theory until staff have a chance to apply it in practice. When they get to experience a family team meeting they often have an “aha” moment and realize that this is really making a difference for the family. They come back to the office very enthusiastic and really want to champion the process. – Christine Norbut-Mozes, New Jersey

Coaching is essential for implementing new practices. One-on-one guidance to staff—through demonstration, observation and feedback—can be provided by supervisors, peer coaches and practice model staff.

*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**, 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*

Demonstrating with real families is the most powerful way to change practice we’ve found. It’s just slower because you can’t do that in a class of 25 people. – Paul Vincent

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. In North Carolina, state practice model staff supplement the formal practice model training:

We had our four cornerstones of training in family centered practice and a dedicated state staff person who provided the nuts and bolts of how this process will work. I think having both the philosophical discussion of what the practice model entails and information about how that applies when you go out to knock on doors is what really helped cement the practice model in North Carolina. – Patrick Betancourt, North Carolina

6. Designate staff and support champions

It is critical to have staff whose time is fully committed to the practice model. These staff support all agency personnel as they are encouraged to adopt and practice new skills. Indiana has six peer coach consultants assigned to regions, and a practice model director at the state level. New Jersey has four implementation specialists, and Utah has staff that work on qualitative reviews and practice improvement specialists who provide regional follow-up and staff training. These do not have to be new staff—the director in North Carolina 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

It is also important to seek out those who are excited about the practice model to become practice champions on the local level, and to support them. In addition to peer coaches, Indiana also designates a supervisor or manager as the regional practice consultant, the contact person and liaison on practice issues in that region. These champions, who have other full time jobs, are supported by Indiana's practice model staff.

Local champions are most effective when they have some authority and are clearly charged with facilitating practice change. New Jersey created new Assistant Area Director positions to focus on workforce development and implementation of the case practice model, and North Carolina also noted the importance of local leadership:

One of the key things is ensuring that each county has someone with sufficient sway and leadership so when we hit a bump in the road that local champion is able to help move beyond that bump. – Patrick Betancourt, North Carolina

7. Align staff selection and evaluation systems

While agencies can teach staff new skills through training and coaching, instilling new values is much more difficult. Therefore, agencies need to identify and hire staff with values that are aligned with the practice model, and incorporate practice model expectations into job descriptions and performance evaluations. Indiana has revised its interview tool for hiring new caseworkers to include behavioral questions and rating scales to identify key characteristics that will support practice. They have also developed performance measures focused on practice model skills. In Utah, program administrators and practice improvement specialists at the state level are required to be involved in qualitative services reviews in order to receive successful or exceptional performance ratings.

For the administrators on my team I require in their performance plan that they at least shadow one qualitative services review a year to get a successful rating. If they want an exceptional rating they have to become a certified reviewer, which requires participating in several reviews. – Linda Wininger, Utah

ORGANIZATION DRIVERS modify and align organizational systems to support the practice model, by evaluating progress and outcomes through quality improvement, using feedback loops, revising policy and creating tools.

8. Evaluate progress and outcomes through quality improvement

It is critical for agencies to align their quality improvement processes with the practice model. Agencies need to start by defining what they want to achieve with the practice model: how will practice be different, and what outcomes will change? Then they need to develop [ways to measure progress](#) on these indicators, considering data systems, qualitative case review systems and surveys. Gathering and sharing information from these sources allows everyone involved to track performance and see if implementation is making a difference.

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

Having a review process that focuses on assessing and giving staff feedback on their performance on key practice areas is particularly powerful. By assessing practice, these systems reinforce what is expected of caseworkers and other staff while also measuring progress on key indicators and outcomes.

The focus of our qualitative services reviews is the practice model. We look at and provide feedback on engaging, teaming, and assessing and this really reinforces the practice model skills. A key to implementation is involving everyone in these reviews—caseworkers, supervisors, managers and even our community partners. – Linda Wininger, Utah

An ongoing quality improvement process reviews data and information continually, identifies and implements needed changes, and evaluates whether those changes have made a difference. It is particularly important to review information to ascertain whether changes in practice have happened, and to take action when necessary to assure fidelity to the practice model.

The systems I've seen succeed have held local managers accountable for the way they perform consistent with the practice model. You have to tell people this is part of your job expectation—then you should measure that and if that's not happening, the local manager has to make that happen, or someone else needs to come in and make it happen. Short of consistent, outstanding leadership, you have to pay attention to fidelity all the time or people will drift back into old practice. – Paul Vincent

9. Use feedback loops

Managers must have ongoing dialogues with everyone involved in developing and implementing the practice model, including all agency staff, stakeholders and community members, other service systems, providers, and families and youth. They should share quality improvement results, listen to feedback about implementation, discuss barriers and work collaboratively on strategies to address those barriers. Many agencies create workgroups that bring agency managers together with groups of staff to discuss the impact of proposed changes to training and policy and to make decisions about moving forward. Others structure regular opportunities for staff and managers to discuss implementation, identify barriers, and explore solutions.

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 were the challenges, and what was working and the counties learned from each other. These monthly meetings still happen in North Carolina today, and they keep dialogues going between caseworkers, state staff and leadership about how we can enhance practice. – Jo Ann Lamm

Encouraging staff and families to share their positive experiences helps build interest and commitment to the practice model. In North Carolina one social worker was negative about the changes until he implemented them and found they made a big difference to families. He became one of the greatest supporters and was sent around the state to share his story.

We had a mother talk to our leadership meeting about how she had been involved with our system two years ago, and then had gotten reinvolved just recently and how she experienced the office and staff to be helpful to her and not judging or accusing. It was really powerful to hear from a client and people were really moved by it.
– Christine Norbut- Mozes,
New Jersey

10. Revise policy and procedures —create tools

Agencies need to revise written policy and develop procedures and tools that support the practice model. When North Carolina started reform, existing policies were rewritten, with front line staff input, to support im-

plementation of the practice model, the multiple response system (MRS). When reform went statewide, the MRS policy manual became the Division’s policy manual. Agencies also develop **tools to support implementation**—supervisory tools to assist with coaching staff, and tools for caseworkers to use in the course of their day-to-day practice. These tools reinforce the language and approaches staff are encouraged to use through training and coaching. Examples include:

- caseworker field guides with strategies for asking better questions and making visits more meaningful,
- strategic interview forms to prepare for family visits,
- forms for presenting cases to supervisors and peers and consulting on practice issues, and
- forms supervisors can use to observe field practice and give feedback to caseworkers.

Dedicated practice model staff can play a key role in identifying areas where staff need more guidance and developing effective tools. When caseworkers in Indiana were confused about how to implement a new assessment tool, the practice model director worked with the peer coach consultants to develop a brief video—called a resource clip—that demonstrates what this looks like and is available on each caseworker’s computer.

Agencies going forward with implementation of a practice model must pay attention to all three drivers—**leadership** commitment, flexibility and inclusiveness, efforts to build **competency** through training, experience and coaching, supported by staff and champions and alignment of staff selection and evaluation systems, and work to build a supportive **organization** by evaluating progress and outcomes through quality improvement, using feedback loops, revising policy and creating tools. Efforts in all three areas are critical to engraining practice in day-to-day work and sustaining the practice model over time. The potential of this work is better practice, and ultimately better outcomes, for children and families served by child welfare system.

I think implementing the practice models deeply, in terms of worker values and skills, is the best way to sustain practice. In Utah people say they can’t imagine working with families any way but in a team anymore. They have internalized a set of values and skills that they know work. – Paul Vincent

SUMMARY

Implementing Practice Models: Key Factors

LEADERSHIP

- 1 Commit to the practice model.** Leaders participate in quality improvement processes, and engage a broad array of staff and stakeholders in meeting adaptive challenges. Communicate a consistent message and use practice model principles across all agency operations.
- 2 Pace implementation and be flexible.** Start with a limited number of jurisdictions. Gradually roll out implementation to the rest of the state. Evolve as needs arise and lessons are learned.
- 3 Be inclusive and transparent.** Involve a broad array of internal and external stakeholders in practice model development and implementation.

COMPETENCY

- 4 Train managers, supervisors, staff and stakeholders.** Train those who will lead implementation first. Train and coach supervisors and existing staff, modify new employee training, and train administrative and support staff and external stakeholders.
- 5 Provide experience and coaching.** Experiential opportunities (through practice during training, field work or followup to training) and coaching (provided by supervisors, peer coaches or practice model staff) are essential.
- 6 Designate staff and support champions.** Seek out and support practice model champions, including local champions with some authority.
- 7 Align staff selection and evaluation systems.** Hire staff with values aligned with the practice model, and incorporate practice model expectations into job descriptions and performance evaluations.

ORGANIZATION

- 8 Evaluate progress and outcomes through quality improvement.** Define key outcomes, review whether changes in practice have occurred, and take action to assure fidelity.
- 9 Use feedback loops.** Use ongoing dialogues through QI processes, workgroups and meetings and encourage staff and families to share their positive experiences.
- 10 Revise policy and procedures and create tools that support the practice model.**

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