



Core Practice Model Symposium November 19-20, 2015

AGENDA

Day 1

Check-in and Continental Breakfast	8:00 - 9:00
General Session Welcome <i>Stuart Oppenheim, Executive Director</i> <i>Child & Family Policy Institute of CA</i> <i>Will Lightbourne, Director, CA Dept. of Social Services</i>	9:00 - 9:15
Opening Plenary Practice Model Implementation: Notes from the Field <i>Anita P. Barbee, MSSW, Ph.D.</i> <i>Professor & Distinguished University Scholar</i> <i>Kent School of Social Work, University of Louisville</i> <i>Maggie Bishop, Executive Director, Capacity Building Cent for States</i>	9:15-10:30
Stretch Break	10:30 - 10:45
Breakout Session A Service and Supports	10:45 - 12:15
Lunch Panel Practice Model Implementation How Two CAPP Counties and Making it Happen	12:30 - 1:45
Breakout Session B Organizational Factors/CQI/Evaluation Part 1	2:00 - 3:15
"Sustenance" Break	3:15 - 3:30
Breakout Session C Organizational Factors/CQI/Evaluation Part 2	3:30 - 5:00
Networking Reception (Complimentary - Sponsored by the Hotel)	5:00 - 6:00

INTRODUCTION TO NOVEMBER 2015 CHILD WELFARE CORE PRACTICE MODEL CONVENING

Anita P. Barbee, MSSW, Ph.D.



Setting the Stage for the Convening

On November 19 and 20, 2015, leadership at all levels from California's public Child Welfare system will come together to discuss the organizational factors that are necessary to address in the implementation of the California Child Welfare Core Practice Model and to identify the supports that will be necessary for that implementation. The following thoughts are intended to provide some background and context to that discussion in advance of the Convening. Each of the 58 counties in California will work to make the California Practice Model (CPM) a reality in their location. Some counties will seek to install the CPM as it has been conceptualized and operationalized thus far without much refinement. Others will build upon the work that they have already done to align their practice to the CPM. Since many existing initiatives and strategies have been integrated into the CPM, counties will implement based on their specific situation. For example:

- Counties that have participated in CAPP have already implemented much of the CPM, and will therefore continue to implement CAPP, integrating any other aspects of the CPM into their practice as they move forward. This would also apply to counties that have developed their own specific practice model.
- Counties that have begun to implement Safety Organized Practice strategies will build upon them as they implement the CPM.
- All counties will integrate practice strategies and approaches developed as a result of the Katie A. settlement agreement.

At the Convening we will review documents that lay out the kinds of general and specific organizational factors that counties need to consider when they install, implement and evaluate their practice models. As background, several key principles will inform the exploration of the general and specific organizational factors we will review at the Convening.

- 1) The purpose of all of this work is to ensure that the way we work with people and the practices we engage in lead to positive outcomes for the children, youth, young adults and families that we serve.
- 2) This organizational level work is very complicated and nonlinear. Describing an issue in one domain does not mean that it does not apply more broadly. The documents that we will be reviewing at the Convening seek to lay out the key domains that must be addressed when installing, implementing and evaluating a casework practice model.

- 3) Our focus at the Convening will be on what supports and activities are needed to install, implement and evaluate a casework practice model. Many of these domains and areas within each are a field into themselves (e.g. leadership, policy). The purpose of the identification of supports and activities is not to go into so much depth about each area that the main point gets lost. Instead, we will need to think about how each domain affects the installation, implementation and evaluation of a casework practice model so that positive outcomes can be achieved. Certainly, when the county begins to examine the capacities around these different domains, they may want to go into more depth in shoring up the area more generally, as well as for this specific purpose of supporting a practice model.
- 4) As I help to guide this work, a model that influences my thinking is the Interactive Systems Framework (Wandersman, et al, 2008). This framework is focused on how organizations and systems bring scientific knowledge and evidence based or evidence informed practices to the field for the purpose of enhancing positive outcomes for the people we serve.

Identifying Key Considerations

Wandersman, et al (2008) refer to General Capacities, which include domains such as Leadership, Organizational Culture and Climate, Organizational Infrastructure that further includes Financing, Partnerships (e.g. contracting for services, interdependencies with other systems), Office Space and Environment, Communication System, the Personnel Selection, Retention and Evaluation System, Policy (including Case Management Structures), IT, the Training System, and the QA/CQI System. An innovation cannot be installed, spread, implemented with fidelity or maintained without each of these areas of the organization devoting specific attention to these processes (of installation, implementation, evaluation and maintenance).

What research has found and what we have learned helping states and jurisdictions install, implement, evaluate and maintain casework practice models is that not only must leadership be “on board” with the values, principles and practices included in a casework practice model, but must engage in certain activities to ensure that it is installed, implemented, evaluated and maintained. Factors that seem to facilitate leaders to engage in these activities include being the type of leader who has healthy self-esteem and can make decisions, but who is also very collaborative leading up to decisions by seeking and integrating feedback from key constituents before moving forward (see work by Heifetz on Adaptive Leadership). These types of effective leaders also understand what it takes to carry out a change process and take responsibility when problems in that process or day to day operations arise. Barriers that seem to derail the implementation process involve leadership that is not focused, strategic or open to feedback. Similarly, research and our experience has shown us that casework practice models are implemented successfully and lead to positive outcomes when installed in relatively healthy organizations whose cultures and climates promote excellence, openness to change, client engagement, workforce support, and adequate management of stress. We have witnessed the destruction of casework practice models when organizational cultures and climates worsen for whatever reason (e.g. leadership changes, reductions in funding leading to high levels of stress,

caseload sizes, turnover and emphasis on compliance rather than best practices to reverse downward trends in meeting timelines).

We have also seen that some jurisdictions have difficulty implementing a particular practice because the personnel in the state do not have the aptitude nor education or training to support such a sophisticated practice. Thus, the fit between the practice chosen and the staffing in the organization was not ideal and led to a failure to practice with fidelity and reach desired outcomes.

Often, we have seen jurisdictions move on installation of a practice model while ignoring the need to change policy, forms in SACWIS, new worker training and CQI measures to reflect the new model. The problems these entities ran into was a push back from staff who didn't want to practice outside the bounds of policy (and rightly so), resistance to using new forms due to the double work involved because IT systems were not updated to accommodate the new practice, a lack of fidelity due to high rates of turnover and inability of new workers to learn the practice model in new worker training and a drifting back to old ways of practice because those ways were reinforced by supervisor case consultations, staff evaluations, and the QA process.

Implementing Innovation

Wandersman et al (2008) additionally identify Innovation Specific Capacities that focus more on the capacities of staff to understand and behave in ways congruent with the practice model. Other work by Wandersman and colleagues (2012) has found four key aspects of evidence based systems of innovation support (EBSIS) include giving staff the tools, training, technical assistance and feedback (through QA/CQI system supports) needed to learn the model and enact it on the job with clients on a daily basis.

Thus, the level of focus in building innovation specific capacities is on the systems most likely charged with executing these supports. Who ensures that front line supervisors and staff are educated and trained? The education, workforce development, and training systems are involved in developing or adapting curriculum to share the values, principles, knowledge base and skills needed to implement the practice model with fidelity. This training often comes in the form of face to face classroom training, as well as on-line modules that can serve as introductions or boosters to classroom instruction. But, front line supervisors also have a role in training staff and reinforcing classroom training in the field as the practice model is played out in thinking about casework, engaging and interacting with clients and partners, completing forms related to such interactions, documenting the interactions and monitoring progress over time. It is here and through formal and informal coaching activities that supervisors support building staff competency in applying the practice model in diverse family cultures, contexts and situations. Whether they know it or not as supervisors help workers think through their approach to clients, consult with them on cases, make decisions and sign off on documentation, their supervisory behavior either aligns with the practice model and the local training and coaching approach or undermines it in some way. Thus, trainers, coaches, supervisors and front line staff themselves need tools to support the practice itself and the reinforcement of the practice. Such tools can consist of documents to guide front line worker behaviors such as

assessment of risk, trauma and family functioning, case planning documents, safety or prevention plans to develop with and leave with clients, templates for conducting a family team meeting, etc. Other tools can help supervisors guide their workers *such as* observations of team meeting interactions, or case consultation tools to use at the team or individual level or the addition of new case review items that align with the practice model so that fidelity in documenting practice model strategies can be checked and monitored across time and linked to outcomes.

These last examples of tools can be embedded in the CQI/QA system that gives the executives, managers, supervisors and social workers information on how the practice model is progressing in terms of fidelity and how it is impacting outcomes such as safety, permanency and well-being. Supervisors will engage and support staff when they see and experience their managers modeling and using the practice model. This brings us back to the importance of leadership at all levels of the organization lending support and attention to the practice model change and maintenance efforts.

Our Work Together

Thus, the documents that we will review at the Convening break out some major dimensions necessary to support the implementation of a practice model. Originally the Design Team aligned attitudes, values, knowledge and skills needed to support a practice model with four major theories related to organization factors and implementation. These theories include learning organization theory, parallel process theory, trauma informed care theory and the competing values framework. * A short definition of these four theories is included below as a reminder of their influence on this process. Then the Design Team began to brainstorm activities and resources that will be necessary to support implementation.

Our plan for the Convening is to review the identified organizational factors for completeness and clarity with the understanding that organizational changes will need to occur at the state and local levels for the CPM to be implemented and supported in such a way as to help reach better outcomes for children, youth and families. In each Organizational Domain, Convening participants will be asked to identify the resources and supports that will be needed to ensure successful implementation of the California Child Welfare Core Practice Model at the state and county level so that we can begin to plan for the phased implementation of the CPM across California.

Speaker Biographies

Anita Barbee, MSSW, Ph.D., Professor and Distinguished University Scholar, Kent School of Social Work at the University of Louisville in Kentucky

Ms. Barbee She has worked for 22 years in the field of child welfare with an emphasis on systems reform through improving employee selection, training, supervision, practice and CQI processes so that families and children can thrive. She has worked in over 30 states on one or more of these issues and has brought in over \$25 million in extramural funding for training, demonstration and research grants for such federal agencies as the Children's Bureau, SAMHSA, the Office of Adolescent Health, the Office of Community Service, and HUD. She is currently conducting a randomized controlled trial to understand which sexual education curricula work best for foster youth, refugee youth and urban youth. She is on the Editorial Boards of the Journal of Public Child Welfare among others and has over 130 publications and 275 presentations at professional conferences.

Maggie Bishop, Executive Director, Capacity Building Cent for States

Ms. Bishop provides visionary and strategic direction for the Center and oversees the design, delivery, and evaluation of capacity building activities. She leads the Center for States in their efforts to support state child welfare agencies in effectively initiating and sustaining change and innovation to achieve improved system, organizational, and program performance. Prior to her work with the Center Ms. Bishop served as the Director of the Division for Children, Youth and Families in New Hampshire for over 8 years. She has 38 years of experience working in Public Child Welfare. Twenty years in management and leadership roles working to build sustained system changes resulting in better outcomes for children and families. She has a strong commitment to engaging and developing staff, and bringing innovative solutions to meet organizational needs. Demonstrated success in leading change in a Child Welfare/Social Services setting.

Dr. Jaiya John

Dr. Jaiya John has served organizations, agencies, schools, and initiatives globally for 25 years. He is an internationally recognized speaker, trainer, consultant, author, poet, spoken word artist, and youth mentor. Jaiya is a former professor of social psychology at Howard University, and has authored ten books. He has addressed over 300,000 professionals, parents, and youth worldwide. Jaiya is a National Science Foundation Fellow, and holds a Ph.D. and a Master's Degree in social psychology from the University of California, Santa Cruz (1994), with a focus on intergroup relations and identity development. He holds a Bachelor's Degree from Lewis & Clark College in Portland, Oregon (1989), and studied Tibetan Holistic Medicine through independent research with Tibetan doctors in Nepal in 1988.

Will Lightbourne, Director, California Department of Social Services

Mr. Lightbourne was appointed by Governor Jerry Brown in April of 2011. Having served as the director of three county social services agencies as well as being a member of numerous commissions, councils, boards and nonprofits, over the past three decades, he has been deeply involved in a wide range of social welfare issues in California. Prior to coming to the California Department of Social Services, Will served as Director of the Social Services Agency of the County of Santa Clara for more than ten years. He also served as Executive Director of the Human Services Agency of the City and County of San Francisco, and as Director of the Santa Cruz County Human Services Agency. Before his role in the public human services field, Will served as General Director of Catholic Charities of the Archdiocese of San Francisco, one of the oldest and largest private human services organizations in the Bay Area.