



## CREATING A SUPPORTIVE, TRANSPARENT, AND ALIGNED SYSTEM

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### Facilitative Administration

Seeking to understand the experience of children and families in the child welfare system and the impact of system barriers on social workers in their work with children and families and partnering with communities and Tribes to address these barriers and needs is “business UN-usual.” It is also a clear demonstration of facilitative administration—agency leadership and administrators working together to proactively address barriers to implementing the Practice Model and to meeting the needs of the children and families being served. Facilitative administration includes building alignment in agency policies and business practices with the Practice Model, funding decisions, procedural changes, and support of CQI processes.

Each of the CFPM implementing jurisdictions has grappled with challenges that require facilitative administration. Staff turnover, vacancies, high caseloads, extended timelines for getting contracts in place, ensuring dedicated resources and staffing to drive local implementation, and capacity-building strategies to sustain implementation supports are some of the issues that Practice Model leaders in implementing jurisdictions have been dealing with throughout implementation and continue to work adaptively to manage. For instance, one site made a difficult decision to delay its CFPM implementation launch for 3-6 months based on a conversation with its Tribal community related to cultural training, which Tribal advisors felt needed to be developed and to be a part of the foundational practice model training. Another site had to completely rethink its initial Practice Model launch when a month before training its first cohort, salaries were cut by 15 percent across the board, and a labor strike appeared to be imminent. Instead of delaying implementation or training social workers in units, the jurisdiction decided to leverage the motivation and commitment of social workers who valued the change the Practice Model represented. Despite the low agency morale, 15 social workers volunteered to be part of the first cohort to be trained.

In addition, implementing jurisdictions have worked to institutionalize and strategically align local practice and policy by intentionally creating goals, outcomes, and action plans relating to practice model implementation and outcomes in their system or Program Improvement Plans, strategic plans, and CQI processes. While the proactive efforts of leadership in addressing barriers to implementation are critical, usability testing and improvement cycles are also key facilitative strategies for improving the implementation of the Practice Model within the agency.

### Usability Testing and Improvement Cycles

Usability testing and improvement cycles involve successive Plan-Do-Study-Act cycles (PDSAs) with small groups of staff to maximize early learning about implementation supports, identify problems, and make needed adjustments before going to scale. Implementation on a broad scale using implementation supports that the agency thinks will work risks coming upon stumbling blocks that are seen too late to be avoided and bring challenges and confusion for staff on a scale that is difficult for leadership and implementation teams to manage. In order to nurture the CFPM change process and to better support staff in this new endeavor, replicating jurisdictions are encouraged to (1) start the Practice Model rollout with a small group (e.g., training and beginning coaching for 12-16 workers and their supervisors) and (2) have follow-up cohorts remain similarly small for 3-9 months as training and coaching supports, leadership and implementation teaming processes, data collection, and communication and feedback

loops are monitored, adjusted, and improved, and the implementation infrastructure has become stable enough to support scale-up.

For implementing jurisdictions, usability testing of the Practice Model occurred in one site, while improvement cycles occurred in all sites to improve their implementation supports. Usability testing and improvement cycles are not neat, tidy, or linear processes because all aspects of capacity building and installation are in a state of flux, and continual adjustments are being made. Important progress can be made using improvement cycles as the intersections and impacts across various aspects of implementation emerge and are better understood (e.g., how training needs to change to improve the initial work of social workers and, therefore, relieve some of the burden on coaching). Below is an example of early usability testing and improvement cycles in one site.

### ***EXAMPLES OF USABILITY TESTING AND IMPROVEMENT CYCLES***

The Implementation Team in one site used a process of gathering data and information in daily debriefs with recently trained CFPM social workers and supervisors. This included use of posted office hours so implementing staff could drop in and talk about their CFPM implementation activities. Implementation team members also accompanied willing workers into the field, observing their interactions, and debriefing with them. Then the information was brought to a weekly debrief the Implementation Team had with the supervisors and social workers. The debriefing sessions provided immediate qualitative information for the weekly meeting of the Implementation Team members and the local management team in the jurisdiction to make sense of the information coming in and to make adjustments for the next week.

Using this PDSA-like process, the Implementation Team looked at what practice behaviors were being used, how the practice was being applied in the field, training and coaching efforts needed to support application with children and families, and systemic issues that were getting in the way of social workers using the practice.

Through a process of usability testing, metrics were tested and adapted in gathering data. They started with initial metrics focused on 3 primary questions (What's working well? What are we worried about? What are next steps?). These quickly changed into a metric regarding the 23 behaviors, thereby enabling weekly data on behaviors used, which then transitioned to a metric that grouped the 23 practice behaviors under the 8 core elements of the practice model. These ever-evolving metrics were not replacement metrics, but became reference options to discover how things were connecting.

The Implementation Team also began to track (on an Excel spreadsheet) the systemic issues identified by supervisors and the Implementation Team to make sure that the process of getting to resolution in each of these issues had timelines, next steps, and responsible individuals or groups.

Areas in which improvement cycles were helpful in implementing jurisdictions are outlined below, though the linked teaming structures in replicating jurisdictions are in the best position to identify the areas and opportunities for which rapid-cycle problem solving and improvement will be most helpful for strengthening local implementation and system supports for the Practice Model.

#### **Areas Where Improvement Cycles May Be Helpful**

- As staff leaves CFPM training, how ready do they feel to apply skills related to practice behaviors for each of the frontline practices: LEAN-IN; LIFT UP; CONNECT and CULTURE? If

- there are gaps or needs, identify a potential solution, make the adjustment, and re-test when the next cohort of social workers is trained.
- Through coaching, discussions, and observations in the weeks after training, supervisors and implementation team members can observe and track the practice behaviors in which social workers are engaged and the ones they are not seeing used. The implementation team can use this critical information to inform additional training, coaching supports, and system changes that are needed.
    - Example: *In tracking frequency and use of practice behaviors, a jurisdiction identified a need for additional training focused on appreciative inquiry. It also identified that two visitation-related practice behaviors were not being demonstrated. This was due to the agency's visitation contracts and processes not aligning with the Practice Model. While this system change took time, the agency quickly developed a visitation workgroup that included staff at all levels, and feedback loops were set up to ensure that staff had input and understood the progress that was being made.*
  - In the weeks following CFPM training, explore the frequency and availability of coaching supports with staff and identify possible changes and improvements if needed.
    - Example: *Staff were struggling with the use of several tools that were part of local practice model implementation. As this challenge was lifted up, the implementation team worked with supervisors and managers to create a weekly "going deeper" session where a trainer or coach would facilitate shared learning and discussions about the Practice Model and use of the tools.*
  - Consider reaching out and obtaining informal feedback from several parents and community partners regarding a recent interaction with a trained social worker or family meeting process.
    - Example: *A mother shared with a social worker that she really appreciated the inquiry process and the way questions were asked and that this was the first time she could share her story, thoughts, experience, and potential solutions in a meaningful way. In another case, a community member described participating in a team meeting with a youth in care that really focused on lifting up the youth's voice and used inquiry to frame the meeting and to create a plan that was centered on the youth's input and goals. The community member reflected on the concrete plan that was developed and on how much was accomplished in a short amount of time.*
  - Consider the perspectives of trained staff and supervisors regarding the accessibility and support they are receiving from the implementation team or key implementation supporters, such as coaches.
    - Example: *While having office hours for social workers to drop by to talk with an implementation team member or coach was helpful, the jurisdiction wanted to more actively engage staff in implementation and improvements. Very early in implementation, the five supervisors of the initially trained workers became an active part of weekly implementation team debriefing sessions to bring common themes and observations together and to test improvements. Implementation team members also began initiating going out into the field with social workers to observe practice, coach, and learn together. Not only did these strategies have the intended effect, they helped the implementation team realize that additional training to go deeper into cultural humility and trauma was needed, so modules in these areas were tested and added to the local CFPM curriculum and training plan, and additional supports began to be worked on to help supervisors effectively coach in these areas.*

### Systems Intervention

While facilitative administration involves internally facilitating supports and reducing barriers to practice model implementation and system change, systems intervention is proactive work with external systems to strengthen alignment with the Practice Model and to reduce barriers to effectively serving children and families. In the broad child welfare system context, practice, policy, and outcomes are driven in part by other systems, such as state and federal child welfare system infrastructure, policies, and resources, and other systems, such as mental health, probation, developmental services, and education. The system “as is” can make implementation of an initiative hard to support, if not impossible to sustain. Finding ways to affect, influence, and leverage these other systems to strengthen alignment and to reduce or eliminate barriers to CFPM implementation is an ongoing, strategic need for child welfare agencies, their leaders, and community and system partners to collaborate.

An excellent example of systems intervention in an implementing jurisdiction resulted from the vigilance of local CFPM leadership in recognizing the opportunity to work with state partners (who were working with federal partners) on development of the jurisdiction’s child welfare System Improvement Plan. Through many meetings and much collaborative work with state-level social service representatives, much of the jurisdiction’s strategic plan was able to serve as the county’s self-assessment; several cross-county fidelity assessment observations served as the peer quality case review; and the jurisdiction’s System Improvement Plan was based entirely upon the Practice Model. While this process did not change state or federal policy regarding local System Improvement Plans, it is helping to pave the way for such changes in the future. In another jurisdiction, there was joint adoption and implementation of the Practice Model by child welfare and children’s mental health staff in the human services agency, and both programs are jointly developing CQI processes.

The printout resource on the following page includes key best practices for facilitative administration and systems intervention to work on creating a supportive, transparent, and aligned system for the Practice Model. Linked leadership and implementation teams in replicating jurisdictions are encouraged to identify steps they can take to begin to embed these best practices in the agency. This is not a one-time worksheet, but something that can be repeatedly used, so that every 3 months there is a check-in on the current steps and timelines. At the same time, a new set of “next right steps” can be developed to continue to build a supportive, enabling context for the Practice Model and alignment at all levels of the agency and system to strengthen and sustain support for the Practice Model.

## Creating a Supportive, Transparent, and Aligned System

Key Considerations	Planned Activities/Next Steps	Resources <i>Note (E) if resource exists</i> <i>Note (N) if resource needed</i>	Who is Responsible/ Accountable	Timeline
<p>Information about what is working, what is getting in the way of CFPM implementation, and the service system needs of children/families is sought, documented, and used to support and sustain CFPM, including:</p> <ul style="list-style-type: none"> <li>• Improvement cycles (PDSAs) employed by implementation team to test or adjust CFPM supports</li> <li>• Agency CFPM implementation integrated in larger health/wellness initiatives or strategic plans</li> <li>• Info regularly sought from staff, families, and partners about CFPM successes</li> <li>• Info systematically sought from staff and partners about agency CFPM supports, barriers, and larger service system needs</li> <li>• Info systematically sought from families served about their perceptions and experience of CFPM and larger service system needs</li> <li>• Implementation Team documents and communicates system barriers, themes, and CFPM successes regularly to leadership, who responds with timely feedback.</li> <li>• Linked teams work with appropriate partners to address system barriers and service needs.</li> <li>• CFPM successes and progress are shared at least quarterly with staff, partners, champions, and opinion leaders outside the agency</li> </ul>				