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# Building Workforce Capacity through a Child Welfare Practice Model: Lessons from the Field

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American Public Human Services Association
TODAY'S EXPERTISE FOR TOMORROW'S SOLUTIONS

**Building Workforce Capacity through a Child Welfare Practice Model: Lessons from the Field**

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## I. Introduction

The last decade has seen a dramatic increase in the number and variety of Child Welfare Practice Models that have been developed across the United States. At this time, virtually every state in the country has either developed or is in the process of developing a child welfare practice model with the expressed purpose of defining how their child welfare system will engage children, youth, families, partners, stakeholders, tribal governments, and other colleagues in meeting unique needs and achieving desired outcomes.

Child Welfare practice models have been developed in many different formats, with significant differences in the depth of information provided to those expected to implement the model. The models are as varied as the agencies themselves representing large states and small states, rural and urban agencies, and state run as well as county administered organizations. Whereas some models present specified explanations for expected strategies and practices, others are simply statements of values and principles of practice, needing to be made operational through staff performance and behaviors.

The one commonality that each of these states and their respective practice models share is that whatever format that practice model takes, it will only be as valuable as the child welfare workforce's capacity enables it to be. The effort of creating the ability within the workforce to perform the appropriate actions skillfully is the key link to successful practice model implementation and is the basis for how this paper defines the building of workforce capacity during practice model implementation.

According to the Positioning Public Child Welfare Guidance[1] Workforce chapter, "The field of public child welfare is responsible for the development and implementation of a workforce strategy that recruits, staffs, manages performance, continually educates, retains, rewards, recognizes and adequately compensates a well-prepared, supported and appropriately deployed workforce equipped to provide effective services to children, youth and families. Public child welfare administrators must be able to understand, anticipate, plan and act upon current and future workforce needs."

As stated in the Positioning Public Child Welfare Guidance, this is important because:

- A well-trained, highly skilled, well-resourced and appropriately deployed workforce is foundational to a child welfare agency's ability to achieve best outcomes for the vulnerable children, youth and families it serves.

[1] Positioning Public Child Welfare Guidance can be found at: www.ppcwg.org

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- The workforce is the agency's public face to the children, youth and families it serves. Additionally, the actions of the workforce are what stakeholders use most to judge an agency's competence and effectiveness.
- The workforce is both the most important and most expensive resource that child welfare agencies must invest in to achieve their goals and objectives.
- Studies have established a causal relationship between a capable child welfare agency workforce and positive case outcomes. This includes the influence of workforce capacity on placement stability, maltreatment recurrence, reunification, and foster care and permanency outcomes.
- When supported by the agency leadership, the workforce will demonstrate a high level of investment in evidence-informed practice, be willing to innovate where appropriate, and take measured risks to provide services that are anchored in the practice model and will improve outcomes.
- When a workforce possesses adequate attributes, skills, knowledge, abilities and resources, the agency will be better positioned to engage clients and improve client outcomes through the services they provide.
- When a clear understanding of what goes into building a strong and vibrant workforce is present, management will be able to use resources more effectively and efficiently.
- When a workforce has credibility in the community, it will be able to engage the resources of other agencies to provide service that the agency is unable to provide.
- When a workforce is at peak performance, it will provide legitimacy for funding requests for staffing and other resources.

What can be seen from all that is presented above is that a child welfare practice model and the building of workforce capacity to implement that model are two components of an agency's strategy that are often seen as "aligned" but must be viewed much more specifically as "interconnected".

The purpose of this paper is to highlight agencies that have been able to do just that-not just align but actually connect their child welfare practice model to building the workforce capacity to achieve the desired outcomes of the model, using it as a guide and foundation of practice in the critical areas across their organization.

As represented by the logic model below, it is clear from the experiences of those who have successfully implemented child welfare practice models that building the capacity of the workforce is not solely the function of an organization's Human Resources Department, its training system, leadership, management, supervision, direct service practitioners, or partners,

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clients, and stakeholders but the compilation of all pieces working together to work toward continuously improve performance and outcomes.

It should be further noted that when a state develops a child welfare practice model that implementation plans should be developed that include aligning policy and program elements to practice improvement work, but this paper focuses on building the workforce capacity through the above mentioned components to successfully implement and monitor the direct service practices that ultimately result in improved outcomes.

Finally, as represented in the logic model, no state has claimed successful implementation of their practice model and sustainable workforce development efforts without also including a process for quality assurance that includes a case review process and feedback loop towards continuous improvement based on qualitative results and evaluation of practice.

Historically, quantitative measures have been the sole basis of measurement of progress, however, with the concurrent implementation of the federal CFSR review and the surge in child welfare practice model development, states that have succeeded in improving practice credit the implementation of a self imposed process of case review similar to CFSR but customized to their individual practice markers of effectiveness as the key to “turning the flywheel” and continuously improving performance and outcomes.

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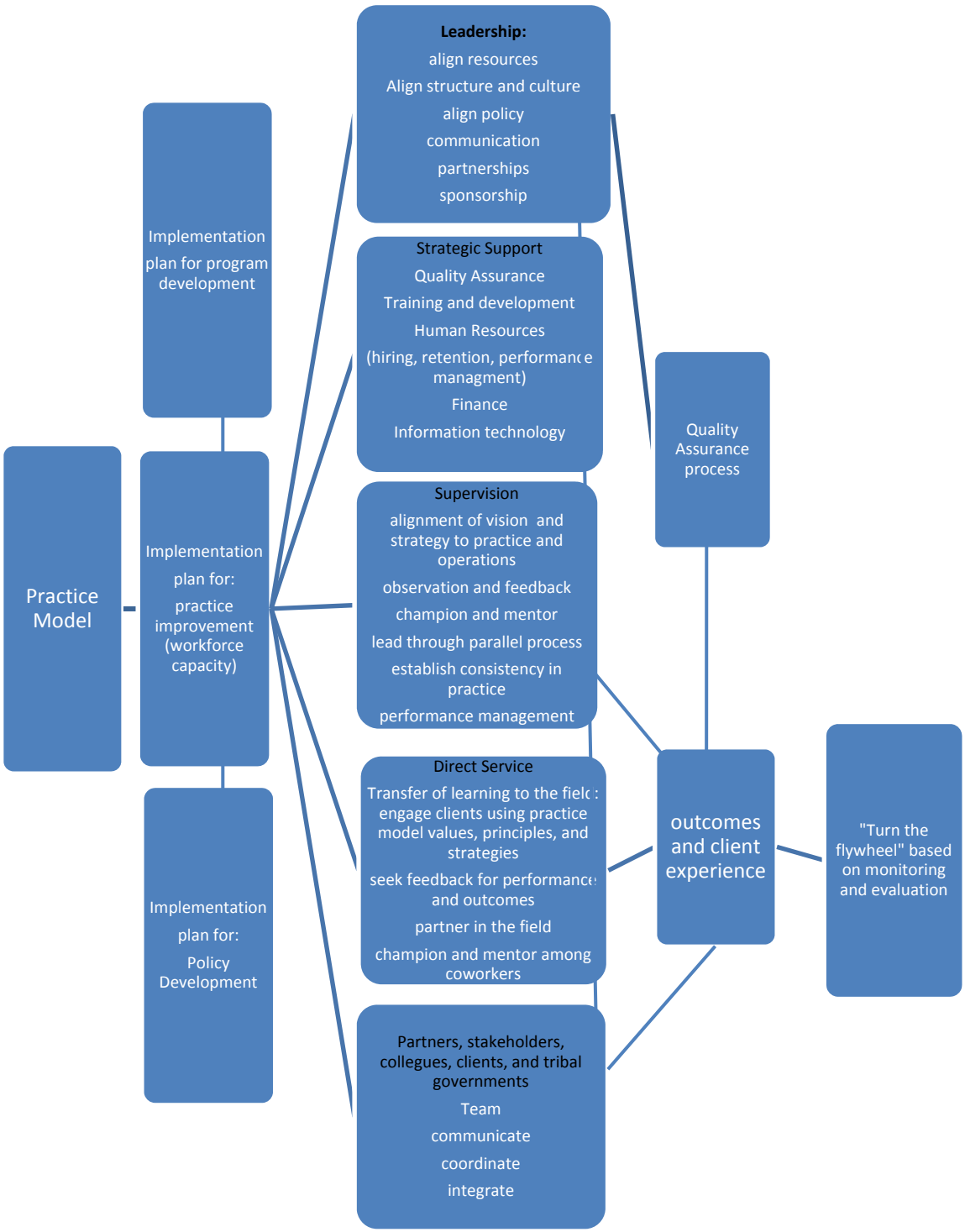


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Using this logic model as a visual guide for illustrating how states have successfully built their workforce capacity through a child welfare practice model, this paper will share stories of how states have been able to implement organizationally, across levels and programs. The researchers will also present some specific and targeted strategies employed by states for improving supervision and front line practice as well as for connecting strategic support functions including training systems and human resources efforts.

## II. Organizational Strategies

In the field of child welfare, Utah has been celebrated as one state that has been able to embed the values, principles, and skills of their practice model in every level of their organization and in every region in the state. Staff in Utah credits the implementation of their Practice Model as being the catalyst for the improved practices and services that allowed them to exit Federal Court supervision in 2008 and the Practice Model remains the backbone for maintaining positive outcomes since that time. These outcomes are transparent and publicly tracked on the Department of Human Services' Child and Family Services website.[2]

Utah's model is very brief and includes only simple statements of their values and principles and required skills. This two page practice model was developed in the latter half of the 1990's and remains unchanged today. Their goal at the time was to change the existing culture of their agency and they recognized early the need to formulate the basic philosophies of how services should be provided throughout their system. Utah's child welfare leadership understood that without this very basic "model of practice", they would have nothing to align leadership, training, and quality assurance efforts to and nothing to judge their performance as a system against.

Today in Utah, the use of the Practice Model is embedded into everyday business and serves as a foundation for casework and organizational practices throughout the agency. Utah's current leadership identifies five organizational keys to practice model implementation and the building of workforce capacity that has allowed them to reach this level organizationally.

The first of these key concepts from Utah is the understanding that building the capacity for the practice model does not stop at the caseworker or even supervisory level. When the practice model was initially developed, progress was made due to the commitment of the upper administration of the state's Division of Child and Family Services (DCFS). More than a decade later and through several changes of leadership, upper administration is still held accountable

[2] The Utah Practice Model and outcome data can be found at www.dcfs.utah.gov

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to perform to the values/principles of the practice model demonstrated by their consistent reference to the model when making decisions, the development of policy based on QCR results, and through their publicly presented quarterly and annual report documents.

This accountability also lives with support staff, the courts, and even foster parents. While frontline practice staff members go to training that helps them make the skills and values in the model operational for their roles, so do secretaries, fiscal staff, and foster parents. Each member of the DCFS team regardless of their level in the organization or the role they play in supporting children and families is expected to understand and perform to the values and principles articulated in the model.

This leads to the second key workforce capacity building strategy identified by Utah's staff, embedding the practice model in training, and building curriculum around the skills and values of the practice model.

In Utah, all new staff participate in a 9 week training course that includes a half day of classroom training and a half day of field experience throughout the 9 weeks. The training modules are built around the skills identified in the practice model and through this method new staff are able to immediately work to transfer their new classroom learning to field experiences as they shadow an experienced worker in the field. New staff members are not given their own cases during this training period, allowing them the opportunity to see the full range of skills in practice through observation before having the responsibility to perform on their own.

This effort for new worker training followed the initial workforce capacity building effort as Utah's staff initially had to develop training for their experienced workforce at the time of initial development of their model. This is a lesson learned from Utah's experience, that the initial attempt to change the culture and behaviors of their experienced workforce required a different type of training challenge. Utah's leadership reports that at that time some staff left the agency due to a disagreement with the change of philosophy, but the state did not seek to retain those staff, and remained committed to the model, understanding that a newer, committed workforce would be most likely to succeed supporting children and families.

The third element of Utah's organizational commitment to the practice model is their Qualitative Case Review (QCR) process which has been developed and implemented "hand in hand" with their training program. The phrase "Quality Case Review" is important to understand as it demonstrates the state's commitment to review case practices, in alignment with their practice model, with the goal of improving consistency of practice across the state.

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Built having a similar format to the federal CFSR reviews, the QCR process is not a staff evaluation tool, but is an effort to move case reviews from having a compliance orientation to having a qualitative orientation, for the purpose of improving overall system performance. This is all done in alignment to the training staff receive and the skills and values of the practice model.

According to Jeff Harrop, a member of Utah's Division of Child and Family Services Program and Practice Improvement Team, outside of the new employee Practice Model training the QCR is the most important and successful capacity building effort for DCFS. This is because the QCR reviewers come from all levels of DCFS as well as all key system partners and stakeholders. Administrators, trainers, workers and supervisors, even court personnel and legislators participate in state run QCRs as reviewers. Through this level of participation, reviewers gain an understanding of the DFCS system, the goals and objectives of practice, and what good practice looks like in the field. As the QCR reviewers assess child and family status as well as system performance in regard to twenty four different factors including child safety, stability, appropriateness of placements, health and physical well being, as well as emotional and behavior well being, there has proven to be no better capacity building strategy than having a staff member perform as a reviewer of casework practice for the purpose of providing feedback as to the quality of work in the field.

Use of not only staff but partners and stakeholders has supported the practice model language and concepts to be embedded in the everyday work of the agency. According to Linda Wininger, the Director of the state's Program and Practice Improvement Team stated "when you hear the language of the practice model in court, you know that the model is having an impact in practice". Including legislators in the QCR reviews has also helped build connections and understanding with the state legislature which recently supported additional DFCS staff in part due to the increased awareness of the challenges of child welfare casework and the goals and objectives of practice identified through the model in Utah.

The fourth key element of organizational strategies related to building the workforce capacity is the public commitment to monitoring work and outcomes of performance. The QCR process and commitment to the practice model are elements of Utah's approved federal Program Improvement Plan (PIP). All key outcome indicators and annual reports are posted on the DCFS website to support transparency and identification of areas needing improvement. Adjustments to training and additional supports for supervision come from Utah's monitoring of their outcomes, which in turn leads to improved workforce capacity based on new training or initiatives. One such example of this is Utah's "Supervisor's Finishing Touches" interview which is a process that occurs directly between a worker and the supervisor on one case per month.

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This adjustment to practice is a strengths based supervisor tool that is not punitive to staff but is linked to improving casework practice and organizational outcomes related to the practice model.

The final key element of building workforce capacity related to practice model implementation is simply the understanding that the practice model is there to serve as an "anchor" of practice, not to be continually changed (the Utah practice model itself has not changed since it was developed over a decade ago) while efforts to achieve the goals of the practice model should be consistently monitored and improved over time. Whether it be training, QCR, or other efforts to build staff capacity, Utah has continually improved their capacity building efforts based on their lessons learned, without changing the model itself. This process has remained consistent over the years despite multiple changes of leadership at the highest level of DFCS administration.

Utah has clearly maintained a commitment to the practice model and the model itself has contributed mightily to the sustainability of good practice in times of change in the state. More information including the most current performance data and news regarding Utah's practice model implementation efforts can be found at www.dcfs.utah.gov

Indiana has been widely accepted as one state whose implementation efforts and actions to build workforce capacity are models for the nation as evidenced by their recent presentation on a webinar for the National Resource Center's Practice Model Peer Network and by the many states that send representatives to Indiana to see firsthand how the state has gone about implementing their model. Their practice model, developed by leadership with the support of Annie E. Casey Foundation consultants, is brief, presented as a set of value statements but focused mostly around their key identified skills of: teaming, engaging, assessing, planning, and intervening (TEAPI). The model as presented on their website[3] includes testimonials from staff, a note from the Director (James Payne), and a description of their primary strategy; child and family team meetings. It is entitled "How Are the Children Doing in Indiana?" which serves invite interested readers who are curious as to that question to read and review the information within the model.

Indiana's Department of Child Services (DCS) practice model implementation was a key component of a massive statewide transformation, fundamentally changing the way their system works with families involved in the child welfare system. Practice model implementation included not only new practices but the development of new roles and new

[3] The Indiana Child Welfare Practice Model can be found at: http://www.in.gov/dcs/files/A_New_Practice_Model_4_web.pdf

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positions in the state including: Peer Coach, Peer Coach Consultant, Regional Practice Consultant, and even Practice Model Director.

Beginning in 2005, the Indiana Governor's commitment to DCS resulted in hundreds of new Family Case Managers (FCMs) being hired. These new workers allowed all of the Department's FCMs to have caseloads that allowed a commitment to social work practice and not just case management. This level of staffing provided workers the capacity to make the Family Conference Meeting a critical service and support to the child and family. This level of commitment required the agency to organizationally shift their structure to include new roles that support staff performing to the new way of "practice" along with the staff themselves. To help explain, the following describes one of these new roles, the role of the Regional Practice Consultant:

*Regional Practice Consultant positions were created in order to assist with communication between communities, Peer Coaches, Peer Coach Consultants, System Partners, and DCS Central Office regarding the Indiana Department of Child Services' Practice Model. RPCs are considered to be "Practice Experts" in that they have mastered the TEAPI (Teaming, Engaging, Assessing, Planning, and Intervening) skills and other pertinent skills needed for sustainability of the Practice Model. RPCs also embody DCS' desired best practice which is transferred to staff throughout the Indiana Department of Child Services. RPCs ensure that consistency and fidelity to the DCS Practice Model is maintained. RPCs supervise the productivity of the Peer Coaches in the region*.

The goals and expectations for Regional Practice Consultants regarding the Indiana DCS Practice Model include the following:

1. Convene the region's peer coaches quarterly for debriefings and ongoing support, provide agendas and minutes to the Project Manager for Practice Model
2. In consultation with DCS Staff Development, manage and coordinate the region's practice training including scheduling staff for training, securing training location when requested and coordinating schedule changes based on the established calendar.
3. Assess peer coaches' coaching abilities and provide feedback to them, their supervisors and Local Office Directors
4. Supervise peer coaches in their coaching function
5. Track that peer coaches are creating Facilitators, as set forth in the Facilitator Expectations
6. Assign Peer Coaches to newly hired FCMs upon release from new hire training to the region with the expectation that all new hired FCMs will complete facilitation training within 90 days once they have graduated

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7. Act as the centralized resource person for information about the practice model
8. Along with Regional Managers, actively participate in state level discussions about case practice
9. Work with DCS central office on field issues relating to the practice model
10. Along with the Regional Manager, serve as a point person with external practice consultants and trainers
11. Act as Spokesperson for the practice model at Regional Services Council meetings and community presentations upon request
12. Be a "Cheerleader" for peer coaches and all staff to encourage use of the model and maintain enthusiasm for the practice

This example is one from Practice Manuals created for each of the new roles and again demonstrates the dedication in Indiana to change outcomes for clients at the direct service practice level through organizational processes, roles, and procedures. Between 2006 and 2011 Indiana document a 210% increase in the number of children who are served in their own homes, a 118% increase in the percentage of their out of home placements that are with relatives, and a 52% drop in congregate care placements. Child fatalities in the state from abuse and neglect were cut dramatically (from 53 to 25) and adoptions were increased in a similarly dramatic way (from 1233 to 1787) during the 2006-2011 time period.

Further information and data regarding Indiana's child welfare practices including detailed "practice indicator reports" can be found on the DCS website[4] Later in the paper, a description of how Indiana has been able to integrate Human Resource functions including hiring and performance management practices will also be highlighted.

Colorado is a state supervised/county administered child welfare system which required the state agency to not only think organizationally about strategies for sharing the child welfare practice model, but implementing through counties. This presents a challenge for how to organizationally empower counties to implement to their needs while creating consistent practices statewide as Colorado counties vary significantly in size and structure.

The practice model in Colorado includes their vision, mission, values, and standards of practice from referral to case closure and a set of skills required for practice model implementation.

Colorado's welfare practice model was developed through an inclusive process that included initial development of the model through a workgroup staffed by a diverse set of state and local county staff and key partners, stakeholders, and tribal governments. Once the initial draft was

[4] Indiana's outcome data can be found at: www.in.gov/dcs

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developed, child welfare staff presented the model statewide through "town hall meetings" that were well publicized and open to staff, partners, and community members. Through the town hall meetings, feedback on the model was accepted and the workgroup was able to craft the Practice Model using a consensus of input[5].

Initially, Colorado began implementation planning through another inclusive and participatory committee called the Project Operations and Implementation Team (POIT). The POIT through planning for workforce development relating to practice model implementation came to regard their child welfare practice model as the state's "base" practice model, indicating that individual counties would need to work to identify their workforce development needs based on variables such as county demographics, community support, and staff competencies.

The POIT learned through initial implementation efforts with pilot counties that while the state can support implementation through training, policies, and statewide communications that implementation and workforce development is most successful and sustainable when led at the local level with consideration for specific variables and needs of staff.

As an example of this, while Colorado statewide is supporting counties by collecting best practices from each county a creating a "best practices compendium" Colorado at the state level is also supporting local county implementation/workforce development through cohort groups of counties working together to support each other through the process. The primary lesson learned for the state according to Dr. David Menefee was that the state had to learn to "back off" from an authoritarian role to a collaborative role with county partners in alignment with the values and principles of the model.

From these examples it is clear that building workforce capacity relative to a child welfare practice model must be considered both systematically and systemically. To achieve outcomes, no single training, HR practice, or supervisory technique will adequately prepare the workforce in the absence of a complete organizational commitment from every level and across each component of the system. The following sections present some specific and targeted efforts of individual components of an organization for building the workforce capacity, however, in each case it must be noted that these new practices or processes were part of a much larger and systemic implementation plan.

[5] Colorado's Practice Model can be found at: http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251588065877

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## III. Improving Supervision

Regardless of the size of a state, its demographics, or its structure, as child welfare practice improvement strategies are considered it seems that the supervisor level of staff is consistently identified as a "tipping point" for success.

Anecdotally, administrators seem to unanimously recognize that training one supervisor has the same value as training the 5-10 social workers that they supervise. Further, there is clear recognition that the supervisor's day to day interactions with the staff that they supervise sets the tone for the worker's performance. Reason would serve to indicate that the supervisor will also have the primary role in influencing a worker's sense of performance expectations. As a child welfare practice model is meant to be the definition of practice and performance supervisors also serve as the line of defense against non-constructive resistance to practice model implementation.

Supervisors also set a tone of continuous improvement and commitment to positive client outcomes as the driver of practice for front line staff. Developing a sense of role clarity, agency commitment, and the opportunity for growth and advancement through the use of a child welfare practice model demonstrates a supervisor's ability to develop a positive service oriented culture within their unit.

For all of these reasons, it does seem clear that the supervisor truly is the "tipping point" for successful implementation of practice improvement efforts and that building the capacity of supervisors to implement a child welfare practice model is clearly a priority step as part of the larger workforce capacity implementation plan.

Nationally, states have tried strategies and developed different tools to support supervisors as varied as the practice models themselves. Below are some of the examples states have used to support practice model implementation and workforce capacity building.

The Minnesota Child Welfare Practice Model was developed through a workgroup process that included key stakeholders and partners including tribal governments, family advocates, and youth representatives. The model identifies the outcomes, values, principles and skills necessary to assure child safety, permanency and well-being[6].

[6] The Minnesota Practice Model can be found at: http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/events/ImprovingSupervisionPacket/MNCWPracticeModel.pdf

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As the state presented the practice model as a series of values, principles, and skills, the Minnesota Department of Human Services' leadership became aware that supervisors themselves were having difficulty translating concepts into specific and observable behaviors that would demonstrate practice model implementation in a consistent way across the state. For that purpose, Minnesota convened a cohort of supervisors to participate in a series of trainings that would support practice model implementation but would also serve to make the practice model operational. In the first session attended by the cohort, each of the values and principles was discussed in great detail and then as a workgroup they developed operational definitions for each value and principle that provided behavioral examples of what they could do on a daily basis to demonstrate the value/principle.

As part of this work the supervisors also operationally defined what behaviors they expected to see from their staff as a result of their newly implemented supervisory actions, basically developing a list of outcomes for changes in the way caseworkers will perform as part of the parallel process of staff development. This new tool allows supervisors the ability to self assess and self correct their own behaviors relative to the practice model expectations as well as manage the performance and development of their staff in the same regard. A copy of this tool has been posted on the National Resource Center's Practice Model Peer Network website.[7]

In Pennsylvania**,** a child welfare practice model guides service delivery. Their model is similar to other states that have valued brevity in presentation and is simply presented as a set of operational statements of values and principles and required skills. The model is backed up by tools that make the Model operational through specific practice standards and a series of family status and practice indicators used as measures for their quality service reviews (QSR)

In an effort to support supervisors spending useful time with their workers in "one on one" supervisory sessions that focused on critical thinking and problem solving, Pennsylvania pulled together a workgroup to create a guide for supervisors to use. Developed by a diverse group of practitioners the *Enhancing Critical Thinking: A Supervisor's Guide*[8] is the resulting, supportive tool for supervisors to use during supervision with workers to improve practice. This *Supervisor's Guide* provides examples of questions that supervisors should ask during supervision in order to foster critical thinking with workers. While it is unrealistic for

[7] The Minnesota Supervisory tool can be found at:
http://muskie.usm.maine.edu/helpkids/PracticeModelNetworkCalls.htm

[8] The Pennsylvania Supervisor's Guide can be found at:
http://www.pacwrc.pitt.edu/Resources/PA%20Supervisory%20Guide%20-%20Full%20Tool%20_FINAL_.pdf

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supervisors to cover all 23 categories of questions during a single supervision session, here are some ways a supervisor may use the *Supervisor's Guide*:

Worker need – A supervisor may have already recognized an area of needed improvement for a specific worker, such as, family engagement. In such a case, a supervisor may want to focus on the questions pertaining to Engagement Efforts, Role and Voice, Assessment and Understanding, and Cultural Awareness and Responsiveness in an attempt to focus on improved family engagement.

Department/unit focus area – A supervisor may want to utilize the guide based on the department/unit's areas of focus, as it may provide some guidance. For example, an Intake supervisor may want to focus on Safety from Exposure to Threats of Harm while a Placement supervisor may want to focus on Permanency, Emotional Well-Being, and Stability – although all questions can be applied regardless of department/unit (i.e. Intake, Ongoing, Adoption, etc.).

Supervisory skill development – The *Supervisor's Guide* can be used by supervisors to support their own skill development in the areas of critical thinking, information gathering, and follow up questioning. The *Supervisor's Guide* supports building critical thinking skills for new and experienced supervisors and it provides a focus on the 23 key QSR indicators of quality practice in Pennsylvania.

With a recognition that the complete *Enhancing Critical Thinking: Supervisor's Guide* is a more expansive question set then would ever be asked in one supervisory session, the Supervisory Guide Workgroup also developed a *"Quick Tool"* version of the *Supervisor's Guide* that includes at least one question from each of the indicators and supports a critical thinking process where supervisors ask open ended, thought provoking questions to stimulate discussion and proactive information gathering on the part of casework staff. The *"Quick Tool"* may be used in any supervisory session with the *Supervisor's Guide* accessible to support supervisors as described above.

While the complete *Supervisor's Guide* is not meant to be an all-inclusive list of questions that should be asked during every supervisory session, it does provide examples of how questions should be framed. The *Supervisor's Guide* can be used as a parallel process in which supervisors engage workers in information gathering similar to how workers should engage families. The feeling among leadership in PA is that consistently using the *Supervisor's Guide* with workers will likely result in workers being better prepared for supervision as they will be better able to gather the right information from the family in order to properly answer the questions during

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supervision. This will ultimately lead to improved family assessments, more accurate service planning, improved outcomes, and aid in workers' professional development.

Sometimes strategies to support workforce development can be simple. In New Mexico the Practice Model[9] presents their vision, desired outcomes, values and principles along with specified practice standards. Along with efforts to implement their practice model through Adaptive Leadership practices, supervisors are actually switching roles with caseworkers and going out in the field together in role reversal to allow the supervisor to model expected behaviors as well as to allow supervisors to remain "grounded" as to the type of work front line caseworkers do on a daily basis. To date, this practice has been piloted in several regions with positive feedback from participating supervisors and staff. During these experiences, supervisors are expected to demonstrate performance modeling the expectations of the elements of their practice model, known as the Piñon Project.

In conjunction with implementation of their child welfare practice model in 2011, Arkansas is training supervisors to use Learning Circles to "bring the elements of the practice model to life" and support model implementation. The practice model itself is a concise set of goals and principles to guide best practices.

According to consultant Charmaine Brittain, Senior Associate at the Butler Institute for Families at the University of Denver, who is a member of the team supporting Arkansas through this effort, the Learning Circles consist of a supervisor and their unit and provides front line staff the opportunity to raise practice issues or concerns with their supervisor in a strength based solution focused environment that facilitates conversation and problem solving.

For each unit, Learning Circles are planned monthly and have been implemented concurrently with a new practice model that focuses on the themes "care, commit, connect". The Learning Circles are encouraged (not required) to have a tie in to the practice model and typically provide a forum to work on such issues as "what can be done to engage families more", "how can we improve timeliness to permanency", or "what community resources do we have to help with a supporting a child through trauma"? Topics must be actionable at the unit level and empower supervisors and their staff to seek solutions without additional resources or policy changes.

Moving forward, Arkansas is working on strategic plans to advance all of their supervisory development initiatives under the headings of "care, commit, connect" and in alignment to the goals and practices outlined in their practice model.

[9] The New Mexico Practice Model can be found at: http://www.cyfd.org/pdf/pinon_practicemodel_102111.pdf

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According to Charmaine Brittain, key to this workforce capacity building strategy is the philosophy that "dialog is what builds a learning organization and that is what is powerful about the Learning Circles" In essence, front line staff and their supervisors are given the opportunity to make the goals and practices of the practice model operational for themselves as they face real world situations through their dialog and action planning. This strengthens the agency as a whole, improves sustainability of good practices through self discovery and implementation, and helps staff to understand the practice model as they live the values. While each topic area may not appear to directly tie into the Practice Model, Charmaine Brittain reports that solutions always reflect the principles of "Care, Commit, Connect" and the Arkansas Practice Model[10].

It is anticipated that implementation of the Learning Circles will enhance staff morale and job satisfaction and improve the connections between front line staff and their supervisors as they discuss issues and work to improve practice together.

## IV. Front line practice improvement

Not all improvement and innovation efforts have to be centrally managed and "led from above" to be effective. It is at the "micro" level of implementation that leads to self-correction and improvement of skills and practices through a "learn by doing" process. Many of the best practice improvement efforts and ideas result from field practice and reflection and critical thinking based on results, leading to methods becoming fully embedded in practice in alignment to the practice model. Whereas other implementation strategies (e.g. Supervision, training, performance management) are meant to impact outcomes, they do so through the efforts of front line, direct service staff.

In New Jersey**,** the state's Case Practice Model (CPM) was developed in 2007 and includes both a philosophical basis for practice and articulated strategies for improving family centered practices. After a process of seeking and receiving broad public input the Department of Children and Families (DCF) moved forward with an implementation strategy that initially recognized that before they could begin to build the capacity of the workforce through training that caseloads had to be manageable. In the absence of manageable caseloads, no amount of training would allow for successful implementation of a more engaging practice for workers as they simply would not have the time to perform to expectation on every case.

[10] The Arkansas Practice Model can be found at:
http://humanservices.arkansas.gov/dcfs/Pages/OurPracticeModel.aspx

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In conjunction with the implementation of the CPM, New Jersey hired hundreds of new staff and adopted a philosophy of managing caseload size as part of practice model implementation. New positions were created to support the ideals of the practice model, such as the development of resource family workers who helped assure that enough foster homes were available so that siblings would not be separated. Individual planning with caseworkers on safely reducing their caseloads occurred and caseloads were continuously monitored by leadership.

As stated by Christine Norbut, former 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 "thoughtful efforts at creating new positions allowed people to focus on what their work was and allowed workers to work harder on fewer cases. Suddenly workers were able to consider issues such as trauma to a child based on the concepts in the practice model and the safe reduction of caseloads".

Following this safe reduction in caseloads, New Jersey was able to implement training that could best be summarized as "family engagement for everyone" and "making visits matter". This training was primarily developed for and focused on front line casework staff, however, New Jersey's Leadership understood that sending casework staff to training without training executive leadership or supervisors would result in workers coming back from training into an organizational culture that was not supportive of the new child welfare practice model. New Jersey worked to train executive level leadership as a first step of building the workforce capacity at the frontline practice level.

The next step in this process of improving frontline practices was to train supervisors separately from caseworkers, so that they could learn how to supervise to the expectations of the CPM and understand their role as a supervisor in improving frontline casework practice. Once workers attended training themselves, their agency leadership and supervisors were more prepared to provide the support, guidance, and feedback needed to implement the CPM at the practice level[11].

In Michigan, the state's Department of Human Services created "MiTEAM" as Michigan's guide for how staff, children, families, stakeholders, and community partners work together to achieve outcomes that focus on safety, stability, well-being and permanency of children and their families. MiTEAM aligns with the agency's overall mission, values, and principles and incorporates the following practice skills: Engagement, Assessment, Teaming and Mentoring as the state's child welfare practice model.

[11] For information regarding New Jersey's Case Practice Model and outcomes go to: www.nj.gov/dcf

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As with most child welfare practice models, Michigan hopes the MiTEAM model will serve to improve engagement practices and establish a unified approach that helps families, children, youth, and caregivers by:

- Providing for consistency in practice
- Clarifying roles and expectations for staff
- Informing policy, training and quality assurance
- Explaining how child welfare intervention and services are delivered to children and families.
- Focusing reform efforts on using accepted principles of good Social Work practice
- Encouraging family driven solutions

Although the state has a complete plan for implementation using a variety of methods supporting supervision and embedding the MiTEAM skills throughout their training system, the primary goal of implementation is to improve frontline practices in the field and provide supervisors and managers the tools to support staff as they improve practice and "learn by doing" in the field through the following practices:

**Engagement:** Demonstrated by active participate of family members in solution- and outcome-focused planning and interactions with families are open, transparent, and non-judgmental.

**Family Team Meetings:** Family Team Meetings will be utilized to engage families in safety planning, case planning, service identification and assessing progress.

**Strength Based Assessment:** Assessment is a process rather than a one-time or point in time event. The process includes information gathering, analysis, and collaborative decision-making that include the family as partners.

**Mentoring:** Partnership between managers, staff, caregivers, parents and children that guides and empowers others in personal or professional growth to achieve positive outcomes.

To achieve the desired outcomes of MiTEAM implementation, staff at all levels of the child welfare system will be trained in four key practice skills (teaming, engaging, assessing, and mentoring) that will support improved child welfare practice with children, youth, parents and caregivers as well as with DHS' community partners. Utilization of the key practice skills in all interactions will serve as the primary driver of MiTEAM efforts and help to achieve positive outcomes. Front line staff will have the opportunity to access over 50 mentors across the state to attend family team meetings and provide the worker consultation and feedback as they develop their skills. Each of the mentors is a former state Family Team Meeting Facilitator with specific experience using the skills and practices outlined in the model.

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While implementation is just occurring at the time of this writing, it is expected that implementation of the above practice skills with staff will result in the following benefits for all involved:

- Use of the skills will enhance the helping relationship resulting in increased likelihood of cooperation and successful outcomes.
- Options to maintain family connections will increase along with the quality and focus of visits and placement stability as well as timeliness to permanency.
- The fit between family needs and services will improve in all cases.
- Staff will have practice skills that are reinforced through supportive supervisors.
- Staff will be guided by a model of practice that that is consistently applied through all levels of the agency.

Clearly, Michigan's approach to practice model implementation is to strengthen their workforce capacity not only through a training and performance management approach, but by actually intentionally outlining how practice will occur in the state and having workers experience a change in practice in the field in concrete and clearly observable ways[12].

Research on adult learning suggests that the best way to strengthen professional skills and performance for frontline practitioners and organizational leaders is through immediate application of new concepts and techniques to real work challenges. Experiential learning researchers have found that adults learn best by taking concrete experiences and reflecting on the results. These reflections allow learners to identify where they did and did not achieve desired results and how to approach similar experiences more effectively in the future (APHSA). Learners then test these enhanced approaches in real-life situations, generate new experiences for reflection, analysis, and innovation, and enter an upward spiral of continuous skill development and performance improvement. This is the goal of front line practice implementation efforts in Michigan.

## V. Training System

When considering building the capacity of a child welfare workforce, engaging a state's individual training system is a key strategy for success. Training systems are more than partners; they are key drivers of capacity development who typically have "the ear" of a large percentage of current and incoming staff due to training requirements or regulations. To ignore the role of the training system at the time of practice model implementation would limit the impact that both the practice model and the training system itself can have for improving

[12] Information on Michigan's outcomes can be found at www.michigan.gov/dhs

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practice. By combining the two, the training system can have a very positive influence and impact on performance outcomes in a state.

Nowhere is the partnership between a training system and a state office more evident than in Pennsylvania where the Pennsylvania Child Welfare Resource Center (PACWRC, formerly PA Child Welfare Training Center) plays a key role in supporting practice model development, implementation, quality assurance, and workforce development.

Primary to Pennsylvania's effort to use their training system to improve workforce capacity is a complete process of curriculum integration related to the state's practice model and performance indicators mentioned earlier. Pennsylvania is currently incorporating each of the indicators into existing curriculum as well as using the model as the standard when identifying gaps in their overall library of training.

Beyond that step the PACWRC is taking the time to make the practice indicators developed for the state's caseworkers operational for their own staff including trainers. By making the elements of the PA practice model "real" to their own staff, the Resource Center itself will become a model of performance and will be able to demonstrate the behaviors and actions that they are looking to transfer from their classrooms to the field.

As was mentioned earlier in this paper, the quality review process is a primary driver of continuous improvement of workforce efforts and outcomes if they are connected to the ability to analyze practice outcomes through both quantitative and qualitative assessment. Utah considers their QCR (quality case review) process as crucial in this regard and Pennsylvania, through its Child Welfare Resource Center can make the same claim. Although Pennsylvania is still in an initial implementation phase of workforce development related to its practice model, it has begun its work by implementing their QSR (quality service review) and making related program, policy, and practice adjustments based on lessons learned and data collected.

Building on lessons from Utah's inclusive model of qualitative case reviews, Pennsylvania is encouraging all of their trainers and consultants to participate as reviewers in their Quality Service Review (QSR) process, actually contracting with them and compensating them for the time allowing them to "own" the information, and perform to the values, principles, and strategies themselves.

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## VI. Recruitment, Retention, and Performance Management

Much has been researched and written in regard to child welfare recruitment, retention, and management of child welfare staff. Strategies such as providing realistic job previews to potential employees, connecting child welfare training to University degree programs, expanding outreach and targeting recruitment, providing rewards and recognition programs, and connecting performance to a merit based pay system have all been well document and this paper will not try to improve on those efforts. Many of these stories and examples can be found through the National Child Welfare Workforce Institute website[13].

One lesson learned from states that have successfully implemented practice models is that when you work to innovate and improve front line practice outcomes through a child welfare practice model, organizational strategies such as hiring staff and performance management have to be integrated into that effort in parallel and at the same time practice improvement efforts occurs.

Another lesson learned from years of experience implementing continuous improvement plans and supporting organizational capacity building is that retention of staff is cited frequently as a challenge in all areas of child welfare and at all levels of child welfare organizations. Again, many studies have been done to better understand retention concerns in child welfare and its impact on outcomes for children, families and communities. Persistently high turnover in many organizations, however, suggests that the field has not yet "cracked the code".

What is known is that turnover results in higher caseloads for workers, creating high stress levels in the work environment, in turn resulting in potentially higher rates of turnover in the future, and thereby creating a vicious cycle. The impact on clients can include lack of, lower quality of, or miscommunication about client services. While studies show the reasons worker leave include issues such as low pay, lack of recognition and job-related stress, the most strongly related attribute for workers making the decision to stay or leave a position is the quality of supervision[14]. Earlier in this document examples of agencies that are using their child welfare practice model to strengthen their supervisory skills and capacities were shared and it is important to note how the implementation of a practice model provides supervisors with a framework and "anchor" from which to find support for staff and help staff feel a sense of satisfaction related to the reasons why they came into the field to begin with.

[13] The National Child Welfare Workforce Institute website is found at: www.ncwwi.org
[14] Child Welfare League of America, "Workforce Recruitment and Retention in Child Welfare: A Review of the Literature" 2005

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Along with the need for quality supervision, in general, professional staff in the United States has moved from a stability and security motivation (e.g., retirement benefits, job security) for maintaining current employment towards a career- and skill-building motivation[15]. Planning and implementing improvements most closely related to the career- and skill-building attributes is likely, therefore, to result in creating an organizational culture supportive of worker retention. The implementation of a child welfare practice model provides an excellent opportunity to motivate workers through empowerment, skill building and improved front line practice experiences. As discussed earlier in this document the value of improving worker skills, providing them opportunities to use these skills in the field and to process this work with their supervisor through discussion and learning can be our most valuable retention technique.

Indiana is a primary example of how a state agency has taken the values and skills outlined in their child welfare practice model and operationally use the information to build their workforce starting with the first contact that a potential employee has with the agency and carrying it throughout their professional career.

In January 2005 the Indiana Governor's office created the Indiana Department of Child Services, seeking to build a child welfare agency that reflects their mission and beliefs about serving and protecting the children and families of Indiana. Leadership in Indiana stressed at the time that lasting change and better outcomes could only be achieved if their work was grounded in strong principles and values.

The Indiana Child Welfare Practice model was developed and between 2006 and 2009 and all 1,600 case manager staff as well as managers received training in the five core competency areas that are the foundation of the Indiana Practice Model including: Teaming, Engaging, Assessing, Planning and Intervening (TEAPI).

Translating those values into every day actions and decisions required staff to not only receive training on those areas of skill practice, but to rethink every aspect of how they work together with families and each other. To that end, Indiana has become quite proficient at using their practice model as the guiding force for all key decisions, starting with how they hire new staff and manage performance of experienced workers.

According to Indiana's Deputy Director of Staff Development, Mary Beth Lippold, their entire Family Case Manager interview process, from prescreening through in person interviews has been revised based on the skills and principles of their practice model. Mary Beth reports that

[15] Report from the 2004 Child Welfare Workforce Survey, American Public Human Services Association

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during interviews “Hiring Managers ask about their (prospective employee) skill set and experiences related to such items as decision making and respect for diversity as well as how they react to crisis and adapt to situations”. Answers are scored as good, mediocre, or poor based on the values and principles of practice.

Once staff members are hired they receive significant training and coaching as highlighted earlier in this document, but key to keeping staff performance interconnected with Indiana’s practice model has been their effort to redesign their Family Case Manager Performance Appraisal Checklist in line with the expectations of the model and the skills of TEAPI.

As described on the performance appraisal form itself, the “evaluation of a Family Case Manager’s skills is conducted utilizing both general and guided observations of the worker’s performance in a variety of settings by the Supervisor, Director, Regional Manager, Peer Coach, clients and key community stakeholders over the evaluation period. Family Case Managers are expected to demonstrate competency in the skill areas of: Engagement, Assessment, Team Formation, Development and Support, Plan Development, and Intervention. Competencies in these areas are based upon the core values of empathy, respect, genuineness, and professionalism. “

When asked how these strategies of connecting pre-screening, interviewing, and performance management have impacted staff retention, Doris Tolliver, Human Resources Director for Indiana’s Department of Child Services shared the history that several years ago there was a “hiring frenzy to support the practice model implementation (400 new positions filled) however now while it is hard to isolate what has made the most impact, we have seen a much slower turnover rated in staff and better use of the tools that they are utilizing for those purposes.”

Improving organizational strategies in concert with practice model implementation has been a true strength for Indiana and key to the improved outcomes the state has been tracking since the implementation of their model.

## VII. Lessons Learned

In 2010, the Positioning Public Child Welfare Guidance Practice Model chapter presented this implementation advice to those looking to move forward after practice model development: “To implement the practice model, the agency must be resourced with a workforce in alignment with the strategy and with the ability to achieve desired outcomes. The workforce

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would be well trained in applying a theoretical model of engagement and the principles in the practice model along with applicable laws and regulations. To be effective, the agency places an emphasis on quality supervision that develops workforce capacity and supports the mission, values and principles of the agency's practice model. Frontline staff have individual development plans that support development of the knowledge, skills and values needed to implement the practice model. Workforce must be developed to allow for appropriate workload and have the necessary technological and administrative support staff in place".

Clearly this advice foreshadows the key points learned through interviews with states that have worked to build workforce capacity through the implementation of their child welfare practice model that to be successful, the effort that requires participation from an entire organization and not just components. It is not enough to think that training supervisors and caseworkers in the absence of other strategic supports such as Human Resources or Quality Assurance will be fully effective. Similarly, training the direct service staff without recognizing the need for parallel processes from leadership and management, and inclusion of partners and stakeholders will not lead to the sustainable practice changes required of the workforce.

The following list specifies some of the lessons learned through interviews of key leaders in the field of child welfare who have worked directly on building a workforce through practice model implementation:

- Whatever your practice model looks like or your implementation strategy is, it is crucial that monitoring results and making related adjustments based on lessons learned is the mindset that organizations must embrace to be successful. Full implementation takes significant time (multiple years) and a tenacity that allows an organization to use the practice model as a foundation for achievement. In the absence of a well thought out and resourced review/monitoring process, the practice model implementation and related workforce development plans will likely be viewed as an initiative, likely to change over time, versus the foundation of practice.

- When building the capacity of direct service workers and their supervisors, always do so with an eye towards establishing consistency in practice while allowing for individual style and local implementation. Consistency in expected practices (e.g. engagement, cultural competence, permanency efforts…) allows the organization to maintain an identity related to their practice model and their role clarity within their larger system. Allowing for a workforce that implements the practice model values and principles "sometimes" or in "pockets or silos" discredits the entire organization.

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- Work to establish consistency in practice and alignment of program, policies, and practices to the practice model. Support the workforce in hearing "one message" from leadership including their commitment to the model through elimination of policies and programs that do not align to the model and the advancement of those that do. The practice model must be used as the foundation of all other processes and tools developed and implemented in the agency.

- When building workforce capacity at the initial implementation stage, be prepared to adjust from training an experienced workforce to only training new staff. Initial efforts must be built around "re-training" and engaging the current staff. Once that task has been completed the focus shifts to developing new staff as they join the organization allowing training to focus on learning new skills and processes from a fresh perspective. Ultimately an organization will need multiple methods to reach the workforce sufficiently.

- It is typical and appropriate for states to learn from each other's practices when developing a practice model and workforce capacity building plans. While this is useful in most cases, when interviewed states also specified the value of local participation and customized development of models and plans to support commitment and buy in of those most impacted by the work. While lessons can be learned from each other, it is important that every state or organization engage in the process of defining their model for themselves and building a workforce that meets localized needs.

- Shifting the focus for direct service practice from a compliance orientation (meeting deadlines, filing reports, performing to a "checklist") to an orientation towards high quality engagement practices is a common theme among states implementing child welfare practice models. Most Practice Models specify the skills needed for workers to perform to this orientation and training has been typically shifted to include these skills for workers. This practice will only be effective if this shift in orientation is consistent throughout the organization and acts as a parallel process, including a case review process that is about identifying quality performance and continuously improving towards the desired state of practice. Asking workers to engage families in quality meetings while having supervisors and administrators maintain a sole focus on compliance is not a sustainable practice.
    - Understanding the balance of quality and compliance is a key element of implementation with recognition that if a direct service worker is providing high quality services they will likely far exceed minimum compliance standards.

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- It has been the experience of those that have implemented Quality Case Reviews (or Quality Service Reviews in some locations) that these reviews are most effective when used to gauge system performance not individual performance of workers. The review is meant to identify system gaps, and becomes a constructive process when workers feel engaged in a strength based solution focused process and not an individual performance review.

- Simply put, when building the capacity of the workforce in conjunction with practice model implementation it is imperative to involve all levels and departments develop staff capacity for their individual roles across the program. Whether it is the Agency Director or the receptionist, development of the workforce's capacity to perform to the values, principles, skills, and strategies of the model cannot be overstated.

- While the focus of this paper has been on building the capacity of the internal workforce it is also a key lesson learned from states that to be successful, model implementation must involve partners, stakeholders, colleagues, and tribal governments. The most successful states consistently reinforced the need to share the practice model with such partners as the courts or private agency providers.

- When implementing a practice model that specifies a significant change in direction for an agency, resistance from workers experienced in the "old way" of doing business is to be expected. Constructive resistance is to be engaged and input from staff whose positions are changing or who view practice differently should be heard, reviewed, and given proper weight as planning advances. Non-constructive resistance from workers who simply do not want to leave a comfort zone of how they are used to working should be managed out of the organization whenever possible. Do not be afraid to let go of workers who are not comfortable with the new practice model.

- When developing training for direct service staff related to a new child welfare practice model, be sure to move training from simply conceptual statements to "how it works in practice" using real case examples and opportunities for staff to practice skills in the field. When staff "learns by doing" and then have the opportunity to process, either with peers or supervisors and either in a classroom or organizational setting, learning becomes more embedded in practice and more sustainable outside of the classroom.

- Implementing a child welfare practice model is a multi-year process. States that are less than 3 years from the beginning the work still feel they have a long way to go, while

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states that are 3-5 years into the process have begun to see outcomes and shifts in their overall system and organizational climate. This message comes with the recommendation to celebrate successes along the way and to continue to point out to direct service staff the value of their work and the appreciation for the difficulty in working to engage and involve children, youth, and families in planning.

- Live the values full time. The child welfare practice model cannot be a "sometimes" way of doing business. For successful implementation and growth of the workforce, performance related to the practice model must be consistently reinforced throughout the organization in every situation.

- Aligning capacity building efforts to the vision of the practice model, involving and empowering those who are most involved in implementation of the model, connecting the model to other agency efforts, and monitoring and adjusting based on progress all support sustainability for the increased capacity of the workforce. While those efforts continue, be sure to seek to build sustainability through tools and products, guides for supervisors and mentors, reports that reflect the values and principles of the models, and a qualitative review process that supports sustainability. The model cannot be implemented in isolation of core agency operations.

- Implementation of a child welfare practice model, and specifically developing the capacity of the workforce to perform, requires cooperation from state and local leaders, working together on implementation and striving for the same goals. State and local leaders will be only able to fully achieve desired outcomes with each other's support.

- States that have included strategies for practice model implementation and workforce development as described in this paper have expressed that by including those strategies in their federal Program Improvement Plan (PIP) they have been successful in securing the resources and commitment needed to complete the work. This has been especially true for states that have committed to develop a quality assurance case review process (e.g. Utah, Indiana, Pennsylvania) as part of their PIP.

- Workforce capacity includes not only the skills to perform but also the time to perform. Lack of time may make it difficult or impossible for caseworkers to conduct home visits and develop the relationships essential to assuring child safety, permanency, and well being. When interviewed, both Indiana and New Jersey cited the increase in the number of caseworkers and the resulting lessening of individual caseloads as a key component to their success, allowing workers the opportunity to spend the necessary time with families.

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## VIII. Conclusions and next steps

The objective of this paper is to share strategies and lessons learned from states that have taken steps towards building their workforce capacity through a child welfare practice model. Hopefully, after reviewing this information you will be inspired to do the following:

1. Use the child welfare practice model as a driver of strategy and as an operational vision and definition of what practice should be.
2. Assess your workforce's current status against that defined vision, identifying strengths that you want to continue to demonstrate and leverage and practice gaps, the areas you need to improve.
3. Identify the root causes for the gaps based on your localized assessment and develop related plans to improve the workforce capacity, towards your vision and connected to improving specified gaps.
4. Implement plans while concurrently monitoring for progress, impact, and additional lessons learned.
5. Make adjustments to plans based on monitoring and evaluation…seeking to continuously improve toward your defined vision of good practice.

Building the capacity of the child welfare workforce is a crucial task for achieving desired outcomes. This task becomes much clearer in purpose and scope when connected to achieving the vision of a child welfare practice model.

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## Summary of Resources

Arkansas practice model:
http://humanservices.arkansas.gov/dcfs/Pages/OurPracticeModel.aspx

Colorado practice model: http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251588065877

Indiana practice model: http://www.in.gov/dcs/files/A_New_Practice_Model_4_web.pdf

Indiana Case Study (Annie E. Casey):
http://www.aecf.org/~/media/Pubs/Topics/Child%20Welfare%20Permanence/Other/IndianaChildWelfare/IndianaChildWelfareImprovingPractice.pdf

Michigan child welfare data and information: http://www.michigan.gov/dhs/

Minnesota practice model:
http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/events/ImprovingSupervisionPacket/MNCWPracticeModel.pdf

Minnesota supervisory tool:
http://muskie.usm.maine.edu/helpkids/PracticeModelNetworkCalls.htm

National Child Welfare Workforce Institute: www.ncwwi.org

National Resource Center Practice Model Peer Network home:
http://muskie.usm.maine.edu/helpkids/PracticeModelNetwork.htm

New Jersey child welfare data and information: http://www.nj.gov/dcf

New Mexico practice model: http://www.cyfd.org/pdf/pinon_practicemodel_102111.pdf

Pennsylvania supervisory tool:
http://www.pacwrc.pitt.edu/Resources/PA%20Supervisory%20Guide%20-%20Full%20Tool%20_FINAL_.pdf

Positioning Public Child Welfare Guidance: www.ppcwg.org

Utah practice model and data: www.dcfs.utah.gov

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