

Blueprint for Practice

Chapin Hall's Approach to Building and Sustaining a Practice Model

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Jennifer O'Brien • Larry Small • Maya Lakshman



Introduction

Chapin Hall at the University of Chicago has the privilege of partnering with multiple states and private agencies to design, develop, and implement child welfare practice models. Practice models shape the behavior, skills, and competencies of the workforce with the goal of improving safety, permanency and well-being outcomes for the children, youth, and families they serve. The Chapin Hall approach ensures input from staff at all levels, internal and external stakeholders, and consumers to achieve broad ownership of the practice model.

In this white paper, we describe our approach to building and sustaining practice models in detail. We have drawn from foundational literature on practice models, such as the work of Jan McCarthy and Paul Vincent, and grown our methods through development and implementation of practice models in our partner jurisdictions. Through this process, we have solidified a four-stage process that can be used to guide these efforts. We additionally provide a selection of useful insights for agencies, as well as a toolkit demonstrating the resources we have created to guide our work. We will expand on our approach to developing practice profiles and fidelity/performance measures in future white papers and resources.

Stage 1: Building the Scope of Work

Goal: Meet with agency Executive Leadership to establish a clear set of tasks, deliverables, timeline, and governance structure for the project.

Stage 2: Design

Goal: Convene an implementation team composed of agency staff to identify and define the core components of the practice model. Begin the readiness assessment to understand the agency's capacity and identify gaps in each of the key agency pillars.

Stage 3: Development

Goal: Seek system-wide participation to draft and finalize the practice model's definitions and operationalize the guiding principles and core practice skills for primary casework activities.

Stage 4: Implementation

Goal: Identify and align existing processes, ensure quality implementation, conduct fidelity monitoring, and plan for sustainability of the model.

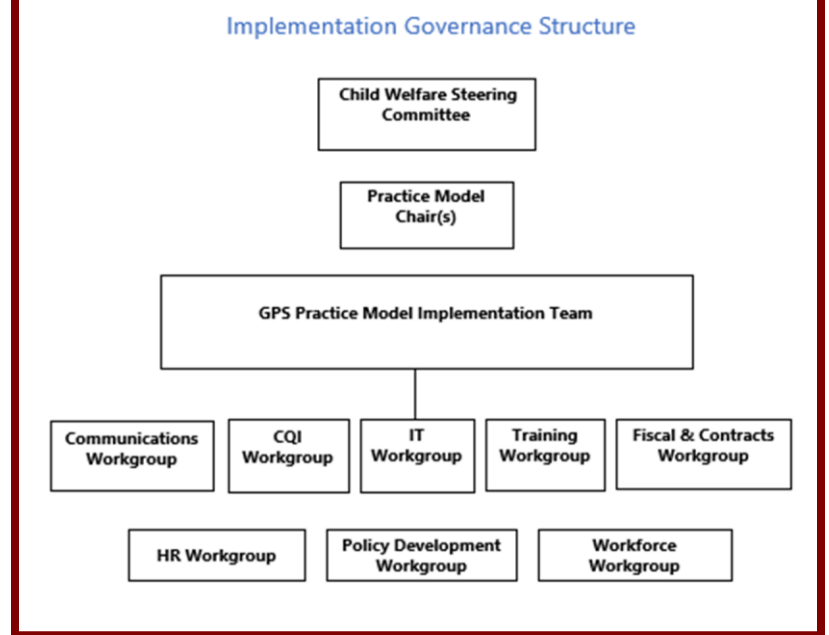
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Stage 1: Building the Scope of Work

Goal: Meet with agency Executive Leadership to establish a clear set of tasks, deliverables, timeline, and governance structure for the project.

In the early stages of crafting the scope of work, Chapin Hall engages the agency's executive leadership to discuss their vision and expectations for the practice model. We introduce our design and development process, highlighting how our work is informed by research and implementation science. We have learned successful implementation of a practice model requires an aligned focus, clearly articulated outcomes, thoughtful planning, and sustained engagement and commitment from all levels of leadership within the organization.

South Carolina Guiding Principles and Standards (GPS) Practice Model Governance Structure



Ensuring timely and transparent communication within the agency and between stakeholders is an important step for building engagement and ensuring successful implementation.

During this stage we collaborate with agency leadership to identify an existing structure within the agency (or develop a new one if needed) to serve as a governance structure. The governance structure promotes bidirectional communication with internal and external stakeholders to ensure shared understanding and timely progress towards desired goals. The National Implementation Research Network (NIRN) describes the need for two types of communication loops -- "Practice-to-Policy" (communication upwards from staff to leadership) and "Policy-to-Practice" (top-down communication from leadership to staff). We recommend a third communication loop, "Practice-to-Practice," to foster the importance of bilateral communication between staff. NIRN concludes, "Implementing an effective practice model requires change at the practice, organization, and systems levels. The goal is to create a system that can learn from experience and make modifications to reflect what was learned. Direct, frequent, and reciprocal communication across all levels of the organization is vital" (National Implementation Research Network, 2013).

Next, Chapin Hall coordinates with leadership to identify the agency's timeline and co-leads for the practice model implementation team. The co-leads should feel empowered to make decisions, have access to executive leadership for final decisions, and be open to feedback from multiple sources. Furthermore, it is essential that co-leads can protect time to commit to full-fledged participation in all aspects of the work.

Stage 2: Design

Goal: Convene an implementation team to identify and define the core components of the practice model. Begin the readiness assessment to understand the child welfare agency's capacity and identify gaps in each of the key agency pillars.

Design Activities:

- ☑ Learn from the Departments'/Agencies' past design processes and complete a readiness assessment.
- ☑ Identify Key Agency Pillars.
- ☑ Review best practice literature to identify an array of sample practice models and definitions.
- ☑ Select and define each core component:
 - a. Mission and vision,
 - b. Values,
 - c. Guiding principles when engaging consumers and when working with colleagues,
 - d. Core practice skills, and
 - e. Outcomes.
- ☑ Seek guidance from a broader community of internal and external stakeholders to finalize the core components.

Once practice model implementation team leads have been identified, we begin the design stage by identifying staff and consumers (e.g., family representatives, key stakeholders, providers, etc.) to join the team. Chapin Hall then works with team leads to determine a bi-weekly implementation team meeting schedule, draft desired results-based agendas, review resources, and prepare materials.

Learn from the Departments'/Agencies' past design process and complete a Readiness Assessment

During this activity, we gain an understanding of how the agency has historically approached the design and development of new initiatives. We learn about the agency's successes, identify gaps in prior efforts, challenges faced in implementation and sustainability, and identify processes or activities they might want to preserve.

Identify Key Agency Pillars

To ensure the practice model is embedded into the agency's day-to-day practice, the implementation team leads invite representatives from all departments, also known as agency pillars, to be members of the implementation team. Chapin Hall identifies ten (10) key agency pillars which are responsible for an array of tasks and services ensuring the organization functions as intended. The pillars are often the core offices or divisions of the agency, typically managed by a Deputy Director or a senior-level leader reporting to the chief executive.

North Carolina Children's Home Society (NC-CHS) Practice Model Key Agency Pillars

The NC-CHS Practice Model Implementation Team was comprised of representatives from each of the ten key agency pillars:

1. Communications
2. Practice
3. Consumers/Stakeholders
4. Policy
5. Continuous Quality Improvement
6. Training/Coaching
7. Human Resources
8. Information Technology
9. Fiscal
10. Contracts

Having key agency pillar representatives involved in the design, development, and implementation of the practice model promotes buy-in, prioritization, and sustainability of the desired practice change.

By including these essential voices from the outset, the agency builds champions, assesses agency readiness, and identifies potential capacity issues to be addressed during implementation.

During the first implementation team meeting, Chapin Hall partners with the team leads to provide members with an orientation to the work and develop a team charter. The charter helps ensure the team's priorities are aligned with the agency's goals, short and long-term outcomes, and anticipated deliverables. The charter additionally includes the roles and responsibilities of each team member and addresses the mode and frequency of multi-directional communication with colleagues, stakeholders, and the overarching governance structure. Once the charter is complete, Chapin Hall provides tools and expert guidance for the implementation team's initiation of a readiness assessment and development of an implementation plan.

Maryland's Integrated Practice Model (IPM) Readiness Assessment

In the development of Maryland's IPM, Chapin Hall and the Department of Human Services' Social Services Administration (SSA) conducted a readiness assessment through a series of focus groups and listening sessions across the state, with the agency's leadership team, Local Department of Social Services' workforce, community partners, family members and other stakeholders. Results from the assessment continue to inform the state's implementation activities today.

Assessing agency readiness is a crucial step to a successful practice model design and implementation process. During the readiness assessment, Chapin Hall facilitates the implementation team's selection of methods to assess the capacity and motivation of the organization's leadership, staff, stakeholders, and state/community partners to implement and sustain the practice changes associated with the desired model. Assessment methods may include focus groups/interviews, analysis of performance data, document reviews, and observations. The findings from the readiness assessment are used throughout the practice model development process – initially in the development of the implementation plan, and later to ensure successful implementation and sustainability (see *Appendix A*).

Role of the Key Agency Pillars:

- **Communications** – Ongoing communication with internal and external stakeholders is critical for introducing and reinforcing the core components of the practice model. Readiness activities include determining the frequency, capacity, and methodologies for drafting internal and external communications.
- **Workforce** – An involved public and private workforce is key to achieving outcomes and sustaining changes in practice behaviors within and outside of the agency. Readiness for this pillar is comprised of assessing agency capacity, workforce knowledge and skills, and overall motivation to adopt the new practice model.

- **Consumers/Stakeholders** – The voices of youth, parents, foster parents, and external stakeholders (e.g. court representatives, service providers) are critical to the design, development, and implementation stages. Readiness assessment activities focus on determining capacity for engaging and involving practice model consumers in every stage of the process.
- **Policy** – As core drivers of practice change, policy personnel will develop or enhance policy to codify the practice model. Readiness assessment activities include content analysis of current policy, identification of policy changes necessary to support the new practice model, and estimation of the timeline and procedural requirements of the formal policy drafting and approval process.
- **Continuous Quality Improvement** – Establishing fidelity measures and decision support data systems are essential to implementing practice changes and monitoring staff and agency fidelity to the practice model. As part of the readiness assessment, we observe organizational norms for continuous learning, examine internal CQI processes and methodology, explore current capacity for fidelity testing, and assess organizational patterns for using information to improve practice.
- **Training/Coaching** – Training and coaching personnel will have opportunities to learn and practice the skills necessary to deliver and integrate the practice model within the agency, while accomplishing its outcomes. Readiness assessment activities focus on gauging the available training and coaching resources and capacity.
- **Human Resources** – The selection, support, and retention of a qualified workforce are essential for successful implementation of the practice model. Readiness assessment activities include review of personnel recruitment, selection, and onboarding practices and analysis of key indicators of workforce stability, such as turnover rates and average time to fill vacancies.
- **Information Technology** – IT personnel create the necessary data fields, defines business rules for accurate data collection, and automates summary data reports that support and sustain practice change. Readiness assessment activities include appraisal of the timeline, procedures, and clearances necessary for initiating changes in data collection and summary reports.
- **Fiscal** – Fiscal staff support organizational strategic priorities, safeguard budget performance, and maximize claiming, among other responsibilities. Assessing readiness for this pillar includes assessment of budget parameters for practice model development, implementation, and sustained support, as well as estimation of personnel time and costs associated with curriculum design, training, coaching, IT enhancements, and practice or service array expansion.
- **Contracts** – The role of Contracts personnel encompasses the review of existing contracts and priorities, mapping of available resources, and the selection of programs and resources that could be expanded or repurposed to meet agency and consumer needs. Readiness assessment activities include gaining an understanding of the procurement process and the capacity to and process of meeting contracts and licensing requirements related to training, coaching, and service array.

Using the results of the readiness assessment, Chapin Hall and the implementation team next facilitate the development of an Outcomes-Driven Implementation Plan (*Appendix B*) which includes NIRN's implementation stages and activities. The goal is to guide the development and implementation of the practice model with a comprehensive implementation plan that builds the agency's knowledge of implementation science and systems-level integration.

Review an array of sample practice models and definitions

In order to help implementation team members gain a shared understanding of the practice model design and planning processes, Chapin Hall consolidates the research literature and sample practice models from prior work for review by the team. We highlight the components that best fit with the jurisdiction's goals and practices.

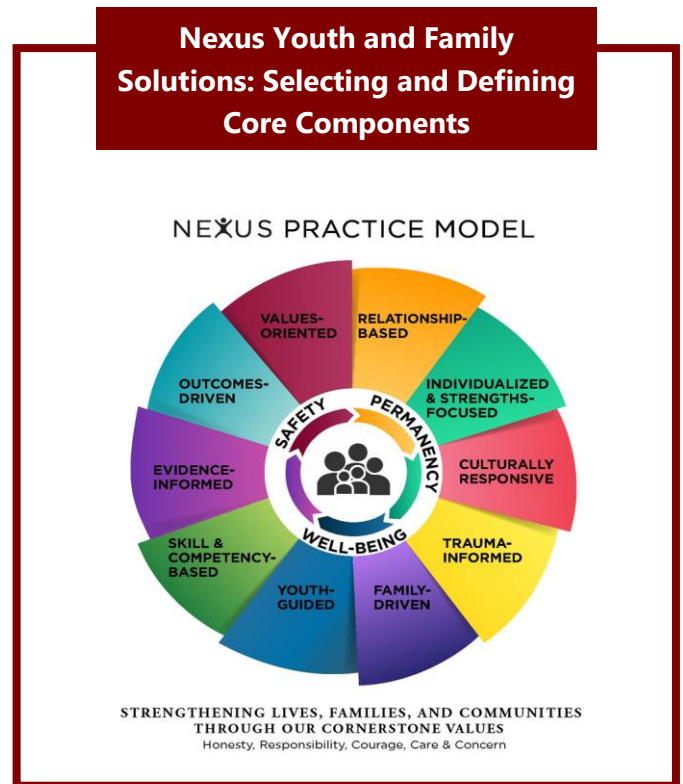
Select and define core components

During this activity, Chapin Hall assists the agency in developing the specific components of their practice model, beginning with the mission, vision, values, guiding principles, and finally core practice skills. Chapin Hall leads the practice model implementation team to review samples and craft language for each of their selected core components. Following this review and selection process, Chapin Hall partners with the team to define the values, guiding principles and core practice skills for their agency's practice model.

Seek guidance from a broader community of internal and external stakeholders to finalize the core components

In order to obtain qualitative feedback on the drafted practice model core components, Chapin Hall and the implementation team conduct a series of review and feedback sessions with internal and external community stakeholders to finalize the practice model components. The first internal round of feedback includes multiple interactive webinars to solicit feedback from the workforce for each of the definitions. As part of the feedback and testing process, Chapin Hall and the implementation team develop a slide deck and identify core questions to elicit feedback. Webinars share the mission, values, guiding principles, and core practice skill definitions with the goal of assessing participants' insight on what has real meaning and value, what is missing, and what are potential challenges that will get in the way of doing the work.

The design stage and corresponding activities occur over the course of eight (8) implementation team meetings. The next critical task is to facilitate the development of the practice model by operationalizing the model's values and principles for the agency's leadership, workforce and system partners.



Stage 3: Development

Goal: Seek system-wide participation to draft and finalize the practice model's definitions and operationalize the guiding principles and core practice skills for primary casework activities.

Development Activities:

Chapin Hall employs a four-tiered strategy to operationalize the guiding principles and core practice skills for workers, supervisors, and administrators in order to clearly identify the behaviors that make up the practice model and develop practice profiles. During this stage, Chapin Hall partners with the implementation team to:

- Select primary case activities
- Develop focus group discussion guides
- Convene focus groups to identify practice behaviors at the caseworker, supervisor, and administrative levels
- Create practice profiles using content from focus groups
- Develop fidelity measures

Selection of primary case activities

Chapin Hall seeks guidance from all aspects of the governance structure to select primary case activities for operationalization within the practice model. Primary case activities are activities traditionally carried out by frontline workers. We encourage our partners initially to select no more than eight primary case activities to avoid overwhelming the workforce. Additional case activities can be operationalized in the years to come, as the practice model continues to evolve with the priorities of the agency. Typically, these decisions are influenced by the agency's CFSR performance as well as key initiatives and legislative requirements.

Chapin Hall recommends the agency and/or jurisdictions consider the following case activities:

1. Intake
2. Assessment
3. Child and Family Teams
4. Caseworker visits with parents
5. Parent-Child and Sibling Visitation
6. Case/Service Planning
7. Initial and Subsequent Placement
8. Case Closure

South Carolina Department of Social Services (SC-DSS) GPS Practice Model: Case Activities and Practice Profiles

SC-DSS chose the following eight case activities, which were developed into practice profiles.

1. Parent/Child or Sibling Visitation
2. Initial Placement or Placement Change (Traditional or Kinship)
3. Documentation
4. Case Planning
5. Family Team Meetings
6. Functional Assessment
7. Supervision/Coaching/Case Staffing
8. Worker Visits to Youth & Family

Once case activities are selected, Chapin Hall gathers and reviews existing policy to better understand the execution of each case activity within the agency or jurisdiction. This includes looking into who facilitates the activity, the frequency of the activity, the tools and resources typically paired with the processes, critical partners and participants, and sources for capturing data. Many of these case activities will later be developed into practice profiles to assist the agency with implementation and training, fidelity monitoring, and sustainability (see sample profiles *in Appendices C and D*). Practice profiles, as described by NIRN, anchor the practice model development process by turning each practice, or case activity, into a behavior that is teachable, learnable and assessable for the workforce (Metz, 2016).

Development of focus group discussion guides

With an understanding of the existing policy and processes in place, Chapin Hall prepares to engage the workforce in operationalizing the guiding principles and

core practice skills for each selected case activity. Focus group discussion guides and related tools are developed to assist with group facilitation and practice profile development. The guide begins by asking the workforce to identify who they support and with whom they collaborate. Both questions draw attention to the audience intended to benefit from the practice model.

Then, a plan and schedule are established to convene a series of focus groups at multiple sites across the agency and/or state. The results of these focus groups assist Chapin Hall and the agency in fine-tuning the drafted definitions for each model component, eliciting buy-in and support for the model, and identifying the behaviors and skills needed when completing each case activity.

Prior to launching the focus groups, leadership issues a communication to selected participants, highlighting the purpose, commitment, expectations, and benefits to participating. This communication establishes a feedback loop that will be useful during implementation, as it will demonstrate workers, supervisors, and administrators have shared ownership of the development process.

Convene focus groups to identify practice behaviors at the caseworker, supervisor, and administrative levels informing all future interactions with colleagues and families

Chapin Hall partners with regional co-facilitators to engage the workforce, leadership, consumers, and external stakeholders to operationalize the practice model. Our goal is to make the model come to life in all future interactions with our colleagues and with our families. Participants include representatives from a diverse range of service areas, including intake and referral, protective services, in-home and out of home, and resource recruitment and support. In order to maximize productive conversation, it is important to have representation from all service areas, but focus group size should not exceed 15 participants.

During the focus group process, Chapin Hall and the implementation team leads convene the group to create behaviorally-anchored examples of how the agency workforce demonstrates the model’s guiding principles and core practice skills in their day-to-day work with children and families they serve, as well as with their colleagues. In other words, how the workforce prepares, conducts, and follows up on each of the identified case activities and how they conduct themselves when interacting with colleagues. These examples are later used to inform the development of practice profiles, which will be used to assist with implementation activities (e.g., training, coaching, supervision, CQI, and IT development).

In addition to the focus group discussion guide, Chapin Hall helps the implementation team leads prepare materials for the groups. The materials include a deck with information on the design process, an overview of the core components and definitions that highlight the activities completed to date, an agenda for the day’s activities, and practice profile worksheets. It is important to note that the activities and materials have been vetted through numerous stages of review.

To complete the practice profile worksheets, Chapin Hall facilitates a group discussion asking participants to identify behaviors and skills workers and supervisors will demonstrate when they plan, conduct, and follow-up after a case activity. Examples are provided to prompt ideas and discussion, the content is used to create the practice profiles.

Sample of operationalized guiding principle:

Family-Centered Principle – Operationalized with Consumers and Operationalized with Colleagues

Case Managers – Consumers

Keep children in their family home whenever safe to do so. When out-of-home care is needed, seek placements with relatives/extended family and fictive kin.

Case Managers - Colleagues

Get to know your team members’ strengths, talents, and interests, and nurture those whenever possible (e.g., Make small gestures to celebrate each other’s successes and strengths).

Supervisors - Consumers

Encourage and educate staff about the importance of identifying and exploring kinship care options when placement is necessary to ensure safety of the child.

Supervisors – Colleagues

Get to know the personalities of your team and nurture them. Learn from your people and let them learn you; be vulnerable so you can build rapport.

Managers - Consumers

Support the practice of empowering the parent as parent — respect their preferences, choices, and input, particularly when it comes to caring for their child(ren). Advocate for the development of a parent advisory board and a youth advisory board to ensure regular communication and feedback.

Managers - Colleagues

Create an environment that allows staff to feel like they are all members of an extended family. Foster an environment that is genuinely caring and interested.

Create practice profiles using content from focus groups

Following completion of the focus groups, Chapin Hall consolidates the results and begins development of the practice profiles. Then, initial drafts are shared with the implementation team members for feedback and revision.

While practice profiles may vary based on the preferences of the agency or jurisdiction, they are typically developed for the worker, supervisor and administrator. Profiles often begin with the agency's definition of the practice skill, followed by best practice citations from the literature and desired goals or outcomes for the worker and supervisor. From there, the practice profile describes the behaviors and skills the individual (e.g., worker or supervisor) will demonstrate for that specific activity or core practice skill. Chapin Hall focuses on three phases for each activity: planning, doing or completing, and follow-up. Separately, the practice profile addresses the behaviors and skills the supervisor will demonstrate when they assist the worker with planning and follow-up of each case activity.

As the implementation team reviews the practice profiles with team members and key stakeholders during the development process, additional feedback is integrated so final drafts can be shared with the executive team. After executive team feedback has been received and incorporated, the implementation team, with the support of Chapin Hall, integrates the final practice profiles into the practice model framework (*Appendices C and D*).

Maryland DHS-SSA Practice Profiles

Maryland's IPM practice profiles include behavioral anchors and reflective prompts to help case managers embody best practices and optimal casework behaviors with their consumers, colleagues and stakeholders. Reflective prompts, like the profile, are designed for use in training and supervision.

A family-centered, trauma-responsive reflective prompt in the IPM Teaming Practice profile is:

"Have I met with and prepared the family in advance of our meeting to create a safe and welcoming environment that is inclusive of the family's identified supports?"

Develop fidelity measures

Fidelity for evidence-based practices are traditionally focused on context, compliance, and competence (Fixsen et al., 2005). The unit of analysis to measure fidelity include practitioner-level, supervisor-level, team-level, agency-level, and consultant-level. Fidelity data is collected from different sources including families and consumers, supervisors, consultants, and service providers.

For each practice profile, individual fidelity measures are identified to ensure staff are demonstrating the guiding principles and core practice skills. For example:

- 1) A Functional Assessment practice profile for the Case Manager and Supervisor provides for the opportunity to create the following context, compliance, and competence fidelity measures:
 - ☑ Timely completion of the investigations safety assessment (**compliance**)
 - ☑ Quality check comparing the investigative notes to ensure information from all family members and collateral contacts was integrated into the safety assessment (**competence**)
 - ☑ Quality check of safety assessment informing the immediate case plan (**competence**)
 - ☑ Documentation of family support network being invited to participate in the 5-day family team meeting (**compliance**)
 - ☑ Brief family member survey completed following warm case hand-off to learn if family members (individual parents, youth age appropriate, family network) felt heard and supported, their questions were answered, they know what to expect over the next week(s), and there is an initial plan in place to address family needs (Engagement, Assessment, Teaming, Planning, Intervening) (**competence**)
 - ☑ Timely completion of risk assessment (**compliance**)
 - ☑ Quality check verifying case notes, comprehensive health exam, psychological, and other assessments are informing risk assessment (**competence**)
 - ☑ Quality check to ensure risk assessment is informing 30-day case/service plan (**competence**)
 - ☑ Quarterly report providing information at the team-level and regional-level tracking fidelity and adherence to all of the components above (**context**)

Once fidelity measures are fully articulated, Chapin Hall collaborates with agency CQI personnel to develop quality check reporting tools, processes, and reports.

Stage 4: Implementation

Goal: Align existing processes, ensure quality implementation, fidelity monitoring, and sustainability of the model.

With a fully vetted practice model and the team's implementation plan in hand, Chapin Hall assists the key agency pillar implementation team members with installation and initial implementation activities.

Many of these tasks, identified below, occur simultaneously. From our experience, full implementation takes between twelve (12) and eighteen (18) months (see *Appendix B*). Consumer and stakeholder voices are critical and should be integrated into each and every key agency pillar implementation team. While we recognize this is not always an easy task, we have found their contributions to be invaluable.

Communications

Ongoing communication with youth, parents, foster parents, and external stakeholders engaged in the design and development process is critical during implementation. With Chapin Hall and consumer support, the communication team develops personalized communication strategies for each consumer group, stakeholder group, and each program service area. Using a wide array of information dissemination mechanisms, including discussion groups, electronic web-based tools, and presentations, consumers and leadership are partnered together to deliver the communications. Chapin Hall plans for communication activities to begin around the third month of implementation and continues until the end of full implementation (Month 18).

Workforce

As stated earlier, engaging all facets of the organization throughout the design, development, and implementation stages is critical to ensuring shared ownership and sustainability. Based on the results of the readiness assessment, Chapin Hall builds at a minimum six months into the implementation plan to establish supervision and retention practices, administrative and clinical support, staff proficiency and understanding of the practice model, and staff concerns/barriers to implementation of the practice model. If leadership identified additional gaps in any of these areas during or after the readiness assessment (e.g., additional staff positions, vacancies, or case assignment), the process can take longer. With full transparency, the practice model launch can still occur while gaps are being filled.

Policy

As noted previously, changes to existing policy are often needed to ensure alignment with the practice model. The policy team, with assistance from Chapin Hall, codifies the form and function of the practice model for the workforce, administrators, leaders, stakeholders, foster parents, and families.

The work begins with a review of existing policies to identify integration points and draft new content as needed. Some jurisdictions choose to include the practice model logo at the top of each policy, with a notation identifying which component of the practice model is being reinforced by the policy. Policy enhancement and development must occur prior to development of the training curriculum. We have found staff often share, "If it isn't in policy, I don't have to do it." Chapin Hall allots six months for the completion of all policy revision and development activities.

Nexus Youth and Family Solutions: Monitoring and Measuring Practices

To make sure that desired strategies and practices are being reflected in the implementation process, Nexus and Chapin Hall developed strong process measures, such as:

- Youth, family, referral satisfaction surveys
- Interview questions designed to hire the right staff
- Monitoring and analysis of key indicator, progress, and outcomes data
- Alignment of trainings and policies with the practice model

Continuous Quality Improvement

CQI functions to signal agency priorities through rigorous data collection and feedback loops. The CQI implementation team partners with Chapin Hall to develop fidelity measures for compliance and competence (quality). Fidelity measures include consumer satisfaction surveys for each practice profile, data systems to monitor completion of mandates and assessments, quality-check processes to monitor competent scoring of assessments, and staff performance evaluations aligned with the practice model. Quarterly fidelity reports are shared with supervisors so they can create action items for staff and/or contractors who need to improve practice. Building and deploying a fidelity monitoring process for the practice model occurs over the course of six months.

Training/Coaching

With Chapin Hall's assistance, the training unit drafts a leadership webinar, a train the trainers' curriculum, a veteran workforce curriculum, and evaluations for each.

The existing new hire training curriculum is reviewed and enhanced to ensure inclusion of the practice model and practice profiles. All other specialized training curricula are enhanced with the practice model logo and opening comments to identify which practice model components are being reinforced throughout the content. A coaching plan and corresponding resources are also developed. IT may have a role in the development of a learning management system to monitor completion of training and enhance IV-E claiming opportunities.

A phase-based training plan, inclusive of a pilot, is crafted. The pilot should occur in diverse service sectors so content can be tested, evaluations reviewed, and enhancements made. Agencies should expect to spend at least twelve (12) months completing all implementation tasks described here.

Human Resources

Chapin Hall partners with the agency's Human Resources to review and align current hiring and recruitment practices, job postings, interview protocols, and staff evaluations. Recruiting and retaining a workforce that exemplifies the values and principles of the practice model can also be accomplished through crafting new positions and integrating practice model expectations into new staff interviews and ongoing performance evaluations.

Human Resources will also be responsible for ensuring integration and alignment of employee on-boarding processes with the practice model. The work will occur prior to the development of the training curricula, to ensure all training materials reinforce the updated performance management expectations and metrics. These tasks take an estimated six months to complete.

Information Technology

IT and CQI must work together to create the decision support data system to support the agency's model and related changes in practice. The information technology team plays a role in tracking and communicating progress towards identified performance measures and supporting staff in being able to work towards practice expectations. To ensure ongoing use, fidelity monitoring tools should be integrated into SACWIS with the ability to generate quarterly reports for the state, region, manager, supervisor, and case level. If a learning management system isn't already in place, IT may need to develop the resource.

Chapin Hall has found these tasks need to begin early in the implementation process and will likely take twelve (12) to eighteen (18) months to complete.

Fiscal

Chapin Hall has found fiscal activities typically begin upon completion of the installation phase and continue for three months. Fiscal team members review the current budget and identify available funds to support curriculum development, IT enhancements, and new contracts if warranted. It is important to remember; fiscal cycles can impact the timing of these activities. Fiscal also has a critical cross-cutting role that includes the utilization of data from training and IT to optimize Title IV-E claiming.

Contracts

Contracts helps the team understand the procurement or expansion process if training, IT, or practice identifies a need. Like IT, contract activities may take a significant amount of time. As a result, Chapin Hall begins this work immediately following the readiness assessment completed in the design phase.

Examples of Practice Model Development & Implementation

In the section below, Chapin Hall provides an array of examples highlighting our individualized approach with state agencies and private providers in the [development, design and implementation of practice models](#).

Nexus Youth and Family Solutions Practice Model

Nexus Youth and Family Solutions is a multi-state youth and adolescent treatment provider devoted to strengthening lives, families, and communities through specialized child welfare treatment services. Nexus leadership recognized that a practice model would be an effective way to reflect and unify their services across multiple states and facilities and would provide a foundation spanning the breadth of Nexus' residential and child welfare responsibilities. Nexus Youth and Family Solutions was interested in developing a practice model that would bring their mission to the practice level and help create a culture of care within their services and treatment approaches. This practice model would serve as a guiding framework for measuring and assessing outcomes of treatment practices across all sites and combined with a standardized functional assessment, would help reflect Nexus' approaches and belief in providing opportunities for long-term community integration. Chapin Hall worked with Nexus to design a specialized survey to develop a baseline understanding of staff values and practices throughout the six sites. Questions assessed the values of staff and leadership, practices, assessment processes, data use, and outcomes.

Maryland – Integrated Practice Model (IPM)

Maryland's Department of Human Services' (DHS) Social Services Administration (SSA), the state's child welfare and adult services system, collaborated with Chapin Hall to develop a practice model to serve as the cornerstone for their agency's strategic vision. The Integrated Practice Model (IPM) also represented an integration of three existing, but disparate, practice models: Family-Centered Practice, Youth Matters, and Adult Services. In developing the IPM, Chapin Hall partnered with DHS's 24 state and county local department social service agencies and multiple community organizations. Through our integrated, individualized, and standardized approach, DHS/SSA was able to ensure that children, youth, families and vulnerable adults could expect and count on high quality, consistent services regardless of where they live.

South Carolina – The Guided Principles & Standards (GPS) Child Welfare Practice Model

In 2016, South Carolina identified their need for the development of a new practice model to help reform their child welfare system. The Guided Principles & Standards (GPS) Child Welfare Practice Model was built to communicate and implement a unified vision for practice, identify guiding principles and values, and describe the core practices and skills for division and frontline staff in the SC Department of Social Services. To begin operationalizing the elements of the practice model, Chapin Hall helped SC DSS finalize definitions for the values, principles, and core practice skills through three regional working sessions (one for workers, supervisors, and managers respectively) and meetings with State Office staff and workers from the field. The insight provided from these meetings led to the drafting of the practice model framework and practice profiles to inform policy revisions and training. As part of the operationalization process, focus groups were held to help bring the values and guiding principles to life.

North Carolina Children’s Home Society of North Carolina (CHS-NC)

The Children’s Home Society of North Carolina’s (CHS-NC) Foster Care to Permanency Program provides children the pathway to leave foster care to a permanent family. The practice model was designed to emphasize stability, permanency, well-being, help jumpstart the healing process for children and families in North Carolina and engage participation across CHS and stakeholders to improve quality of family engagement and planning. Chapin Hall proposed a three-pronged strategy to assist CHS with their development of the outcomes-oriented practice model and functional assessment tool. The first phase centered on the development of the practice model through the operationalization of values and principles in the form of practice behaviors and examples. This was followed by the second phase, which focused on the alignment of their existing functional assessment tool. Finally, the third phase was dedicated to the development of an implementation plan with a timeline and concrete steps for complete embedding of the model through all levels of the agency. Chapin Hall collaborated with the entire agency throughout the three phases through focus groups and presentations for both internal and external stakeholders.

Conclusion and Future Directions

Through our partnership and collaboration with various state and private agencies over the last several years, we have experienced great success developing, designing and implementing agency-wide practice models. While development of the model can be achieved within eight months, full implementation can vary based on the agency’s ability to sustain commitment and focus. We believe that our approach of incorporating the entire agency, including its pillars, the consumers, partners, and stakeholders, from the start is a significant factor in ensuring sustainability of the practice model.

Future white papers will expand upon building practice profiles and developing fidelity/performance measures. We also plan to develop a webinar series to share our suite of tools more broadly.

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Chapin Hall Toolkit

Appendix A: Practice Model Readiness Assessment

Appendix B: Practice Model Outcomes-Driven Implementation Plan

Appendix C: South Carolina-Department of Social Services (SC-DSS) Practice Profile (Sample Content)

Appendix D: South Carolina-Department of Social Services (SC-DSS) Supervisor Practice Profile (Sample Content)

Appendix A: Practice Model Readiness Assessment (Sample Content, Not Full Readiness Assessment)

Organizational Readiness Assessment			
<i>Transformative Vision</i>			
Question	Response	Action Items	Recommended People to Follow Up With
What is the vision for how this Practice Model will impact children and families across the state?			
In what way will families be served differently?			
What systemic barriers could be eliminated or reduced with this practice model?			
<i>Sequencing and Interdependencies</i>			
Question	Response	Action Items	Recommended People to Follow Up With
How should activities within the practice model be sequenced?			
Are there competing priorities impacting staff to consider when sequencing the staggered roll-out of practice model training across regions?			
Are there political, legal, system, workforce and other strategic drivers that may impact the sequencing?			
Implementation Team Readiness			
<i>1. Communications Readiness Component</i>			
Question	Response	Action Items	Recommended People to Follow Up With
Who within your organization is responsible for crafting internal and external communications?			
How many staff are available to assist with drafting communications and producing materials?			
How long is the drafting process?			
How long does the approval process take?			
Average time between approval and distribution?			
Who makes up the internal audience?			
Who are external stakeholders?			
What are the array of communication modalities e.g., email blasts, newsletters, fact sheets, web pages, banners, posters, etc.?			
How can we identify consumers who can participate in our workgroup?			

Appendix B: Practice Model Outcomes-Driven Implementation Plan (Sample Content, Not Full Plan)

	Implementation Stage/Activity	Strategy/Activity:	Primary Responsible Member(s)	Secondary Responsible Member(s)	Start Date	Target End Date	Actual End Date	Duration/Days to Completion	Days Late
1	Implementation Stage/Activity	Communications/Activities							
1.1	Exploration/Identify and develop structures to support ongoing implementation work	Identify members/representatives to form a Workgroup.	Workgroup						
1.2	Exploration/Identify and develop structures to support ongoing implementation work	Draft a charter for the Workgroup.	Workgroup	Chapin Hall					
1.3	Exploration/Gather existing relevant policy	Develop Workgroup's Readiness Assessment.	Workgroup	Chapin Hall					
1.4	Exploration/Review existing policy to determine need and strategy to revise	Conduct 360 Readiness Assessment for the Workgroup: Existing PM policy, drafting and approval process and avg. time to finalization	Workgroup						
1.5	Installation/Draft communication plan developed	Develop communication strategy for internal stakeholders by service area							
1.6	Installation/Draft communication plan developed	Develop communication strategy for external stakeholders by stakeholder group							
1.7	Installation/Draft communication plan developed	Confirm internal and external stakeholder distribution lists							
1.8	Installation/Draft communication plan developed	Design and develop information transmittals (e.g. newsletters, blast e-mail narratives, posters, palm cards...)							
1.9	Installation/Draft communication plan developed	Develop and produce presentation materials							
1.10	Installation/Draft communication plan developed	Design electronic communication materials (e.g. e-video, splash-screens...). To be produced in 1st newsletter.							
1.11	Installation/Draft communication plan developed	Revisit and refine communication strategies and materials.							
1.12	Initial Implementation/New process is integrated into practice	Disseminate internal and external communication materials.							

Appendix C: SC-DSS Case Manager Practice Profile

(Sample Content, Not Full Profile)

SC-DSS Practice Profile: Case Manager Visits with Youth & Family

Best Practice

Frequent and consistent visitation with parents and youth provide opportunities to heal and recover in the context of supportive relationships, improve overall well-being and functioning, increase youth and parenting skill building, and decrease the time that children and youth are away from their families. The purpose of visits with parents, foster parents and youth is to ensure their safety, engage them in planning for their care, deepen their membership in and contributions to the family team, and to further progress toward the defined goals and outcomes. Visits are core to on-going safety and risk assessment, functional assessment, and to the tracking and monitoring of progress. Meaningful visits require planning and intention, are connected to and further the developmental progress being made and support the implementation of the case plan and achievement of the permanency goals.

Goals for Case Manager Visits with Youth & Family for the Case Manager and Supervisor:

The goal of the GPS practice model is to improve the lives of children, youth and families in care by ensuring their safety and well-being and achieving timely reunification/permanency. These goals are accomplished through day-to-day practice when case managers and supervisors are intentional about:

- Increasing the frequency and quality of case manager safety visits
- Increasing the frequency and quality of in-person case manager visits with parents working towards the permanency goal of reunification.

Our Guiding Principles and Core Practice Skills in Action

As I prepare for a visit

Family-Centered: Have I **engaged** the parent/foster parent/youth to learn when they are typically home, so I can make a scheduled or unscheduled visit to the home? Have I checked in with parents, foster parents, youth and providers as team members to see if there are any concerns or needs that they would like to address or discuss during the visit (**engage, assessment**)? Have I explored with the parents, foster parents and youth who they would like to include in visits and as part of the family team (**teaming**)? Have I developed a visitation plan and schedule that respects and incorporates the parent, foster parent and youth's voice, and considers individuals' age, developmental and social-emotional needs, safety and well-being?

Trauma-Responsive: Have I reviewed my notes to remind myself of any trauma triggers or stress reactions that I can be sensitive to during the visit? Have I checked in with treatment providers to understand progress being made? Have I reviewed trauma screenings and/or assessments completed by partners to develop an understanding of current needs (**plan and intervene**)? Have I developed a consistent visitation schedule that parents, youth and foster parents can rely on to occur?

Appendix D: SC-DSS Supervisor Practice Profile

(Sample Content, Not Full Profile)

SC-DSS Supervisor Practice Profile: Case Manager Visits with Youth & Family

Our Guiding Principles and Core Practice Skills in Action

As I coach and support case managers to prepare for visits

- **Family-Centered:** Have I encouraged the case manager to use the visit to explore the availability of supportive family members and the informal support network (**engage**)? Have I explored with the case manager the opportunities and barriers for making visits meaningful? Have I coached the case manager on using the visit to further the engagement of the youth, parents and foster parents and assessing functioning and skill development (**engagement, assessment**)? Have I strategized with the case manager on how to use the visit to developmentally build on strengths, address family team gaps and address barriers to progress (**intervene**)? Have I reinforced through coaching (**monitor and adapt**) the case manager's training on the practice model and how purposeful visits are core the application of the model?
- **Trauma-Responsive:** Have I explored with the case manager (**engage**) the known trauma history of the youth and parents? Have I reviewed with the case manager the trauma screenings and/or assessments completed by partners and tied these to planning for visits? Have I coached the case manager on supporting the youth, parents and foster parents when experiencing possible trauma triggers that may arise during visits (**intervene**)? Have I helped the case manager (**intervene**) to create a safe environment for visits? Have I modeled self-and co-regulation in my interactions and made transparent how to apply these skills to de-escalate charged or difficult situations (**plan and intervene**)?