



California Partners for Permanency
Reducing Long-Term Foster Care

California Partners for Permanency
IMPLEMENTATION PLAN

Version 1.0
July 29, 2011

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Since 2000, and mirroring many other systems in the nation, California’s foster care system continues to make the following advances:

- **Caseloads Decline:** In California, the number of children in foster care declined by 46 percent¹—even as the population of children in the state increased from 9.3 million to 10 million.
- **Placement Stability Improves:** More foster children are remaining in their first out-of-home placement, rather than going in and out of multiple placements, than at the beginning of the decade.
- **Kinship Care Increases:** More children who entered foster care later in the decade are eventually placed with relatives.

What’s worrisome is that, despite these successes, the number of children who age out of the system—often facing uncertain futures with too little adult guidance—has actually risen since the beginning of the decade. Statewide and county data show that the youth who are most likely to age out without permanency are African-American, American Indian, and in some California counties, Latino (see **Appendix A** for detailed CAPP target population analysis).²

I. SUMMARY OF INITIATIVE

The California Partners for Permanency (CAPP) goal in its five years of federal funding is to improve permanency outcomes for African-American and American Indian children in or entering foster care or remaining in long-term foster care by implementing a **Child and Family Practice Model** that includes culturally-sensitive engagement; empowerment of family, Tribal and community networks; and use of culturally-based healing practices and practice adaptations. Inherent in the definition of a “practice model” is the recognition that systemic and organizational change will be critical in supporting the practice transformation that will lead to desired outcomes. Our recognition of the important interplay between practice and system change for our target population is the reason why CAPP chose a practice model as its intervention.

Through analysis of existing literature, findings from primary research conducted during the planning process, and discussions with a diverse group of stakeholders throughout the state, CAPP has designed a Child and Family Practice Model to address the following key barriers to permanency for the target population:

Current child welfare system³ practice and policy:

- does not adequately understand, engage, or value the strengths and resources of African American and American Indian families, communities, and Tribes due to mutual mistrust (at both the individual and system levels) and a lack of understanding of the differences in the lived experience of each population; and
- has not consistently partnered with communities and Tribes to address the underlying grief, trauma, and loss African-American and American Indian children are more likely to experience in their lives and to identify, develop, fund and make available culturally-based and trauma-informed support services.

¹ Center for Social Services Research, University of California at Berkeley, CWS/CMS 2010 Quarter 3 Extract.

² *Foster Care In California: Achievements and Challenges*, Public Policy Institute of California (2010).

³ CAPP’s definition of the child welfare system includes the child welfare agency and the partners with which that system currently works to serve its clients, including the courts, mental health, probation, education, private providers, etc.

To address these barriers, core practice with African-American and American Indian families involved with the child welfare agency and its partners needs to change to include culturally-sensitive engagement; empowerment of family, Tribal and community networks; and use of culturally-based healing practices and practice adaptations. Because the theoretical underpinnings of these practice changes are markedly different from current practice approaches, CAPP believes that systemic and organizational change will be critical in supporting the practice transformation that will lead to desired outcomes.

CAPP chose to develop a **Child and Family Practice Model** as its intervention. CAPP believes a practice model is the right intervention to address the permanency barriers for African-American and American Indian children and youth because it includes all of the necessary components for change: 1) defines a consistent theoretical framework and a set of values and principles to guide the work of the child welfare agency and its partners; 2) articulates and operationalizes specific skills and practices that child welfare workers and staff in partner organizations use to engage families, youth, the community and Tribes in developing and delivering services that meet the unique needs of those served; and 3) is capable of being fully integrated into and supported by the child welfare agency and its partners.⁴

The **CAPP Child and Family Practice Model** elements are the following:

The following elements are consistently cited in the literature as essential to a practice model: 1) a theoretical framework; 2) guiding values and principles; 3) essential front-line practices; and 4) organizational and system capacity.⁵

Theoretical Framework

The CAPP theoretical framework is a departure from the more traditional frame and builds on broader cultural experiences and beliefs about family, community and Tribes. While consistent with theories of Family-Centered Practice and Solution-Based Casework, our theoretical framework acknowledges the impact of broad social, racial and historical factors in the lives of African-American and American Indian families and the need for partnerships with supportive communities and Tribes to understand and meet the needs of their children. CAPP believes we can most effectively address disparities in outcomes and thereby achieve positive permanency outcomes for *all* children when we:

- Acknowledge the history of racism and discrimination in our community; recognize its impact on institutions, communities, Tribes, families and children; and actively address one's own biased or inaccurate assumptions about race, class, or sexual orientation to create visible change in our behaviors and interactions;
- Move from a medical/professionally-driven model of helping, to one that recognizes the parents, child, youth, family, Tribes and community as true partners in developing solutions;
- Recognize issues of social justice and the unequal distribution of power and resources as

⁴ *Practice Model Guidance, Positioning Public Child Welfare Guidance, Strengthening Families in the 21st Century*, American Public Human Services Association (2010) and *Successful Adoption and Implementation of a Comprehensive Casework Practice Model in a Public Child Welfare Agency: Application of the Getting to Outcomes Model*, Anita P. Barbee, et al. (2010).

⁵ *Practice Model Guidance, Positioning Public Child Welfare Guidance, Strengthening Families in the 21st Century*, American Public Human Services Association (2010) and *Successful Adoption and Implementation of a Comprehensive Casework Practice Model in a Public Child Welfare Agency: Application of the Getting to Outcomes Model*, Anita P. Barbee, et al. (2010).

service delivery is planned;

- Consistently and repeatedly partner with the child or youth, birth parents and entire extended maternal and paternal family and support community and Tribes in solution- and outcome-focused planning and decision making; and
- Engage the broader community and Tribes in problem posing and solving rather than attempting to fix all problems alone.

Guiding Values and Principles

Eight core values are at the heart of the CAPP Child and Family Practice Model.

- The Power of Family
- Healing
- Community and Collaboration
- Honesty, Transparency and Trust
- Safety
- Fairness and Equity
- Empowerment
- Accountability and Results

Each value has an associated practice principle, which is described in greater detail later in this document.

Essential Front-Line Practices

Through the development of a practice profile, standards for front-line practice will be established in each of the following key practice areas:

1. **Discovery and Engagement** of a broad family, community and Tribal network;
2. **Empowering Families** and their supportive communities and Tribes;
3. **Healing Trauma** with recognition of and attention to the impact of current and historical trauma, loss, and grief on all family members through integrated trauma-informed culturally relevant assessment and healing practices for children, youth and their families; and
4. **Pre- and Post-Permanency Circle of Support** to promote healing and linkage to cultural and system resources for the child and family to meet their special and developing needs while involved with the system and after the child or youth has exited care to permanency.

Organizational and System Capacity

In addition to establishing expectations for front-line practice, the CAPP Practice Model will also articulate standards related to organizational and system capacity. Specific standards will be developed in the following areas: policies and rules; management, leadership and administrative practices; training, coaching and supervision; resources and service array; quality of care and accountability; and the level of collaboration and public/private partnerships.

It is the ability of the child welfare agency and its partners to meet both the front-line practice standards and the organizational and system capacity standards that will lead to desired permanency outcomes for African-American and American Indian families, children and youth.

Child and Family Practice Model: Expected Outcomes

Through this five-year effort, CAPP is testing the efficacy of the **Child and Family Practice Model** to improve permanency outcomes for African-American and American Indian children and youth. That means we want to understand and evaluate the effect of applying the CAPP Practice Model as a whole, rather than simply the collection of practices specified in the model. The following short- and long-term outcomes are expected to emerge from effective implementation of the CAPP Practice Model and are intended to effect change at the system-, child-, and population-levels:

Expected Short-Term System-Level Outcomes

- The child welfare system will change at the policy, supervisory, caseworker and client level. Child welfare system practice will understand, engage, and value the strengths and resources of African-American and American Indian children, youth, families, communities, and Tribes and there will be mutual understanding of the differences in the lived experience of each population.
- Child welfare system practice will make available and support use of culturally-based and trauma-informed support services to address the specific needs of African-American and American Indian children, youth and families, including the underlying grief, trauma, and loss they are more likely to experience in their lives.

Expected Short-Term Child-Level Outcomes

- Increased caregiver engagement
- Improved family relationships
- Improved parent/child relationships
- Increased social connectedness
- Increased stabilizing behavior

Expected Long-Term Outcomes for African-American and American Indian Children/Youth

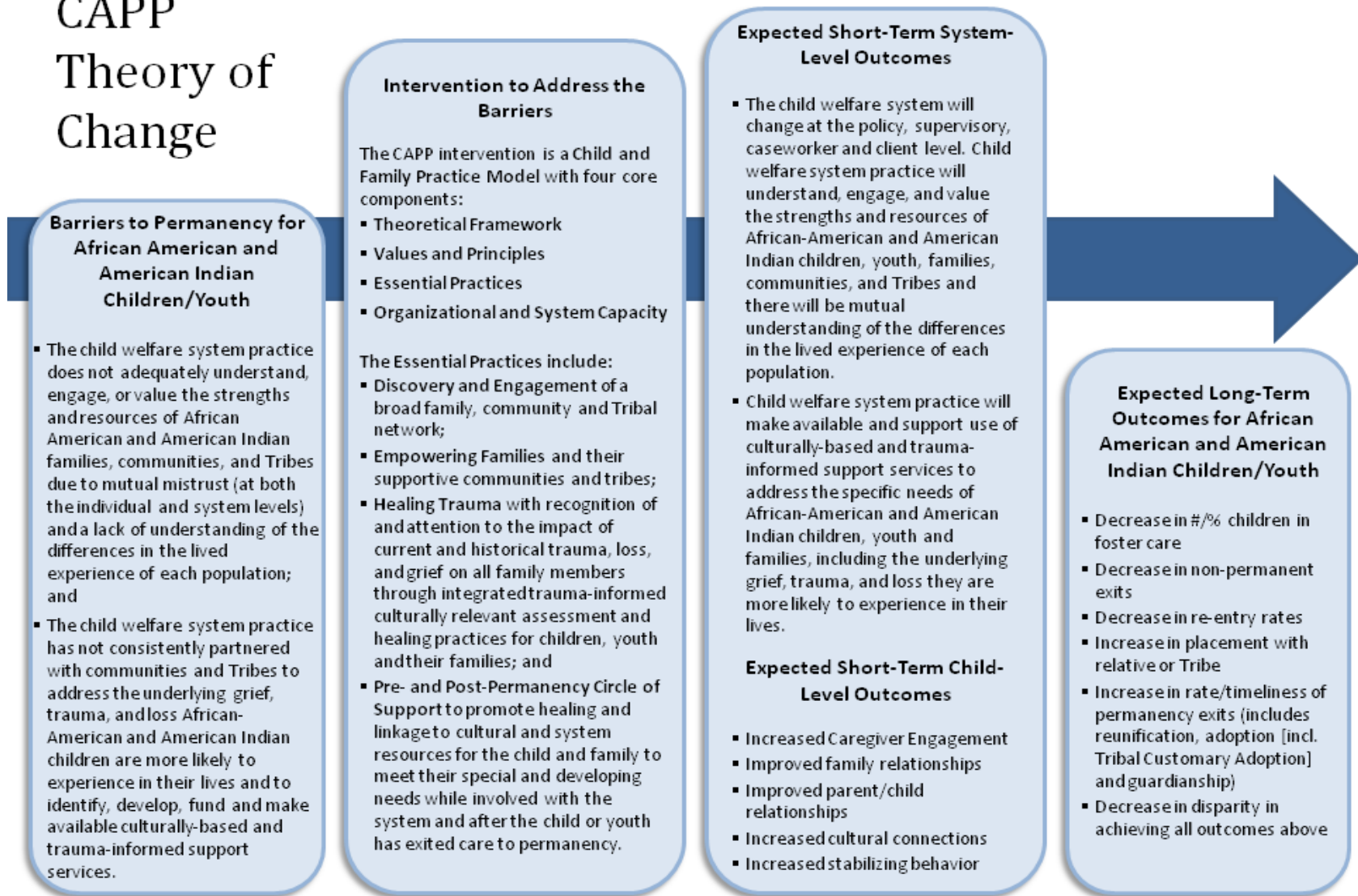
- Decrease in #/% of children in foster care
- Decrease in non-permanent exits
- Decrease in re-entry rates
- Increase in placements with relative or Tribe
- Increase in rate/timeliness of permanency exits (includes reunification, adoption [including Tribal Customary Adoption], guardianship)
- Decrease in disparity in achieving all outcomes listed above

Diagram 1 provides a visual depiction of the CAPP Theory of Change. The Child and Family Practice Model will be installed and implemented in four California counties—**Fresno, Humboldt, Los Angeles (the Pomona, Torrance and Wateridge offices) and Santa Clara**. In those counties, implementation throughout the duration of the grant period will focus on improving outcomes for **African-American and American Indian** families, children and youth. Specifically, the Los Angeles offices and Santa Clara will focus on African-American families, children and youth. Humboldt will focus on American Indian families, children and youth. Fresno will focus on *both* African-American and American Indian families, children and youth.

After being tested and evaluated through this effort, the Child and Family Practice Model will be refined. The ultimate goal is to spread the model statewide.

Diagram 1: CAPP Theory of Change

CAPP Theory of Change



II. TARGET POPULATION & KEY BARRIERS TO PERMANENCY

Ultimately, California is developing a Child and Family Practice Model that will improve outcomes for all children in or entering foster care at elevated risk of a non-permanent exit (e.g., aging out) or remaining in long-term foster care. Full implementation of such an intervention will take many years beyond the scope of this federal grant. CAPP's interest in the next five years is to implement the Child and Family Practice Model for those families, children and youth that currently have the poorest permanency outcomes across the state.

To identify the group at highest risk of poor permanency outcomes, extensive data mining and analysis was conducted by the Center for Social Services Research, University of California at Berkeley and Westat. African-American and American Indian children were the two subgroups identified as having the most serious barriers to permanency. While other child and case characteristics (e.g., age of child at entry, gender, case plan goal) differentially (i.e., in one or more sites) have statistically significant relationships with achieving permanency, African-American and American Indian ethnic groups consistently emerge as the most robust predictor of poor permanency outcomes (see **Appendix A** for detailed CAPP target population analysis). The CAPP population of focus for the next five years, therefore, has been defined as: *African-American and American Indian children in or entering foster care or remaining in long-term foster care.*

With all the positive changes California has seen over the last ten years, why are African-American and American Indian youth still experiencing poorer permanency outcomes? In its planning effort, CAPP has earnestly and thoughtfully grappled with this difficult question.

For clarity, we would like to distinguish disproportionality from disparity. Here are the definitions that CAPP has adopted:

- Disproportionality: When a group makes up a proportion of those experiencing some event that is higher or lower than that group's proportion of the population.
- Disparity: A comparison of one group (e.g., regarding disproportionality, services, outcomes) to another group.

Over the last decade, numerous studies have been published seeking to explain both disproportionality and disparity for children of color, particularly African-American children. While disproportionality is an important issue, given the focus of this federal grant, CAPP is particularly interested in understanding what is causing the disparity in rates of permanency for African-American and American Indian children and youth as compared to other children and youth.

Fluke, et al,⁶ have recently developed an updated synthesis of the research on child welfare disproportionality and disparity. In that synthesis, the authors review several "explanatory theories". The theory that aligns best with the findings from locally-based data gathering efforts is that **factors related to child welfare practice and systems** are contributing to disparity in permanency outcomes for African-American and American Indian children and youth. In this view, poorer outcomes can be attributed to disparities in service delivery, particularly a lack of services and supports that recognize and respond to the unique experiences of African-American and American Indian children, youth, families, communities and Tribes.

⁶ *Research Synthesis on Child Welfare Disproportionality and Disparities*, Fourth Draft, American Humane Association, Fluke, et al. (2010), *Positive Outcomes for All: Using an Institutional Analysis to Identify and Address African-American Children's Low Reunification Rates and Long-Term Stays in Fresno County's Foster Care System*, Center for the Study of Social Policy (2010); findings from Institutional Analyses in Los Angeles County Torrance and Pomona Office and Santa Clara County (currently unpublished)

Child welfare practice and system factors noted as barriers in the literature and identified through community dialogue and studies conducted by CAPP include:

- Existing child welfare practice fails to regularly **identify, explore and treat trauma**, depression and anger in parents, families, children and youth. Unaddressed grief, trauma and loss can be an obstacle to reunification and can contribute to behavioral problems in children and youth that may ultimately reduce opportunities for permanence.
- Existing practice is not anchored in the belief that birth families, youth, extended family, community and Tribes are in the best position to identify their own needs and when **fully engaged** in the identification of the supports and services to best meet these needs, the end results will be change and improvement in their lives. As a result, decisions about placement and case planning continue to be largely driven by the worker and other system decision makers.
- Existing policies, protocols and supervisory practices across child welfare, the courts and mental health providers do not intentionally work to **expand cultural competency or prevent negative assumptions** of African-American or American Indian families.
- There is a broad pattern of **inequitable resources** available to families of color in the child welfare system. Existing resources that prioritize families involved with the child welfare system are underutilized by African-American families, including available mental health, substance abuse and CalWORKs services. Limited contracts exist with community-based providers specializing in services to African-American and American Indian families and fewer referrals are made to these services. In part, low referrals seem to be the product of mistrust by the child welfare agency and the courts for the quality of these services.
- Administrative practices and tools used by workers do not **promote full understanding of the family**. Assessment tools are used at one or two points in time and not effectively integrated into an evolving understanding of the family. As a result, case plans and service recommendations are often generic. Decision making is driven largely by documentation in case files and court reports, which are often inaccurate or outdated.
- The child welfare system does not support caseworkers to **act as advocates**. Too often, caseworkers don't have the skills, tools or supervision to actively advocate for parents, families, children or youth. Frequent rotation of workers reduces the development of expertise. Input from family members, children and youth is not genuinely present in many decision-making meetings.
- **Kinship placements are not well supported**. In 2000, California adopted the Kin-GAP program. The program provides financial assistance to caregiver relatives who assume responsibility for children within the foster care system and who then go on to become their legal guardians. The Kin-GAP assistance amount is set at the maintenance payment that the child received when he or she left foster care. While this program has had a clear impact in increasing permanency for African-American children and youth, additional supports are needed for kin families. In particular, child welfare agencies do not guide or train staff to engage the family as a system. They are not taught how to address or minimize conflict in extended families. This conflict can too many times lead to disruption. In addition, child welfare directs parents to find new peers and support in order to reunify with their children but does not assist them in developing and sustaining these new relationships.

- There is no clear policy or protocol about when and at what pace workers should move toward **ensuring youth are in a legal guardianship or adoptive home**. Permanent families are not urgently sought out for older youth who have a goal of long-term foster care.⁷

In summary, while higher levels of poverty and family risks may bring African-American and American Indian families to the attention of the child welfare system and even necessitate that children be removed, current child welfare system practice is a barrier to permanency for these populations. The historical impact of racism, which tore African-American and American Indian families apart and limited opportunities for higher education and the accumulation of wealth, is still being deeply felt in our current society. Historical trauma as a result of these experiences continues to be transmitted through intergenerational transfer of traumatic responses. Parents who have been traumatized as children may pass on trauma response patterns to their offspring, including violence. African-American and American Indian families deeply, and justifiably, mistrust public systems. When a family's mistrust interacts with the mistrust, cultural misunderstanding or biases of the service provider, true engagement is severely hampered and healing is unsupported. Service providers are less able to connect with the family, know the family, and understand the family's true strengths and needs. In addition, extended family, community and Tribal networks are not engaged as true partners working with the birth parents, children and social worker, and culturally-based resources do not exist in sufficient supply and too often are not valued by workers and other decision makers where they do exist.

Given the analysis that has occurred to date⁸, the CAPP Child and Family Practice Model is being designed to focus on resolution of the following key barriers:

Current child welfare system practice and policy:

- **does not adequately understand, engage, or value the strengths and resources of African American and American Indian families, communities, and Tribes due to mutual mistrust (at both the individual and system levels) and a lack of understanding of the differences in the lived experience of each population; and**
- **has not consistently partnered with communities and Tribes to address the underlying grief, trauma, and loss African-American and American Indian children are more likely to experience in their lives and to identify, develop, fund and make available culturally-based and trauma-informed support services.**

⁷ *Research Synthesis on Child Welfare Disproportionality and Disparities*, Fourth Draft, American Humane Association, Fluke, et al. (2010), *Positive Outcomes for All: Using an Institutional Analysis to Identify and Address African-American Children's Low Reunification Rates and Long-Term Stays in Fresno County's Foster Care System*, Center for the Study of Social Policy (2010); findings from Institutional Analyses in Los Angeles County Torrance and Pomona Office and Santa Clara County (currently unpublished)

⁸ It is extremely important to note that Fluke's review of the literature acknowledges that the field is lacking studies of why American Indian children and youth experience poorer permanency outcomes. CAPP will be conducting an Institutional Analysis in Humboldt and more meaningfully engaging the Tribal community in California. The Child and Family Practice Model will be refined as a result of these additional and critically important inputs.

III. CAPP INTERVENTION: CHILD & FAMILY PRACTICE MODEL

To address the barriers identified above, and after considering input from the CAPP steering team, available Institutional Analysis findings, and other stakeholder input, it was determined that core practice with African-American and American Indian families involved with the child welfare agency and its partners needs to change to include culturally-sensitive engagement; empowerment of family, Tribal and community networks; and use of culturally-based healing practices and practice adaptations. Because the theoretical underpinnings of these practice changes are markedly different from current practice approaches, CAPP believes that systemic and organizational change will be critical in supporting the practice transformation that will lead to desired outcomes.

CAPP has chosen to develop a **Child and Family Practice Model** as its intervention. Given its broader scope, a practice model is the right intervention to address the range of permanency barriers for African-American and American Indian children and youth because it includes all of the necessary components for change: 1) defines a consistent theoretical framework and a set of values and principles to guide the work of the child welfare agency and its partners; 2) articulates and operationalizes specific skills and practices that child welfare workers and staff in partner organizations use to engage families, youth, the community and Tribes in developing and delivering services that meet the unique needs of those served; and 3) is capable of being fully integrated into and supported by the child welfare agency and its partners.⁹

Jurisdictions that have implemented practice models note the following benefits, all of which are particularly important in addressing the identified barriers for African-American and American Indian children, youth, families and communities: 1) forces attention on how children and families should experience the system; 2) promotes consistency of approaches within the agency; 3) shapes the design of quality assurance and clarifies employee expectations.¹⁰

The following elements are consistently cited in the literature as essential to a practice model:

1. a theoretical framework;
2. values and principles;
3. essential front-line practices; and
4. organizational and system capacity.¹¹

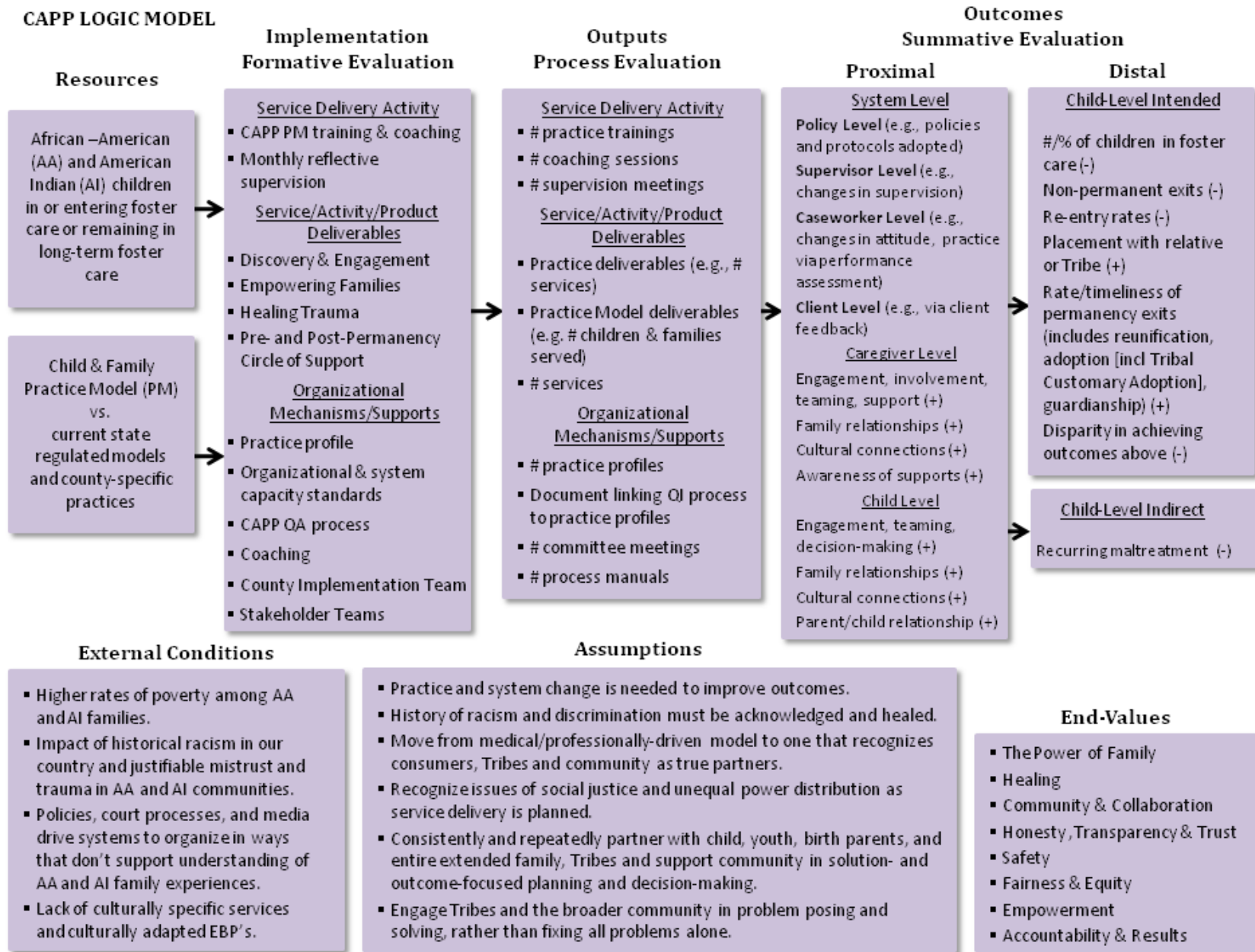
CAPP's logic model is depicted in **Diagram 2**. The logic model depicts how the target populations'—African-American and American Indian children and youth entering care and in long-term foster care—needs will be addressed by effective implementation of the CAPP Child & Family Practice Model intervention to create the desired proximal and distal outcomes. The full CAPP evaluation plan will be submitted by the Permanency Innovations Initiative Evaluation Team as a separate document.

⁹ *Practice Model Guidance, Positioning Public Child Welfare Guidance, Strengthening Families in the 21st Century*, American Public Human Services Association (2010) and *Successful Adoption and Implementation of a Comprehensive Casework Practice Model in a Public Child Welfare Agency: Application of the Getting to Outcomes Model*, Anita P. Barbee, et al. (2010).

¹⁰ *Practice Model Framework, A Brief Overview*, Casey Family Programs (July 2008).

¹¹ *Practice Model Guidance, Positioning Public Child Welfare Guidance, Strengthening Families in the 21st Century*, American Public Human Services Association (2010) and *Successful Adoption and Implementation of a Comprehensive Casework Practice Model in a Public Child Welfare Agency: Application of the Getting to Outcomes Model*, Anita P. Barbee, et al. (2010).

Diagram 2



Theoretical Framework

The conceptual framework applied in child welfare work has changed considerably over time. Child welfare has its roots in the child rescue movement. Children needed to be saved from undeserving parents. Many of these beliefs were embedded in paradigms of patriarchy, whiteness, privilege, positivism and ethnocentrism.¹² This resulted in system interactions and practice approaches that were particularly problematic for African-American and American Indian populations.

More recently, the child welfare system has focused on helping families with a complex set of needs through professional diagnosis and treatment of dysfunction. The theory is: if the problem is properly diagnosed, then prescribed treatment will provide the expected outcome. Families are the recipients of assessment and need to be compliant in following the course of treatment prescribed by the social work expert or the courts. Compliance with the case plan rather than measurable change in behavior and skills is defined as success.¹³ CAPP believes this conceptual framework has contributed to the substantial gap in understanding and responsiveness to the needs of African-American and American Indian families in current child welfare system practice as it disregards the family and cultural traditions, beliefs and values of African-American and American Indian families.

The CAPP theoretical framework is a departure from the more traditional frame and builds on broader cultural experiences and beliefs about family, community and Tribes. While consistent with theories of Family-Centered Practice and Solution-Based Casework, our theoretical framework acknowledges the impact of broad social, racial and historical factors in the lives of African-American and American Indian families and the need for partnerships with supportive communities and Tribes to understand and meet the needs of their children. CAPP believes we can most effectively address disparities in outcomes and thereby achieve positive permanency outcomes for *all* children when we:

- Acknowledge the history of racism and discrimination in our community; recognize its impact on institutions, communities, Tribes, families and children; and actively address one's own biased or inaccurate assumptions about race, class, or sexual orientation to create visible change in our behaviors and interactions;
- Move from a medical/professionally-driven model of helping, to one that recognizes the parents, child, youth, family, Tribes and community as true partners in developing solutions;
- Recognize issues of social justice and the unequal distribution of power and resources as service delivery is planned;
- Consistently and repeatedly partner with the child or youth, birth parents, and entire extended maternal and paternal family and support community and Tribes in solution- and outcome-focused planning and decision making; and
- Engage the broader community and Tribes in problem posing and solving rather than attempting to fix all problems alone.

The values, practice principles and practices included in the CAPP Child and Family Practice Model flow from this theoretical foundation for how change will occur.

¹² *Building Community: A Conceptual Framework for Child Protection*, Ken Barter (2001).

¹³ *Engaging Child Welfare Families: A Solution-Based Approach to Child Welfare Practice*, Dana N. Christensen, PhD and Becky Antle, PhD (2000).

Values and Principles

A Practice Model is grounded in values and principles. Given the variety of experiences, barriers, and goals represented among African American and American Indian children and families in the child welfare system, a Practice Model needs to provide administrators and practitioners with a firm foundation for making decisions. When all else fails, the values and principles provide guidance for caseworkers and others regarding all their interactions with children, families, and Tribal and community members. The CAPP planning teams and stakeholders have produced the values and principles illustrated in **Diagram 3** as the foundation for the Child and Family Practice Model. Each value is exemplified by practice principles that demonstrate the value in action.

Diagram 3: CAPP Child and Family Practice Model Values and Practice Principles

<i>VALUES</i> <i>We believe in...</i>	<i>PRACTICE PRINCIPLES</i> <i>Our values in action...</i>
The Power of Family¹⁴	We demonstrate this by ensuring that every child and youth has a lifelong, loving, legal family and by partnering with all family members and caregivers in planning and decision-making, including working together early and continuously to develop and support safe family relationships and multiple paths to permanency.
Healing	We demonstrate this by making all of our interactions and interventions with children, families and communities sensitive and responsive to the trauma and loss they may have experienced.
Community and Collaboration	We demonstrate this by building partnerships with community and Tribes to ensure that services and interventions reflect the diverse needs of the families and children we serve. This includes partnering with natural neighborhood supports, schools, tribal supports, faith-based and other cultural community supports identified by families.
Honesty, Transparency and Trust	We demonstrate this by being authentic and truthful in every interaction we have with children, youth, families, partners and one another, by showing respect and regard for each person’s unique lived experience, strengths and beliefs, and by being transparent about our decision making and our outcomes.
Safety	We demonstrate this by creating an environment where power is shared and trust is created to enable a child, youth, birth parent, extended family, community and Tribe to actively work together toward change that will result in safety for the child or youth.
Fairness and Equity	We demonstrate this by expanding our awareness and understanding of institutional and personal bias; increasing our knowledge, respect and regard for all ethnicities, cultures, gender, sexual identity, socio-economic backgrounds and perspectives; and asking the groups that are most affected by our policies, services, and interventions to guide their development.
Empowerment	We demonstrate this by affirming the unique strengths and needs of each child, youth and family and by encouraging their voice and choice in decisions about their lives.
Accountability and Results	We demonstrate this by employing services and interventions that are backed by evidence of their effectiveness and by continuing to track and analyze data to improve all of our practices and policies.

¹⁴ The terms **family and families** are used broadly throughout the Practice Model. CAPP’s definition of family and families includes blood and adoptive relatives, step-families and unrelated persons that have an emotionally significant relationship. For American Indian youth and families this term includes their Tribe and Tribal relations as understood under the Tribes’ customs and traditions. Youth, family and for American Indian youth, Tribes are best and uniquely qualified to identify who fits this description.

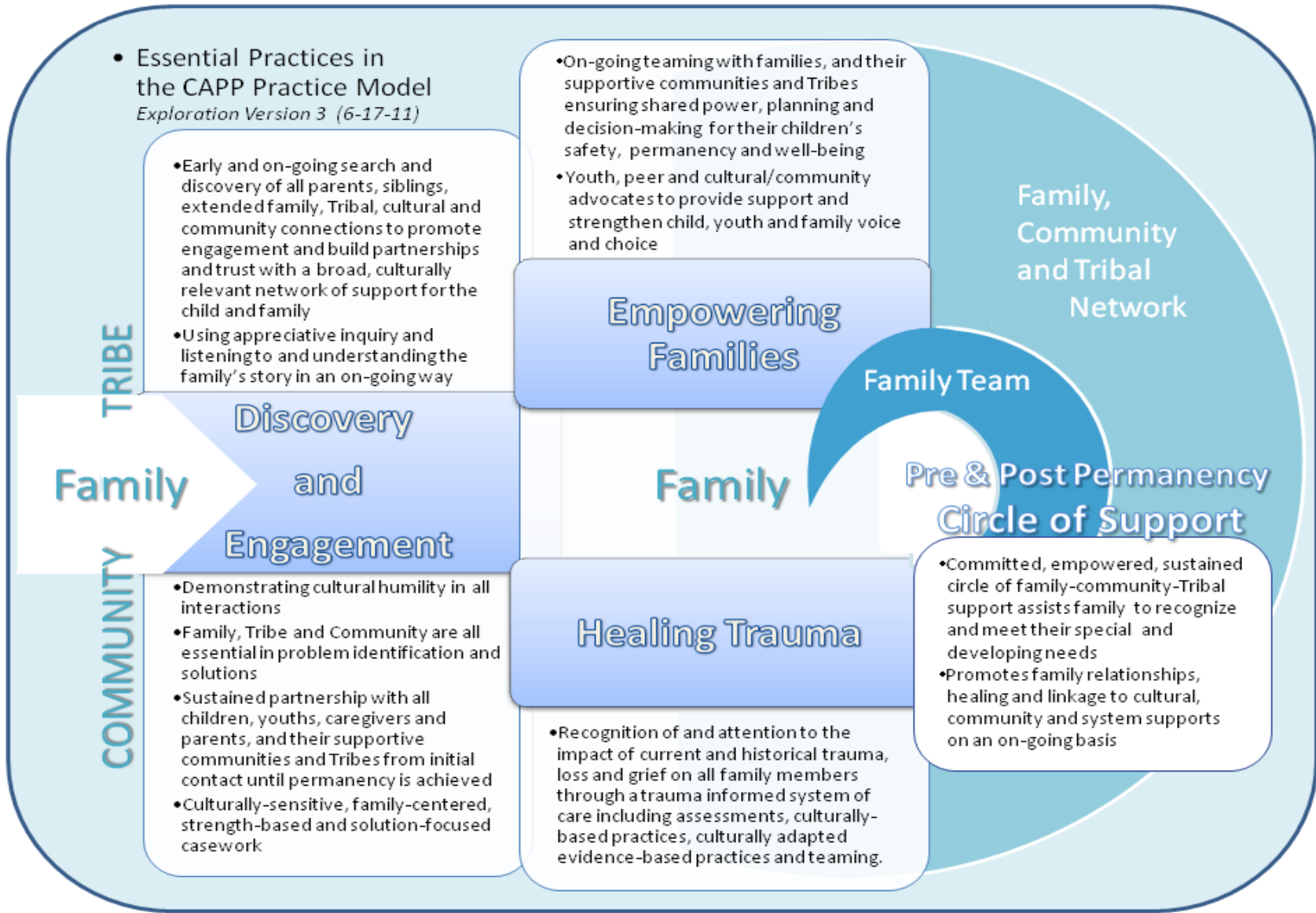
Essential Front-Line Practices

Existing practice has been particularly deficient in meeting the needs of African-American and American Indian populations. CAPP Steering Team members and other stakeholders and community partners provided feedback during CAPP's planning year discouraging the use of some of the practice strategies that were in use in California or were being considered for inclusion in the CAPP Practice Model (such as TDM). Feedback consistently pointed to community engagement and family empowerment as critical practice outcomes. In looking across the practice strategies we had been considering and seriously reflecting on this feedback, CAPP identified four essential front-line practices for the CAPP Child and Family Practice Model. It was felt this combination of practices, if defined and practiced in a culturally sensitive way, would honor and utilize the strengths and cultural/community connections of African American and American Indian children, youth and families and support reunification and other permanency outcomes for children placed in foster care. All CAPP sites will implement the following four essential front-line practices and the behavioral profiles associated with them:

1. **Discovery and Engagement** of a broad family, community and Tribal network;
2. **Empowering Families** and their supportive communities and Tribes;
3. **Healing Trauma** with recognition of and attention to the impact of current and historical trauma, loss, and grief on all family members through integrated trauma-informed culturally relevant assessment and healing practices for children, youth and their families; and,
4. **Pre- and Post-Permanency Circle of Support** to promote healing and linkage to cultural and system resources for the child and family to meet their special and developing needs while involved with the system and after the child or youth has exited care to permanency.

Diagram 4 on the following page shows how these four essential practices combine to form an integrated practice approach. These essential practices address the lack of understanding, trust and valuing of cultural and community strengths and resources that are barriers to permanency for African-American and American Indian children and youth. Through discovery and engagement of a broad network of family, community and Tribal support and consistent use of team processes and empowerment practices, joint planning, decision-making and coordination of activities and resources build practice partnerships with families, communities and Tribes that create mutual trust. Through practices such as peer and cultural advocacy, community connections and support, and teaming processes, the family's voice is strengthened and they become central partners in co-creating case plans, placement plans and plans that are family-specific, as well as culturally-relevant and community-based. While involved with the system, a Circle of Support is developed or strengthened around the family and on-going team processes effectively support and connect children and family members to culturally-relevant and trauma-focused services and supports. The family's Circle of Support continues to wrap around the family post-permanency for continued access to and navigation through needed cultural, community and system services and supports.

Diagram 4: Essential Front-line Practices in CAPP Child and Family Practice Model



Early in the development and refinement of our Practice Model, CAPP partners explored numerous promising and evidence-based child welfare practice strategies (such as Family Group Decision Making [FGDM], Family Finding and Engagement [FFE], Parent Partners and others). These practice strategies were in use in many jurisdictions locally or nationally and had well-defined core elements associated with the strategy. These practice strategies were consistent with CAPP values and practice principles, however, had little evidence specific to their use with African-American or American Indian children and families. The CAPP Intervention Summary (see **Appendix B**) includes the following information for each of the practice strategies that CAPP considered:

- Evidence-based
- Practice rationale
- Expected outcomes
- Who receives the practice
- Who is trained and delivers the practice
- CAPP alignment and adaptation

To identify the practices to include in the CAPP Child and Family Practice Model, partners looked across the practice strategies in Appendix B to identify common practice themes with significant areas of alignment to our theoretical framework, values and practice principles. This is consistent with guidance from the field that states, “When specific research is not available to guide practice, practice standards should be based on best available information and clearly articulated values that reflect the principles of the practice model.”¹⁵

Organizational and System Capacity

The final element of the CAPP Child and Family Practice Model is the development of organizational and system capacity to support and reinforce the theoretical orientation and practice skills that are a part of the practice model. In addition to practice standards, practice models developed in other jurisdictions also include standards related to organizational and system capacity.¹⁶ The CAPP Practice Model will articulate standards in the following areas: policies and protocols; management, leadership and administrative practices; training, coaching and supervision; resources and service array; quality of care and accountability; and the level of collaboration and public/private partnerships needed.

Exactly how does the organizational and system capacity need to improve to support and reinforce the theoretical framework and essential practices in the CAPP model? To understand the answer to this question, CAPP has been conducting Institutional Analyses (IA) in the early implementation counties. The IA method, applied by the Center for the Study of Social Policy (CSSP) in Washington DC, seeks to understand and address organizational and structural contributors to poor outcomes for children and families involved in the child welfare, juvenile justice and other systems. The explicit purpose of the CAPP IAs is to examine how the child welfare agency and its partners currently contribute to negative outcomes for African-American and American Indian children and families. Employing the IA or a similar type of in-depth, system assessment to guide CAPP practice

¹⁵ *Practice Model Guidance*, Positioning Public Child Welfare Guidance, Strengthening Families in the 21st Century, American Public Human Services Association (2010)

¹⁶ Iowa Department of Human Services Child Welfare Model of Practice (May 2007)

model refinement and better understand and improve the system's impact on the target population is an essential piece of the CAPP Child and Family Practice Model.

An IA focused on the experiences of African-American families, children and youth was conducted in Fresno County, California in December 2009. CAPP completed the African-American focused Analysis in the Torrance and Pomona Offices of Los Angeles County in April and in Santa Clara County in May 2011. The findings from IAs were submitted to leadership in those counties in early June. To date, no IAs have been conducted focusing on the experience of American Indian families, children and youth. Later this year, following meaningful engagement of Tribal communities, the IA will be conducted in Humboldt County. Fresno County will also be taking steps to learn more about the American Indian experience. Fresno will support representatives from local Tribal communities to participate in the Humboldt IA. Following that IA, Fresno will work closely with their local Tribes to determine whether a full Institutional Analysis will be conducted or if they will utilize alternative, culturally-based methods to further understanding of the American Indian experience with their child welfare system.

The findings from IAs will help CAPP begin to anticipate and resolve problematic features that are unique to each county, as well as features that cut across a number of the counties. As we enter early implementation, however, and line staff begin utilizing new practices, issues identified through the IA will be more deeply understood and new obstacles and pathways will be identified. Constructive responses to identified issues and obstacles need to be developed in a fluid and ongoing way. Using practice-policy feedback cycles at both the local and state-wide level, CAPP can strengthen system supports for the new ways of work at the practice level.

Between mid-June and December 2011, the CAPP project team will work closely with the early implementing counties to develop the deliverables below. Again, as described above, these deliverables will change throughout the course of implementation as new issues and solutions emerge.

- An individualized action plan for each county that addresses the findings from that county's IA; and
- An agreed upon set of overall CAPP Practice Model standards for system and organizational capacity that will be utilized by all implementing sites which are guided by the IA findings that cut across all four counties and incorporate best practice standards for implementation drivers.¹⁷

Expected Outcomes

Expected Short-Term System-Level Outcomes

- The child welfare system will change at the policy, supervisory, caseworker and client level. Child welfare system practice will understand, engage, and value the strengths and resources of African-American and American Indian children, youth, families, communities, and Tribes and there will mutual understanding of the differences in the lived experience of each population.

¹⁷ *Stage-Based Measures of Implementation Components, Installation Stage Assessment*, National Implementation Research Network (2011)

- Child welfare system practice will make available and support use of culturally-based and trauma-informed support services to address the specific needs of African-American and American Indian children, youth and families, including the underlying grief, trauma, and loss they are more likely to experience in their lives.

Expected Short-Term Child-Level Outcomes

- Increased caregiver engagement
- Improved family relationships
- Improved parent/child relationships
- Increased cultural connections
- Increased stabilizing behavior

Expected Long-Term Outcomes for African-American and American Indian Children/Youth

- Decrease in #/% of children in foster care
- Decrease in non-permanent exits
- Decrease in re-entry rates
- Increase in placements with relative or Tribe
- Increase in rate/timeliness of permanency exits (includes reunification, adoption [including Tribal Customary Adoption], guardianship)
- Decrease in disparity in achieving all outcomes listed above

Research Support

As described above, CAPP has identified the following as essential practices for the model:

1. **Discovery and Engagement** of a broad family, community and Tribal network;
2. **Empowering Families** and their supportive communities and Tribes;
3. **Healing Trauma** with recognition of and attention to the impact of current and historical trauma, loss, and grief on all family members through integrated trauma-informed culturally relevant assessment and healing practices for children, youth and their families; and,
4. **Pre- and Post-Permanency Circle of Support** to promote healing and linkage to cultural and system resources for the child and family to meet their special and developing needs while involved with the system and after the child or youth has exited care to permanency.

CAPP has not yet determined the exact practice strategies¹⁸ that will help define each “essential front-line practice” area above. Given our theory of change, it is critical to conduct in-depth discussions with the African-American and American Indian communities in the early implementation counties to better understand and define what best practice looks like (in each of

¹⁸ Throughout this document the term “practice strategies” refers to promising and evidence-based child welfare practices such as Family Group Decision Making, Family Finding and Engagement (and others described in Appendix B) that have well-defined core elements and are in use in many jurisdictions locally or nationally.

the four essential front-line practice areas above) from their unique and different cultural perspectives. (Under the next heading, we describe in more detail CAPP's approach to further practice model development.) If we don't take this step, we risk utilizing existing, developed practice strategies that are not responsive to their needs and experiences.

That said, CAPP has reviewed the literature available on specific, established practice strategies and a number of them appear to offer important core practice elements that align with the four essential practices in the CAPP Practice Model. Those established practice strategies include Family Finding and Engagement, Signs of Safety, Teaming, Parent Partners, Trauma-Informed Practice, Trauma-Focused Cognitive Behavioral Therapy, and Post-Permanency Supports. The research base for each of these established practice strategies is summarized below, followed by a matrix showing the alignment of the core elements¹⁹ of each of these established practice strategies with CAPP's four essential front-line practices. After we better understand what best practice looks like from the perspective of American-Indian and African American communities, we will identify and adapt essential elements of practice strategies such as these that are determined to have significant alignment, in order to create the essential elements for the four essential front-line practices in our model.

- **Family Finding & Engagement:** Two California Permanency for Youth Project evaluations have revealed that when family finding is combined with grief work and teaming interventions, FFE shows a success rate above 80% in achieving permanent connections for African American youth across 16 project sites in California.²⁰ A San Bernardino County study revealed that family finding helped to discover 30 times more 'family' members, 40 times more connections and 27 times more permanent connections than were discovered in the control group.²¹
- **Signs of Safety:** Signs of Safety is a model of child welfare practice that continues to evolve through the application of practice-based evidence rather than evidence-based practice. It has been created with sensitivity to the lived experience of children and families involved in the child welfare system and refined based on what workers and service recipients have found actually works in everyday child welfare practice.²² It's foundation in practice-based evidence²³ is an important consideration given the relative lack of evidence-based child welfare practices specific to working with African American and American Indian families.

¹⁹ Core practice elements included within the matrix starting on page 24 have been obtained from literature regarding the practice found in on-line sources or provided by purveyors of the practice.

²⁰ (www.senecacenter.org/files/cpyy/Files/2008CPYP-EvaluationReportPublic.pdf, pages 8-9) and (www.senecacenter.org/files/cpyy/Files/2010CPYP Evaluation Report.pdf, pages 13-14)

²¹ (www.senecacenter.org/files/cpyy/Files/2010CPYP Evaluation San Bernardino.pdf, page 16).

²² Turnell, Andrew (Dec 2010) , *The Signs of Safety: A Comprehensive Briefing Paper*, <http://signsofsafety-stuff.s3.amazonaws.com/Signs%20of%20Safety%20Briefing%20Paper%20v1-03.pdf>

²³ Practice-based evidence has been defined as a set of unique and inherent cultural practices that have non-traditional evidence based upon community consensus. Practice-based evidence can address the therapeutic and healing needs of individuals and families within a culturally specific framework and is responsive to and respectful of the family and their cultural and community context.

(www.nami.org/Template.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=63974, page 3)

- **Teaming:** Teaming strategies such as Family Group Decision Making show promising research evidence (3 on a scale of 1-5) and are highly relevant to child welfare practice (1 on a scale of 1-3) per California’s Evidence Base Clearinghouse.²⁴ Children in California Family to Family (F2F) sites exposed to F2F practices, including Team Decision Making, were 8-15% more likely to exit to reunification within 12 months than children with no exposure.²⁵
- **Parent Partners:** Parental engagement in services is one of the most important predictors of reunification. Findings from a Contra Costa County, California study suggest parent advocates hold promise as a child welfare intervention that engages families and promotes reunification. Specifically, 58.9% of children whose parents were involved in the Parent Partner program reunified, compared to 25.5% of children whose parents were not involved.²⁶
- **Trauma-Informed Practice:** A “thorough trauma assessment with children and adolescents is a prerequisite to preventing the potentially chronic and severe problems in bio-psychosocial functioning that can occur when PTSD and associated or co-morbid behavioral health disorders go undiagnosed and untreated.” Therefore, assessment and identification of trauma – along with identification of other mental health and/or drug and alcohol disorders – are important precursors to trauma informed care.²⁷
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** Evidence indicates that over 80% of traumatized children will show significant improvement with 12-to-16 weeks of TF-CBT treatment (once a week; 60-to-90 minute sessions). Treatment results in improvements in PTSD symptoms as well as in depression, anxiety, behavior problems, trauma-related shame, interpersonal trust, and social competence.²⁸ Moreover, these improvements have been maintained following treatment completion. When parents are also involved in TF-CBT, research has shown that the positive effects for children increase. This occurs through improvement of parental depression, emotional distress about the child’s abuse, parenting practices and support of the child.²⁹

TF-CBT has been tested with Caucasian, African American and Latino children, and has been adapted for Native American families and for situations involving childhood traumatic grief.³⁰ This treatment includes engagement strategies which inquire about the family’s culture and how this may impact the child’s experience of the trauma (for example, shame, self-blame, delayed disclosure, etc.). Parents are also asked about the impact of culture on their own reaction to the child’s traumatic experiences and their vicarious trauma if appropriate. This is written about extensively in the treatment manual with numerous examples included for each component. Differential drop out has been examined by culture and has not been found in the few studies that have been conducted.³¹

²⁴ (www.cebc4cw.org/program/130)

²⁵ Exec Summary, (www.unc.edu/~lynnu/anchorexecsum.pdf, page 15)

²⁶ (www.parentadvocacy.org/padocs/Final_Report_UC_Berkeley_2009_Evaluation_of_Contra_Costa_Parent_Partner_s.pdf, page 90)

²⁷ Wolpaw, J. and Ford, J. (2004): Assessing exposure to psychological and post-traumatic stress in the juvenile justice population. Washington, DC: Juvenile Justice Working Group of the National Child Traumatic Stress Network, (www.NCTSNet.org, page 3)

²⁸ (www.nctsnet.org/sites/default/files/assets/pdfs/CCG_Book.pdf, page 205)

²⁹ (www.casey.org/Resources/Publications/pdf/MentalHealthCareChildren.pdf, page 38)

³⁰ (www.nctsnet.org/sites/default/files/assets/pdfs/CCG_Book.pdf, page 205)

³¹ (www.nctsnet.org/sites/default/files/assets/pdfs/CCG_Book.pdf, page 213)

The Traumatic Grief-CBT expands and adapts Trauma-Focused CBT, attends to trauma and then attends to grief. Evidence for this practice includes two pilot studies and one randomized control study. It has been used in diverse cultural groups and been empirically evaluated in Caucasian and African American samples.³² It has been specifically tailored for several individual cultural groups which have received this treatment, including different religious groups (Muslim, Jehovah's Witnesses, Orthodox Jewish), military families, and has also been provided to ethnically diverse families (Latino, African American, Asian, biracial) and children living in foster families.

- **Post-Permanency Supports:** While there are no established post-permanency practices with core elements and a research base, there is evidence suggesting the need for such supports and services. Most of the research on Post Permanency Supports focuses on adoptive families. A three-state survey found that almost 70% of adoptive families reported their adoptive children from foster care had emotional and behavioral problems, compared to 35% in the entire study.³³ In addition, adoptive families seek assistance at 2-5 times greater and utilize clinical services at three times a rate greater than families of children born to them, while also seeking residential treatment 4-7 times a greater rate.³⁴

³² (www.nctsn.org/nctsn_assets/pdfs/promising_practices/TG-CBT_fact_sheet_3-21-07.pdf.)

³³ (Rosenthal, J. A., Groze, V. K., & Morgan, J. (1996); *Services for families adopting children via public child welfare agencies: Use, helpfulness, and need*. Children and Youth Services Review, 18 (1/2), 163-182.)

³⁴ (Howard, J. A., Smith, S. L., & Ryan, S. D., 2004, *A comparative study of child welfare adoptions with other types of adopted children and birth children*, Adoption Quarterly, 7 (3), 1-30. Vandivere, S., Malm, K., & Radel, L. (2009). *Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents*. U.S. Department of Health and Human Services. <http://aspe.hhs.gov/hsp/09/NSAP/chartbook/index.pdf>).

**Table 1: MATRIX OF CORE ELEMENTS OF ESTABLISHED PRACTICE STRATEGIES
AND THEIR STRATEGIC ALIGNMENT WITH CAPP ESSENTIAL FRONT-LINE PRACTICES**

CAPP Essential Front-Line Practices →	DISCOVERY & ENGAGEMENT	EMPOWERING FAMILIES	HEALING TRAUMA	PRE & POST PERMANENCY CIRCLE OF SUPPORT
<p>FAMILY FINDING & ENGAGEMENT</p> <p>Core Practice Elements→ as clarified for CAPP by purveyor National Institute for Permanent Family Connectedness (Robert Friend, Director)</p>	<ul style="list-style-type: none"> ▪ Interviews, file mining, internet search, and outreach to identify and locate family and important connections ▪ Specific efforts to establish paternity, identify and locate non-custodial parents, and search for their relatives ▪ Family members identify “natural supports” and significant family, cultural, community connections ▪ Caseworker initiates and facilitates collaborative teaming processes throughout case ▪ Team meetings are held in a family friendly and safe place ▪ Consistently inquire of the family’s resources, strengths and perspectives and support families in identifying their own solutions ▪ Children and youth are prepared for meetings ahead of time and meaningfully involved in the process 	<ul style="list-style-type: none"> ▪ Team meeting processes are individualized and based on child, youth, family and team strengths ▪ Teaming processes build the family network and the family’s capacity to work together and facilitate the team to address the safety, permanency and well-being needs of the child 	<ul style="list-style-type: none"> • Team member(s) are identified (with permission of child/youth) to assist child or youth to clarify their history, recognize losses and grieve 	<ul style="list-style-type: none"> ▪ Through teaming caseworker ensures mental health, education and other partners are working in partnership with the family and their network ▪ Strengths and needs of child, youth and family are continually reviewed and updated, including safety concerns and solutions ▪ Team members assist children and youth to build/rebuild family, tribal, cultural and community relationships and attach to adults to promote permanency ▪ Teaming continues until permanency is achieved and a plan is in place for post-permanency supports

	DISCOVERY & ENGAGEMENT	EMPOWERING FAMILIES	HEALING TRAUMA	PRE & POST PERMANENCY CIRCLE OF SUPPORT
<p>SIGNS OF SAFETY</p> <p>Core Practice Elements→ identified from materials provided by purveyor, UC Davis Resource Center for Family Focused Practice</p>	<ul style="list-style-type: none"> ▪ Strategies for critical thinking, including looking at our own lenses, assumptions and biases ▪ Enhancing safety with danger statements and clear goals • Safety Mapping by family and worker to organize all the information known about the family - increased clarity about the purpose for any particular child welfare intervention 	<ul style="list-style-type: none"> • Solution focused approach - parents and children most crucial people to think through the situation (assess) and create solutions • Family identifies high risk situations/patterns and early warning signals, family develops a plan with the case worker to avoid and/or interrupt pattern and develops an escape plan if all else fails 		<ul style="list-style-type: none"> • Building a ‘network’ of people around the child, communicating the Danger Statement to them, and enlisting their help in keeping the children safe. • Safety Planning strategies that promote long-lasting change - using the Safety Network to enhance the daily, on-the-ground practice of safety for children
<p>TEAMING: FAMILY GROUP DECISION-MAKING(FGDM) and TEAM DECISION-MAKING (TDM)</p> <p>Core Practice Elements→ identified for FGDM from information on CA’s Evidence-Based Clearinghouse and identified for TDM from materials developed by CA Family to Family TDM trainers & coaches</p>	<p>TDM</p> <ul style="list-style-type: none"> ▪ Team meeting led by internal, trained facilitator includes birth parents and youth ▪ Extended family and other community supports identified by family engaged to participate ▪ Held prior to or immediately following removal (always before the initial Court hearing re removal) and before a child’s move occurs 	<p>FGDM</p> <ul style="list-style-type: none"> • Family group convened by a non-case carrying coordinator is considered the agency’s key decision-making partner • Family-only group can meet on their own to work through information and formulate their responses and plans • Once agency concerns addressed, preference is for family group’s plan over other possible plans 		

	DISCOVERY & ENGAGEMENT	EMPOWERING FAMILIES	HEALING TRAUMA	PRE & POST PERMANENCY CIRCLE OF SUPPORT
<p>PARENT PARTNERS</p> <p>Core Practice Elements→ synthesized from article on Contra Costa County's Parent Partners program (Anthony, Berrick, Cohen & Wilder, July 2009) - document accessible at web location noted at end of Parent Partner section on page 22 of this document)</p>		<ul style="list-style-type: none"> ▪ Trained peer advocates assist with early engagement in case planning services ▪ Work to increase the quality of the relationship between child welfare and family ▪ On-going support & linkages to cultural and community services to meet family needs 		
<p>TRAUMA-INFORMED PRACTICE</p> <p>(NCTSN - National Child Traumatic Stress Network)</p> <p>Core Practice Elements→ as described by NCTSN regarding their Child Welfare Trauma Training Toolkit (2008) located at www.nctsn.org</p>			<ul style="list-style-type: none"> ● NCTSN provides trauma-focused education and skill-building for front-line staff, clinicians & administrators within and across key child-serving systems in order to change practice. Their Child Welfare Trauma Training Toolkit helps staff/partners to: <ol style="list-style-type: none"> 1. Assist children to reduce overwhelming emotion 2. Help children make new meaning of their trauma history & current experiences 3. Address the impact of trauma & subsequent changes in child's behavior, development and relationships 4. Utilize comprehensive assessment of child's trauma experiences and impact on development and behavior to guide services 5. Provide support and guidance to the child's family & 	<ul style="list-style-type: none"> ● Child Welfare Trauma Training Toolkit helps staff and partners to: <ol style="list-style-type: none"> 1. Maximize the child's sense of safety 2. Promote and support positive and stable relationships in the child's life 3. Coordinate services with other agencies

			caregivers 6. Manage professional and personal stress	
	DISCOVERY & ENGAGEMENT	EMPOWERING FAMILIES	HEALING TRAUMA	PRE & POST PERMANENCY CIRCLE OF SUPPORT
TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY Practice elements → as described in fact sheet at www.nctsnet.org			<ul style="list-style-type: none"> • A conjoint child/parent psychotherapy model for children experiencing emotional and behavioral difficulties relating to traumatic life events • Incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles 	

Completing Essential Practice Development

CAPP has work ahead to complete development of the front-line practices and the associated practice profiles. Since CAPP’s inception, planning has been carried out by a series of integrated teams. The Practice Model Refinement Team has been responsible for development of the essential practices that are part of the CAPP Child and Family Practice Model. With submission of this Implementation Plan, the teaming structure will evolve (see **Diagram 5** on page 61 for a detailed description). The CAPP Cross-Site Implementation Team will work closely with County Implementation Teams to complete development of the model per the following timeline:

Essential Practice Development Timeline

Date	Tasks	Entity Responsible
June-Aug. ‘11	<ul style="list-style-type: none"> ▪ Engage African-American and American Indian families, communities and Tribes in dialogue to further define the essential practices in culturally-relevant, behavioral terms. 	County Project Managers
Aug – Sept. ‘11	<ul style="list-style-type: none"> ▪ Compare the perspectives offered by communities and Tribes with established practice approaches and strategies to see where there is alignment. ▪ Integrate relevant aspects of established and defined practices into essential elements and identify where cultural adaptation of those practices will be needed. 	CAPP Cross-Site Implementation Team
Sept. – Nov. ‘11	<ul style="list-style-type: none"> ▪ Make cultural adaptations to defined practices. ▪ Develop practice profiles in partnership with local African American and American Indian community partners. 	CAPP Cross-Site Implementation Team
March ‘12	<ul style="list-style-type: none"> ▪ Begin testing the practice profiles with families. ▪ Continue to make adjustments to practice profiles based on feedback from families, youth, Tribes, community partners, line workers, etc. 	County Implementation Teams, in close partnership with CAPP Cross-Site Implementation Team

Further Define Front-Line Practices

The essential front-line practices in the CAPP Practice Model need to be more specifically defined before a practice profile can be developed. CAPP early implementing counties—Fresno, Humboldt, Los Angeles and Santa Clara—are currently engaging African-American and American Indian families, communities and Tribes in dialogue to define the essential practices in culturally-relevant, behavioral terms. This community engagement process will take place in June-August 2011. Once CAPP has gained this deeper, cultural perspective on our essential front-line practices, the CAPP Cross-Site Implementation Team will compare the perspectives offered by communities and Tribes with established practice approaches and strategies (like those described in the matrix starting on page 24 above and those outlined in **Appendix B**) to see where there is alignment. This process will enable CAPP to integrate core elements of established and defined practice strategies and to better understand where cultural adaptation of those practice strategies will be needed.

Taking the time for this additional family, community and Tribal engagement is essential to developing effective practices. To be successful, CAPP needs to deepen cultural understanding, mutual trust and the sharing of power and resources with African-American and American Indian communities and Tribes.

The result of this phase of work will be a more specific set of culturally-informed core elements of practice for each of the four essential front-line practices in the CAPP Practice Model. As much as possible, these core elements of practice will be adopted or adapted from established practice strategies, with each core element incorporated under the essential front-line practice area it supports. For example, let's consider a hypothetical situation in which Family Finding and Engagement (FFE) is selected as an established practice that has significant alignment with the cultural needs and perspectives of our target populations. In this scenario there are three core elements of FFE practice that are determined to be most in alignment with CAPP needs:

FFE Core Element #1: Interviews, file mining, internet search, and outreach to identify and locate family and important connections;

FFE Core Element #2: Team meeting processes are individualized and based on child, youth, family and team strengths; and

FFE Core Element #3: Team members assist children and youth to build/rebuild family, tribal, cultural and community relationships and attach to adults to promote permanency.

These three core elements actually support different essential front-line practices in the CAPP practice model. For instance, FFE Core Element #1 aligns with CAPP's first essential front-line practice "Discovery and Engagement" and would become one element (along with others identified) that define that front-line practice. Similarly, FFE Core Element #2 above would become one element of CAPP's second front-line practice "Empowering Families," while FFE Core Element #3 would become one element of CAPP's front-line practice "Pre and Post—Permanency Circle of Support."

Once the essential elements of CAPP's four essential front-line practices have been defined through this process of outreach, community engagement and determining alignment with core elements of established practice strategies, CAPP will be ready to create practice profiles for our Child and Family Practice Model.

Create Practice Profiles

Practice profiles define in behavioral terms the interactions each essential practice and its core elements require between front-line practitioners and families, children, youth, communities and Tribes. Through a process of community engagement and gathering information from multiple sources and perspectives (such as the findings from local Institutional Analyses and input from focus groups, steering teams and county advisory groups), CAPP will develop a practice profile for each essential area of front-line practice. Thus there will be practice profiles created for:

1. Discovery and Engagement;
2. Empowering Families;
3. Healing Trauma; and
4. Pre and Post-Permanency Circle of Support.

Behaviors that represent the core elements of each of these front-line practices will be described within the practice profile for that front-line practice area. A sample practice profile is provided on the following pages. The fully defined essential front-line practices and their practice profiles will enable CAPP to identify and develop training curricula, tools and assessments. Where CAPP has adopted or adapted elements of established practice strategies (such as FFE, FGDM, etc.) into the model, available curricula, tools and assessments from those established practice strategies will be considered for use and/or adaptation by CAPP. Fidelity assessments (also referred to as quality assurance processes) will also be developed and/or adapted to fully align with the practice profile.

Each CAPP site will implement all four essential front-line practices and the behavioral profiles associated with those practices. For sites with existing practice models or practice profiles in development/use (such as Los Angeles and Fresno), local Implementation Teams will ensure alignment and, where needed, adaptation and enhancement of their existing local practice profiles, curricula, tools, and fidelity assessments to maintain consistency and alignment across CAPP sites implementing the practice model. It is important to note that there is already significant alignment between CAPP's Child and Family Practice Model and both the Fresno and Los Angeles practice models – all are focused on integrating diverse practice initiatives and implementing them consistently in a way that improves safety, permanency and well-being outcomes and reduces disparities for children and families of color in the child welfare system. The values and principles that drive practice within each model include parallel language that reflects a family centered and family empowering, child focused approach to the work. While the CAPP practice model may include elements that are not as salient in the other models – trauma-informed, culturally-based practices and post-permanency services and supports – these are viewed as elements likely to enhance and deepen those existing practice models.

Development of the practice profile will begin in September 2011. Findings from the community engagement process are needed for the development of the profile. County CAPP Project Managers will bring the information gathered from these engagement meetings and work together with CAPP project level support staff and the CAPP Cross-Site Implementation Team to determine what profile categories emerge as consistent from the outreach and can be matched with aspects of existing practice approaches and strategies, and what profile elements might be better developed by individual sites with passion and expertise in the subject matter. CAPP will learn from and leverage the profile development work completed in Fresno and Los Angeles sites to accelerate the learning curve on the science of profile development. After initial steps are taken within and across sites to create first drafts of the practice profiles for CAPP's four essential front-line practices, the CAPP Cross-Site Implementation Team and other key community stakeholders and staff members from each of the sites will join together in a larger meeting to integrate and refine the initial practice profile work, resulting in standardized practice profiles for each CAPP essential front-line practice area. All CAPP sites will begin testing and implementation of the standardized practice profiles, phasing in several units at a time based on the schedule in the table located on page XX of Section V. The CAPP Cross-Site Implementation Team, working closely with County Implementation Teams, will have primary responsibility for completion of the practice profiles and for coordinating, guiding and monitoring the progress of the work. As initial profile work nears completion in late October 2011, CAPP Cross-Site and local Implementation Teams will work during November and December 2011 to fully align the curricula, tools and assessments that are in development with the final drafts of the practice profiles. The target month for beginning to test the practice profiles is March 2012.

Table 2: SAMPLE PRACTICE PROFILE**Practice Area 1 - Engaging and Building Lifetime Family Team**

Advanced (higher) or Skilled (lower)	Developing Skill (higher) or Emerging Skill (lower)	Skill Not Yet Emerging
<ol style="list-style-type: none"> 1. Assures and demonstrates that participants are equally engaged regardless of race, ethnicity, gender, culture, nationalities, age, socioeconomic status and LGBTQ. Demonstrates cultural humility by asking open questions about the family’s experience and is attentive to families’ responses. Incorporates this knowledge throughout all interactions. 2. Asks “Who else is in your family? Who are you connected to in your community?” “What tribe do you belong to?” Once family and other community or tribal connections are found, they are approached not only to be placement options, but to be permanent connections and sources of support for the family, child or youth. 3. Arrives timely, greets people warmly, and displays sincere interest. 4. Addresses participants and youth by the name or title they request. 5. Asks the team continually to determine what is best for the youth and family with respect to safety, permanency, and well being. Asks questions to learn how the family defines the problem and what success looks like, and to learn their strengths. 6. Asks about and shows that he/she values who children of all ages say are 	<ol style="list-style-type: none"> 1. Invites participation, but may not fully engage all team members. Encourages parents/caregivers to nurture and support the youth with moderate success. Talks with children and families from diverse races, genders, cultures, nationalities, ages, socioeconomic status and LGBTQ with moderate success, and sometimes inquires to learn more about the family’s culture and lived experience. Occasionally refers to or builds on this knowledge and experience in future interactions. 2. Looks at maternal and paternal family members and siblings, but only as a placement option. B) Family members are not approached, but once they contact the social worker, family is seen as a permanent connection and possible placement option. 3. Arrives timely. 4. May mispronounce name, but addresses people by name. 5. Emphasizes what is best for the child, but sometimes allows focus to drift. A consistent and sustained focus around safety, permanency, and well being may not be evident. Does not actively inquire to learn how the family defines the problem, but is open to their suggestions. 6. Asks for youth ideas/opinion but 	<ol style="list-style-type: none"> 1. Does not consistently invite participation. Insufficiently engages participants and/or does not encourage them in their role to nurture and support the youth. Cannot or does not communicate effectively or warmly with children and families from diverse races, genders, cultures, nationalities, ages, socioeconomic status and LGBTQ. Acts as an expert on family and community culture without curiosity or openness to the family’s experience. 2. Fails to explore maternal and paternal family members or siblings as important connections or placement options. 3. Arrives late. 4. Continually mispronounces youth or family member names, or refers to the family/child in third person (“the mother”, “the father”, etc.). 5. Fails to emphasize best interest of the youth and family, uses defensive or disrespectful tone or body language. Communicates with the family, but not focused on safety, permanency, and well being. Prevents or interferes with the family from sharing their perception of the problems and discounts their suggestions for solutions. 6. Does not invite youth to meeting or discounts youth’s statements about who is important.

<p>important to them by A) listening to the youth's ideas about who is important to them and following up on those ideas, and B) listening to what youth says (e.g. repeats it, documents it, demonstrates it).</p> <ol style="list-style-type: none"> 7. Ensures that those who cannot participate in-person have the opportunity to join by phone. If that is not possible, they have been encouraged to share their thought/view points in writing or through discussion that is then conveyed. 8. Continually helps family understand why DSS is involved and acknowledges and validates the grief and loss that parents and youth experience due to agency involvement. (For example, with parents upon initial removal or by "unpacking the no" with regard to permanency). 9. Communicates through meeting preparation with each team member (including partners and service providers) by "tuning in" to their agenda/desires and linking that agenda to the larger work of the team. Demonstrates respect for participant goals by attentive listening, then later using similar language or referencing the conversation in some other way. 	<p>doesn't connect with decisions or other discussion.</p> <ol style="list-style-type: none"> 7. Participants who can't attend have at least been contacted and know meeting is occurring and know purpose of the meeting. 8. Helps family understand why DSS is involved at the outset and can recognize and acknowledge the grief and loss that parents and youth experience due to agency involvement with moderate success. (For example, with parents upon initial removal or by "unpacking the no" with regard to permanency). 9. Communicates through meeting preparation and understands the individual agendas/desires of team members (including partners and service providers) and is able to link those to the work of the team with moderate success. 	<ol style="list-style-type: none"> 7. Discourages participation. 8. Fails to recognize or acknowledge the grief and loss that parents and youth experience due to DSS involvement. (For example, gets defensive with an angry parent, accepts an initial "no" as the final answer regarding permanency, or makes excuses for lack of agency action). 9. Does not communicate through meeting preparation and is not aware of the individual agendas/desires of team members or able to link those to the work of the team.
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IV. IMPLEMENTATION CAPACITY ASSESSMENT

Resources to Support Implementation

As CAPP gains greater cultural understanding of our Practice Model and its four essential front-line practices through community and Tribal engagement processes, curricula exploration and design will then follow with a review of the resources available from established practices that have significant alignment with CAPP practice elements. CAPP will have access to many established curricula, tools and assessments - a sampling of some resources that CAPP may be able to draw from are included below. As CAPP engagement processes evolve, communities and Tribes from the local sites will inform adaptations needed to refine curricula, assessments and tools so they support practice that meets the need of African American and American Indian children, youth and families and installation of the CAPP Child and Family Practice Model.

- **Family Finding & Engagement:** Seneca Center, a purveyor located in California and one who has partnered with the CAPP project, has curricula, training series and videos that provide an orientation and comprehensive training of the six steps to finding family. The series is designed to assist in providing interactive and supportive case specific consultations designed to address obstacles and challenges that arise with families, community and the agency. In addition, the Administrative Office of the Courts, another CAPP partner, has contracted with American Humane Association for creation of a family finding and engagement toolkit to be utilized by local Blue Ribbon Commissions and other collaborative groups interested in working together to implement this practice. The toolkit is in development and will be completed within the next few months.
- **Signs of Safety:** Signs of Safety, a model of child welfare practice that continues to evolve through the application of practice-based evidence, is being implemented in 10 to 12 California counties. The Northern California Child Welfare Regional Training Academy at the University of California, Davis, another partner with CAPP, has curricula and training developed.³⁵ In addition, the developer of Signs of Safety has curricula, manualized training and videos.³⁶
- **Teaming:** Teaming strategies such as Family Group Decision Making are utilized widely across the nation, and have manualized curricula, training and other resources developed including:

http://www.iirp.org/training_detail.php?training_id=NjU=

<http://www.pacwcbt.pitt.edu/FGDM.htm>

<http://www.americanhumane.org/children/professional-resources/training-professional-development/fgdm-trainings/>

<http://humanservices.ucdavis.edu/Resource/FamilyGroup/index.aspx>

³⁵ (<http://academy.extensiondlc.net/file.php/1/resources/EP-EvalsSofS1-13-11.pdf>)

³⁶ (<http://signsofsafety.net/In>)

- **Trauma-Informed Practice:** An approach that assesses child and family trauma that may underlay chronic behaviors causing difficulties. Curricula and training available from the National Child Traumatic Stress Network.³⁷

Parent Partners: Partnering with parents and seeking solutions with them helps foster trusting relationships between parents and providers. The Resource Center for Family Focused Practice has coordinated trainings in this area. In addition, a number of training resources have been identified and are available including:

<http://www.friendsnrc.org/cbcap-priority-areas/parent-leadership-and-involvement>

<http://www.cssp.org/publications/growingandsustainingparentengagementtoolkit.pdf>

- **Supervision and Coaching:**

California Northern Regional Training Academy, University of Davis, Extension has curriculum developed for Supervisory Excellence which incorporates Interactional Supervision and Reflective Supervision methods, and utilizes a coaching process for supervisory participants. Further, Coaching of front-line staff and supervisors in implementing the practice components of Signs of Safety is a key implementation strategy being used. In progress to support this work is a coaching toolkit and institute.

California Central Regional Training Academy, Fresno State University, has developed a Supervisory and Management coaching component to support Fresno's practice model implementation.

Los Angeles Department of Family Services, in implementing their Casework Practice Model, has incorporated coaching as a key strategy in skill building of practice. The experience of this implementation provides support in the CAPP Practice Model implementation.

Readiness for Implementation

The four CAPP early implementation counties were chosen because all: 1) had substantial experience in implementing child welfare improvement initiatives; and 2) had made a commitment at the highest levels of leadership to prioritizing the elimination of disproportionality and disparities for children of color and had taken concrete steps to make changes in their organizations. CAPP is a top priority for all four counties and existing county resources have been dedicated to project management, data collection and analysis, community outreach and engagement and ultimately, installation and implementation of the CAPP Child and Family Practice Model. In addition, each county will receive a portion of CAPP grant funds each year (\$1 m/year for Los Angeles; \$600,000/year for Fresno; \$600,000/year for Santa Clara; and \$350,000/year for Humboldt). The CAPP grant is leveraging an additional \$1.7 m/year in State General Fund match, philanthropic contributions and in-kind contributions from counties and partners. These funds will be used strategically to support CAPP implementation. Several important aspects of our exploration and capacity building planning are shared below. More information is available in the detailed work plan contained in Section V.

³⁷ www.NCTSN.org

Building Staff Competence to Deliver the Practice Model

Training, usability testing and installation of the CAPP Child and Family Practice Model is planned as a phased roll-out leveraging existing training and coaching capacities of local sites and their local and regional training partners. Training will be delivered at the county level several units at a time (a unit is 6-8 social workers in a work unit with a supervisor). CAPP recognizes that initial engagement and inclusion of families and their supportive communities and Tribes in transparent planning and decision-making processes while a case is still in emergency response (ER) builds trust and may have a significant impact on the experience of families whose children are placed in care, increasing early engagement in reunification services and improving permanency outcomes. Thus roll-out is planned to include emergency response units in most CAPP sites. As noted in the table on the following page showing the schedule of phased implementation of the practice model, initial training will focus on on-going units, while later stages of training and implementation will include ER units.

As sites ready for initial roll-out of training and implementation of the practice model, units may be chosen to start based on having higher numbers of African American and Native American families, based on champions being present within particular units and unit supervisors, and/or based on willingness of certain units to volunteer to start practice implementation and fidelity assessments. Through the coordinated efforts of local and regional training resources, training curricula will be developed to effectively and efficiently introduce CAPP values, practice principles and practice elements, demonstrate the uses of the essential practice elements (such as “acting out” key elements during training and using video exemplars) and build needed skills (such as behavioral rehearsals that build proficiency in using the practice profiles). Pre-post tests of caseworker knowledge and skill development will be done for each training experience so the value of training can be demonstrated and can be improved after each experience.

The phased roll-out is designed to support usability testing and provide the coaching needed for workers to use the practice with a high degree of proficiency and consistency. Training will include consumers and community representatives as training participants as well as trainers, so that consumers and community representatives are involved in both curriculum development and delivery. This will build partnership with families and communities, highlight cultural and community voices and perspectives in training, and strengthen both agency and community training capacities.

While caseworker selection and training are critical, they are episodic. CAPP understands that coaching and supervision are continual, case specific and critical to developing the knowledge, skills and abilities of caseworkers to use the practice model and achieve improved outcomes for African American and American Indian children and families. In our phased-in roll-out, CAPP sites will identify and develop coaches to facilitate and support staff skill development in implementing the four CAPP essential front-line practices and the behaviors associated with them. While the persons who act as coaches may differ across sites (for instance, some sites may use supervisors while others identify other internal staff to play this role), CAPP sites will ensure that there are both internal and external coaching supports in place. Internal coaching supports include leadership and a coaching support network within the agency. External coaching support will provide training and technical assistance to coaches, as well as support shared learning among coaches. External coaching supports may be developed through partnerships with the site’s local regional training academy or external training partner, such as the Academy for Coaching Excellence who is already working with Los Angeles County.

CAPP's fidelity assessment process will build upon and enhance what counties are already doing, will be multi-dimensional (observation, case review, records components) and implemented gradually based on capacity building. Fidelity assessments will support a process of continuous learning and professional development. To do this effectively, the process will remain separate from administrative annual employment reviews.

Finally, understanding the importance of recruitment and selection in ensuring a competent workforce, local implementation teams will assist local staff, departments and partners involved in staff selection and recruitment processes to understand and conduct selection interviews that include vignettes, role plays and active strategies to assess the candidate's philosophies, values, and abilities to work with families and their supportive communities and Tribes in a respectful way.

Table 3: CAPP PHASED PRACTICE MODEL IMPLEMENTATION

CAPP County/ Office	March '12	May '12	July '12	Sept '12	Nov '12	Jan '13	March '13	May '13	July '13	Sept '13	Nov '13	
Fresno	Units 1-3		Units 4-6	Units 7-9	Units 10-12	Units 13-15	Units 16-18	Units 19-21	Units 22,23			
Humboldt				Units 1,2	Units 3-5	Units 6,7	Units 8,9					
LA Pomona		Units 1,2	Units 3-5	Units 6-8	Units 9-11	Units 12-14	Units 15,16					
LA Torrance		Units 1-3	Units 4-6	Units 7-9	Units 10-12	Units 13-15	Units 16-18	Units 19-21	Units 22-24			
LA Wateridge		Units 1-3	Units 4-6	Units 7-9	Units 10-12	Units 13-15	Units 16-18	Units 19,20	Units 21-23	Units 24-26	Units 27-29	
Santa Clara			Units 1-3	Units 4-6	Units 7-9	Units 10-12	Units 13-15	Units 16-19				
Total Units Using the Practice Model	3	11	26	43	61	78	93	104	112	115	118	

Note: Cells without shading reflect on-going casework units (Court, FM/FR and Permanency Units).

Shaded cells reflect ER units to be trained and implement the CAPP Child and Family Practice Model.

Important Organizational Supports for the Practice Model

Increasing system capacity to support practice change is an essential component of implementation of the CAPP Child and Family practice model. CAPP recognizes that African American communities and Native American Tribes have a special perspective and expertise that is critical for CAPP implementation and success. Establishing solid partnerships with these communities and Tribes, utilizing their expertise to guide refinement and implementation of the practice model and profiles, and working together to identify, develop, fund and make available culturally-based services and supports is one of CAPP's highest priorities. Local engagement with these communities and Tribes is underway, as well as many state-level engagements. These efforts will become stronger and more intentionally coordinated as CAPP project leads work with partner organizations in the next 3 to 6 months to reorganize staffing supports and develop project-level staff capacity that can focus intensively on stakeholder partnership and engagement.

All CAPP implementing sites have or will be conducting an IA, a process that analyzes the 'lived experience' of African American and American Indian families in the child welfare system. Each CAPP site also has a stakeholder advisory group for the CAPP project that will work closely with local teams on CAPP implementation. These stakeholder advisory groups will be involved in on-going work on systemic recommendations that emerge from the site's Institutional Analysis. In addition to each site's individualized action plan based on its IA findings, there will be cross-site systemic issues that emerge from the Institutional Analyses that will be addressed, as well as overall organizational and system capacity standards developed across sites. These are designed to create a hospitable environment that supports implementation of the CAPP practice model by staff and partners so that the experience and outcomes of African American and American Indian families involved with the child welfare system and their supportive communities and Tribes are improved.

Working with local advisory groups and executive management, each site's implementation team will establish Policy Enhanced Practice (PEP) and Practice Informed Policy (PIP) cycles so that executive leadership can continuously learn what is working, what obstacles are emerging, and how they can support practice and system change at the local level. A feedback loop is being developed between the counties, their stakeholders and the CAPP Cross-Site Implementation Team, so that state and local stakeholder engagement are connected and coordinated, and county implementation teams can provide on-going cross-site feedback about how state and regional policies and activities can be aligned to best support local level system change.

Implementation Mapping Assessments

Between February and June, 2011, the PII TTAP team conducted 90-minute implementation mapping interviews in the following CAPP sites: Fresno, Humboldt, Los Angeles Pomona, Torrance and Wateridge, and Santa Clara. The purpose of the interviews was to establish working relationships with CAPP county staff, focus attention on the implementation work already underway in the county, increase the site's familiarity with Implementation Science and produce a preliminary view of the strengths in implementation practices within the sites.

The interviews revealed that, while their relative strengths differ, CAPP counties have a strong implementation foundation on which to build. As a whole, preliminary findings indicate that there are one or more counties that have well-developed capacity in nearly all of the assessed areas. Areas of strength for the counties are in operationalizing initiatives, facilitative administration and leadership. The chart on the following pages reflects areas of strength that CAPP will build upon. CAPP has good examples of strong implementation drivers in place and individuals with basic implementation skill sets among the implementing counties.

The areas that need most improvement across all four counties are: performance assessment, regional supports and state supports. Performance assessment (e.g. “fidelity”) is a cornerstone of the development and implementation of the CAPP Practice Model. As we implement the model across sites, performance assessment will help to strengthen consistency of implementation across sites and provide critical links to the project’s evaluation. Thus, the development of functional and practical caseworker performance assessments will be given immediate attention by CAPP and the newly formed County Implementation Teams.

Regional and State supports have also been the subject of study and planning by the CAPP Capacity Building Team, Systemic Issues Team and Finance Team. The California Statewide Training and Education Committee (STEC), which includes UC Berkeley’s California Social Work Education Center (CalSWEC), Regional Training Academies (RTAs), and the Inter-University Consortium (IUC) in Los Angeles, are seen as having a key role in collaboration with CAPP and County Implementation Teams. Members of the STEC group have been included as members of CAPP planning teams and their involvement will continue in CAPP Cross-Site and County Implementation Teams. Focused dialogue with these CAPP partners occurred in a very productive meeting facilitated on June 24, 2011, and will continue. In addition, State supports will be strengthened as the Practice-Policy Communications Protocol is established and CAPP and the County Implementation Teams surface key impediments to the full and effective use of the Practice Model.

Table 4: Best Implementation Practices Among CAPP Counties

<i>RE: Initiatives</i>	<i>Competency Development</i>
<p>Operationalize the Initiative</p> <ul style="list-style-type: none"> ● Establish the context (the conditions under which something is to be done) <ul style="list-style-type: none"> ○ Meeting of CW, facilitator, family, other disciplines & providers as needed ○ Right participants given the issues at hand ○ Reduce caseloads - older kids, multiple problems, more complex/more work ○ Co-location of staff --- a team approach with integrated ways of work ○ Specially trained staff – re: Intake ● Develop the content (what needs to be done in that context) <ul style="list-style-type: none"> ○ Comfortable, inclusive, hear all points of view, family is the expert on the family, respect ○ Include child assessment data (pre-meeting work) ○ Connect family with community resources ○ Different mindset for a CW ○ Youth team meeting with CW & youth, identify youth goals, CW get resources to support the youth/goals ○ Contact families prior to entry into the system – on the edge of CW referral (diversion) ○ Assessment , triage, decide who in what system might provide the most immediate and relevant help ○ Never give up – actively work to connect youth w/ someone in his/her life ○ Engage families ● Establish criteria for competence (how well to be done and intended outcomes) <ul style="list-style-type: none"> ○ Effort is put into working on consistency across caseworkers and others. Some practices took about 6 months to operationalize. ○ Creating comfort for a family = CW invites family to meeting; Schedule meeting around family (day or night; not weekend); Go to a neighborhood “visitation center” if needed; Greet family in the lobby and chat with them on the way to the meeting room; Room is decorated and set up to be inviting and informal; Set ground rules for everyone/ respect/ full disclosure; Focus on strengths (CW provides these throughout, based on prior interactions); ○ Use flashcards to reinforce lessons from training, ask questions, start with strengths, ○ Includes lots of what NOT to do ○ Establish consensus = very precise plan, focus on safety, based on family strengths, ○ Interact at a deeper level – beyond “how’s it going” to get at youth vision of the future, where he/she will be, who really loves you, who live with, -- build trust, really listen, go to where the youth is (adaptive Qs) 	<p>Selection</p> <ul style="list-style-type: none"> ● Recruit those who are willing in the Exploration process and start there <ul style="list-style-type: none"> ○ Facilitators are critical to success ● Notice sent out to LA DSS to recruit for an opening; Recruit – send out notice and ask CW to apply to do this new work (it is not for everyone) ● Interview done by manager and supervisor who will work with the CW <ul style="list-style-type: none"> ○ Questions about people skills (rely on references), experience with facilitation, mediation, how to handle conflict ○ Vignettes and role play re: handling conflict ○ Questions about passion, commitment, skills, interests in older kids, persistence <p>Training</p> <ul style="list-style-type: none"> ● Cross training with MH and others to develop teams ● Training by Casey – 6-8 days spread over several weeks, includes behavior rehearsal ● After training, shadow experienced TDM facilitator, then do next meetings with lots of feedback, then on your own [does not happen this way all the time] ● All people in the office participated – a group effort and everyone needs to know ● Develop common language <p>Coaching</p> <ul style="list-style-type: none"> ● Facilitators coach the supervisors ● 1:6 supervisor to caseworkers = standard ● Parallel processes: the way we ask the caseworker to work with the family is the same way we ask the Supervisors to work with the caseworkers ● Supervisor for each line staff person; supervisors have data; work in teams; peers identify issues and provide help for one another; ● Supervisors meet to review data and brainstorm solutions; de-brief after TDM, use checklist/ look at data/ look at trends ● Homegrown supervisors – helps to standardize practices and build a culture of competence and change ● Know policies and procedures and legalities, know processes and practices, ● Take corrective action <ul style="list-style-type: none"> ○ Poor performance or poor fit merits attention (even let go)

Table 4: Best Implementation Practices Among CAPP Counties (Cont'd)

<i>Organizational Supports</i>	<i>Leadership</i>
<p>Facilitative Administration</p> <ul style="list-style-type: none"> • Time is allotted for meetings • Time is set aside to engage staff in change processes • Adjust caseload standards • NOT compartmentalize, integrate • Consistent messaging – reunification, permanency, change forms and tools, PDSA to meet goals, • Phase in across offices – added staffing during the change • Encouragement of lots of community involvement (foster parents, courts, NGOs, MH, SA, kid groups, etc) • On-going administrative supports <ul style="list-style-type: none"> ○ Time/locations for meetings and prep work ○ Scheduler in the office to get everyone to the meetings ○ Children’s Aide paid to entertain the kids during meetings ○ Duty person – takes emergency/other calls that come in while caseworkers and staff are in meetings ○ Caseworker pair up – a second caseworker always is well informed about the child and family and can attend the meeting/do what is needed if the primary caseworker is not available for some reason 	<p>County Leaders</p> <ul style="list-style-type: none"> • Institutional Analysis = courage! <ul style="list-style-type: none"> ○ Long process, risky, full of criticism, fall out in the community ○ Meet with community groups – give them the results a bit at a time – 5 – 8 meetings per week for a couple of months! ○ Meet with staff – messaging for them and for the community; how to respond to accusations/questions from families and kids re: are they being treated fairly ○ Brought new partners to the table – problem: how to handle all the volunteers! ○ Turned a potential negative event (the IA results/ institutional racism) into a constructive event • Big change: trust our judgment, back up our decisions, feel the support! <ul style="list-style-type: none"> ○ Kept applying for transfers before; now the best job I could ever have! ○ Focus on child and family, not caseworkers ○ Emphasize teaming and collaboration ○ Set clear and consistent expectations ○ Immediate involvement of leaders in TDM and other meetings – very visible ○ Walk the floor, talk to staff, bring everyone together (not us-them) ○ Fair treatment for all, big boost to morale ○ See disconnects – TDM pro forma and not producing outcomes ○ Focus on teaming with kids and families ○ Took a TDM approach to running the office! ○ Messages – Kids come first, this is not about CWs; preserve parental rights ○ Get started; committees, decide HOW to do WHAT was decided ○ Changes were overwhelming at first; consistent support for the new ways of work to get past that • Develop collaboratives with other departments (MH, etc) <ul style="list-style-type: none"> ○ Share lessons across units (successes and failures) ○ Revenue streams – mix and match – blend funding with a single deputy of finance for the mega dept ○ Strong and consistent leadership at the county level – from the beginning

Initial Assessment of Implementation Drivers

In the tables below, an assessment of each county’s implementation capacity is provided in greater detail. The “strengths of implementation capacity” reflected in the tables below show different combinations of strengths in each county or office. The strengths of the three Los Angeles offices are described in separate tables. There will be three Los Angeles Implementation Teams as the Pomona, Torrance and Wateridge offices will each have their own team to lead CAPP implementation locally while the LA County Project Manager and others in the three offices work together to maintain a unified approach across LA implementing sites. Work plans to further assess and strengthen capacity are presented in Section V of this plan.

Fresno	
Driver	Strengths/Existing Elements to Leverage
Staff Selection	<ul style="list-style-type: none"> ▪ Collaborative partnership with California State University (CSU) Fresno, including partnering around CalSWEC stipend recipient selection and internship placement. County also partners by teaching on the campus. ▪ Selection process for staff explores values and uses role plays and specific vignettes.
Training	<ul style="list-style-type: none"> ▪ Collaborates with the Central California Regional Training Academy (RTA) to provide state-mandated training and some specialized training. The RTA partners with local communities, parents and youth to provide portions of trainings. ▪ All child welfare staff have been trained in Quality Supervision and Permanency Teaming practice model. Program staff and supervisors designed and delivered training in collaboration with consultants. The Central California RTA was also included in these trainings to build their capacity. ▪ Fresno Social Services Agency Staff Development and Training Unit develops training related to Fresno County-specific practices. An RTA mentor then works with line staff and supervisors to transfer learning into practice. This will continue and may be enhanced through supportive resources in the CAPP project. ▪ County has strong history of cross-training with the Mental Health Agency and other agency partners.
Coaching	<ul style="list-style-type: none"> ▪ Has developed a Quality Supervision model that integrates reflective supervision and coaching. All child welfare supervisors have been trained in the approach. ▪ The RTA has developed a coaching piece to support the managers in adaptive leadership and to work with supervisors to become coaches for the CAPP Practice Model.
Fidelity (Performance Assessment)	<ul style="list-style-type: none"> ▪ Through Quality Supervision, supervisors periodically conduct case reviews in their respective units, interview clients, conduct direct observation of staff, and talk with community partners. ▪ Supervisors are going out on home calls with the worker, using observation and reflective discussion to guide and coaching practice. ▪ All child welfare supervisors have been trained in reflective supervision. ▪ All supervisors come together monthly to sharing positive stories and reflective supervision strategies that are working for them.
Facilitative Administration	<ul style="list-style-type: none"> ▪ Time is provided to engage staff in change. ▪ Supervisors and line staff were engaged in the process of setting caseload standards.

Driver	Strengths/Existing Elements to Leverage
Facilitative Administration	<ul style="list-style-type: none"> ▪ Agency is working to break down silos and integrate work across programs.
Decision Support Data Systems	<ul style="list-style-type: none"> ▪ Wealth of data available through CWS/CMS system. ▪ The Child Welfare Agency reviews performance data quarterly to understand trends. ▪ Data is primarily used to provide feedback to supervisors.
Leadership	<ul style="list-style-type: none"> ▪ Began engaging community and offering more information transparently over 8 years ago. Meet at least monthly with community stakeholders to discuss issues, progress and data. ▪ Consistently bring new community partners to the table. ▪ Had the courage to take on Institutional Analysis. Turned a potentially negative event into a constructive opportunity to mobilize staff, community and partner agencies.

Humboldt

Driver	Strengths/Existing Elements to Leverage
Staff Selection	<ul style="list-style-type: none"> ▪ Collaborative partnership with Humboldt State University (HSU), MSW program in selection of students for CalSWEC receiving stipends and internship placement. The collaboration supports these students' educational and in practicum experiences through child welfare and mental health internship experiences. Child welfare staff participates in the CalSWEC selection process. This creates potential opportunities for careers in both child welfare and mental health in Humboldt. ▪ Hiring process contains values inquiry questions that align with values of the agency. The agency is proactive in asking questions that value family strengths, value family bonds and understand the loss and grief experienced for families in the child welfare system. This may be modified to meet CAPP Practice Model needs. Supervisors are involved in the selection process understand and express these values.
Training	<ul style="list-style-type: none"> ▪ Collaborates with the California Northern Regional Training Academy (RTA) to provide Core Social Worker and Supervisory training; on-going training including Motivational interviewing; community and tribal partners have been participants in these training activities. ▪ Established Training, Education and Supervision (TES) unit that provides professional development training and clinical supervision for staff. Community and Tribal partners, as well as consumers, parents, families, and other stakeholders have been included in trainings and the past and this will continue to support CAPP Practice Model implementation. ▪ Child Welfare has a Core Training unit model, with Supervisory staff teamed to coordinate training and intensive supervision of new Social Workers. For the past five years the agency has hired one large cohort of new staff in the summer following their graduation, they form a learning cohort and build skill sets from shared learning. This environment can incorporate the training focus of the CAPP Project. ▪ Tribal partners have designed and provided training of staff around ICWA and other related topics. Starting in June the Multi-Tribal Round Table will begin a cross-training process.
Coaching	<ul style="list-style-type: none"> ▪ Has over five years of experience implementing mental health evidence-based practices, both with child welfare and mental health practitioners, in which coaching is a key piece of skill and practice mastery. The coaching is tied to fidelity to the practice. This experience will be helpful as the CAPP practice model is implemented in Humboldt.
Fidelity (Performance Assessment)	<ul style="list-style-type: none"> ▪ Fidelity assessment processes have been in place for mental health evidence-based practices for over 6 years. These processes may be leveraged to support fidelity assessment for CAPP Project. ▪ Improvement process for tracking the activities of the foster care integrated unit includes MHST Screening tool completion rates; Mental Health assessments completed; Mental Health treatment, case management and other related services, including providers of mental health services; mental health pre-mid-post assessments that include YSR, CBCL, ECBI and the CAFAS (PECFAS) for children and youth are tracked as well. This information is used for weekly-integrated case reviews between child welfare, mental health and health staff working together with children and families. This assessment data is also incorporated into monthly and quarterly reports used by management and leadership to assess policy and practice. The process established may be leveraged and expanded for fidelity assessment the CAPP Process.
Facilitative Administration	<ul style="list-style-type: none"> ▪ The Agency is moving toward full integration of child welfare, mental health and public health services.

Driver	Strengths/Existing Elements to Leverage
Decision Support Data Systems	<ul style="list-style-type: none"> ▪ Wealth of data available through CWS/CMS system. ▪ Analysts track data regularly to prompt supervisors and managers to address emerging problems.
Leadership	<ul style="list-style-type: none"> ▪ Leader in the state in developing an integrated service system. ▪ Process in place where Evidence-Based Practices are vetted by the Program Leadership Team (PLT) based on clear criteria in order for a decision to be made to move forward or not.

Los Angeles, Pomona

Driver	Strengths/Existing Elements to Leverage
Staff Selection	<ul style="list-style-type: none"> ▪ Mental health staff are selected and co-located with child welfare. These staff are selected based on their experience in child welfare, understanding of both system and family needs, and ability to integrate both disciplines in practice. This process will enhance the integration of child welfare and mental health services for the CAPP Practice Model.
Training	<ul style="list-style-type: none"> ▪ LA has been developing and preparing to install a practice model that is aligned with the CAPP Practice Model. Staff training has begun and provides a strong foundation for the CAPP work. ▪ Supervisors from all bureaus are scheduled to participate in coaching and mentoring training.
Coaching	<ul style="list-style-type: none"> ▪ Office-based lead coaches are required to attend a 3-day workshop conducted by the Academy for Coaching Excellence, which provides a foundational, strength-based coaching model that lays the foundation for coaching to core practice. ▪ Office-based lead coaches along with coaching team members attend additional 2-3 day training to discuss how coaching connects to enhancing core practice skill development while providing a safe, supportive learning environment to do the challenging work of child welfare. ▪ Office-based lead coaches have been selected by each office and have been provided an overview of the plan and anticipated outcomes for coaching. ▪ Each office has an administrative lead coach, who champions the vision and purpose of coaching. This lead coach is responsible for ensuring that regular coaching opportunities are scheduled for each office. He or she also collaborates with the coaching team regarding the strengths and needs of the line staff. ▪ Coaching teams are developed that include a professional staff member from training, mental health and/or a community provider. These coaching team members collaborate with the office lead coach and assist the lead coach with providing a supportive, learning environment. Facilitation guides are developed and utilized to provide some structure to guide the process towards enhancing needs and strength based practice while remaining flexible to allow the participant's agenda to emerge and be heard as well. ▪ Coaching support teams come to each office once a month to meet with coaches in 'coaching forums' to create a coaching environment that develops and deal with strategies for implementation and skill development; debriefing guides have been designed and utilized by the coaching team after each coaching session. This guide provides a format for discussion of what went well, what can be enhanced and an action plan for the following coaching session. ▪ CIMH is providing similar coaching training designed for mental health providers to all mental health co-located supervisors and lead staff. Trainers from CIMH are collaborating with Department of Mental Health to make trainings for coaches consistent and complementary in philosophy and approach with DCFS.
Fidelity (Performance Assessment)	<ul style="list-style-type: none"> ▪ Quality Service Review (QSR) process has been implemented and can be modified to meet CAPP fidelity assessment needs. ▪ Quality review around mental health service referral, access and linkage.
Facilitative Administration	<ul style="list-style-type: none"> ▪ Time is provided to engage staff in change. ▪ Consistent messaging around goals is developed and utilized with internal and external stakeholders.
Facilitative	<ul style="list-style-type: none"> ▪ Changes are carefully phased in and workload is shift as needed.

Driver	Strengths/Existing Elements to Leverage
Administration	<ul style="list-style-type: none"> ▪ Teamwork is consistently emphasized.
Decision Support Data Systems	<ul style="list-style-type: none"> ▪ Wealth of data available through CWS/CMS system. ▪ Data is reviewed quarterly and progress on priority outcomes is assessed—moves to lower levels of care, reunification, permanency, reduced lengths of stay.
Leadership	<ul style="list-style-type: none"> ▪ Have learned that real change requires more than new policies and procedures. ▪ Listening to staff and community and trying new strategies on a small scale taught us we needed to move services to the front end. ▪ Consistent messaging is key – kids come first, this is not about what works best for social workers; we need to preserve parental rights. ▪ Changes were overwhelming at first but consistent support for the new ways of work allow you to get past the initial resistance. ▪ Developed collaboratives with Mental Health and other agencies. ▪ Sharing lessons and successes across units helps motivate new practices to spread.

Los Angeles, Torrance

Driver	Strengths/Existing Elements to Leverage
Staff Selection	<ul style="list-style-type: none"> ▪ Mental health staff are selected and co-located with child welfare. These staff are selected based on their experience in child welfare, understanding of both system and family needs, and ability to integrate both disciplines in practice. This process will enhance the integration of child welfare and mental health services for the CAPP Practice Model.
Training	<ul style="list-style-type: none"> ▪ LA has been developing and preparing to install a practice model that is aligned with the CAPP Practice Model. Staff training has begun and provides a strong foundation for the CAPP work. ▪ Supervisors from all bureaus are scheduled to participate in coaching and mentoring training.
Coaching	<ul style="list-style-type: none"> ▪ Office-based lead coaches are required to attend a 3-day workshop conducted by the Academy for Coaching Excellence, which provides a foundational, strength-based coaching model that lays the foundation for coaching to core practice. ▪ Office-based lead coaches along with coaching team members attend additional 2-3 day training to discuss how coaching connects to enhancing core practice skill development while providing a safe, supportive learning environment to do the challenging work of child welfare. ▪ Office-based lead coaches have been selected by each office and have been provided an overview of the plan and anticipated outcomes for coaching. ▪ Each office has an administrative lead coach, who champions the vision and purpose of coaching. This lead coach is responsible for ensuring that regular coaching opportunities are scheduled for each office. He or she also collaborates with the coaching team regarding the strengths and needs of the line staff. ▪ Coaching teams are developed that include a professional staff member from training, mental health and/or a community provider. These coaching team members collaborate with the office lead coach and assist the lead coach with providing a supportive, learning environment. Facilitation guides are developed and utilized to provide some structure to guide the process towards enhancing needs and strength based practice while remaining flexible to allow the participant's agenda to emerge and be heard as well. ▪ Coaching support teams come to each office once a month to meet with coaches in 'coaching forums' to create a coaching environment that develops and deal with strategies for implementation and skill development; debriefing guides have been designed and utilized by the coaching team after each coaching session. This guide provides a format for discussion of what went well, what can be enhanced and an action plan for the following coaching session. ▪ CIMH is providing similar coaching training designed for mental health providers to all mental health co-located supervisors and lead staff. Trainers from CIMH are collaborating with Department of Mental Health to make trainings for coaches consistent and complementary in philosophy and approach with DCFS.
Fidelity (Performance Assessment)	<ul style="list-style-type: none"> ▪ Quality Service Review (QSR) process has been implemented and can be modified to meet CAPP fidelity assessment needs. ▪ Quality review around mental health service referral, access and linkage.
Facilitative Administration	<ul style="list-style-type: none"> ▪ Time is provided to engage staff in change. ▪ Administrative supports for new practices, like TDM, are well planned. Examples include providing a TDM scheduler, a children's aide to care for children during TDM, alternate staffing to free up workers to participate in TDM, caseload adjustments, etc.
Decision Support	<ul style="list-style-type: none"> ▪ Wealth of data available through CWS/CMS system.

Driver	Strengths/Existing Elements to Leverage
Data Systems	<ul style="list-style-type: none"> ▪ Data is reviewed quarterly and progress on priority outcomes is assessed—Torrance Office went from highest detentions to lowest detentions in two years under new leadership.
Leadership	<ul style="list-style-type: none"> ▪ New Director/ Assistant Director in the last two years turned office culture around. ▪ Big change: trust our judgment, back up our decisions, feel the support! (Kept applying for transfers before; now the best job I could ever have!) ▪ Focus on child and family, not caseworkers. ▪ Emphasize teaming and collaboration. ▪ Set clear and consistent expectations. ▪ Walk the floor, talk to staff, and bring everyone together. ▪ Fair treatment for all, big boost to morale. ▪ See disconnects – TDM pro forma and not producing outcomes. ▪ Focus on teaming with kids and families.

Los Angeles, Wateridge

Driver	Strengths/Existing Elements to Leverage
Staff Selection	<ul style="list-style-type: none"> ▪ Mental health staff are selected and co-located with child welfare. These staff are selected based on their experience in child welfare, understanding of both system and family needs, and ability to integrate both disciplines in practice. This process will enhance the integration of child welfare and mental health services for the CAPP Practice Model. ▪ Child welfare position selection allow open recruitment with notices sent out to LA DSS to recruit for an opening; background checks and written tests are required; selections interviews are done by supervisors with scripted interviews; human resources assigns new caseworkers to open positions.
Training	<ul style="list-style-type: none"> ▪ LA has been developing and preparing to install a practice model that is aligned with the CAPP Practice Model. Staff training has begun and provides a strong foundation for the CAPP work. ▪ Supervisors from all bureaus are scheduled to participate in coaching and mentoring training. ▪ Social worker training is done over 8 weeks by the regional training academy and a variety of agency representatives (introducing social workers to the array of collateral agencies).
Coaching	<ul style="list-style-type: none"> ▪ Office-based lead coaches are required to attend a 3-day workshop conducted by the Academy for Coaching Excellence, which provides a foundational, strength-based coaching model that lays the foundation for coaching to core practice. ▪ Office-based lead coaches along with coaching team members attend additional 2-3 day training to discuss how coaching connects to enhancing core practice skill development while providing a safe, supportive learning environment to do the challenging work of child welfare. ▪ Office-based lead coaches have been selected by each office and have been provided an overview of the plan and anticipated outcomes for coaching. ▪ Each office has an administrative lead coach, who champions the vision and purpose of coaching. This lead coach is responsible for ensuring that regular coaching opportunities are scheduled for each office. He or she also collaborates with the coaching team regarding the strengths and needs of the line staff. ▪ Coaching teams are developed that include a professional staff member from training, mental health and/or a community provider. These coaching team members collaborate with the office lead coach and assist the lead coach with providing a supportive, learning environment. Facilitation guides are developed and utilized to provide some structure to guide the process towards enhancing needs and strength based practice while remaining flexible to allow the participant's agenda to emerge and be heard as well. ▪ Coaching support teams come to each office once a month to meet with coaches in 'coaching forums' to create a coaching environment that develops and deal with strategies for implementation and skill development; debriefing guides have been designed and utilized by the coaching team after each coaching session. This guide provides a format for discussion of what went well, what can be enhanced and an action plan for the following coaching session. ▪ CIMH is providing similar coaching training designed for mental health providers to all mental health co-located supervisors and lead staff. Trainers from CIMH are collaborating with Department of Mental Health to make trainings for coaches consistent and complementary in philosophy and approach with DCFS. ▪ Child welfare supervisors provide real time support and coaching; social workers shadow at first to learn the work; informal feedback is provided in meetings with the social worker and supervisor.

Driver	Strengths/Existing Elements to Leverage
Fidelity (Performance Assessment)	<ul style="list-style-type: none"> ▪ Quality Service Review (QSR) process has been implemented and can be modified to meet CAPP fidelity assessment needs. ▪ Quality review around mental health service referral, access and linkage. ▪ Regional training academies provide monthly ratings; social workers receive on-going feedback from supervisors; a standard assessment is conducted at 9 months.
Facilitative Administration	<ul style="list-style-type: none"> ▪ Time is provided to engage staff in change. ▪ Consistent messaging around goals is developed and utilized with internal and external stakeholders. ▪ Changes are carefully phased in and workload is shift as needed. ▪ Teamwork is consistently emphasized. ▪ LA Learning Net is available for continual learning ▪ Commissioners and Court staff are invited to the office to develop working relationships ▪ Monthly meetings and frequent communication occur with staff ▪ Set priorities and follow through as a group
Decision Support Data Systems	<ul style="list-style-type: none"> ▪ Wealth of data available through CWS/CMS system. ▪ Data is reviewed quarterly and progress on priority outcomes is assessed—moves to lower levels of care, reunification, permanency, reduced lengths of stay.
Leadership	<ul style="list-style-type: none"> ▪ Have learned that real change requires more than new policies and procedures. Creating a compassionate, energetic, and cooperative climate in the office is also necessary. ▪ Listening to staff and community and trying new strategies on a small scale taught us we needed to move services to the front end. Sharing lessons and successes across units helps motivate new practices to spread. ▪ Consistent messaging is key – kids come first, this is not about what works best for social workers; we need to preserve parental rights. Focus is on child and family, not paperwork; keeping children and families together and out of court. ▪ Changes were overwhelming at first but consistent support for the new ways of work allow you to get past the initial resistance. ▪ Developed collaboratives with Mental Health and other agencies. ▪ Emphasize teaming and collaboration; caseworkers and others are multi-skilled and do what is needed to be done whether it is ‘their job’ or not; most difficult families “take more than one head” and caseworkers and others work together to resolve challenges; make services seamless for families. ▪ Set clear and consistent expectations

Santa Clara	
Driver	Strengths/Existing Elements to Leverage
Staff Selection	<ul style="list-style-type: none"> ▪ Dedicated staff coordinate, place, supervise and support MSW first and second year internships and work-study program (staff draw full-time employment salary while doing MSW internship). The work-study partnership with San Jose State University provides preparation for selection and professional development.
Training	<ul style="list-style-type: none"> ▪ A training unit within the Social Services Agency has developed a training process that has been very successful. The process includes training for one month and then implementing a coaching focus the next month. The unit has involved community and consumers both as participants in training and as trainers. ▪ Recent training of all staff included Core Curriculum for Childhood Trauma: What are the Practice Implications for Child Welfare training, provided by Chandra Ippen, PhD, of the National Child Trauma Stress Network (NCTSN). Efforts are underway to continue a training partnership with this provider and could be leveraged for CAPP training purposes. ▪ A core team of supervisory leaders, known as the Supervisory Institute, select and champion specific training with other supervisors. This group will be utilized for leading and design all CAPP training, including coaching, practice model and other training.
Coaching	<ul style="list-style-type: none"> ▪ Santa Clara plans to utilize its supervisors as coaches. The County is beginning to develop capacity by training lead supervisors as coaches and will strengthen this capacity during CAPP implementation.
Fidelity (Performance Assessment)	<ul style="list-style-type: none"> ▪ The County has an existing process called the Quality Improvement and Enhancement Team (QIET), which is focused on quality improvements within the system. It is a phased approach that began with emergency response and will be leverage to support CAPP.
Facilitative Administration	<ul style="list-style-type: none"> ▪ Encourage and facilitate substantial community involvement (foster parents, courts, NGOs, MH, SA, kid groups, etc) in influencing policy and practice. ▪ Develop logic models to guide implementation of new interventions.
Decision Support Data Systems	<ul style="list-style-type: none"> ▪ Wealth of data available through CWS/CMS system. ▪ County also using a case management system called “Efforts to Outcomes” to track information not available through CWS/CMS. ▪ Data is analyzed at least quarterly and shared with county leadership, managers, supervisors and community partners.
Leadership	<ul style="list-style-type: none"> ▪ Extremely proactive in exploring and implementing best and promising practices around the nation and always ready to step up as an early innovator.

Community Outreach and Engagement

Given CAPP's theory of change and the central role of culture, communities and Tribes in defining and successfully implementing our practice model intervention, a key component of implementation capacity for CAPP is the degree to which the state-level CAPP partnership and the four early implementing counties have developed meaningful partnerships with African-American and American Indian communities and other public agencies to address racial disparities. Below we offer an assessment of current efforts, highlighting strengths and areas where further development is needed.

Statewide Partners

- CAPP has engaged Youth Ambassadors to support current and former youth in foster care to participate in the CAPP project. An initial convening was held June 3, 2011. CAPP was successful in engaging African-American youth leaders (Youth Ambassadors) and participants. CAPP was not as successful in engaging American Indian youth leaders and participants and more work must be done (see next bullet for further detail). A CAPP Youth Advisory Group will be formed by September 2011 to guide CAPP installation and implementation. Youth Ambassadors will develop the CAPP Youth Advisory Group, agendas and lead these activities, with the support of CAPP staff.
- California Department of Social Services (CDSS) has set a goal of improving the statewide relationship with Tribes. Part of this goal is to improve engagement and trust in the CAPP project. In partnership with the statewide Indian Child Welfare Act Committee (ICWA), CDSS has sent a letter to all Tribal governments in the state requesting their participation in several key child welfare activities, including CAPP, and proposing a conference call with the CDSS Children's Services Director, Greg Rose. CAPP next steps will be guided entirely by advice and counsel from Tribal governments on how to meaningfully engage Tribal communities.
- CAPP has successfully engaged African-American statewide professional associations to provide advisory input. This outreach and engagement is ongoing.
- CDSS has engaged the Parents' Anonymous California Team to serve in an advisory role with the CAPP project. CAPP participated in an introductory conference call in June 2011, and will meet quarterly with this group in an on-going advisory role.

Fresno

- Fresno has been working closely with the local African-American community for a number of years. Fresno established a Steering Team about seven years ago, which is comprised of community and agency partners and meets monthly. They also established a Disproportionality Committee, which is now called the Racial Equity Action Team. Policy and practice changes have been made over time in response to consultation from these teams.
- African-American leaders in the community are committed to working with the child welfare agency to design and implement CAPP. They have expressed that this work is not just the department's priority but the entire community's priority.

- Fresno has more work planned to engage their local Tribal communities. A first step is to invite them to be reviewers for Humboldt's Institutional Analysis.
- The County hired and developed a youth liaison position, currently filled by a youth who was formerly in foster care. The youth liaison is part of the local CAPP Implementation Team and will participate in all decision making related to CAPP design and implementation processes to ensure youth voice is heard.
- An existing Steering Team sub-committee on Family and Youth Engagement has identified six community representatives to assist with fidelity assessment related to Permanency Teaming Meetings. These representatives will observe meetings and provide feedback to agency leadership to assist in guiding practice improvement.

Los Angeles

- Los Angeles Department of Children & Family Services (DCFS) and the Mental Health Department has a robust partnership that will be further developed and leveraged throughout the CAPP project. This partnership has established protocols, procedures, and screening and assessment tools. Screening starts with the initial child welfare staff intervention. Mental health referral packets then go through a mental health supervisor, who is co-located in the child welfare office and coordinates with the social worker for assessment and linkage to treatment. Los Angeles DCFS has a universal consent and release of information for mental health services that is very effective.
- All three participating LA Offices have Community Advisory Groups that have been working to advise practice and policy for a number of years. These groups will be leveraged to inform implementation of the CAPP Practice Model.

Humboldt

- Humboldt County Children and Family Services (C&FS) is a division within the Humboldt County Department of Health and Human Services. This division brings together staff from child welfare services, children's mental health and public health nursing into a single integrated entity. Not only are staff co-located at sites, the three disciplines exist within one organizational structure. This integration of disciplines has resulted in a robust partnership that will continue to be leveraged and develop during the CAPP project. C&FS has established protocols, procedures, and screening and assessment tools. Screening starts with the initial child welfare staff intervention, which often includes a mental health clinician. Mental health referral packets go through a mental health clinician and supervisor co-located with the child welfare social workers for assessment and treatment.
- The Quality Parenting Initiative (QPI) has formed work groups to address goals to recruit and retain quality foster parents and has developed a plan for implementation. This plan was developed in partnership with foster parents, youth, child welfare staff, providers and other community members to attain goals.
- Humboldt County Transition Age Youth Collaborative (HCTAYC) is an established and funded partnership with foster youth and former foster youth. Youth are supported through a collaborative team comprised of agency staff, California Youth Connection, Youth in

Mind, and the Youth Training Project. This collaborative provides leadership and serves in an advisory capacity related to policy and system improvements for foster youth and those served by mental health.

- Humboldt is currently conducting outreach to its local Tribal communities. They have established an Advisory Committee comprised of Social Services representatives from local Tribes; United Indian Health Services (UIHS); K'ima;W Medical Center; County Office of Education; California State Adoptions; both kinship and foster caregivers; foster youth; the Court; and other community partners, including Child Welfare and Health and Human Services Staff, Mental Health, Public Health, and Probation. The Advisory Committee will work closely with executive leadership and the local and state CAPP implementation teams to oversee implementation of the CAPP Practice Model.

Santa Clara

- The Santa Clara Social Services Agency (SSA) has active and ongoing partnerships with the African Ancestry Committee, which is an internal employee group, and the Children of Color Committee, which is a group of community and agency stakeholders that has been meeting for many years to address disproportionality and disparity in the County. These groups will actively partner with the local CAPP Implementation Team to guide the project.
- Santa Clara has also engaged both the Youth Advisory Board (YAB), comprised of youth currently and formerly in foster care and African-American youth from a local group called Founding Members as partners in CAPP.
- SSA has positive and strong existing partnership with Mental Health, System of Care and an agreement for emergency response staff consulting with Mental Health Staff from the field. Mental Health has been involved in Santa Clara's Institutional Analysis and will be participating in planning in the CAPP implementation process.

V. WORK PLAN FOR INSTALLATION AND IMPLEMENTATION

As described previously, CAPP has a strong foundation on which to build capacity to implement the Child and Family Practice Model. CAPP is well aware that for practice changes to be helpful, they must be fully and effectively used by line workers in daily practice. To ensure this happens, CAPP will form well-functioning implementation and governance teams at the state and local level; develop staff competence to deliver the practice model; and ensure strong, consistent and sustained organizational and system supports. CAPP is committed to the robust plan for implementation described in the following pages.

Teaming and Building an Accountable, Collaborative Governance Structure

As the single state agency responsible for the state's child welfare system, CDSS is the lead agency for CAPP. CDSS is authorized by statute to promulgate regulations, policies and procedures necessary to implement California's child welfare system and to ensure safety, permanence and well-being for children and families. Two key CDSS staff members will provide project oversight, performing the roles of:

- **Project Director** (0.1 FTE), oversees leadership decisions and high-level problem resolution in partnership with the Executive Management Team; ensures project achieves intended results; and
- **Project Manager** (0.8 FTE), oversees project activities, reporting and evaluation; serves as primary point of contact for the Children's Bureau, project partners and evaluation team; brings input back to Executive Management Team and Cross-Site Implementation Teams to inform continuous improvement.

The four early implementing county agencies—Fresno County Social Services Agency, Humboldt County Department of Health and Human Services, Los Angeles Department of Children and Family Services, and Santa Clara County Social Services Agency—are responsible for implementing the CAPP Child and Family Practice Model in their respective jurisdictions. Each county agency has designated a **County Project Manager** (1.0 FTE) with responsibility for overseeing local CAPP implementation. CDSS has developed an MOU with each agency detailing agreements needed for implementation.

CAPP includes the following additional key organizational partners:

- Child Welfare Co-Investment Partnership is making a substantial financial and staffing investment in CAPP implementation;
- Child and Family Policy Institute of California is offering staffing and administrative support, including managing contracts with providers and consultants;
- Administrative Office of the Courts is offering staffing and working collaboratively to ensure that court improvement activities are aligned with CAPP activities;
- UC Berkeley Center for Social Services Research will support the CAPP evaluation. The data in the Child Welfare Dynamic Report System, developed through the CDSS/UC Berkeley collaborative Child Welfare Performance Indicators Project, is the largest publicly accessible database of child welfare indicators in the nation. Staff from the Performance Indicators

Project will assist in identifying the comparison group for the evaluation and will generate regular reports on progress toward the distal outcomes.

- CalSWEC, four Regional Training Academies, Inter-University Consortium/Los Angeles County Training Division, and the Resource Center for Family-Focused Practice will provide support in the development of needed training curricula and coaching.³⁸

Implementation Teaming Structure

As CAPP moves from planning to a focus on preparing for implementation, the CAPP teaming structure has evolved. Central to our work moving forward is continuous outreach and engagement with Tribal and community stakeholders and an evolving feedback loop with these communities at both local and state levels, so their perspectives can guide the work of the following CAPP teams:

State Level Teams

- CAPP Executive Management Team
- CAPP Cross-Site Implementation Team
- CAPP Project Management Team

County Teams

- Executive Management Team
- Implementation Team

At a state-level CAPP continues with the CAPP Executive Management team providing oversight and advising high-level project decisions. The CAPP Cross-Site Implementation Team will support Practice Model Refinement, Implementation Coordination and Support, and Evaluation. The CAPP Project Management Team will develop agendas and coordinate and guide all operational aspects of CAPP. There will no longer be a Capacity Building Support Team to receive monthly technical assistance through conference calls/webinars with TTAP – these technical assistance opportunities will become a part of the on-going activities of the CAPP Cross-Site Implementation Team.

Diagram 5 on page 61 provides an illustration of CAPP's Implementation Teaming Structure. Policy-practice feedback cycles will be intentionally established at the local level (between the County Implementation Team and the County Executive Management Team) and at the state level (between CAPP Cross-Site Implementation Team and the CAPP Executive Management Team). The County Project Managers are responsible for elevating county implementation issues and obstacles to the CAPP Cross-Site Implementation Team. Nearly all elements of this implementation teaming structure will be in effect July 1, 2011. With support from TTAP, CAPP will begin working on development of the County implementation teams in September 2011 and the goal is to have a fully established and functioning team by March 2012.

³⁸ California Social Work Education Center (CalSWEC), the nation's largest state coalition of social work educators and practitioners, manages the Regional Training Academy Coordination Project. A statewide collaborative vehicle for in-service training and continuing professional education of public child welfare agency staff, it consists of four regional training academies, the Inter-University Consortium/Los Angeles County Training Division, and the Resource Center for Family-Focused Practice.

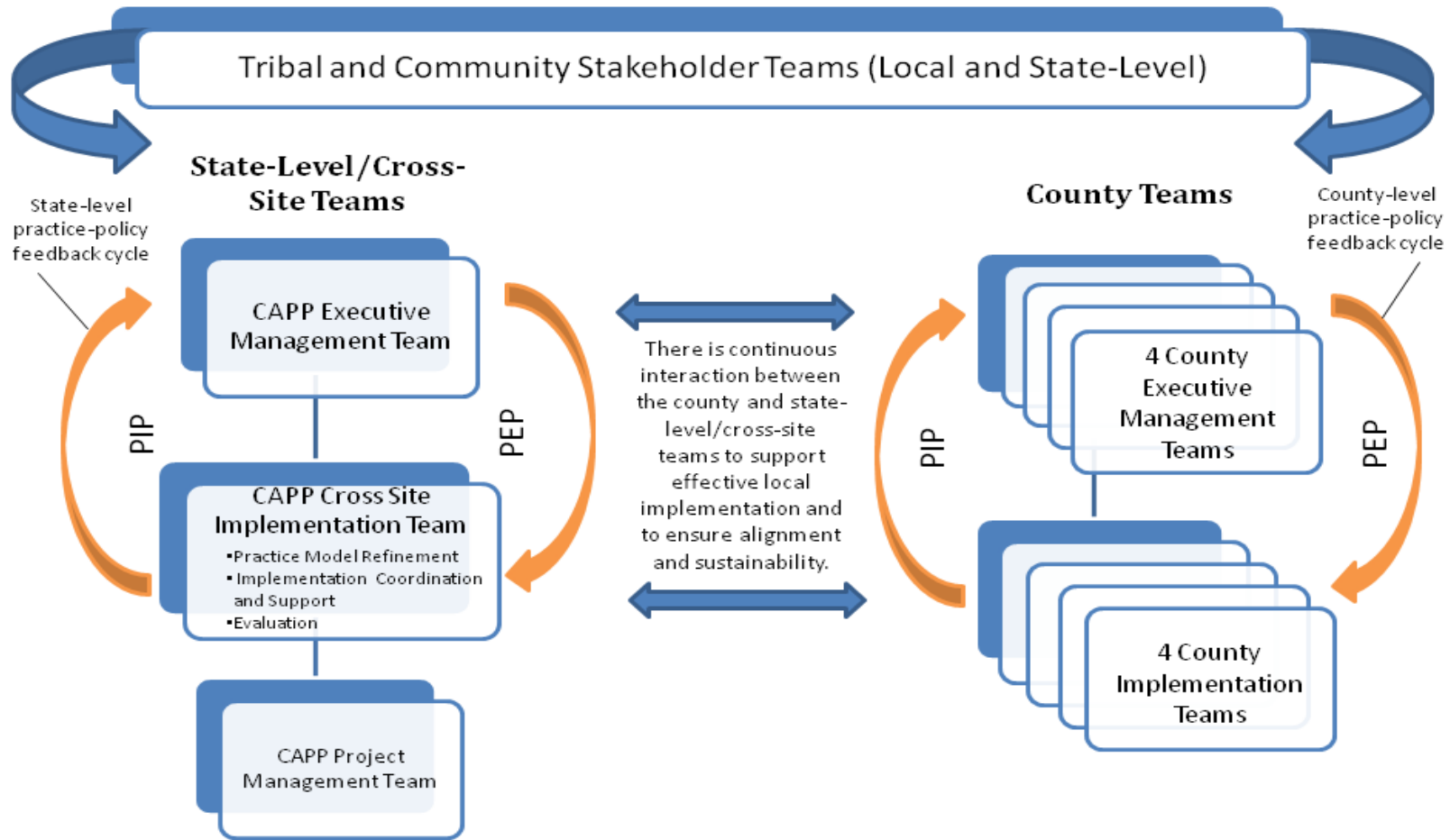
Team	Participants	Role, Meeting Frequency & Staffing
CAPP Executive Management Team	CDSS leadership staff, Executive Management from early implementing counties, Administrative Office of the Courts, Child and Family Policy Institute of California (CFPIC), Child Welfare Co-Investment Partnership, County Welfare Directors Association, representatives from Tribal governments are being invited	<p>Works closely with project staff to oversee and advise high-level project decisions. In partnership with CDSS, this team has ultimate decision-making authority for CAPP.</p> <p>The CAPP Cross-Site Implementation and Project Management Teams refer agenda items to the CAPP Project Manager, who is responsible for agenda development for this team and communicating the teams decisions back to other teams.</p> <p>Meets every other month, eventually moving to quarterly</p> <p>Staff Lead: CAPP Project Manager</p>
County Executive Management Team	Executive Managers in county agency	<p>Oversees high-level project decisions at the county agency level</p> <p>County Project Managers bring agenda items to this team and communicate decisions from this team back to local and cross-site teams</p> <p>This team has ultimate decision making authority for CAPP at the county level.</p> <p>Meeting frequency different for each county</p> <p>Staff Lead: County Project Manager acts as primary liaison for the CAPP Project</p>
Local and State-Level Tribal & Community Stakeholder Teams	Representatives from Tribal governments, those who advocate for Tribes and the American Indian community, members of African-American leadership and advocacy groups, youth in or formerly in foster care, birth families, caregivers, partner public agencies and private providers	<p>Ensures shared community, consumer and partner oversight for CAPP implementation</p> <p>County Project Managers and CAPP Project Manager bring agenda items to the teams and communicate decisions back to local and cross-site teams</p> <p>Teams meet monthly</p> <p>Staff Leads: CAPP Project Manager for state-level teams and County Project Manager for county-level teams</p>

Team	Participants	Role, Meeting Frequency & Staffing
CAPP Cross-Site Implementation Team	CAPP Project Director, Project Manager and Capacity Building Co-Leads, County Project Managers and representatives from local implementation teams, representatives from state-and local-level Tribal and community stakeholder teams, CalSWEC, Regional Training Academies, CDSS training and quality assurance staff	<p>Primary responsibility for practice model refinement and installation, implementation coordination and support, evaluation, and facilitating communications plan. This team identifies cross-site obstacles and implementation issues and provides recommendations to the CAPP Executive Management Team for resolution</p> <p>Team meets monthly</p> <p>Staff Lead: Karen Lofts Jarboe, Co-Investment Partnership</p> <p>Communications Leads: Joni Pitel, Co-Investment Partnership and Renee Wessels, CAPP Consultant</p> <p>Finance Plan Leads: Stuart Oppenheim, CFPIC and Glenn Freitas, CAPP Consultant</p>
County Implementation Team	County Self-Assessments conducted in July will inform the composition of these teams which will develop in August and September of 2011. Membership generally will be comprised of staff who will help with the stages of implementation (such as coaches, trainers, data analysts); assure use of the practice model (such as supervisors and coaches); form an integrated infrastructure for implementation and create readiness at the local level (such as management, finance, human resources)	<p>Primary responsibility for effective installation and implementation of the CAPP Practice Model with full consideration of stakeholder input; Brings obstacles and issues to County Executive Management Team and CAPP Cross-Site Implementation Team for resolution.</p> <p>Team meets at least monthly and more often as needed</p> <p>Staff Lead: County Project Manager</p>

Team	Participants	Role, Meeting Frequency & Staffing
CAPP Project Management Team	CAPP Project Manager, staff and staff leads, County Project Managers, CAPP Capacity Building Co-Leads, CDSS training and quality assurance staff	<p>The purpose of the team is to coordinate the operational aspects of CAPP, including agenda planning for cross-site meetings and shared learning activities, coordinating communications activities, and coordinating engagement and outreach activities for the duration of the CAPP Project.</p> <p>Team meets at least monthly and more often as needed</p> <p>Staff Leads: Crystal Luffberry and Karen Lofts Jarboe, Co-Investment Partnership</p>

Diagram 5: CAPP Implementation Teaming Structure

CAPP Implementation Teaming Structure



The lessons learned through our teaming processes in the planning phase will serve CAPP well as we move into implementation. The Implementation Teaming Structure has been designed to ensure:

- **Shared values about how we work together:** The CAPP Executive Management Team established the following principles for our work together:
 - **Child/Youth/Family First:** The needs of the child, youth and family are more important than the needs of the system.
 - **Power Sharing:** We must all be willing to share power, information and influence generously with other team/partnership participants.
 - **Inclusion:** We must work to be inclusive of and responsive to all stakeholders.
 - **Personal responsibility:** Take responsibility for making the time and having the courage and persistence to provide feedback.
 - **Clear and Responsible Messaging:** We are all responsible to be clear and consistent in our messages about this work.
 - **Continuous Learning:** We must all be open to continuous learning and ongoing quality improvement. This demands that we stay open, flexible and responsive.
 - **Innovation:** We must challenge one another not to slip into doing what we have always done but to find new ways of solving old problems.
 - **Outcomes:** We must stay focused on improving permanency outcomes for African-American and American Indian children and youth.
- **Decision making rules:** The CAPP Executive Management Team has ultimate decision making authority for the project. All teams make decisions via consensus.
- **Clear roles and process:** Each teams' role is clearly stated and lead staff have been provided to each team to ensure support, facilitation, consistency, and documentation of agreements.
- **Communication across teams:** Clear protocols have been established for cross-team communications. Specific individuals have been assigned responsibility for consistently sharing information with certain teams.

Installation and Initial Implementation Activities

By July 2011, CAPP will be expanding efforts to include Installation Stage activities. The action planning matrix below highlights the specific installation and initial implementation activities, responsible parties and timeframes for beginning and completing activities. Initial training, testing and implementation of the practice model and associated practice profiles will be phased in as described in the table in Section IV (page 37). Fresno will begin training and usability testing of the practice model in March 2012, followed by the Los Angeles offices in May, Santa Clara in July and Humboldt in September. This will allow additional time for Santa Clara and Humboldt to create needed local processes and infrastructure, while sites such as Fresno and the three Los Angeles offices are phased in earlier based on implementation of local practice models already in progress in those sites. Each site will train and roll-out to approximately 3 additional units every other month. Local implementation teams will work with T/TAP to manage these processes as they begin to unfold. All sites will be implementing the four essential front-line practices of the CAPP practice

model and the behavioral profiles associated with those practices. Given the differing needs of the three Los Angeles sites (Torrance, Pomona, Wateridge), they will each be led by their own implementation team. The Los Angeles Project Manager will assist in creating a unified approach and leveraging opportunities across the three sites to promote efficiencies.

(Note: all references to “Cross-Site Team” in the following work plan refer to the CAPP Cross-Site Implementation Team)

Stage/Driver	Action	Begin Date	End Date	Responsible Entity
Installation/ Org. Supports	<ul style="list-style-type: none"> Administer self-assessment survey in each county to get more in-depth information about implementation capacity. 	July 2011	July 2011	CAPP Cross-Site I Team
	<ul style="list-style-type: none"> Summarize survey results and distribute to County Project Managers. 	Aug. 2011	Aug. 2011	CAPP Cross-Site Team
	<ul style="list-style-type: none"> In-person meeting of PII-TTAP and each county to begin implementation planning based on the results of the survey; fine tune the strengths and operationalize as needed; conduct action planning for how to fill in the implementation gaps identified in the survey. 	Sept 2011	Sept. 2011	County Project Manager
	<ul style="list-style-type: none"> Begin to form and build capacity of County Implementation Team. 	Sept 2011	Aug. 2012	County Project Manager

Defining Practices and Developing Practice Profiles

Installation/ Competency	<ul style="list-style-type: none"> Begin engaging African-American and American Indian families, communities and Tribes in dialogue to further define the essential practices in culturally-relevant, behavioral terms. 	June 2011	Aug. 2011	County Project Managers
	<ul style="list-style-type: none"> Compare the perspectives offered by communities and Tribes with established practice approaches to see where there is alignment. Integrate relevant aspects of established practices into essential elements and identify where cultural adaptation of those practices will be needed. 	Aug 2011	Sept. 2011	CAPP Cross-Site Team
	<ul style="list-style-type: none"> Make cultural adaptations to defined practices. Develop practice profiles in partnership with local African American and American Indian community partners. 	Sept 2011	Oct. 2011	CAPP Cross-Site Team

Stage/Driver	Action	Begin Date	End Date	Responsible Entity
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Developing Training and Coaching Supports

Installation/ Competency	<ul style="list-style-type: none"> Bring together CAPP-focused state and local Child Welfare Statewide Training and Education Committee members (STEC) to develop a process for curricula development to train the practice model 	Sept 2011	ongoing	STEC Training Resources in collaboration with the CAPP Cross-Site Team
	<ul style="list-style-type: none"> Identify, adopt and/or begin adaptation of tools and curricula for direct service, supervision and coaching of established practice strategies that have been determined to be in significant alignment with CAPP 	Sept 2011	Oct 2011	STEC Training Resources in collaboration with the CAPP Cross-Site Team
	<ul style="list-style-type: none"> Cont'd design/adaptation of training curricula and tools for direct service, supervision and coaching to align fully with input from Community and Tribal engagement and practice profiles 	Nov. 2011	Dec 2011	STEC Training Resources in collaboration with the CAPP Cross-Site Team
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, Fresno begins development of tailored county plan to train workers, supervisors and coaches on practice model (Nov) followed by LA offices (Jan), Santa Clara (March) and Humboldt (May) 	Nov 2011	July 2012	County Implementation Teams
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, Fresno selects first units of social workers to test the practice profile (Jan), followed by LA offices (March), Santa Clara (May) and Humboldt (July). 	Jan 2012	July 2012	County Implementation Teams
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, initial Fresno training for coach for first units (Jan/Feb), followed by LA offices (March/April), Santa Clara (May/June) and Humboldt (July/August) 	Jan 2012	Sept 2012	County Implementation Teams
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, Fresno initial training for workers and supervisors in first units (Jan/Feb), followed by LA offices (March/April), Santa Clara 	Jan 2012	Sept 2012	County Implementation Teams

Stage/Driver	Action	Begin Date	End Date	Responsible Entity
	(May/June) and Humboldt (July/August)			

Developing Fidelity Assessment/Quality Assurance Process

Installation/Competency	<ul style="list-style-type: none"> Create and support a standard cross-site approach to fidelity assessment and quality assurance 	Nov 2011	ongoing	CAPP Cross-Site Team
	<ul style="list-style-type: none"> Identify/develop tools and trainings for the counties to support Quality Improvement/Quality Assurance process 	Nov 2011	ongoing	CAPP Cross-Site Team
	<ul style="list-style-type: none"> Develop local fidelity assessment processes; each county will align with CAPP's standard cross-site approach as well as build on existing processes rather than replace them or create new processes. 	Dec 2011	ongoing	County Implementation Teams
	<ul style="list-style-type: none"> Sites begin determining how, with whom and how often evaluative information from the fidelity assessment process will be shared to improve the Practice Model. 	Dec 2011	ongoing	County Implementation Teams
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, develop tailored Fresno plan to train workers, supervisors and coaches on the fidelity assessment process (Dec), followed by LA offices (Feb), Santa Clara (April) and Humboldt (June) 	Dec 2011	June 2012	County Implementation Team

Ensuring Administrative, Data and System Supports

Installation/Org. Supports	<ul style="list-style-type: none"> Complete Humboldt & Wateridge Institutional Analysis 	June 2011	Feb 2012	Karen Lofts Jarboe and Karen Seebach Chang
	<ul style="list-style-type: none"> Develop county-specific action plans related to problematic systemic issues identified in each county's Institutional Analysis. 	June 2011	Feb 2012 (extension for Humboldt and Wateridge)	County Stakeholder Advisory Teams
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, begin identifying and developing administrative or clerical support needed to assist with practice model (i.e., data entry, scheduling, child care, etc.). 	Sept 2011	ongoing	County Implementation Teams

Stage/Driver	Action	Begin Date	End Date	Responsible Entity
	<ul style="list-style-type: none"> Begin identifying cross-site data needs, existing data sources and data entry protocols for measurement of proximal outcomes and tracking fidelity assessments; develop data entry protocols and/or adapt available systems for use within and across sites. 	Nov 2011	July 2012	County Implementation and Cross-Site Teams
	<ul style="list-style-type: none"> Develop initial organizational and system capacity standards for the CAPP Practice Model that cut across all four counties. 	Jan 2012	ongoing	CAPP Cross-Site Team
	<ul style="list-style-type: none"> Determine what initial policies or protocols need to be developed to support the practice model, craft them and vet them through appropriate channels in the system. 	Jan 2012	Sept 2012	County Implementation Teams
	<ul style="list-style-type: none"> Aligning with schedule of phased implementation, begin determining if any workload shifts need to occur to support practice model implementation and vet them through appropriate channels in the system. 	Jan 2012	ongoing	County Implementation Teams
	<ul style="list-style-type: none"> When developed/available, begin training staff on data entry protocols/systems. 	Jan. 2012	Dec 2012	County Implementation Teams

Testing Practice Profiles, Training and Coaching Supports

Initial Implementation/Competency	<ul style="list-style-type: none"> Begin having line workers from 4 units in Fresno test the practice profiles with families. 	March 2012	March 2012	County Implementation Team
	<ul style="list-style-type: none"> Make adjustments to practice profiles based on usability testing—feedback from families, youth, Tribes, community partners, line workers, etc. 	April 2012	June 2012	County Implementation and Cross-Site Teams
	<ul style="list-style-type: none"> Begin having line workers from 3 units in each of the Los Angeles offices test the practice profiles with families 	May 2012	May 2012	County Implementation Teams
	<ul style="list-style-type: none"> Make adjustments to practice profiles based on usability testing—feedback from families, youth, Tribes, community partners, line workers, etc. 	June 2012	June 2012	County Implementation and Cross-Site Teams
	<ul style="list-style-type: none"> Begin having line workers from 3 units in 	July 2012	July 2012	County

Stage/Driver	Action	Begin Date	End Date	Responsible Entity
	Santa Clara test the practice profiles with families <ul style="list-style-type: none"> Repeat training and testing with 3 more units in Fresno and each LA office 			Implementation Teams
	<ul style="list-style-type: none"> Make adjustments to practice profiles based on usability testing—feedback from families, youth, Tribes, community partners, line workers, etc. 	Aug 2012	Aug 2012	County Implementation and Cross-Site Teams
	<ul style="list-style-type: none"> Begin having line workers from 2-3 units in Humboldt test the practice profiles with families Repeat training and testing with 3 more units in Fresno, each LA site, and Santa Clara 	Sept 2012	Sept 2012	County Implementation Teams
	<ul style="list-style-type: none"> Make adjustments to practice profiles based on usability testing—feedback from families, youth, Tribes, community partners, line workers, etc. 	Oct 2012	Oct 2012	County Implementation and Cross-Site Teams
	<ul style="list-style-type: none"> Repeat training, testing and improvement processes with 3 units every other month until all units trained in all sites 	Nov 2012	Oct 2013	County Implementation Teams
	<ul style="list-style-type: none"> Make adjustments to practice profiles 	Nov 2012	ongoing	CAPP Cross-Site Team
	<ul style="list-style-type: none"> Ensure continuous, ongoing practice and coaching training is provided to line staff and partners. 	Nov 2012	ongoing	County Implementation Teams
	<ul style="list-style-type: none"> Continually assess fidelity of practice and adjust practice profiles, training and coaching accordingly. 	Nov 2012	ongoing	County Implementation and Cross-Site Teams

Ensuring Administrative, Data and System Supports

Initial Implementation/ Org. Supports	<ul style="list-style-type: none"> Continually identify and elevate implementation issues and obstacles and seek solutions. 	Jan. 2012	ongoing	County Implementation & Cross-Site Teams
	<ul style="list-style-type: none"> Revise organizational and system capacity standards based on lessons learned through feedback cycles. 	Jan. 2012	ongoing	CAPP Cross-Site Team
	<ul style="list-style-type: none"> Continuously review evaluation data on progress toward proximal and distal 	Jan. 2013	ongoing	County

Stage/Driver	Action	Begin Date	End Date	Responsible Entity
	outcomes and make adjustments to implementation as indicated.			Implementation & Cross-Site Team

Communication Plan and Strategies

Effective communications is another critical implementation support. CAPP has developed a Communication Plan (see **Appendix C** for the full plan) that summarizes the goals, audiences, strategies and activities relevant to the Installation, Implementation and Dissemination phases of the project (October 2011-September 2015).

CAPP's Communications Plan will be updated annually, or as needed, to reflect the evolving needs of the project and its partners. The communications action planning matrix below describes the specific activities, responsible parties and timeframes for beginning and completing activities.

Action	Begin Date	End Date	Responsible Entity
Meet monthly with Strategic Consulting Team to ensure integration of communications strategies and activities across the project.	Oct 2011	Sept 2012	CDSS CAPP Leadership, Joni Pitcl and Renee Wessels
Work with Executive Management, Cross Site Implementation and County Implementation Teams monthly to review and approve annual communications plans and strategies.	Oct 2011	Sept 2012	CDSS CAPP Leadership, Joni Pitcl and Renee Wessels
Respond to Children's Bureau requests for information and reports, including all relevant templates. Tasks to include: <ul style="list-style-type: none"> ▪ Participate in Children's Bureau calls and meetings. ▪ Ensure accurate understanding of requests and clarify as needed. ▪ Engage appropriate State and/or County Implementation Team assistance and/or review in fulfillment of requests. ▪ Continue to keep Children's Bureau informed of all progress and achievement of project milestones and other process measurements, including the development of annual progress reports. 	Oct 2011	Sept 2012	CDSS CAPP Leadership
Schedule monthly CAPP project meetings with Partner agencies, County project teams, and Cross-Site Implementation,	Oct 2011	Sept 2012	CDSS CAPP Leadership

Action	Begin Date	End Date	Responsible Entity
Practice Model Installation and Evaluation Teams to communicate essential information about CAPP project, facilitate shared learning, discussion and consensus, and provide other project and communication updates			
Work with CAPP Partner agencies, County Project Managers and Tribes to identify communications or other staff to serve on statewide CAPP Communications Team and share information; assist with State and County communication planning; provide input on development of communication strategies and materials, including template materials; and identify communication or other issues that may arise.	Oct 2011	Oct 2011	Joni Pitcl and Renee Wessels
Update Web-based Extranet to facilitate sharing of updated CAPP project materials as needed.	Nov 2011	Sept 2012	CAPP Administrative Support
Convene CAPP Communications Team monthly with representatives from Partner agencies, Counties, Tribes and others to inform development of communication strategies and materials.	Nov 2011	Sept 2012	Joni Pitcl and Renee Wessels
Engage County and Partner collaboration in the development of communications plans, strategies and materials that will support Installation of Child and Family Practice Model.	Oct 2011	Nov 2011	Joni Pitcl and Renee Wessels
Assist Fresno, Humboldt, Los Angeles and Santa Clara Counties and Tribes in leveraging their Institutional Analyses with strategic communications planning that helps enable project success.	Oct 2011	Nov 2011	CDSS Leadership, Practice Model Installation Support Team, Joni Pitcl and Renee Wessels
Work with CAPP CDSS Leadership and Strategic Consulting Team to identify most effective way to integrate communications planning with Local Implementation Team efforts, and provide communications support as part of Co-Leads Capacity Building efforts.	Nov 2011	Dec 2011	CDSS Leadership, Practice Model Installation Support Team, Joni Pitcl and Renee Wessels
Develop Communication Planning	Dec 2011	Jan 2012	CDSS Leadership,

Action	Begin Date	End Date	Responsible Entity
Template to as tool for Counties and Tribes to use in development of local communication plans.			Practice Model Installation Support Team, Joni Pitcl and Renee Wessels
Develop Installment Phase One communication tools and materials to promote understanding of CAPP project and its goals as guided by project teams. Develop messages and materials for use by Partner agencies and organizations, Counties, Tribes and key stakeholders. Materials and/or templates may include the following: <ul style="list-style-type: none"> ▪ Talking Points. ▪ Project Overview. ▪ FAQ/Project Q&A. ▪ PowerPoint Overview (with supporting notes). 	Dec 2011	Feb 2012	Joni Pitcl and Renee Wessels
Develop Installment Phase Two communication tools and materials to promote understanding of CAPP project and its goals as guided by project teams. Develop messages and materials for use by Partner agencies and organizations, Counties, Tribes and key stakeholders. <ul style="list-style-type: none"> ▪ One pagers on Key Issues Identified by Counties (What is the Child and Family Practice Model, Institutional Analysis Findings, Systemic Barriers, etc.). 	March 2012	June 2012	Joni Pitcl and Renee Wessels
Produce outreach calendar that specifies opportunities for outreach and engagement with target audiences, including some of the following: <ul style="list-style-type: none"> ▪ CWDA Children’s Committee ▪ Statewide conferences/meetings ▪ Conferences/meetings in 14 initiating and replication Counties ▪ Tribal meetings/conferences 	Oct 2011	Sept 2012	CDSS Leadership, Practice Model Installation Support Team, Joni Pitcl and Renee Wessels
Disseminate CAPP communication materials using various mediums: <ul style="list-style-type: none"> ▪ Meetings, conferences and other forums ▪ Website 	May 2012	Sept 2012	CDSS Leadership, Practice Model Installation Support Team, Joni Pitcl and

Action	Begin Date	End Date	Responsible Entity
<ul style="list-style-type: none"> ▪ Extranet ▪ CAPP Updates and ReCAPP (e-mail project updates) 			Renee Wessels

Sustainability

CAPP has been working intensively over the past 6 months with the four early implementing counties and a variety of partners to identify processes and resources that can be effectively leveraged to support implementation and contribute to sustainability of the CAPP Child and Family Practice Model. Consideration includes both system support strategies and finance and reinvestment strategies.

Sustaining System Supports

California has the nation's largest state coalition of social work educators and practitioners. Created in 1990, the California Social Work Education Center (CalSWEC) is a consortium of the state's 20 accredited social work graduate schools, the 58 county departments of social service and mental health, CDSS and California Department of Mental Health (CDMH), the California Chapter of the National Association of Social Workers, professional associations, and foundations. They help to prepare a diverse group of social workers for careers in human services, define and operationalize a continuum of social work education and training, and engage in evaluation, research and dissemination of best practices in social work.

As part of their work to develop effective, culturally competent public services in California, CalSWEC manages the Regional Training Academy Coordination Project - a statewide collaborative vehicle for in-service training and continuing professional education of public child welfare agency staff. The project handles statewide coordination of child welfare curriculum development and standardization, in partnership with four regional training academies, the Inter-University Consortium/Los Angeles County Training Division, and the Resource Center for Family-Focused Practice.

Given the need for on-going social work education, training, coaching and quality supervision to support the CAPP practice model in the four implementing counties and in potential replication counties across the state, partnership with the CalSWEC consortium and the Regional Training Academy Coordination Project are critically important CAPP sustainability partners. While many members of the CalSWEC coalition have been and continue to be active participants on CAPP planning and implementation teams, more focused and intentional discussions have begun in which these partners are being engaged in considering together the most strategic and feasible ways to partner and coordinate as CAPP moves forward. Important areas of focus include social work education (MSW) and training and coaching for new and on-going caseworkers and supervisors.

With the assistance of leadership from the early implementing counties, CAPP is also engaging members of the County Welfare Director's Association Children's Committee. The goal is to build understanding and interest in the CAPP practice model by child welfare leaders in the state. While there has been heightened energy for systems change and many innovative practice strategies that have been seeded and supported in various California jurisdictions in recent years, the CAPP

practice model is unique in that it helps counties integrate multiple promising initiatives and local practice strategies into a cohesive practice model that will be tested and evaluated. This can streamline and build efficiencies into local system improvement work and related training and coaching, as it is much more feasible for a regional training academy to deliver training or coaching curriculum across multiple sites in their region. Without this similarity of practice across sites, regional training academies are challenged to find ways to effectively meet the diverse training and system improvement implementation needs of the counties in their region. CAPP will continue these discussions and engagements and work with these partners on identifying strategies that promote CAPP implementation, replication and sustainability.

Finally, the CAPP partnership with the Center for the Study of Social Policy has been developed with an eye toward sustainability. Reviewers were unpaid and were selected and trained in the IA process based on their willingness (and the willingness of their employers if applicable) to learn the process. The intent is to make use of these trained reviewers for future IAs that will be conducted in replication counties.

Finance and Reinvestment

To further support sustainability of the CAPP Practice Model, CAPP will calculate and assess efforts and costs associated with the intervention. In addition, if the Practice Model is successful in improving outcomes, this success could generate cost savings that can and should be reinvested to continue and build on the effective service delivery methods. Therefore, CAPP also proposes a cost-neutral reinvestment strategy intended to sustain efforts beyond the CAPP Project timeline. Specifically, CAPP will:

1. Utilize the Cost Calculator for Children’s Services (CCfCS), to identify specified activities performed and costs incurred by CAPP pilot counties. (Developed by Harriet Ward and colleagues at the Loughborough University, United Kingdom and modified by Dr. John Landsverk and colleagues of the Child & Adolescent Learning Center of San Diego, California.) The Cost Calculator will provide data both Phase I Pre- and Phase II Post-implementation of the CAPP Practice Model designed to ameliorate the longstanding disproportionate foster care issue and improve permanency outcomes.
2. Utilize Pre- and Post-CAPP results from the Cost Calculator to validate the level of savings, if any, attributable to new or expanded county efforts. Targeted case savings (or additional costs) would be calculated for foster care maintenance (grant) payments, level of direct services, casework, and related administrative costs. New program designs should generate local, state and federal cost savings due to improved permanency outcomes and efficiencies in casework and administrative support, lowered levels of service needs, court costs, ancillary services, and foster care maintenance (grant) payments. The calculations of savings would be based on a defined set of cost factors, timelines, and assumptions negotiated among all governmental partners. It is our intention that this budget reform reinvestment methodology be: 1) cost neutral to federal, state and county governments; and 2) reinvested into child welfare programs and/or partner agencies serving these youth and families. (see **Appendix D** for a more detailed description of the finance and reinvestment plan)

The financing action planning matrix below describes the specific activities, responsible parties and timeframes for beginning and completing activities.

Action	Begin Date	End Date	Responsible Entity
Cost Calculator for Children's Services (CCfCS) Administrative Data Collection – Fresno	July 15, 2011	Sept.15, 2011	Child & Adolescent Services Research Center (CASRC)
CCfCS Focus Groups – Fresno	July 15, 2011	Sept. 15, 2011	CASRC
CCfCS Online Survey – Fresno	Aug. 15, 2011	Oct. 15, 2011	CASRC
CCfCS Case-Specific Data Collection (as needed) – Fresno	Oct.15, 2011	Nov. 15, 2011	CASRC
CCfCS Analysis of time and cost data - Fresno	Oct. 15, 2011	Dec.15, 2011	CASRC
CCfCS Administrative Data Collection – Santa Clara	Aug. 1, 2011	Oct. 1, 2011	CASRC
CCfCS Focus Groups – Santa Clara	Sept. 1, 2011	Nov. 1, 2011	CASRC
CCfCS Online Survey – Santa Clara	Oct. 1, 2011	Dec. 1, 2011	CASRC
CCfCS Case-Specific Data Collection (as needed) – Santa Clara	Nov. 1, 2011	Jan. 1, 2012	CASRC
CCfCS Analysis of time and cost data – Santa Clara	Nov. 1, 2011	Feb. 1, 2012	CASRC
CCfCS Administrative Data Collection – Humboldt	Nov. 1, 2011	Jan. 1, 2012	CASRC
CCfCS Focus Groups – Humboldt	Dec. 1, 2011	Feb. 1, 2012	CASRC
CCfCS Online Survey – Humboldt	Jan. 1, 2012	March 1, 2012	CASRC
CCfCS Case-Specific Data Collection (as needed) – Humboldt	Feb. 1, 2012	April 1, 2012	CASRC
CCfCS Analysis of time and cost data – Humboldt	Feb. 1, 2012	May 1, 2012	CASRC
CCfCS Administrative Data Collection – Los Angeles	Dec. 1, 2011	Feb. 1, 2012	CASRC
CCfCS Focus Groups – Los Angeles	Jan. 1, 2012	March 1, 2012	CASRC
CCfCS Online Survey – Los Angeles	Feb. 1, 2012	March 1, 2012	CASRC
CCfCS Case-Specific Data Collection (as needed) – Los Angeles	Feb. 1, 2012	April 1, 2012	CASRC
CCfCS Analysis of time and cost data – Los Angeles	Feb.1, 2012	May 1, 2012	CASRC
Quarterly feedback to CAPP Finance committee	Oct. 1, 2011	June 30, 2012	CASRC

Action	Begin Date	End Date	Responsible Entity
on CCfCS data collection process			
Refinement of CCfCS process in California in collaboration with members of CAPP Finance committee	Dec. 1, 2011	June 30, 2012	CASRC, Finance committee members, liaisons from targeted co.
Development of tentative plans and timeline for Phase 2 of the CCfCS process	July 1, 2012	Sept.30, 2012	CASRC, Finance committee members, liaisons from targeted co.

VI. TRAINING & TECHNICAL ASSISTANCE ASSESSMENT

CAPP is extremely fortunate to have such a wealth of technical assistance and training resources to draw on in California to support implementation of the Child and Family Practice Model. CAPP's assessment of our T/TA strengths and gaps is provided below (please see **Appendix E** - updated T/TA Assessment.)

Strengths

- CalSWEC and Regional Training Academies: Provide assistance in the development of well-designed curricula and staff training to support competency in delivering the CAPP Practice Model.
- Casey Family Programs Strategic Consulting (*Fresno and Los Angeles*): Provide strategic consultation in effective implementation of innovations, offer training to raise staff awareness of the impact of historical racism, and link counties to additional technical assistance and training resources. Supporting practice model development and coaching in Los Angeles County.
- Seneca Center, National Institute for Permanent Family Connectedness (NIPFC): Offers training in Family Finding and Engagement model that may support implementation of the CAPP Practice Model in the early implementation counties.
- Northern Regional Training Academy at the University of California, Davis Extension: Provides training and coaching of Signs of Safety, Motivational Interviewing, Appreciative Inquiry, Solution Based Casework, Cultural Humility, Coaching Toolkit and Institute, and other practices that may align with the CAPP Practice Model.
- UC Davis Extension, Center for Human Services, Resource Center for Family-Focused Practice: Experience providing training and technical assistance to child welfare and probation departments in Family Group Decision-Making, Team Decision-making, and other practices that may align with the CAPP Practice Model.
- Racial Sobriety Training, Cynthia Billups and Margaret Jackson (*Fresno and Los Angeles*):

Provide staff training and supervisory supports in healing the biases and assumptions about race that are inherent in our society.

- Alliance for Racial Equity, Center for the Study of Social Policy (*Santa Clara*): Provides training to raise staff awareness of the impact of historical racism and strategic planning in eliminating disparities in permanency outcomes for children of color.
- Karen Lofts Jarboe, Co-Investment Partnership staff dedicated to CAPP (*Humboldt and Cross-Site*): Skilled at bringing people together, initially and at points along the implementation path, in a shared learning environment to learn and develop practice skills, coaching skills, and build leadership, capacity and organizational supports for implementation of the practice model. This shared learning facilitation can support CAPP sites to learn from each others' successes and challenges and strengthen coordinated adaptive leadership and the sharing of effective implementation strategies and processes across implementing CAPP sites.
- Western and Pacific Child Welfare Implementation Center (WPIC) (*Los Angeles*): The Western and Pacific Child Welfare Implementation Center is providing T/TA for LA County to implement systems change over a three year period. CAPP (in conjunction with Casey Family Programs) will work closely with WPIC to leverage their work in 2011-2012 to build data analysis capacity in all LA DCFS offices and their work to enhance community engagement and feedback cycles with the community.

Gaps

- Fidelity Assessment—The CAPP Cross-Site Implementation Team will begin working in November and December of 2011 on Fidelity Assessment processes. The group will solicit technical assistance and work closely with the counties to develop a coordinated cross-site approach and identify/develop tools and trainings for the counties to support their Quality Improvement/Quality Assurance process.
- Tribal Engagement and Partnerships—CDSS leadership has partnered with the Statewide ICWA Workgroup to send a letter to Tribal governments requesting their engagement in CAPP. CDSS will work with interested Tribal representatives to develop a plan for Tribal Engagement and Partnership. CDSS and CAPP will look to Tribal partners to identify culturally-based technical assistance.
- Coaching—Building on California's Child Welfare Statewide Training and Education Committee (STEC) that meets quarterly and brings together regional training organizations and other training and system improvement partners, these training resources are being brought together to focus on CAPP. The first meeting was held on June 24, 2011, and will begin the process of identifying potential resources to develop coaches and coaching trainings with the regional training system and its partners. The ideas and recommendations from this group will be incorporated within the work of the Cross-Site Implementation Team.
- County Implementation Capacity—CAPP is looking to the PII TTAP team to provide intensive capacity building support to county implementation teams over the next two years.

VII. ANTICIPATED MAJOR BARRIERS & RISK MANAGEMENT STRATEGIES

CAPP is moving toward implementation at a time in which there are continuing economic challenges, both in California and other areas across the nation. These conditions impact county leadership, staff and partners as they are faced with layoffs, reductions in contracts, a high degree of executive level flux and increasing workloads. While there continues to be unpredictability and stress at both local and state levels as a result of current fiscal and economic realities, this is also building awareness of the importance of public-private partnerships, coordination and alignment across multiple efforts, and leveraging of resources in supporting and sustaining child welfare system improvement efforts. The Permanency Innovations Initiative provides a high level of co-investment, technical assistance and support for CAPP, enabling the knowledge, skills and resources of many child welfare system improvement partners across the state of California to work together and build statewide synergy in practice and system improvements in order to improve outcomes for the children, youth and families served. In order to have the greatest possible impact on the outcomes CAPP and its partners are seeking to achieve for African American and American Indian children, youth and families, the following barriers will be effectively managed by the CAPP Project Director, CAPP and County Project Managers, and CAPP Executive Management Team.

Barrier	Planned Risk Mgmt Strategies
Katie A. decisions and developments impact both Los Angeles and statewide child welfare/mental health practice	<ul style="list-style-type: none"> ➤ On-going updates and communication of CAPP Cross-Site team regarding Katie A lawsuit and related activities, developments and decisions. ➤ Ensuring Los Angeles County leadership and staff who are knowledgeable about both Katie A and LA's Practice Model are intensively involved in CAPP practice model refinement, profile development and implementation to maintain as much alignment as possible ➤ Work with the CAPP Executive Team to identify additional risk management strategies
Labor Unions have concerns about workload of staff in county	<ul style="list-style-type: none"> ➤ Offer strategic planning and communications technical assistance and support for counties impacted by these issues that build on local strengths and assist in the development of local strategies to manage these issues ➤ Work with the CAPP Executive Team to identify additional risk management strategies
Changes in executive leadership at county and state level	<ul style="list-style-type: none"> ➤ Pro-active communication and collaboration with transition and new leadership ➤ Frequent briefings of Executive Teams ➤ Utilize local and/or state CAPP team members with expertise in communications to create targeted public education materials and/or to provide technical assistance in moving communication strategies forward with transition and new leadership ➤ Work with the CAPP Executive Team to identify additional risk management strategies