Introduction: The ORB DC has been testing resources, tools, and processes for two things:

* Communication for Engagement in ORB to Implement the CPM: identify, share, and gather feedback about messages that clarify the CPM and the organization’s role to support CPM implementation; and
* Assessing Organizational Readiness for implementing the CPM: design and gather information about ORB key elements based on local context and need (Understanding the Fit & Priority of Implementing the CPM; Organizational Climate; Team Structures & Processes; Communication & Feedback; Using Data for Understanding & Improvement; and Leadership).

The following 7 County Profiles describe the ORB testing experience and learning. Across different counties, the Profiles describe the fit, utility, and need for understanding and addressing the ORB elements as a key feature in implementing the CPM.

# TESTING COUNTY: **Calaveras** BUDDY COUNTY: **Stanislaus**

Contact Person: Lora Larson, MSW, [LLarson@co.calaveras.ca.us](mailto:LLarson@co.calaveras.ca.us)

1. **County Description**

Calaveras County is a small rural county in the Sierra foothills with a predominantly white population. The majority of agency staff members reside within Calaveras County. There is one non-federally recognized tribe located within our jurisdiction. There are 82 children in foster care and 20 child welfare staff. Child welfare partners with many community and professional agencies to serve county children such as, probation, behavioral health, First Five, public health, CASA, and the Resource Connection to name a few. Prior to January 2017, foster care was primarily proved though FFA homes. However, with the implementation of RFA January 2017, there are currently 82 open cases, of those 67 are foster children. 46 children are placed with family or friends of the family. 12 children are placed in foster family agencies foster care; eight children are in group homes. There are currently approximately 52 out of county foster youth placed in Calaveras County.

* + 1. **Testing**
       - What did we test?

Calaveras has tested CPM Key messages. These include:

* The CPM is an overarching framework that defines specific behaviors we want to see practiced all the time.  It’s not a new model or initiative, it just ties together practices and programs that we’re already doing.
* It also puts “social,” back in social work and it’s the reason why you went to SW school and became a social worker.
* CPM impacts all levels of our organization and that we want to create an organization that supports staff in the practice we want families to experience.
* CPM Foundational behaviors, practice and leadership, is not something to do, but who we strive to be, meaning from staff to leadership we are committed to modeling CPM behaviors at all levels. We believe demonstrating the CPM behaviors will positively impact clients, stakeholders, community and partnering agencies relationships!

We want to use CPM as an opportunity to collaborate with partnering agencies to streamline programs for more effective service delivery and outcomes.

* + - * How did we test it? With whom? What events/meetings?

There were various settings in which messages were tested:

1. We facilitated a “mock CFT” with our staff group focused on implementation. Through the process, they developed 4 goals on their own as to where they would like to begin with CPM implementation. They were: 1) To implement a self-care program/practices because when we take care of our workers we take better care of our community; 2) Assessing what we’re already doing that is in line with CPM to determine our next steps; 3) To have more community outreach, and engagement. 4) Establish a feedback loop with youth/families/clients to measure client satisfaction and agency effectiveness.

Following the meeting, staff was surveyed about various aspects of the agency’s readiness to implement the CPM using some questions from the draft Organizational Readiness Assessment. Additionally, during a community CPM implementation meeting community members were given the organizational readiness survey related to their understanding of CPM, and how their viewed the readiness of Calaveras County Child Welfare to implement CPM.

1. Calaveras County's Program Manager presented the Core Practice Model to the Board of Supervisors. In doing this, the elements of CPM were shared along with all of the innovative programs that support the CPM work already being done. The community and the BOS were advised of Calaveras County's progress of implementation of several promising practices such as RFA, QPI, CFTs and of course CPM. The need for quality care providers was shared, and in fact the BOS were encouraged to consider fostering Calaveras County youth.
2. The CPM materials and the We Believe video was shared with over 180 Calaveras County educators and administrators. The overarching values of CPM and CPM foundational behaviors were shared, ensuring them child welfare was committed to teaming with them when a need arose. The educators were also encouraged to consider fostering youth and to attend family team meetings if and when invited.
3. Finally, CPM has been shared with Calaveras County Health and Human Service Management. The We Believe video was shared with management along with CPM values and foundational behaviors. The message was clear, from the top down we are embracing CPM values because it’s who we are. The management team was encouraged to attend CPM implementation meetings.
   * + Why did we decide to start there?

We felt communicating the values of CPM and preparing the community for the shift in practice was important to start straight away. We want anyone that comes into contact with Calaveras County Child Welfare to know the agency and the state as a whole is working hard to improve upon the work already being done. We didn’t want to add more meetings for folks to attend so we looked for meetings that have the potential for touching the county as a whole that already have set meeting dates and occur frequently. In doing this it was very easy to embed within existing agenda CPM conversations. We also used the weekly staff training time as an opportunity to engage staff in the implementation planning. The focus as defined by staff was to focus on self-care which in turn would support taking better care of our community.

1. **What did we learn? *(perspective of both participants and testers)***

Staff and community partners shared that at times CPM behaviors are modeled, but during times of stressors, the CPM behaviors are not present. For example, verbal confrontation with co-worker then later in the day staff is short with clients.

However, it was also shared by community partners, even at this early stage of implementation they describe seeing things done differently, feeling agency staff are truly wanting to team with the community and a genuine sense “something” is changing internally with the agency.

1. **What about the process worked for us?**

Communicating the shared CPM message has set the stage for the real work that is forthcoming. It has given hope to staff and the community at large that Calaveras County is committed to critically looking at their work and actively making changes where necessary. It provided an opportunity to engage a variety of audiences and partners. The Board of Supervisors (BOS) was excited to learn about CPM and eager to ask questions about child and family team meetings, about resource family homes and how families are responding to the new practice. BOS were also interested in hearing how staff is responding to families utilizing CPM values. CASA which is new to Calaveras County is asking how CPM values align with the CASA program, which of course, fit well, given they are part of the team. Most importantly, the “We Believe” has been shared at every meeting and all audiences have responded positively to the video. The video has given hope that even in a rural community like Calaveras County, that every voice is valued and sought, that even when resources are limited, we as a community can team with families and support them while they grow and change. ☺

1. **What might we do differently next time?**

There is still so much more to do, but as we continue our implementation strategies we will focus on engaging foster youth, AB12 youth and biological parents. Including this group of individuals will certainly provide a different perspective, so we believe.

1. **Where are we going from here? What’s next for us related to ORB?**

Moving forward with self-care and the goals identified from the mock CFT with staff.

* We are already moving forward in establishing practices that will promote self-care. An area within the agency has been identified as quiet space where staff may sit and collect their thoughts.
* Conversations are underway with community partners in establishing a wellness program within the agency that will focus on mindfulness, teaching staff ways to self regulate through breathing and calming activities. The hope is to expand the mindfulness wellness program to foster children, biological parents and resource families.

We are currently developing a child and family team meeting brochure that incorporates CPM values and behaviors.

Calaveras County is in the implementation phase of Quality Parenting Initiative, CPM values are imbedded within our resource family branding statement.

* Calaveras is a strong community that values resource families who nurture, love and advocate for children until their families are able to do so. Our resource families are valued and respected as expert partners who have a willingness and sprit to support children and families as they grow and change.

We are looking for every opportunity to visually display CPM values, from agency posters, brochures, county website and Facebook.

1. **Guiding thoughts for other counties**

Just start. It’s easy to get caught up in the talking and planning and never start. CPM is not something to do it is who we are; the work now is to just highlight what we do. It can be as simple as celebrating when a staff person is demonstrating CPM behaviors. Send emails to celebrate small success. Any way you can, bring CPM values to the forefront of everything you do.

Use the “We Believe video”, put it on county website and/or Facebook page. This video really lays the foundation for conversations.

Use every opportunity to talk about CPM values within existing opportunities. For example, we presented CPM and the We Believe Video during a Mandated Reporter training.

## ORGANIZATIONAL READINESS BUILDING Development Circle

# COUNTY TESTING PROFILES

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# TESTING COUNTY: **Kings County** BUDDY COUNTY: **Alameda**

Contact Person: Clarissa Ravelo Email: Clarissa.Ravelo@co.kings.ca.us

1. **County description**

Kings County is a medium-sized county in the Central Region, employing 15 CW Sups and 66 CW social workers. The majority of staff, including executive leadership, have been in their position with Kings County for less than 2 years.

Traditionally, when new mandates or legislation were adopted by legislation and/or CDSS, Kings child welfare staff quickly communicated about the new regulations internally, issuing new “mandates” or directives over email. Over time, there grew to be so many updated directives that staff began to build their practice foundation upon them, which created a culture of compliance (and uncertainty). This reliance upon compliance to directives/policy created a passive workforce, though familiar with change, unexposed to critical thinking and planning for change. Staff had not normally been involved in planning, strategizing, taking time to think about alignment of the new policy with daily work, and the impact of that change. When new and innovative strategies were adopted, very little attention was paid to the actual implementation activities (e.g., following through with action plans). As a result, newer practices did not have the necessary stakeholder involvement to support their sustainability over time.

1. **Testing**

* What did we test?

We tested ways to share 4 key messages about CPM and why “Organizational Readiness Building” is essential for successful CPM implementation. We also tested an Organizational Readiness Assessment tool (tailored for Kings) that looks at 6 key factors of readiness.

* How did we test it? With whom? What events/meetings?

We convened a focus group of 8 staff from across the agency to test the effectiveness of the key messages, and then invited the group to participate in the assessment tool. We reconvened 2 weeks later for an engaged conversation about the effectiveness of the tool itself AND what we learned about *Kings*’ readiness as we processed the survey results!

* Why did we decide to start there?

We truly wanted to engage staff in a two-way conversation to ensure that their voice was captured during this process. We really wanted to partner with staff, getting their perspectives and ideas about why CPM might be important to our work and their perception of our “readiness” to do this kind of practice consistently. In small groups, staff felt more at ease to speak freely, say what they wished leadership would do/say, and to describe their vision of a great climate to learn and practice CPM together.

1. **What did we learn?**

* We learned the importance of quick and responsive feedback loops between social workers and leadership. They are essential for building readiness.
* We learned that everyone wants and needs role clarification and to know what is expected of them, to the extent possible.
* We learned that there is a variance of response among staff and supervisors with regard to being prepared for change, and that we need to see this and tailor our response accordingly. Messages can’t be “one size fits all.”
* Thoughtful two-way conversation is so much more effective than one-way conversation, and this takes time. But, with some coordination, this will be a way we approach communication with staff, especially around improvement cycles (assessing for change and planning for change).

1. **What about the process worked for us?**

* Having dedicated Implementation Team members to prepare materials and to facilitate both focus groups were invaluable.
* Leadership’s recognition of the importance of staff engagement and wanting to assess readiness created permission for this “time” away from casework.
* Planned meeting time set aside for leadership to debrief focus group feedback about our readiness ensured that leadership would have a response back to staff.
* Focus groups had staff from across child welfare (combo of support staff, social workers and supervisors) so the discussion was multi-faceted, diverse, and feedback was dynamic.
* Quick turnaround time between first focus group session, the survey, then the reconvening of the focus group to process survey responses kept the momentum going.
* Engaging staff personally in the “next steps” conversation, in this case, an invitation (and subsequently their commitment) to participate in the survey.
* Focus group participants shared that the two-way conversation made the meeting really interesting and worth their time. They stated that they learned more about CPM and the role of readiness building, but also felt heard as they responded to the shared messages.

1. **What might we do differently next time?**

* We will include the supervisors on the focus group invitation email to their staff and will make sure to remind staff (and their sups) the day prior to the focus group session.
* We will provide more clarity about the purpose of the focus group at the beginning of the meeting (which is to provide clarity about the CPM and the importance of our organization being ready to implement change).
* We will limit our activity’s discussion to one minute per question.
* We will include a very quick visual activity which asks participants to make some connections between commonly known initiatives and the CPM’s practice elements.
* Have them reflect about when Kings has had some past success with implementing change and discuss why it worked.
* We will make some tweaks to the survey questions based on our focus groups’ confusion over some of the wording.

1. **Where are we going from here? What’s next for us related to ORB?**

* We will repeat the focus group discussion and survey process for all Kings’ staff. We will bring themes from the survey to the Leadership Team to begin planning action that will enhance the elements of readiness.
* We will continue to work on establishing more effective communication between the Implementation Team and the Leadership Team (s). The teams exist now, but could benefit from enhanced communication loops between them, especially when the communication involves action planning and follow through.

1. **Guiding thoughts for other counties?**

* Make sure that Leadership is committed to the process of implementation and understands what it takes before staff is engaged about *their role* in implementation.

## ORGANIZATIONAL READINESS BUILDING Development Circle

# COUNTY TESTING PROFILES

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# TESTING COUNTY: Los Angeles @ El Monte Office

# BUDDY COUNTY: Santa Clara County

Contact Person (name): Axa Cazzaly Email or Phone: CAZZAA@fcfs.lacounty.gov

1. **County description**

The El Monte Office in Los Angeles County is a Regional Office where CPM Implementation has been taking place for several years. The El Monte Office has implemented CFT Meetings to support the use of the practice model. Axa Cazzaly is the El Monte Office’s Lead regarding the Office Design Team and an Implementation Team. These Teams are well represented with Supervisors, Community Partners, Line Staff, Unit Clerk, Social Workers, DPSS, DMH, Manager, Coach Developer, QSR Reviewers from DCFS and DMH.

1. **Testing** 
   * + - What did we test?

El Monte Office tested a modified version of the Organizational Readiness Tool that was customized through a co-creative process with Axa to fit the context of the El Monte Office.

* + - * How did we test it? With whom? What events/meetings?

It was determined that the Organizational Readiness Tool would be first tested and presented to the El Monte Design Team and their office Implementation Team at their meeting on 10/11/17.

* + - Why did we decide to start there?

It was identified that since these two teams’ roles and functions were specific to Design and Implementation of the CPM, they would be the obvious “right” place to start. In addition, because of their diverse membership, there was a goal of acquiring answers to the questions from a wide range of staff and partners. Axa has a leadership role on both teams and has close working relationships with the members. It was determined that because of these relationships, Axa ould illicit honest feedback from the members in order to possibly improve the process in order to scale it up and test with additional groups. The goal was also to have staff thinking about those 5 domains that are related to Organizational Readiness and what strategies, behaviors that support on-going Implementation in our organization.

1. **What did we learn?**

Axa reported that the Organizational Readiness Tool was well received by the Design Team and Implementation Teams and that the members wanted to complete the tool on their own individual time. For Axa, the design and questions of the tool highlighted what she wants to measure, as well as, a means to collect the data to support and lead to action to support staff. The tool is creating an opportunity to slow down and thoroughly assess office progress in the implementation of the CPM.

Axa was excited to receive feedback and staff’s perception regarding the broad areas of Organizational Readiness and Implementation of the CPM in order to better understand the impact or effectiveness of the current implementation strategies. In addition, the results also provide opportunities that are supported by data to explore with staff what other strategies they can come up with to support Implementation, such as: How are the staff feeling about the CPM? What messages are we giving to staff? Are those messages being clearly received? What kind of impact are those messages having on staff in regards to their behavior and what impact is it having on families? Are there any changes in staff’s behavior and willingness to put into practice the strategies of the CPM?

As a result of the tool, Axa has data and concrete information and feedback to develop action steps. And just as importantly, El Monte has information regarding the Organizational Climate. It also provides context to how the “System” is operating that can be connected to other data sources such as the QSFR results. The questions in the tool provide a way to explore more than just the doing or completing a task. More importantly it also helps to measure how our social workers are actually practicing that ultimately makes the impact on what the children and families experience.

A tool such as this can assist with identifying short term proximal outcomes that can be operationalized by the system’s behaviors and interactions with each other. Axa understands that this type of environment has to be created to support that same approach when social workers work with families. If we can’t work with Supervisors and Managers together, than that will be detected by staff and further create an organization comprised of silos. The tool can provide clarity and supportive language to articulate what we need to assess and where we need to focus in order to develop strategies to improve.

1. **What about the process worked for us?**

Often, LA County creates tools or strategies to support implementation. However, the creation of those tools/strategies doesn’t include the target audience or the staff that will be testing those tools/strategies. In addition, there isn’t deliberate attention focused on feedback from the target audience as to whether or not the tool or strategy was effective, helpful or needs improvement. Some of the identified barriers are that Leadership isn’t exploring with or listening to staff about the workload impact of the CPM and ultimately how that will be experienced by those doing the CPM with families. A.k.a. “Lack of feedback loops to inform CQI processes. What are we going to do to support the staff in order for them to do the CPM successfully and with fidelity?” How will we do this so it is also sustainable?

1. **What might we do differently next time?**

Through reflection, Axa determined that she would start with a smaller group (leads and tool developers) to develop and revise this tool with their input and partnering. The goal would be to design this tool so that it can support behavior change and find out what’s working or not. This tool could also help to explore and identify growth and development in staff. Axa acknowledges that conversation and dialogue is important. The right questions developed through a co-creative process could possibly be even more flexible to help support and lead conversations with different groups. It could be used as a coaching tool with staff so that can create conversations and dialogue to set short and long-term goals, as well as, celebrate successes.

Axa recognizes the value of the co-creative/partnering process of working with her close team to create the edits to this tool so that we can pause, ask questions, listen and ask feedback. This is a tool that can assist in capturing qualitative data of how we are behaving and not just base strategies and decisions solely on quantitative outcome data.

Axa aligns this type of process at the System Level running parallel with the work that we want our staff to do with families. It provides the opportunities to stop and look at the resources we have, may want to have, abilities that staff have now, and what we need to do to get them the skills to do what we and families want them.

1. **Where are we going from here? What’s next for us related to ORB?**

Axa will utilize this tool in other venues to engage and explore with staff through the leads of the following subgroups: Coaching /Training, Communication, and CQI/Data. It has also prompted her thoughts about how the system can support staff so that they can best support the child(ren) they serve. Axa plans to engage the social workers in a conversation to learn more about what they hope to receive from the LA Leadership in order to participate in the CPM work. They will identify 2 or 3 questions that could be selected, aimed at getting the best input from each audience. They see this tool as helpful in other Offices, and perhaps the senior management might determine who they are.

1. **Guiding thoughts for other counties**

The tool provides a guide that needs to be coupled with the willingness to change. It is not just a one-time tool to measure one thing and can be used in different scenarios. It can be utilized as a guide for us to have a discussion and give the power back to the staff that can help lift up their expertise to create strategies for improvement. This tool can be used on-going to measure the Organizational Readiness for change especially in a system that is reactive often times to external pressures (i.e. the media, legislations, mandated activities, child fatalities, other organizations with authority). This tool and strategies developed from its use can help to institutionalize behaviors that are not connected to just one person or persons.

The questions in the tool can guide additional conversations to really explore with staff and facilitate in a group or individual manner that can create teaming and cohesion, long-lasting change and institutionalize behavior.

This validates that it is better to work in teams/buddies than just by yourself. It feels supportive!

***NOTE: Please also ask your Buddy-County the following questions.***

1. What was it like to be a Buddy County in this process? What was your role?

I was in the unique position to be both a Faculty member supporting/facilitating/coaching the El Monte Office through this testing process and also representing Santa Clara County as the Buddy County.

1. What did you learn?

I learned about the tremendous amount of leadership and energy that was laser focused on Implementation by Axa. Her deep insights and “pauses” to ask some of the most important and often unattended questions focused around the themes of “How do we know if what we are doing is actually making an impact? And “How are Supporting our Staff to do the Work” were very enlightening and inspiring. I also witnessed Leading through a lenses of Humility and Learning being modeled by Axa as she eagerly and wholeheartedly wanted feedback from staff at all levels in order to inform her and the system of how to strategize to move forward.

1. What are you taking from this experience to use in your own ORB work?

I want to take this framework of curiosity and humility into the use of any tool or instrument in order to respond to what we find out to build a better system rather than react to get things done. Witnessing the work of Axa demonstrated the ability to slow down in order to identify the best approach that includes feedback from staff at all levels rather than just doing things to say we got them done.

## ORGANIZATIONAL READINESS BUILDING Development Circle

# COUNTY TESTING PROFILES

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# TESTING COUNTY: Orange BUDDY COUNTY: Ventura

Contact Person (name): Bob Abair Email or Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **County description**

Orange County is a large county in Southern California with a diverse population. Spanish, Vietnamese and English are the top three languages spoken and there is a large community of Muslim Americans in Orange County.

SOP implementation began in 2016.

1. **Testing**

* What did we test? (based on introduction text above)

We developed a PowerPoint presentation to test the message which covered: What is the Core Practice Model and what it is not? How does it look in Orange County? How are we going to implement it?  How can you get involved?

After the PowerPoint presentation, to the CFS Executive team and Managers, we asked if any changes were needed to help clarify the message. We also asked “if it created interest getting organizationally ready, specifically: Does the message work? Is the message clear and understandable? Does the message promote conversation? Could it be altered for different audiences? Is the message engaging and prepared to initiate CPM implementation?

The entire Combo tool was tested in survey monkey. Anecdotal feedback was that it was duplicative. The answers were invalid because of the total number and neutral responses. The county is going to pick their top 3 in each category and refine it down to 5-7 questions. They are going to remove the neutral answers. Research, Project Managers, and Deputies are going to look at 3 questions each and then narrow it down.

* How did we test it? With whom? What events/meetings?

The CPM Project Managers developed a PowerPoint presentation to test messages with Leadership (Directors and Deputy Director and CFS Managers). A subsequent mapping session will take place with the managers and a presentation to Supervisors will be done February. A mapping session will also be done with Supervisors and shortly afterward a CPM Implementation Team will be formed.

* Why did we decide to start there?

We believe that the message and vision begin with Leadership because that is where the influence is and comes from. We started testing the messages with leadership because we wanted to make sure that everyone is on the same page going forward and there is buy-in at the top. We also believe that is where the message needs to come from to explore readiness.

1. **What did we learn? (perspective of both participants and testers)**

* We learned that we needed to add some different components to the presentation. As a result of the feedback, the theories were added to enhance the message more. It was revised to simplify it.
* When presenting to the managers we became aware that there were some staff that got overlooked. So we added them in to make sure they are included.
* Implementation is more than bringing awareness and training. It is connecting the dots of what we are already doing. Taking the things that are already doing and filtering them through the model: the model elements, model components and model practice behaviors.
* Find the right people. Early implementers; capitalize on those that are excited and have influence on the line. They are great “flag bearers.”

1. **What about the process worked for us?**

* Helps to focus and refine the message.
* Building awareness from leadership down. Intentional message that gets people engaged.
* Training doesn’t constitute implementation. Confirms the need for Implementation Team.

1. **What might we do differently next time?**

* Challenge is that we do not have people who can be 100% designated to do the CPM implementation. Would try to find ways to block out some time for those working on it to dedicate to work on CPM.
* Not have the in person meetings on Monday, because have to travel for work on day off, especially for counties without travel (recommendation for CPM committee).

1. **Where are we going from here? What’s next for us related to ORB?**

* Mapping strategy session with managers to map existing initiatives, meetings, etc. with scaling and add to messages with Managers in December
* Present mapping results to supervisors
* Putting together supervisors Workforce Development group
* Present revised messages to supervisors
* Mapping strategy session with supervisors
* Form implementation group
* Supervisors will take it back to unit and present
* Create an eLearning
* Utilize Learning Circles with CPM for ongoing integration of model using SOP to drive the implementation

1. **Guiding thoughts for other counties**

* Link with other counties that have done it. Use the work, thoughts and ideas they have already developed. Collaborate. Collaborate. Collaborate.
* Would be nice to have an on-going collaboration with ORB group to meet up and check in as a support. Lessons learned discussed both formally and in casual conversations were helpful.
* Training is not implementation. Keeping momentum alive is a key part of the implementation team
* Continued support network is huge

**NOTE: Please also ask your Buddy-County the following questions.**

1. *What was it like to be a Buddy County in this process? What was your role?*

* Played a support role. Connected with Bob at convening’s and had one call separate from the faculty coordinated calls.
* Positive part reinforced and motivated that are on the right track. Made right decision to start training with all staff. Validated use of Implementation team. Without a tool, the Implementation team is the test for readiness.

1. *What did you learn?*

* Validated that are on the right track with implementation.
* A lot of “aha” moments.
* Trying to shift the practice reinforcement.
* Competing priorities are very challenging. It is important to continue to make a conscious effort to stay on course.
* Enjoyed hearing what is working in other counties-lessons learned. Made the partnership and sharing feel like we are not in it alone.
* Facility was wonderful and the work that occurred behind the scenes was evident.

1. *What are you taking from this experience to use in your own ORB work?*

* Lessons learned from other counties
* Support networks; people can call when get stuck; getting ideas on how others are handling implementation
* Mapping
* Inclusive processes are a must. All layers of the system need to be included in order for implementation to be successful

1. *What is your county is doing that you would like to share?*

* Learning Labs-drop in sessions that can focus on learning/practicing.
* Developing a charter is helpful.
* Use Implementation Science.
* On going meeting once a month. 2 subcomittees (practice/communication and visitation). Asked for a 1 year commitment from members

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# TESTING COUNTY NAME: Shasta BUDDY COUNTY: San Francisco

Contact Person: Dianna Wagner

Email or Phone: [dwagner@co.shasta.ca.us](mailto:dwagner@co.shasta.ca.us) (530) 410-2854

1. **County description**

Shasta County is a rural northern CA county. We have approximately 465 children in out-of-home placement, with about 500 total children being served. Our community is not very diverse and we serve primarily Caucasian families. There are limited resources in our community because of our rural location. I am the HHSA Branch Director of all children’s services. This includes mental health, child welfare, foster care nursing, foster care eligibility, and drug and alcohol services. The agency has around 200 staff. I find this structure to be very helpful because it allows for dollars to be leveraged based on the needs of the families.

b. **Testing**

* + - * What did we test? *(Communication for Engagement in CPM Implementation and/or ORB Assessment)*

We tested CPM & ORB Key messages. We worked to align these messages to make sure that they honor the work that is happening in the county, that they describe specific behaviors and that they are focused on our vision.

Our vision of CPM is that it is embodied at all levels of the organization & the community, to create a culture of hope & learning. So far our key messages have been tested alongside with the CPM video.

We also tested an ORB Assessment tool. We tailored this tool to inquire about areas that are a priority for Shasta. Our tool explores fit & priority of implementing CPM in Shasta County, the organizational climate and leadership’s role.

* + - * How did we test it? With whom? What events/meetings?

The way we tested this process was to start with our monthly leadership meeting. CPM was talked about starting in August. This is where the key messages were shared as well as the Leadership Behaviors. When the management team felt a level of comfort with the messages and behaviors, similar conversations were facilitated with supervisors. In every meeting, space for feedback was always created.

The management team was asked for their ideas on how to do outreach and other ideas about how to get the word out. They talked about wanting t-shirts and posters. I put the key messages on large pink post-its and my team asked to have their own for their offices. I make an effort to engage my staff and actively elicit feedback from them as a way to demonstrate CPM at a macro level.

We also took the opportunity at the SIP Self-Assessment meeting with the community stakeholders to share our key messages and the CPM “We believe” video. I inquired about their feedback and collected their input to future guide her process.

Once the ORB Assessment tool was created, I asked my managers and supervisors to complete the tool in a meeting setting. The tool was condensed down to two pages. I appreciated the time my staff took to thoughtfully provide their input. The tool responses will be synthesized and shared back with the managers and supervisors to initiate a work plan.

Now that I have had some time in my job, my comfort with child welfare has grown. I feel that I am more vulnerable and braver in advocating for CPM. It creates a clear vision and I would like to get to a place where we are embodying CPM 90% of the time.

* Why did we decide to start there?

We started with the management team because I had conversations with them in the past about CPM. So I wouldn’t be starting from scratch. Having the TA around this and being able to talk though the process was helpful. There is so much work directors’ do; you hope you made the right call. Having a team to walk this out with made a big difference. The Leadership Behaviors talk about how the directors need to be clear, honest, and transparent about the vision. We don’t need to wait for everything to be perfect to start we just need to start. CPM is unique because you can take the time you need to implement it.

1. **What did we learn?**

We learned how to bring the Leadership Behaviors alive in our work. They help operationalize leadership’s role, see ways we may already be practicing CPM as leaders and the areas that may need to be developed. We really like using the leadership behaviors, as it is easier to coach to proficiency.

We are excited about the enthusiasm of the leadership team, their contributions to tailoring the messages & the tool to fit the culture of Shasta County. Having this conversation over a series of meetings allowed for discussions to happen in small manageable pieces at a time. For example, sharing the just the leadership behavior headings and then taking them one at a time to build on their knowledge.

As director, I can have my vision, but can’t go in with my mind made up. My staff needs to co-create and design the process and materials so it makes sense to them. It’s important so that they feel an ownership over the process. Language needs to be inclusive, representing all levels of staff and every position in the agency.

1. **What about the process worked for us?**What worked for us is finding ways to show how the values, principles and behaviors of CPM are connected to all the other work efforts in the county. As the leadership team reviewed many of the practices, we found areas that we do well at modeling CPM and areas that we need to improve.

What worked for us was allowing for flexibility in how we tested the materials. One way we did this was by showing the “We Believe” video to our stakeholders, which allowed for us to get early feedback from them.

1. **What might we do differently next time?**

A team was not officially formalized before this process. I had a few staff that I invited to attend many CPM events and so they were the team that helped me to think through our next steps. I would have liked to have a more formalized team early on to assist me. Involving them in the DCs created buy in. Having consistent meetings from the beginning would have helped our county.

1. **Where are we going from here? What’s next for us related to ORB?**

To connect the work of all of the DCs, Shasta will continue to find ways to creatively engage staff in meetings that elicits their perspectives, feedback and ideas. We will continue to tailor key messages for key partners and regularly engage them in a dialogue about CPM and the agency’s vision. We will also include leadership behaviors into annual evaluations and display the key messages throughout the agency. We could use the county logic model as a communications tool as well, once it’s created.

1. **Guiding thoughts for other counties?**

Start simple and build with input from a small (4-8) implementation team. Give yourself permission to revisit earlier steps.

***NOTE: Please also ask your Buddy-County the following questions. (San Francisco)***

1. What was it like to be a Buddy County in this process? What was your role?

My role was to support the testing county and to offer up any experience that I had that would assist them in the testing efforts. I found this process to be very helpful for myself as I was able to learn from the testing county as was able to get new ideas about how to move this forward in my county. Since readiness assessments should be continuously done, I learned many new ideas and approaches. It was great!

1. What did you learn?

I learned additional ways to move my efforts forward.

1. What are you taking from this experience to use in your own ORB work?

Some of the tools that were tested, some of the ideas that the test county put forward, the understanding that assessing readiness is an ongoing thing that needs to happen continuously.

## ORGANIZATIONAL READINESS BUILDING Development Circle

# COUNTY TESTING PROFILES

Introduction: The ORB DC has been testing resources, tools, and processes for two things:

1. Communication for Engagement in ORB to Implement the CPM: identify, share, and gather feedback about messages that clarify the CPM and the organization’s role to support CPM implementation; and
2. Assessing Organizational Readiness for implementing the CPM: design and gather information about ORB key elements based on local context and need (Understanding the Fit & Priority of Implementing the CPM; Organizational Climate; Team Structures & Processes; Communication & Feedback; Using Data for Understanding & Improvement; and Leadership).

# TESTING COUNTY: Sonoma BUDDY COUNTY: Sacramento

Contact Person (name): \_Jo McKay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email or Phone: \_mckayj@schsd.org\_\_\_\_\_

1. **County description**

Sonoma County is a mid-sized county that is comprised of both urban and rural communities. All of the County offices are centrally located in the county seat of Santa Rosa, and there is one satellite office in Petaluma. The satellite office provides all of the County services in one convenient location. Sonoma County’s Family, Youth & Children’s Services (FY&C) has approximately 100 master’s-level social workers to serve the needs of the County’s most vulnerable children and families.

In Sonoma County, the implementation of the Core Practice Model (CPM) is a gradual, methodical, and collaborative process. The initial CPM Implementation Team was selected by the Division Director and consisted of: 1 Division Director, 3 Section Managers, 2 Supervisors, and 1 Social Worker. Members of the CPM Implementation Team participated in the Development Circles and webinars and while most of the members participated in the Organizational Readiness Building Development Circles, one of the Section Managers also participated in the Engagement Development Circle. The implementation team met as often as possible to discuss what was learned in the Development Circles and webinars and how to apply what the team learned to how CPM would be implemented within FY&C. Through this ongoing conversation, the implementation team took the first step of rolling out CPM to the management team.

1. **Testing**

* What did we test?

We tested an elevator speech, a PowerPoint presentation, and a modified version of the Illustrative Inventory. To prepare our audience for the messages from our PowerPoint presentation, our Division Director shared his CPM elevator speech to give a snapshot of what CPM means in Sonoma County. Our CPM implementation team utilized a PowerPoint presentation to share information about CPM with our management team and the key messages included:

1. Emphasis that CPM is not a new initiative but a way to conscientiously organize our practices
2. CPM is about looking at how we do social work in Sonoma County and how we can do it even better
3. CPM is about teaming at all levels and in all areas of the work we do as an agency
4. CPM is about ensuring we are focused and strategic about how we implement new initiatives to ensure they align with our agency values.
   * + - How did we test it? With whom? What events/meetings?

During the presentation to our management team, the CPM Team engaged the managers in two exercises: 1) mapping/charting our current practices with FY&C values and how these fuel our agency’s behaviors (work with each other, work with youth/families, work with other agencies, etc.); and 2) challenging our management team to “try on” 3 leadership behaviors from the CPM Leadership Behaviors list.

Our CPM Team modified the “Illustrative Inventory” Assessment Tool provided by CalSWEC to gather baseline information about the effectiveness of communicating our engagement message with our management team. We utilized the 6 elements from the original tool: “Understanding how implanting the CPM aligns with FY&C ‘fit & priority’”, “Organizational implementation climate”, “Team structures and processes”, “Communication and feedback”, “Using data for understanding and improvement”, and “Leadership”. The modified tool consisted of 26 total questions.

* + - Why did we decide to start there?

Our CPM implementation team started with our management team, because we believe it is important that our managers have a clear understanding and foundation of CPM before we roll it out to our line staff. Our goal is to have our management team model the leadership behaviors to demonstrate to our line staff how much we value CPM. In addition, by having our management team model these behaviors it shows our line staff that we’re not asking them to do something that the management team is not already doing.

1. **What did we learn?**

We learned that many of our current practices match the values of CPM. The managers who listened to the presentation gained knowledge and a better understanding of the CPM, where the CPM came from, and how the CPM will be incorporated within our agency. The testing materials were effective with meeting our objective of bringing awareness of CPM to our managers. We also learned that before the next presentation, some of the material needs to be modified to be more inclusive of our clerical staff and to emphasize how crucial their roles are with the CPM. We believe that the CPM begins with how we engage people from the very beginning and most often that first interaction is on the phone with our clerical staff or at the front reception desk, so we need to create concrete examples of how CPM values and behaviors apply to our clerical staff as well.

1. **What about the process worked for us?**

The CPM implementation team met prior to the presentation to ensure the presentation conveyed the messages the team agreed upon, to organize the presentation material, and it was agreed that each member would choose what section each member felt most passionate about. This process worked well because by allowing members to choose sections, the presentation was tailored to the individual strengths of each team member, which resulted in an overall higher quality presentation. The entire CPM implementation team participated in the presentation to the managers to convey each member’s contribution to the initial roll out of CPM for our agency. Our Division Director is a champion for CPM, which means that he supports the work of our agency and he wants to keep us moving forward with fully implementing the CPM. The rest of our management conveyed their support of the values and behaviors of the CPM.

1. **What might we do differently next time?**

Unfortunately, the time that we scheduled to present to our management team, our County was in the midst of a major natural disaster that directly impacted our entire community, including our workforce. On the day of our presentation, we had a small audience of roughly 5 of our 13 managers, but we decided to proceed to keep the momentum moving forward with CPM. While we would have liked to have had more participants and participation by our managers is clearly expected by our Division Director, the lack of participation was understandable, which is why we’ve scheduled the next presentation to occur on January 23, 2018. Until our next presentation, the CPM team agreed to continue having conversations with members of management to keep them engaged and to practice “walking the walk” of CPM.

1. **Where are we going from here? What’s next for us related to ORB?**

Our CPM Implementation Team will be meeting to discuss each member’s role during the process of implanting the CPM to broker our roles collectively as a way to ensure we have the members necessary to have an effective roll-out of CPM. There is a follow-up presentation with the rest of our management team who were unable to participate in the October 2017 presentation scheduled for January 23, 2018. We will be quantifying our Illustrative Inventory once we’ve presented to our entire management team in January and will use that data to inform our next steps with further CPM implementation. Once we’ve discussed the outcomes from the Illustrative Inventory, the CPM implementation team will consider the feedback from managers and modify the presentation (if necessary) then extend the CPM presentation to the rest of our leadership team, which includes social work supervisors and managers. Before rolling CPM out to our line staff, the CPM implantation team will map all of our current practices with values and behaviors from the CPM, to clearly show our entire agency staff how the CPM is not a new initiative, but an opportunity to enhance the work we’re already doing. Finally, our CPM implantation team will create a full CPM Implementation Plan that will clearly align with our County Self-Assessment and next System Improvement Plan.

1. **Guiding thoughts for other counties**

It is our hope that all Counties understand that every county is at their own pace with implementing the CPM. Please, do not to feel pressured by other counties who have more resources dedicated to CPM implementation that may be further along the implementation process. We would also like to convey that it is critical for each County’s CPM team to be sensitive to the current agency climate and overall readiness of the agency during the process of planning and implementing the CPM. This is the perfect opportunity to “slow down, to speed up” meaning the slower and more well thought out the implementation of CPM, the better the overall success your agency will likely experience.

## ORGANIZATIONAL READINESS BUILDING Development Circle

# COUNTY TESTING PROFILES

Introduction: The ORB DC has been testing resources, tools, and processes for two things:

1. Communication for Engagement in ORB to Implement the CPM: identify, share, and gather feedback about messages that clarify the CPM and the organization’s role to support CPM implementation; and
2. Assessing Organizational Readiness for implementing the CPM: design and gather information about ORB key elements based on local context and need (Understanding the Fit & Priority of Implementing the CPM; Organizational Climate; Team Structures & Processes; Communication & Feedback; Using Data for Understanding & Improvement; and Leadership).

# TESTING COUNTY: Sacramento BUDDY COUNTY: Sonoma

Contact Person (name): Melissa Lloyd, [lloydm@saccounty.net](mailto:lloydm@saccounty.net) , 916-874-9589

1. **County description**

Sacramento County is comprised of seven cities: Sacramento, Citrus Heights, Rancho Cordova, Folsom , Elk Grove, Galt, and Isleton; however, there are 28 communities that are census-designated places: Antelope , Arden-Arcade, Carmichael, Clay, Courtland, Elverta, Fair Oaks, Florin, Foothill Farms, Franklin, Freeport, Fruitridge Pocket, Gold River, Herald, Hood, La Riviera, Lemon Hill, McClellan Park, North Highlands, Orangevale, Parkway, Rancho Murieta, Rio Linda, Rosemont, Vineyard, Walnut Grove, and Wilton.1

Sacramento County’s population estimate as of 2015 is 1,501,335, which is up 32,783 from 2011. Over a quarter of the population, 30.7%, are under the age of 18, which is a slight decrease of 2% from 2010. Children under the age of five make up 6.6% of the population. Conversely, the “over 65” population has increased slightly at 2% since 2010. Veterans make up 92,734 of the population.

As of November 1, 2017, Sacramento County CPS has 1,802 open referrals. On average, CPS opens approximately 900 new referrals a month.

As of November 1, 2017, there were 3,678 open cases (all programs):

* 0-17:  3,273
* 18+:  405

As of November 1, 2017, there were 2,495 children and youth in out of home care (open placement episodes):

         0-17:  2,113

         18+:  382

Sacramento CPS has 801.7 allocated staff.  The breakdown of these staff is:

Social Workers = 385.6  
Program Specialists = 25  
Social Work supervisors = 65.8  
Public Health Nurses (including supervisors) = 13.5  
Child Development Specialists and Family Services Worker Staff (includes the supervisors) = 76.3

Clerical Support (direct to social work staff; includes transcribers, paralegals, office assistants and their supervisors) = 164.5     
Administrative support (support to Division) = 31  
Executive Management Team= 45 (1 Deputy Director, 4 Division Managers, 16 Program Managers , 22 Program Planners, and 2 ASO III’s)

Sacramento County CPS is led by a Deputy Director and four Division Managers (DM’s) who oversee the Executive Management team. The Deputy Director oversees the four Division Managers and four members of the Executive Management Team. The four Division Managers oversee the entire Division operations via their direct supervision Executive Management Team members. One Division Manager oversees Emergency Response and Prevention services for Sacramento County including Intake, Field Investigations, Informal Supervision and our SAFE Center. Two Division Managers oversee Court Investigations and Permanency, RFA, Family Service Workers, and Child Development Specialists.

The DM’s establish scope of work for program managers, program planners, supervisors and individuals on special assignment via facilitating. Organizing and overseeing the work of the agency, both within daily operations as well as overall leadership and management across Divisions. The cross-division work focuses on aligning initiatives, strategic planning, taking action, and problem solving to ensure dedication to the agency’s mission and legislated charge.

1. **Testing**
   * + - *What did we test?*

We tested a process of identifying and sharing messages about the CPM and ORB for implementing the CPM.

* + - * *How did we test it? With whom? What events/meetings?*

First, we (four Division Managers of the Executive Leadership Team or ELT) used one of our weekly meetings to clarify our own key messages about implementing the CPM. We generated the following:

(1) Staff voice is important. We need to start with you by asking you what you know and what questions you have about implementing the CPM;

(2) We invite you along this journey to help inform where we go together; and

(3) We are already doing some of this! Let’s get concrete about what is happening, identify where we can do better, and get more intentional about making this happen more regularly.

Next, the ELT incorporated messaging about the CPM and ORB for implementing the CPM into monthly meetings with our Executive Management Team (EMT). We started with a brief PPT presentation about the CPM, used index cards with key CPM concepts and elements, had copies of detailed versions of CPM behaviors, and followed with Q&A and discussion to emphasize these messages. At the next EMT meeting, we did a parallel process, asking Managers “What messages are important for Supervisors to hear? What do you think they want to know?” From those discussions, we generated a parallel set of messages regarding the CPM and how it influences both agency work together and then our work with children and families.

* 1. CPM reflects programs we already do, yet it is NOT a new program, per se
  + It is shared language about work of all staff
  + It shows the importance of each staff members as part of the team
  + It is the “to-do’s” to activate our core values.
  + It is an action plan to meet our goals
  + It is how we can behave to be the best agency we can be with families and each other
  + It makes concrete what we should and/or are already doing with families
  + Behaviorally-based case plan for the agency (parallel process to our work with families)
  + The CPM can create a seamless experience in child welfare in any and all counties across CA
  1. We need to clarify what “it” is for staff
  + Theoretical framework for child welfare
  + Break it down into smaller pieces
  + Explore where it already fits, how it is and can be more embedded into what we do
  1. Each of us is modeling desired behaviors
  + Leadership modeling behaviors on a consistent basis creates staff understanding and buy-in
  + At all levels, among all positions
  1. Together, we are nurturing a learning environment to improve the system and outcomes for children and families
  + Engage in conversation to “think about this together”
  + Acknowledge “I don’t know all the answers”
  + Creating a solution-focused learning environment rather than a punitive one

Finally, as Division Managers, over the next month, we provided coaching and support to managers as they began to share these messages with staff. As the ELT, we reflected with each other on carrying out this process with Managers: Which messages “stuck?” What was difficult? What are we taking away for building readiness among Managers?

* + - *Why did we decide to start there?*

Ultimately, we want workers to be using the CPM practice behaviors as they engage with children and families. To do so, workers need support from supervisors, and supervisors need support from Managers. If leadership does not have the understanding and buy-in to the CPM – both the practice and leadership behaviors - they are often less willing and able to support change. Plus, modeling the CPM at multiple levels of the system is critical to demonstrate and nurture change. We started with ourselves and then the EMT to build the necessary awareness, buy-in, and parallel process among leadership across the agency for the kind of changes we want to see and support at the worker level.

**c**. **What did we learn?** *(perspective of both participants and testers*)

* Use real-time, concrete examples of the work with each other – even if the situation may be a crisis – to make linkages with each other about key elements and behaviors of the CPM
* Ask staff to carry out some kind of “takeaway” task in between meetings to help them “try on” and help the CPM behaviors “soak in.” Ask them to come to the next interaction ready to share and discuss
* In this process of “testing messages,” we as leaders are modeling and “calling-out” (labeling) the CPM Leadership Behaviors with each other. Managers (at their own speed) are introducing the CPM, “testing” the calling-out of behaviors, and sharing their experience and outcomes within the broader EMT. And we are modeling what the Managers can then be doing to check-in with and nurture learning with their Supervisors.
* This is a process that takes time. We are already getting feedback from Managers - they report seeing teaming, solution-focused work, and accountability.
* It can feel uncomfortable to be saying “We don’t have all the answers” as we are trying to work things out together
* We are a large group, and worry about how we can get some consistent messaging about the CPM and the organizations and leaderships roles in implementing it.

**d**. **What about the process worked for us?**

* Making the commitment to include discussion and critical reflection about the CPM in our monthly group meetings with Managers
* Technical support from Casey (Renee Boothroyd, Andrea Sobrado, Dana Blackwell)
* Regular meetings guided by Technical support partners
* Focusing on the CPM behaviors in action
* The Executive Leaderships Teams’ dedicated time to the continued exposure and learning to strengthen our growth together
* The ability to learn from like counties and get their input and get their feedback
* The permission to allow Managers to “try on” CPM Leadership Behaviors and allow space and time for them to get comfortable with their own knowledge and understanding
* Transparency throughout the phases of learning
* Recognizing that to get underneath the practice Leadership Behaviors – practicing “calling out” the behaviors helps to identify when we see the behaviors vs when we don’t – allows us to give example of when behaviors are present the positive outcome and on the flip side when it may have been a different outcome had we reflected a behavior(s)

**e. What might we do differently next time?**

* Multiple presentations that reiterate the CPM framework from different experts
* Refrain from saying, “we are already doing it”.  Instead present CPM as a framework for our practices
* Setting up and committing to regular protected time to do meaningful strategic planning
* Identifying the staff that have already or are concurrently receiving information regarding CPM from other sources (i.e. CORE trainings)
* Invited other classifications of Sac staff to participate in development circles, such as a supervisor or social worker. This would have perhaps helped to prepare for the cascading of information to other levels within the organization. For example, if a social worker had participated in a learning circle, he/she would have been aware of our plan to start with Leadership, but we would have had a partner/champion “voice” to help us think about how to engage other social workers.

**f. Where are we going from here? What’s next for us related to ORB?**

* Continue modeling, labeling, and making linkages between the work and key elements and behaviors of the CPM
* Utilize case discussions series to link CPM behaviors to the work where they are already happening and opportunities to strengthen them
* Present CPM to our respective Labor partners

*Based on key elements of Organizational Readiness Building,*

* Determine which aspects we want to assess here
* Determine the format or approach we want to use to gather staff input

**g. Guiding thoughts for other counties**

We found that having our technical support partners provide an initial presentation to our Executive Management Team (EMT) as well as their continued participation with our EMT had positive impact as it provided the structure and forward momentum needed to help maintain focus and accountability. Having support for strategic planning and development is beneficial. We continue to identify the importance of assessing readiness of our overall team so that implementation includes staff voice. It is important to understand that implementation is not an event, it is a process. Other ideas include:

1. Specifically address upfront the “calling out” of Leadership and Practice behaviors and acknowledge that it can be a bit clunky and feel odd, but over time helps to support the exposure and learning. Have fun with this!
2. Link the Leadership and Practice behaviors back to the CPM, even if you don’t cite an entire “behavior” but cite just an element, such as Teaming, or Engagement, especially as a way to highlight those practices as you notice them among your colleagues.
3. Use opportunities to reflect with your team when a CPM behavior may not have been present, and could have been. This can be a direct, yet supportive way of revisiting a situation that could use some coaching. For example, after a case staffing, *“What other outcome may have been reached had we held a CFT for this youth, as we look to our CPM model”?*  or “As we look at our CPM , can you identify any other behaviors that may have turned the tide on the situation?”