***Organizational Factors Matrix***

The tables below contain information about organizational factors needed to implement and sustain a statewide practice model in California. The tables address commitments from leadership at all levels, organization culture and climate, workforce issues, and service array. This is a working document for counties and statewide organizations to use as they identify steps for implementation and determine resources needed to support and sustain the practice model.

**COMMITMENTS THAT APPLY TO ALL LEADERS**

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| **Leadership Commitments at all levels** **(Executive, Manager, Supervisor, Caseworker)** | **Resources Necessary for Implementation** |
| * Manage competing values (e.g. high productivity of staff, efficiency and engaging families).
* Value culture as a source of strength and resiliency.
* Be a trauma informed organization (which includes recognizing trauma of families and staff).
* Enact policies to create a learning organization at all levels of the organization.
* Adjust priorities to support CPM.
* Model CPM values, principles and behaviors and recognize the power of the parallel process.
* Enact policies to create a trauma informed organization (which includes recognizing trauma of families and staff).
* Commit to being fair and equitable and not showing favoritism.
* Reflect on one’s own beliefs, biases, assumptions and impact on staff, partners, organizational processes and decision-making.
* Run agency and work with partners in a way that is consistent with CPM.
* Promote a belief that families can grow and change.
* Communicate hope and understanding and long term vision.
* Create leadership at all levels of the organization.
* Honor the evaluation and self-evaluation processes that promote continuous quality improvement and evaluate performances consistently.
* Collaborate with allied organizations in rollout of CPM, including:
	+ - Public Agency partners;
		- Private Agency partners;
		- CalSWEC and the Regional Training Academies around training and coaching needs.
* Show alignment between CPM and Organizational mission, vision, goals and assess whether or not agency missions need to be changed to reflect CPM.
* Use practice behaviors for all levels of staff: worker to director.
* Ensure staff at all levels are part of the implementation team.
* Address initiative fatigue and the impact on staff and families.
* Make sure that new initiatives are aligned with goals set forward with CPM and eliminate those that are not aligned.
* Build and sustain a healthy organizational culture and climate (commit to measurement and adjusting based on feedback).
* Actively demonstrate partnership and communication.
* Balance messages to include both what is working and what needs to change.
* Acknowledge that practice change and implementation take time.
* Engage in ethical leadership.
* Demonstrate belief in work/life balance value.
* Use technology to support communication and practice.
* Address generational differences.
* Provide opportunities for staff to have a voice.
* Be pro-active rather than reactive.
* Understand that staff can grow and change.
* Manage transitions.
* Be open to feedback and communicate when feedback not used.
* Be transparent about growth areas, keep track of what happens with feedback and give updates, be open about what can and cannot happen.
* Pay attention to and fix ***perceived*** and ***actual*** management implementation drivers and barriers.
* Facilitate the evaluation of the CPM impact on family satisfaction and outcomes.
* Understand financial issues that impact line staff; hiring, funding and vacancy issues that exist in filling vacancies.
* Understand processes and challenges related to funding and resources.
* Understand personnel processes and barriers to hiring.
* Recognize, prevent, and intervene before staff experience burnout.
 | * Time and funds to develop and execute Child Welfare Core Practice Model Leadership Academy and CPM Academy.
* Tools to communicate effectively and funds to support communication consultants to develop communication strategy for messaging, communicating the tone and vision, in an inclusive way that utilizes engagement strategies and a variety of ways to message: training, visuals, technology and builds buy-in across all levels of the organization.
* Time and funds to create tools to facilitate mentoring, coaching, performance reviews, track turnover, organizational change, track outcomes, conduct listening sessions.
* Tools to expand knowledge of CPM and LO processes and tools.
* Therapeutic group processing to help staff at all levels deal with secondary trauma (including forums for sharing and dealing with stresses of implementation)
* Tools and technical assistance related to implementation science, supporting and scaling a CPM, and managing change.
* A process to create readiness for change or the adoption of a CPM.
* Tools to manage by data.
* Tools to affirm direct reports and partners in everyday work.
* Tools to facilitate mentoring, coaching, performance reviews, track turnover, organizational change, track outcomes, conduct listening sessions.
* Tools to increase knowledge and skills related to overcoming historical trauma.
* Tools to increase skills related to listening to families to understand the impact of historical trauma and how leaders can work with providers to address the impacts of historical trauma and acknowledge ways the system may have contributed.
* Tools to recognize and address signs and impact of burnout, STS and vicarious trauma on staff.
* Tools to explore complaints, events and situations through inquiry, listening and data to inform decisions.
* Develop mutual trust and transparency so that others know why decisions are being made.
* Create a space and time to allow for these conversations at all levels of the organization.
* Tracking tools and exit surveys for staff.
* Parent and caregiver surveys.
* Funds to support development and participation in research partnerships and other university partnerships.
* Technical assistance in identifying resource needs.
* All levels of staff to shadow workers to maintain connections and understand the challenges social workers face.
* Tools and resources to conduct Institutional Analysis.
* Tools and technical assistance to make changes to create a healthy organizational culture and climate.
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**COMMITMENTS EXCLUSIVE TO EXECUTIVE LEADERSHIP**

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| **Executive Leadership Commitments** | **Resources Necessary for Implementation** |
| * Listen to staff at all levels of the organization.
* Engage in clear, frequent communication to the whole organization.
* Exhibit a clear idea of the demands of the jobs of supervisors and line workers.
* Meet with workforce (sups and line) to hear their concerns and address them, to facilitate staff participation in planning and problem solving, and to share the vision from the exec level.
* Ensure selection, recruitment and promotion practices are in line wth CPM.
* Break down the silos in the Departments.
* Demonstrate active commitment with community partners, birth parents, youth.
* Work with the Board of Supervisors and CEO to help them understand the CPM and solicit their commitment to fully support CPM on all levels.
* Work with the Courts to develop an understanding of the CPM.
* Make sure contracts support CPM.
* Establish and sustain relationships with labor unions that support the CPM.
* Increase knowledge of funding and how it can be utilized to support the CPM and improve practice.
* Realign existing resources and advocate for more resources to support CPM.
* Set up implementation team structures that allow leadership to include staff and stakeholders in the work of implementation.
* Be at the forefront of implementation and practice modeling – be the biggest champion of the CPM.
* Assess where staff are before strategizing the changes needed to support implementation.
* Engage in policy development practices that include staff at all levels in the development of policy on CPM.
 | * Time and funds to develop processes to align policies, procedures, business processes, and structures (e.g. IT, CQI, Case Management Structure, Space) with CPM.
* Funds to support community partners who are able to work with families to address trauma.
* Tools to advocate for change with HR.
* Tools to advocate for SACWIS change.
* Tracking tools and exit surveys that measure staff satisfaction.
* Parent and caregiver surveys.
* Technical assistance in doing resource needs assessments
* Technical Assistance in installing, implementing CPM.
* Resources and tools for increasing media skills.
* Exec retreat or convening to hear from talks with Leadership Coaches.
* Tools and support to present CPM information and issues to Labor Organizations, Board of Supervisors, Court, stakeholders and service providers.
* Tools and measures to evaluate the impact of the CPM on outcomes.
* Tools and resources to establish realistic expectations, timelines, benchmarks.
* Opportunities to observe staff and supervisor coaching sessions.
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**MIDDLE MANAGEMENT LEVEL LEADERSHIP**

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| **Leadership Commitments At the Middle Manager Level** | **Resources Necessary for Implementation** |
| * Create cross-divisional implementation teams to develop creative solutions to any problems that arise or barriers to executing the CPM.
* Change structures under their control to support and create alignment with CPM.
* Advocate for fair and equitable distribution of resources across all divisions.
* Ensure that all supervisors and workers are trained in the CPM.
* Support and coach supervisors in CPM.
* Solicit feedback from supervisors regarding CPM rollout and timeline, and take feedback into consideration when executing change and communicating upwards.
* Share information about CPM and implications for practice to allied organizations and seek input from them to enhance coordination.
* Translate the vision from exec to the practicality of everyday work of supervisors and line staff.
* Promote an understanding up & down/manage up & down.
* Serve as a conduit for information between line and exec and in doing that, ensure that exec has realistic expectations of what workers and supervisors are already doing and what they can add.
* Seek feedback from all levels of staff.
* Bridge communication at all levels.
* Be able to step down to let others “step up”.
 | * Manager specific training to focus on:
	+ - Training on how to manage cpm;
		- Management course on how to engage and managing a larger span of control;
		- Coaching: mentor and supporting each other for onboarding and beyond.
* Peer support group across agency and / or region.
* Regular meeting regionally on CPM to strategize and share ideas.
* Tools and technical assistance to support use of practice behaviors in a regular basis.
* Quarterly division meetings covering a domain of CPM and identify 4 questions that become a part of the repertoire such as a circle of supports, questions such as how might you incorporate this with a worker, how did it go what would you do differently, strategic and not cumbersome.
* Resources to hold staff retreats to help with rewarding the hard work of implementation and to share tools and activities for supervisors to use with staff.
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**SUPERVISORY LEADERSHIP**

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| **Supervisor Leadership Commitments** | **Resources Necessary for Implementation** |
| * Maintain unit’s effectiveness, quality and morale during change effort:
	+ - Make adjustments in staff assignments to promote success in CPM execution;
		- Obtain feedback from workers regarding CPM and share with managers;
		- Celebrate success in worker utilization of CPM and family, young adult, and youth success as a result;
		- Keep up to date on CPM and communicate with staff;
		- Advocate for the supports and services needed by social workers and families and youth;
		- Ensure that all workers are trained in the CPM;
		- Meet with staff to generate support for CPM, plans to implement CPM, importance of staff following CPM;
* Provide constructive feedback, guidance and reinforcement as workers use CPM and prioritize the worker / supervisor relationship and interaction:
	+ - Use data in supervision;
		- Shadow workers to better understand the support new workers need;
		- Be present and available to provide in-person supervision and coaching (fewer off site meetings);
		- Highlight pxm related efforts when reviewing court reports;
		- Bring examples of quality pxm related work to unit meetings;
		- Use a strength-based, coaching approach in supervision;
		- Use case consultation tool to ensure workers follow CPM in practice with families.
* Evaluate current procedures and suggest improvements to managers.
* Foster leadership in workers and build avenues to leadership for staff.
* Ensure staff understand eligibility (Linkages).
* Understand when to escalate to higher level.
* Support each other in attending training and covering workload.
 | * Training, coaching, mentors, and support for supervisors to manage changing staff assignments and expectations.
* More admin support needed to free supervisors up from admin tasks.
* More staff to ensure supervisors are not carrying cases
* Establishment of realistic span of control for supervisors.
* Better definition of what’s urgent and what can wait and tools for conveying this to staff.
* Protected time for tasks related to CPM implementation.
* Learning circles for supervisors.
* Coaching training.
* Training on having difficult conversations to help strengthen the CPM.
* More allotted time for coaching/modeling to support learning new practices.
* Allowing for the time to provide CPM; unrealistic with the current time requirements.
* Tools and resources to develop and technical assistance to use fidelity tools to ensure actually practicing to the model.
* Training and support on how to use data in supervision.
* Training and coaching to build advocacy skills to learn to voice concerns for what is needed and be able to voice these issues.
* Information on agency organizational assessment and agency outcomes to know the county’s baseline and how to strategize coaching of line staff.
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**CASEWORKER LEADERSHIP**

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| **Caseworker Leadership Commitments** | **Resources Necessary for Implementation** |
| * Advocate for resources for self to do job and families to meet needs.
* Accept feedback, guidance and reinforcement around CPM.
* Celebrate successes with families, young adults, youth, and children.
* Support implementation and sustainability of the CPM.
	+ - Fully engage CPM in training and coaching;
		- Follow CPM;
		- Share skills and abilities within team to facilitate learning of CPM;
		- Be open to CPM and new way of working with families;
		- Participate on implementation teams;
		- Be a CPM champion / early adopter;
		- Mentor new workers in CPM;
		- Give feedback regarding CPM;
		- Use case consultation with supervisor to help follow CPM in practice with families;
		- Participate in the evaluation of the impact of the CPM on outcomes.
 | * Tools and technical assistance to gather feedback from parents, young adults, youth, children, caregivers and service providers.
* Tools, policies, and expectations for use of social media.
* Time and task management training.
* Service aids.
* Tools, training and coaching to develop facilitation skills for teaming.
* Feedback loop to easily provide input and accept feedback.
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**DIMENSION: ORGANIZATION**

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| **Organizational Culture and Climate** | **Resources Necessary for Implementation** |
| * Transparency and openness pervade the organization.
* Leaders are visible.
* All levels of staff are open to:
	+ - continuous learning and reflection;
		- change;
		- innovation.
* Expectations that workforce will
	+ - have up to date knowledge to perform job;
		- be responsive to families and partners and place well-being of families above agency needs.
* Data-driven / data informed decision making using both qualitative and quantitative data. Using data not to punish but to improve systems, identify training needs and identify work improvements needed.
* Values and evidence based/informed practice (demonstrate to values evidence based/informed practice and experiential evidence from cultural and community practices that have been effective)
* Respectful interactions at all levels.
* Promotion of Trauma Informed Care including ensuring that workers are emotionally healthy (not exhausted) and can manage conflicting demands and complete necessary job tasks.
* Staff feel supported as evidenced by:
	+ - staff feeling they receive the cooperation, roles clarity and resources they need to successfully perform their job duties;
		- staff feeling they are able to accomplish many personally meaningful things in their work and treat families in a personalized way;
		- support, engagement, trust between line staff and management;
		- empathy from upper management.
* Organizational culture and climate and related dynamics are measured routinely to understand what changes need to be made.
* Leaders are committed to processes that promote making changes in culture and climate in order to support best practices.
* There are mechanisms for actively and routinely seeking feedback from staff and partners regarding best practices supports, agency policy and system barriers, then respond and regularly update regarding action steps taken (communication).
* Management having candid conversations up and down the org as a way to improve the relationships w/the front line and communication structures that allow for feedback/accountability
* Strong, clear policies around use of technology resources, connected to overtime and working on time off (cell phones, ipads, email access).
* Equipping staff for role transition when moving from SW to Supervisor or Manager.
* Adequate resources to meet Court demands.
* Focus on family preservation and prevention.
* Routine use of policy applied consistently.
* Mechanisms in place to gather input about barriers and success as well as action plans in place.
* Staff, youth and partners provide input before things planned and implemented with multiple avenues of feedback.
* On-going communication with partner agencies as decisions and changes happen.
* Partners need to really understand what the CPM is so that it is not ordered or expected as an event, rather than it being a process, actions of practice.
* Physical plants need to represent the values of the CPM.
* Families allowed voice in where meetings are held within their communities of support, not just at provider agencies.
* Clinical Debriefing or CISM/CISD for traumatized staff, families, community
* Transparent communication/feedback loops and protocol as cases transition.
* Fair and equitable case assignment practices.
* Organizational culture that is open to exploring vertical case management at case level or supervisor level or exploring where it might be of benefit to children and families.
* Convening other family serving organizations and action-planning together, as well as training and coaching or case consultation, or shared coaching
* Sharing of assessments, tools and resources and creating alignment through CPM
* Professionalizing the package that we present to families through collaborative case planning
* Catch people trying it on and acknowledge folks for good practice, build recognition for the practice we want to see
* Supervisors Coaching workers use Safe Measures as a proactive case management tool
* Recognition of the things that get in the way of best practice.
* Multi-county agreements in place to share resource, courtesy visits, caregiver resources etc.
* CQI structures in place to get true input on what is impacting org culture and climate
* True commitment to messaging genuine understanding that the entire weight of the system shouldn’t rest on the back of the frontline
* Through the lens of CPM-Review of timeframes that don’t really align with the standards for casework practice and family needs
* Respect for everyone’s job.
* Inclusion of all voices.
* Safe ways to provide organizational feedback.
* Enhanced service excellence for those initially entering the system.
* Customer service standards to be set by those receiving services.
* Asking families what they need and acting on those needs.
* Address organizational trauma.
 | * Time and funds to create and execute Child Welfare Core Practice Model Leadership Academy.
* Time and funds to create tools for enhancing communication, coaching and reflective practice, engaging people in decision making processes, and using data to change processes and practices.
* Funds to purchase CMS Software package to help generate reports based on data to aid in data driven decision making.
* Researching and choosing best measures of OCC, TIC, etc.
* Funds to purchase organizational culture and climate scale, time for staff to periodically complete scale, resources to analyze data and report back results.
* TIC assessment scale and measures of burnout, STS and compassion satisfaction for a baseline pre CPM rollout, post CPM rollout assessment time for staff to periodically complete measures, resources to analyze data and report back results.
* Funds to find, purchase and execute self-care tools.
* Time and funds to conduct evaluation and self-evaluation processes such as CQI, program evaluation, evaluation of OCC.
* Time to hear partner voices.
* Universal training on how to use data to make decisions.
* Self-Care and trauma-informed training includes personal impact to the workforce.
* More supportive case resources for transportation, local foster homes, technology etc.
* Readiness Assessment to use locally to get an idea of where they are at prior to implementation.
* Assess readiness for organizational culture to implement change.
* Outside technical assistance that supports us regionally.
* Technical assistance related to implementation science.
* State convening to reassess other initiatives like DR.
* Financial equity across counties by region.
* Implementation in real time for the counties, or accommodations by the state around aligning timelines to support better coordination, implementation resources for county needs etc.
* “One stop shop” Building allows for greeters at entrance; 7 departments which work together to support financially these staff and building.
* Facilities not always adequate re privacy, confidentiality
* Inviting family friendly reception area.
* Increased financial support for CB, visitation centers, and staff who understand the CPM, parent mentors, valuing the parent partners.
* Co-location to foster information sharing with tribes, community partners, parallel process – community residents – being open to that when ‘out stationed’.
* Empowering people to be able to speak up/intervene to/with people undermining the practice model, creating climate of accountability.
* Clarification about where the code of ethics fits within the PM.
* Institutional analyses.
* Building capacity at all levels to do an organizational assessment.
* Integrating technology into work access to adequate technology.
* Making time available for supervisors to both do “business” and help staff reflect.
* More case aides and administrative support.
* Support in engaging community.
* Equitable expectations for caseloads and span of control.
* Celebrating the social workers work.
* Sharing positive stories with the media.
* Advocacy for improving the social/economic environment for our families we serve; embedded in our work.
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| **Organizational Infrastructure** | **Resources Necessary for Implementation** |
| * Policies, procedures, job descriptions, and other materials align with CPM
* SACWIS system and other data collection tools and forms align with CPM
* Teaming is a priority and is supported with meeting rooms both in the agency and at partner agencies for meetings of teams to occur
* There is private space in all offices for supervisors to have confidential conversations with staff and for staff to have confidential conversations with families
* The environment of offices utilize trauma informed principles so as not to re-traumatize families and staff (have designated quiet rooms for naps, relaxation, meditation, exercise- change lighting, change color of paint to be more calming, include cultural symbols to make people feel welcome, include signs that are helpful, have inclusive bathrooms)
* Organizational Communication Structures- particularly between executive teams and other teams, as well as practice teams (e.g. intake to investigation to ongoing to foster care to adoption) support the CPM in order for families to receive the full benefits of the model
* Staff and case transitions are managed to support the CPM.
* Examination of feasibility or desirability of vertical case management to maximize rapid movement of cases through the system, and to create a more relationship based, holistic experience for children, youth, young adults and families.
* System structures are responsive to the needs of children, youth, young adults and families being served (vs. the needs of the bureaucracy or the wishes of staff). So even if an office or county utilizes specializations, there should be enough cross training or relationship building between functions to encourage responsiveness to family questions.
* Training System is strong and able to develop and disseminate materials regarding CPM.
* QA/CQI System incorporates CPM values, principles and behaviors into tools, measures and attempts to assess fidelity and link CPM practice behaviors in the field to outcomes.
* Partnerships with other nations (e.g. Tribes), agencies, communities (e.g. African American, Latina, various refugee) are established by leadership and are given information about the CPM so that they can contribute to its creation and execution (not putting the communication burden with other entities solely on front line staff).
* Encourage courts to make structural changes to be more family friendly; judges not wearing a robe.
* Staff at all levels have opportunities to build and participate in learning circles.
* Strong working relationships with systems partners and clarity about how agency partners work together.
* Implementation teams and state/county partnership for continuity, consistency of implementation.
* Change to structure of transferring cases; cases should be intentionally matched with workers; a different structure.
* Changes to transitions from workers to workers; highlighted the pre-assignment of cases from detention to continuing worker has partial assignment.
* Eliminate silos, must have linkages.
 | * Expertise of staff or consultants to conduct a thorough assessment of what policy, IT, space, training, QA/CQI, communication, case management, or partnership agreement changes need to be made.
* Time for staff to conduct case reviews to check for fidelity.
* Payment of consultants who help change policy, IT, space, communication flows, training, QA/CQI systems, case management flows and partnership agreements
* Time and funding to change space configurations, paint, lighting, addition of resources for relaxation, meditation, exercise rooms, etc.
* Workload study with funding to complete the study and add the workers needed to make the workload manageable.
* Technology to help staff at all levels work faster and smarter.
* Advocacy at state level to increase funding for the work we do.
* Organizational practices that serve as a pressure release valve – offloading admin tasks to support staff to free up time for coaching sessions related to the pxm.
* Dedicated staff and time to focus on implementation of CPM.
* Skills and resources in each office to address burn out and vicarious trauma.
* Tools for transitions.
* Training and time to allow supervisors do field training with their units.
* Regularly scheduled integrated training with partners.
* Interactive, skill focused training.
* Support for an Implementation Team.
* Additional staff to coordinate and guide CPM since spread too thin now.
* SACWIS changes.
* Short and long term TA to assist regional and statewide opportunities for shared learning etc.
* Support partners from foundations, RTAs, policy organizations to keep implementation focused and moving forward.
* TA to support the development of the implementation team.
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**DIMENSION: WORKFORCE**

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| **Staff Recruitment, Selection and Onboarding (orienting to culture and practice)** | **Resources Necessary for Implementation** |
| * HR and internal agency selection and hiring procedures and values align with hiring people at all levels who are best suited to carry out and support the CPM with fidelity.
* Cultural humility;
* Openness to EBP;
* Openness to learning;
* Engagement skills;
* Conflict management and resolution skills;
* Capacity to be on a team, work as a team leader, and delegate some tasks to team members;
* Shared pxm values and critical thinking skills need to be the main criteria for hiring;
* For supervisors and managers: leadership, implementation and change management skills and abilities.
* Use of evaluation procedures that align with selecting and keeping the right people.
* Use of best practices in interviewing (e.g. use of a panel of interviewers including pertinent partners [including university partners, service providers, caregivers, youth, etc.], use of a set of standardized behavioral interviewing questions for candidates applying for the same types of positions, use of in-basket tasks like role plays, decision making scenarios, sorting cases into priorities for action in order to assess skills of engagement, critical thinking, communication, working under pressure, etc.).
* Job descriptions that align with PxM.
* Coaching strategies and progressive discipline aligned with CPM values.
* Union and Board of Supervisors participation in the infusion of the CPM in hiring and staff evaluation.
* Gather information via exit interviews to help figure out why people are leaving (also stay interviews to find out why people are staying).
* Use data on turnover to determine improvements to hiring process and organizational culture.
* Consider alternatives to a degree based hiring structure.
* Availability of incentives and perks such as:
* Alternative work schedules – telecommuting;
* Licensing supervision;
* Loan forgiveness;
* Childcare vouchers or onsite childcare;
* Safety retirement – first responders equivalent;
* Hiring packages that include relocation costs;
* Offering CEUs, ongoing trainings, resources.
* Bringing people in as a cohort.
* Provide induction training when new employees start (orientation, on-boarding).
 | * Time and funds to create and execute training and dialogues for and with HR and other staff involved in recruitment and selection of staff in CPM, best practices and proper use of tools developed to improve hiring processes in support of the CPM.
* Time and funds to ensure best practices in recruitment, selection and onboarding are utilized. For example, have to create Realistic Job Preview videos, have to secure measurement tools to assess traits.
* Time and funds to develop onboarding training to orient new staff to CPM.
* Process to learn more about how we end up with people who can’t do the job including a feedback system that feeds info back to selection based on competency development and training of new workers to ensure the hiring process is working.
* Technical assistance, tools and sample interview questions incorporating role plays for hiring that get at assessing whether or not candidates share CPM values.
* Influence on the county HR process to ensure the right candidates make it thought the screening process.
* Standardized interview competencies.
* HR / staff development work group as part of CPM implementation.
* Tools for matching people with the style of supervision, coaching and support they need.
* Statewide recruitment strategy and media outreach
* Improved opportunities for advancement from para-professional to social worker, supervisor, etc.
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|  **Education and Training**  | **Resources Necessary for Implementation** |
| * Ensure BSW and MSW Programs, other Pre-Service Educational Programs, pre-service training and in-service training incorporate the following:
* theoretical framework, values, principles and behaviors of CPM;
* values of Trauma informed care (TIC) in MSW programs, Title IV-E Programs, pre-service and in-service training;
* key skills in teaming, cultural humility, conducting critical conversations, engaging resource parents, advocacy, tools for enhancing permanency, how to help families and youth develop support networks, etc;
* how to use CPM in difficult cases such as sexual abuse;
* engagement at all case junctures (e.g., what does engagement look like at the hot line).
* very specific information about the CPM behaviors and how adherence to the CPM will be measured;
* how to follow policy and procedures tied to CPM;
* how to manage time to focus on engaging families and communities while also meeting policy expectations;
* the role of social workers as leaders in the agency – getting them to recognize the leadership component of their job and what that means in the community;
* CFT facilitation skills, group facilitation, teaming;
* safety training in the context of the CPM;
* use of social media;
* purposeful self care education and training for workers and training for supervisors about how to manage secondary trauma.
* Identify BSW and MSW employees and leaders and mentors for new hires without those credentials.
* Provide opportunities for non-MSW folks to go back to school.
* Provide students with more preparation about:
* the systems issues they will face in the field – the barriers, the challenges, the rapidly changing policies that workers have to adjust to all the time;
* the impact of legislation;
* the adaptability they’ll need to have.
* Trainers need to have line experience and be in touch with current practices
* Ensure parent/youth partners voices are included in training
* Provide concurrent training with supervisors and social workers to ensure everyone is on the same page at the same time.
* Provide training to ancillary staff.
* Simulation training.
* Provide a supervision model and training that supports CPM.
* Adherence to the fidelity of PM/measured and evaluated.
* Realistic previews of what the job is so that students, applicants, and new workers understand the realities of the job.
* Have Partnerships with the Universities/ have staff doing the work (supervisors/workers) be part of delivering IV-E curriculum.
* Manage and support 2 different work forces – one with MSW and BSW background and the other with people with no social work education or background including two different tracks for training and/Induction (one for those with social work education and one for those less familiar with social work)
* Intercounty, interagency, and interdisciplinary learning opportunities.
* Learning Collaboratives
* Embed CPM values in IV-E selection process
* Ensure there is support in ALL counties to coach and train new workers to fill gaps and support values of CPM
* Define who is responsible for what as it pertains to training, universities, RTA, internal staff development etc. Statewide training coordination.
* Training to help existing workers get past resistance to this new model
* Develop regional training plans including timing of leadership, supervisor, veteran and new worker trainings.
* More tracking of IV-E grads - do they do better with CPM than those coming from other trainings?
 | * Time and funds for CalSWEC to make changes in competencies and Core 3.0
* Time for BSW and MSW Programs to make changes in curriculum for child welfare students
* Time to execute new trainings and courses
* Creating system to track and implementing two-way communication system to ensure all supervisors and veteran workers complete training on CPM
* Sufficient training system and county capacity to get everyone trained initially.
* Updated MSW / In-service training continuum of learning.
* RTAs need enhanced capacity to support county implementation and learning collaboratives to support and drive the work
* TA around creating Cultural Broker contracts etc.,
* Sharing job descriptions around parent partners etc. from folks who have done it!
* Formal “debrief team” to assist a new workers with experiences that may be traumatic; identified people that they can connect with to debrief the experiences
* Matching funds for Training Unit
* Time and funding for outreach to education partners about building readiness – ways to write court reports, writing skills consistent with PM, informing about how disciplinary actions can impact future employment opportunities (meet and greet – think about your FB page, etc)
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|  **Staff Evaluation** | **Resources Necessary for Implementation** |
| **Characteristics*** Engage HR in conversations about how to manage risk, unions and other legal barriers to making changes in evaluation forms so as to incorporate CPM principles and practices in them for alignment purposes.
* Evaluation begins to include staff adoption of values and principles of CPM and TIC
* Front line workers begin to embed CPM and TIC values, principles and behaviors in daily practice with families while following all policies and procedures efficiently and effectively
* Supervisors ensure that front line workers are aware of strengths and areas for growth in use of CPM so as to ultimately enact CPM with fidelity to reach positive client outcomes.
 | * Time and funds to change staff evaluation tool
* Time to utilize staff evaluation tool
* Time and skills in engaging unions and HR in making changes in tool to align with CPM.
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| **Supervision and Coaching Capacity**  | **Resources Necessary for Implementation** |
| * Open and committed to and knowledgeable about CPM
* Incorporates principles of CPM
* Knows how to use a case consultation tool that supports workers in understanding and practicing CPM and how to continue to support CPM to ensure fidelity and get to outcomes
* Model treating workforce with respect so that they will in turn treat families, other staff and partners with respect.
* Support staff to prevent STS, burnout (includes flexibility).
* Empowerment to try innovative practices and bring those successes to management for spread to other units (this requires management support).
* Identify unwritten policies and manage them.
* Develop regional groups – supervisors working together to build coaching skills.
* Create a vision of coaching: who gets coaching, what it looks like, how often including clear role expectations for Coaches, trainers and other support staff.
* Group supervision.
* Understands how to build a space to develop professional maturity in staff.
* Coach front line workers to embed CPM and TIC in daily practice with families.
 | * Time and funds to create and execute CPM Supervisor Academy for new and existing supervisors.
* Time and funds to revise supervisor core to meet CPM implementation and sustainability needs.
* Time for supervisors to attend training.
* Time for supervisors to utilize case consultation tool with workers to coach on CPM.
* Consultant time and cost to create coaching and case consultation tools.
* Resources to develop internal coaches for CPM.
* Training needed on how to give and receive feedback (Restorative practices training could address this).
* Private space for supervisors.
* Smaller units.
* Lead workers.
* Measurement tool for coaching.
* Funding and staffing to assure availability on a regular basis.
* An annual supervisor training refresher to maintain CPM fidelity.
* Tools to combine data with coaching so you can see progress.
* Dedicated CPM coaches at each office to be able to assist in the implementation practice and works with Managers and supervisors
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**DIMENSION: SERVICES AND SUPPORTS**

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| I**nternal Supports** | **Resources Necessary for Implementation** |
| * Caseload size supports CPM and recognizes complexity of cases.
* Supervisory span of control supports CPM.
* Staff are supported to help manage workload.
* There is easily accessible information about community resources.
* Access to technology.
* Well-maintained equipment (cars, etc.).
* Multiple language translations are available.
* Family-friendly visitation services are available.
* Availability of cultural brokers, youth ambassadors, and parent partners.
* Access to preventative, ameliorative, and after-care services.
* Access to other supportive role of team members ready to help (CalWORKs, PHNs/support staff etc).
* Consistent supervision and management.
* Expertise in ICWA.
 | * Funds to support community resource guide.
* Funds for new technology and equipment.
* Funds for translation of materials into multiple languages.
* Funds to pay translators, cultural brokers, parent partners, youth ambassadors and after-care services.
* Need new policy/study to address caseload complexity, mandates, policy need to be aligned with current child welfare practice.
* Support for the coaching capacity/skill of supervisors considering increase in need connected to caseload size of case carrying to support TOL.
* Organizational practices that serve as a pressure release valve – offloading admin tasks to support staff to free up time for coaching sessions related to the CPM.
* Training and support for parent partners, youth ambassadors, cultural brokers.
* Install meaningful quality improvement options from social worker feedback, they know what is working or not.
* Coordination between services/contracted and families.
* Administrative support for administrative tasks, transportation, photocopies,
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| **Caregiver Services and Supports** | **Resources Necessary for Implementation** |
| * Caregivers and resource parents understand the CPM and TIC values, principles and behaviors
* Caregivers act as members of the family’s team (\*Caregivers are/embraced members of the family’s team rather than “act”. Part of that includes Agency view of caregivers)
* FFA and Group Home Administrators support caregivers and staff in understanding the CPM and acting as members of the family’s team.
* Leaders ensure there is extensive training for resource parents on childhood development, effects of abuse and neglect and other trauma on child behavior, etc.
* Leaders ensure there are adequate supports in place (e.g. respite care, follow up from workers tasked with supporting caregivers and resource parents) to support caregivers and resource parents.
* Support for QPI (Quality Parenting Initiative) supporting training of caregivers to behave as a part of a team and modeling good practice.
* Ways to support behavior change after training that includes caregivers.
* Cultural coaches and coaching resources for care providers that need extra support.
* Accountability and recognition on both sides. Modeling the CPM w/caregivers as well as expecting them to model it with Agency and the children.
* Acknowledge and assess caregiver burnout, their needs and related supports.
* Quality of contact, meaningful engagement of caregivers and respect.
* Ice-Breakers for first visits between caregivers and parents - bridge foster parents and bio family
* Inclusive training and coaching together as “part of the team”.
* Transparency with caregivers/relatives and giving them tools around meeting the trauma needs of children has increased recruitment.
* Examine models for supporting caregivers (e.g., FFA model)
* Acknowledge active community partners as key to system/practice changes, including caregivers/behavioral health/school/probation etc, walking along side implementation (see: CAPP).
* Listening sessions that involve community/caregivers around practice and system barriers/suggestions.
* Trauma-informed and developmentally appropriate transition processes for children and youth moving to new home or placement.
* Training for CPM for caregivers together with staff to develop relationships and clear on expectations, bridge and collaboration.
* Clear role expectations for caregivers.
* Caregivers are treated as members of the Team and held accountable as part of the Team.
 | * Time and funds to create and execute CPM, Trauma and EBP trainings for caregivers and resource parents.
* Time for caregivers and resource parents to attend trainings.
* Time to negotiate, create and implement MOUs.
* Time for workers to devote to the support of caregivers and resource parents.
* Tools to evaluate if caregivers are modeling the practice post training.
* Aligning licensing/RFA processes w/CPM
* Funding for foster care and the use of all county funds, wrap etc and how that will change with CCR.
* Out-of-County use logistically, visitation, schools etc and associated permanency challenges due to lack of foster homes.
* Need intentional regional support model to support shared learning.
* Need access to more family-finding efforts and ideas to support caregivers.
* Leveraging of resources with the team around caregivers and children and families (circles of support).
* Fiscal resources to support the realities of caregiving.
* Family-friendly visitation services.
* Statewide campaign for foster/adopt recruitment
* Funding for respite care, child care, transportation for visitation, gas vouchers, or bus passes.
* Post adopt services.
* Updated training for caregivers.
* Training in the home.
* In-home support for caregivers.
* Ongoing support, training, and therapy for foster parents.
* Education for birth families around role of caregivers.
* Photo albums for children in foster care.
* Time and funds to maximize linkages between child welfare, CalWorks and other family support tasks (e.g. eligibility for TANF, SNAP, Medicaid).
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| E**xternal Services and Supports** | **Resources Necessary for Implementation** |
| * Improved collaboration with Court system (judicial officers, attorneys, GALs, and CASAs) understand CPM, TIC values, principles, components, elements and behaviors.
* Align with Court improvement project, action-planning and convenings so work with Judicial Council to make their project more robust.
* Improved collaboration with system partners (e.g. Mental Health, Substance Abuse Treatment, Health) understand and support the CPM, TIC values, principles, components, elements and behaviors.
* Ensure agencies with a contract with CW agencies also engage in practices congruent with the CPM and TIC.
* Build CPM language into scopes of work.
* Ensure community partners collaborate to create better ways for families to access services (e.g. one stop centers with multiple providers).
* Train partners in CPM and TIC principles:
* Education system;
* Tribal partners;
* Attorneys;
* Probation;
* Tribal partners;
* RTAs;
* University partners and Title IV-E Coordinators;
* Law Enforcement;
* Key hospital staff.
* Shared outcome measures.
 | * Time and tools to engage court and legal systems so that they will champion CPM and help reinforce CPM.
* Time to meet with councils and teams around CPM.
* Time and funds to create and execute better service delivery models.
* Training and coaching for partners. (Tribal partners, court, attorneys, service providers, law enforcement, education, hospital staff).
* Flow chart for partners so they can visually see the overall CPM alignment.
* Better way of communicating what CWS does in the community as a benefit.
* Language and cultural marketing: parents, courts, service providers.
* More access/services for LGBTQ, CSEC, severely disabled youth, special needs (regional centers)
* After 18: transportation, housing, mental health services, life coaches
* Payment for clinicians to attend meetings so they can be more involved (currently, only get paid for billable hours).
* Message needs to come from entities other than Child Welfare Directors – need to find champions in other fields – need a message to come from the state level as ‘part of a bigger practice statewide’
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**DIMENSION: PROGRAM EVALUATION**

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| **Program Evaluation and CQI (Largely based on Empowerment Evaluation and Getting to Outcomes Implementation Model)** | **Resources Necessary for Implementation** |
| * QA system, CQI tools that align with CPM to verify fidelity and tie to outcomes as a part of Program Evaluation
* Collect baseline and follow up data on
	+ Readiness to change and adopt innovation;
	+ Organizational Culture and Climate (OCC);
	+ Trauma Informed System;
	+ Understanding and execution of the CPM.
* Measure whether CPM is practiced with fidelity.
* Use case reviews in assessing CPM execution and tying those CPM behaviors to outcomes for the agency, children, youth and families.
* CQI and Evaluation results hold managers, supervisors and workers accountable for execution of the CPM and to see where it is and isn’t working, modify if necessary or build capacity to support when necessary.
* CQI process ties to outcomes.
* CFSR/CQI process aligned with CPM, get the reviewers using CPM language etc.
* CPM expectations and training/languaging for reviewers
* Use a continuous fidelity assessment process.
* Include community partners quality review processes, fidelity etc.
* Use cross county Peer Review.
* Embedding the importance of evaluation in our language
 | * Time and funds to create and execute evaluation.
* Program Evaluation Design that includes collecting baseline and follow up data on
	+ Readiness to change and adopt innovation;
	+ Organizational Culture and Climate (OCC);
	+ Trauma Informed Care;
	+ Understanding and execution of the CPM;
* Program Evaluation tools.
* Tools to help measure that CPM is practiced with fidelity.
* Training around fidelity and CQI.
* Dedicated program evaluation and CQI staff.
* TA support for developing and implementing evaluation tools and processes.
* Time and resources to committee to CQI/CPM
* Include in Contracts and SIPs.
* Develop a Readiness Assessment for CPM.
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