



DIRECTORS INSTITUTE

*Building Capacity. Leading Implementation.*

# The Leading Edge

***The DIRECTORS INSTITUTE aims to develop a cohort of strong, effective leaders to support and sustain local use of the California Child Welfare Core Practice Model (CPM). By January 2019, all County Child Welfare Directors (CWDs) will have the individual skills & organizational resources to systematically implement the CPM.***



## In This Issue:

Director's Corner, *pgs 1-4*

Two Directors Share Their Journeys, *pgs 4-10*

What Do We Mean by "Integration"?, *pgs 10-13*

Calendar of Events, *pg 14*

## Director's Corner—"Not One More Thing!"

Since our journey to create and implement a Child Welfare Core Practice Model began in 2012 we have been committed to building on the great work that California counties have been doing to achieve the goal of improving practice in order to positively impact the lives of the children and families in their communities. We have been acutely aware that by choice, persuasion, or legal mandate, county leaders have had to juggle a growing number of initiatives that all share this goal. In recognizing what those initiatives have in common, we were able to distill their essential elements of into what has become the Child Welfare Core Practice Model. From the beginning our objective was to help make sense of these multiple demands in a way that shows how they can all work together to achieve the same child and family outcomes.

As we began to plan this year's Directors Institute Learning Session we understood more than ever how important it is to make sure that California's Child Welfare leaders are able to help others in their organizations understand that the Core Practice Model is **not one more thing** but rather an articulation of the principles and behaviors that should run through everything that they do in Child Welfare. We are not asking everyone to do CFT's, RFA, SOP, SDM, CANS, **AND CPM**. Instead, we are asking everyone to recognize that if we want those strategies to be successful in promoting

## “Not One More Thing!” continued...

safety, permanency and well-being, then the way that we achieve outcomes is by ensuring that the CPM behaviors run through each of them.

At the Learning Session our overarching theme was “Integration,” with the following learning objectives:

- Recognize CPM as a unifying framework influencing how the members of child welfare organizations behave across every initiative, program and policy aimed at improving child and family outcomes.
- Demonstrate examples and strategies of ‘what it takes’ for effective CPM implementation in the dynamic, unpredictable environment of child welfare.
- Practice how to apply CPM leadership and practice behaviors to specific child welfare initiatives and connect the necessary system supports for effective implementation.
- Identify opportunities and co-create plans with RTAs as a support resource for moving local CPM implementation forward at a pace that fits for counties.



With the usual support from our excellent CPM faculty--strengthened by a greatly enhanced role for the Regional Training Academies--we believe that we were able to plan and deliver a Learning Session that more than met these objectives.

Day 1 began with a welcome by Angela Parks-Pyle, who warmly greeted us and offered her perspective on how Los Angeles County has been able to use the Practice Model to enhance their practice across all of their work.

Angela was followed by an extremely enlightening presentation by Robin Jenkins, entitled “What Do We Mean by Integration?”

As usual, Dr. Jenkins was able to adroitly guide us towards a true understanding of what we mean when we discuss how the CPM enables counties to integrate the various initiatives that they are grappling with. We have asked Dr. Jenkins to provide his perspective in a featured article in this issue of the Leading Edge, which can be found on page 11 of this issue.<sup>2</sup>

Following a reflection exercise about the leadership and management functions featured in Robin’s presentation, we next heard from a panel from El Dorado, Sonoma and Santa Clara that provided excellent examples of how planning for CPM implementation is being integrated into local contexts in a range of ways, from system improvement to practice innovation.

Directors were then asked to lift up and reflect on key leadership behaviors demonstrated by the panelist counties in the experiences they shared.

Day 1 ended with a focus on the work that a messaging subcommittee of the CPM Faculty has been doing to develop key messages that each county can draw on in order to communicate the essentials of the CPM to their selected audiences, including how the CPM provides a unifying framework for all of the work that they are doing. A brief exercise followed, offering Directors an opportunity to reflect on the messages that have been developed, to consider how they might be used locally, and to suggest additional guidance to the subcommittee.

Day 2 continued building on the theme of the CPM as a unifying framework, with a very open and transparent discussion of how Kings, Sacramento, and Calaveras are employing different approaches to mapping CPM behaviors with their various initiatives and their SIP goals and strategies. We learned how each of these counties is employing leadership behaviors at all levels to reinforce the value of implementing CPM as a vehicle for “bringing it all together.” Each panelist offered ways that other counties might model as they face the challenge of integrating the CPM into the work that they are doing.

The next panel brought together the Directors from Tuolumne, Shasta, Ventura, and San Bernardino to share inspiring experiences of how they have integrated CPM values & behaviors into implementation of specific initiatives that counties are currently dealing with, i.e. Safety Organized Practice and Child & Family Teaming.

The planning committee next wanted to provide the Learning Session participants with an opportunity to apply the lessons that they have been learning to a very concrete and pressing concern, the implementation of the CANS initiative. Facilitators were asked to guide their tables in a step-by-step exercise to help participants think through their active implementation support of CANS, with a focus on messaging, Implementation Team (structure, function, role), relevant CPM Leadership and Practice behaviors, and monitoring/evaluation. In response to multiple requests at, and following, the Learning Session, we have emailed to all participants the CANS Implementation Planning Exercise and Tool that was used for this exercise.

We were next privileged to have the opportunity to hear from our host county Director, Bobby Cagle, who was able to highlight his exceptional personal and professional career through a number of touching and compelling stories. An important message from Mr. Cagle is the importance of being a visible and compassionate leader. Director Cagle inspired his colleagues in California to continue the work that they have been doing to improve the lives of the children and families in their communities in the ways that he is providing new leadership in his county.

The Learning Session ended by engaging Directors in reflecting on what they learned throughout the two days, what follow-up steps they plan to take with their local teams, other ideas from the ‘Action Sheets that they were given at the beginning of the Learning Session, and what role RTAs can play to help them advance their CPM work.



The Regional Academy staff who helped plan and deliver the Learning Session continued on for another day of work with the CPM Steering Committee. The RTA staff were able to learn with and from the Child Welfare Directors during the Learning Session and are therefore poised to support the continued implementation in each of their Regions. They also committed to continuing their work in becoming a learning community among themselves so that the CPM installation and implementation work can deepen at the local level with Regional support that is consistently and equitably distributed across the state.

We are grateful to all of those who provided a wealth of skilled and thoughtful efforts in planning the Learning Session, and to those Directors who attending Learning Session IV, for helping to make this the best Learning Session yet!

And for other staff in county agencies who have not been included in the Director's Learning Sessions, we want to assure you that we will be planning a Learning Session for a wider audience that mirrors many of the lessons from this session so that you will be able to employ these lessons in your leadership work as you support CPM implementation in your counties.

---

## Two Directors Share Their Journeys: CPM as the Overarching Framework

Technical Leadership is often described as mechanical, in that it may have policies, protocols and procedures telling you how to do and what to do in response to a situation. On the other hand, Adaptive Leadership may not have a set of procedures or no developed responses to a situation and there may not be an available technical fit. Adaptive Leadership allows an organization to flourish and take along its best history to help with future success. It takes along the connective tissues needed to focus on problems at hand, with a view of finding solutions to correct the issues in the shortest possible time and the most effective way.

Engagement has been deemed to be a critical if not the most important component of good leadership skills, good supervision and good social work practice, considering that the various functions are parallel. At the heart of engagement is the development of relationship and networks which require clear communication and strong interpersonal skills. When effectively and authentically engaging as leaders and practitioners other party feels respected, appreciated since there is mutual influencing taking place.



The following article shares the experiences and strategies of two current child welfare Directors and how they authentically engage with staff and their organizations as well as how they rely on using their adaptive leadership skills for the successful implementation of the Core Practice Model and integrating the CPM with other important and challenging initiatives.

Judy Webber, Deputy Director of Ventura County Human Services Agency - Department of Children & Family Services and Wendy Osikafo, Assistant Director - Kings County Human Services Agency, share valuable insight of their experiences with Adaptive Leadership and authentic engagement in this edition of the our Leading Edge Newsletter.

***Given all of the initiatives and priorities you as a leader are managing in your counties, how did you come to this idea of an integrative approach to managing these multiple and separate priorities?***

**Judy (Weber):** I'll go back to my original training and education; I am a social worker and appreciate systems theory. When you can illustrate the connectivity of separate issues that are going on simultaneously, you can paint a picture that is understandable to your staff or whoever you need to understand the issue. My awareness of the need for engagement and connectivity goes back to AB 636 when there was an overt expectation made to move CWS from a quasi-police investigation to a social work program focused on assessment. So, going back to that implementation effort my style has been to engage staff, connecting with people and connecting initiatives. Going forward it was clear that the changes occurring in CWS were going to be routine so as expectations were coming from both the state and federal level I knew that my organization and staff need a strong foundation and an environment where every initiative could land and I could relate any or every other initiative to practice in a holistic way around our mission of protecting children by strengthening families.

**Wendy (Osikafo):** It was really just out of necessity. We have so many things going on and the Practice Model was starting to feel like just another "thing" going on versus our overarching framework for everything and we were beginning to lose sight of that. It just became clear that we needed to figure out how all of these things came together. Due to the size of our agency, and limited resources, every initiative or new mandate has a different lead. Completing an exercise that really showed how we could use those behaviors to move the different initiatives or new mandates or new procedures forward helped bring some clarity in terms of our shared vision and then ultimately, helped us realize that we were more on track than we realized. It shifted our thinking in terms of implementing the Practice Model as a standalone effort and instead we began using it as a guide for implementing all of our efforts and to keep us anchored as a team.

***Where or with who did you feel would be a good place to start creating these strategies on how to integrate these initiatives/ priorities. Can you share some examples of how you engaged your staff (either by repurposing existing teams, creating new teams, etc.)?***

**Judy:** I think that I started to identify within the organization those who were natural practitioners, going back and beginning with Calswec students which was already up and running in my county. Some had completed their degrees or were in Calswec. I never dummed down the vernacular/conversation, I always used social work vernacular I spoke of the importance of practice and how it relates to, process and mental mapping. I always expected staff to understand and integrate practice into their work I started conversations beginning with those who understood social work practice and those who recogni-

***"I knew that my organization and staff need a strong foundation and an environment where every initiative could land and I could relate any or every other initiative to practice in a holistic way around our mission of protecting children by strengthening families."***

***- Judy Webber***

## “Two Directors” continued...



zed the shifts occurring within CWS and continued to expect good social work practice of all staff. I would have conversations both formal and informal at every level of the organization, brown bag lunches and often spontaneous. In essence many were already leaders in their respective units. We learned that this is not just about training or sending people to class, it's a shift. Having attended Operations and Children's meetings in Sacramento, the CPM discussion was occurring for several years and early on my managers and I were on message, telling staff that CPM is in development, at the same time we always knew that SOP was about

the tools and strategies and that the paradigm shift these tools facilitated would help us in our readiness for CPM.

I've always built on existing teams. We did not necessarily repurpose, but we integrated and built on existing structures of unit meeting and management teams, Ad Hoc meetings, spontaneous meetings. We used an implementation structure for SOP, we had used implementation science as well as the implementation checklist, we also teamed with Alameda County early on and learned a great deal. The adherence to implementation science and early learning, was critical and it allowed us to cross walk practice to the tools and to cross walk SOP and CPM to many other initiatives. We knew that the SOP framework and tools would allow us to achieve what is expected in the CPM. We converted the SOP Team into the Ventura County Practice Council, under which nests SOP, CPM and Family Finding and Family Engagement workgroups, so now it is an umbrella under which all the efforts fit, and it includes representation of the entire organization. We are now working on integrating partners into our workgroups and planning partner trainings on the CPM.

**Wendy:** We used our regular leadership meeting to start this conversation. We didn't repurpose any teams. Initially we tried to develop a formal Implementation Team focused on Practice Model implementation and developing the formal links between the Implementation Team and Leadership Team. But we are so small that we had a lot of overlap between the two teams...its mostly all the same people. Even though we tried to be clear of purpose when we convened as an Implementation Team, we could never quite get that off the ground when all of the people in attendance had a bunch of other mandates that they had to implement, as well.

My prior experience implementing a Practice Model was in a larger county that wasn't in the middle of a major Statewide System Reform. In that circumstance the Implementation Team was solely focused on the Practice Model and all aspects of implementation. They were able to remain focused on that one objective. And so, we have shifted our approach and instead of having different meetings that feed into one another, we are kind of restructuring our meetings to make sure we are attending to all of the functions of an implementation team instead of having separate teams because it just doesn't work for us given our size.

**“We have shifted our approach and instead of having different meetings that feed into one another, we are kind of restructuring our meetings to make sure we are attending to all of the functions of an implementation team.”**

**- Wendy Osikafo**

***What if any CPM Leadership Behaviors supported you in this process(es)?***

**Judy:** Engagement, Teaming and Advocacy. I came from the benefits side of social services and early on I recognized that child welfare is a different animal from Medi-cal and food stamps, in terms of its complexity, legislation and high stakes. I have been and continue to be intentional about honoring staff, being transparent about what I know or don't know and being open to learning. This is parallel to what happens between families and social workers, workers and the agency think that we know what's best for families. In fact, the family often knows or has valuable input. I recognized that with staff I needed to start where they were and honor and listen to how they saw themselves in this work.

**Wendy:** There wasn't any specific one or two that we called out at the time but when I reflect back, we were holding ourselves accountable, creating a learning environment, and modeling teaming. What we really saw through the exercise is that for every initiative/mandate/program improvement that we are tasked with moving forward, we easily found a Leadership and Practice Behavior that could serve as a guiding force for it. They really were all encompassing. Our team completed this exercise considering their individual responsibilities to implement projects, new mandates, new ACL's, new initiatives and just regular program improvements. For example, my manager over Emergency Response was trying to improve the quality of safety assessments in ER, which isn't a new mandate, it's just the work. So whatever the topic or task, no one had a struggle with finding the critical practice behaviors and leadership behaviors that needed to be demonstrated for it to be successful. From that vantage point it's a very easy exercise because it really all does overlap.

***As part of your approach, who from your staff is involved now? Were they from different classifications (Executive, Integrative or Day-to-Day) or staff levels?***

**Judy:** Staff at all levels. I hold regular meetings with managers, I go to staff and host listening sessions, I will sometimes drop by cubicles and engage in spontaneous conversations with staff. I take any opportunity to engage staff.

It was at all staff levels, brown bag meetings. Stopping in cubicles, spontaneous gatherings as well as using our formal meeting structures.

**Wendy:** Our Leadership Team is made up of 2 Child Welfare Program Managers, 2 Program Development Supervisors, 1 Staff Development Supervisor and the Supervisor over our CQI Unit. Down the road we will of course engage the remaining supervisors, our staff, and partners but initially it was important for this team to come together and get clear on how the Practice Model can serve our broader efforts.

***Any thoughts about including others (e.g. Community Partners, Former Foster Youth, etc.)?***

**Judy:** I have seen how at one time in Ventura County the perceived status of social workers to the larger system was less, and how social workers would sometimes stand down to LE or others involved with the system. We had a critical incident that involved a high ranking official. In response we developed a Child Welfare Task Force to address how we might improve our tactical response to calls. . I formed some valuable relationships that have proven beneficial and that I carry on today. We are a medium sized county so there are some existing relationships. I have formed some new relationships and had existing relationships with Probation and Mental Health. As early as 2010 I began to team and engage partners in understanding the larger system, committing to collaboration and to our system and relationship using engagement and teaming. I don't like playing hot potato with the kids. I considered youth "all of our youth" rather than one department's problem. The Task force sunset after establishing some protocols etc. The group is no longer formal but more Ad Hoc. We have introduced CPM to some partners and had joint training with Public Health, Behavioral Health and Probation focused on the expectation of how we work

with families and providing a CPM overview. Additionally, the SOP modules have been open to partner participation. As a county we have also invested in having our staff become trainers in PCTWA. As stated about the practice work earlier, I started these discussions a long time ago, particularly 6 years ago because of Katie A. We knew that CPM was coming so I wanted it to be grounded in basic social work principal i.e., the relationship with family, joint case planning, assessment, monitoring of case planning because it mirrors CPM in so many ways, because it's just good practice. I've always focused on the helping relationship and certain expectations of how staff works with families. What we now call in this arena the Core Practice Model behaviors I knew would be the basis for affecting change.

**Wendy:** One of the things that we have to do going forward is to start helping the supervisors and social workers to start seeing the same connections. And so that's one of the next objectives that we have. In terms of our partners, there is still a bit of work to do as it remains somewhat disconnected. We have been introducing them to the Practice Model. We have begun infusing the language into some of our contracts. We have been using the behaviors when we meet with our caregivers, parents or our youth. But it hasn't been a big formal integrated process for us. It's been a lot more subtle. This is something that we will need to strengthen in the future.

***Can you describe an example or two of how you have used adaptive leadership skills rather than technical to integrate the CPM with your other initiatives?***

**Judy:** I have always been one to admit that I don't have all the answers and I am not traditionally a top down leader and as a result we are not a top down organization, it's not how I function. I have leaders at level of the organization who are able to message our strategic framework of what's expected and maximize the use of those around them. To be more specific, I have encouraged us to look at our structures, so that we are adjusting our organizational structures to support what is expected. I, as the leader messaged what I considered some high value activities and priority initiatives. I deliberately did not act in order to allow staff to come up with answers. I tasked 4 senior managers and a team of 15 mid-level managers to figure out how to approach these issues. I tasked the managers with setting up the tenants of what needed to change. They took it to the supervisors and they in turn to their unit teams. They came up with great ideas of how to use resources.

One of the more recent shifts had to do with staff input and high caseloads, due to these caseload highs the social workers delegate pieces of work to case aids, or using mutual facilitators for CFT. Due to using an adaptive approach we have de-centralized case aids and re-directed them to work alongside various social work units. They now act as a support to staff, rather than as a separate, isolated and stand alone unit. This was accomplished by having focus groups and getting input from case aides and other staff on how they saw their work right now. It was eye-opening experience; we did this with every level of the organization. We used a concentric circle with them in the middle and also used pictures to show how they saw their work. In all instances social workers saw themselves as being a separate entity and not part of a team. A second example had to do with addressing resource family support staff. We just recently decided to integrate them into the units, instead of having them be a standalone unit. We are now creating teams so that they can work with the same families and support the same resource families. More than anything, I've have leveraged organizational and structural shifts.

**Wendy:** I think most of what we are tasked with currently in Child Welfare does require a high level of adaptive leadership. Not only with implementing the CPM but with the changes that are coming about due to CCR. We are all taking on things that have never been done or are brand new to our system and our processes and our practice. So I have been really trying to slow my staff down and make sure that



Wendy Osikafo, Kings County

what is driving us is not the deadline or the new mandate but figuring out how it will impact families. Slowing down our decision making; making sure we are clear on our processes; understanding that we might have to do some things different in one task area from another. Honestly, there haven't been a lot of situations that require technical solutions. Instead, we are bringing on new processes into a fast moving system, while trying to stay centered on our values and mission...and that's required a lot of adaptability, flexibility and a lot of conversation.

***What tools/process/ techniques did you use or create to support your process?***

**Judy:** We used implementation Science and the Implementation check list. We used the SOP tools and knew that they would help us in achieving what was going to be expected in CPM. Kevin Campbell came and provided boot camp for Family Finding and Family Engagement. Getting the network to the table. Mobilizing the family and natural supports so that they are present early on in the case.

**Wendy:** I think we have a variety of efforts and processes that support integration. For example we have infused the Practice Model into our SIP. There are lots of places that we are trying to really integrate. It is just a constant conversation. The tool we shared at the last Director's Learning Session was a great conversation starter for us. The tool itself, in terms of a final product, really isn't as important as the process of completing it. The exercise itself was an intervention for me and my team and helped us realize the connections in our work efforts. That said, I'm hoping to find time in the next few months to circle back to the content that my staff put into the tool and start to build it out in a little bit more detail; some of the activities that need to occur and some of our next steps. I think it could turn into a bit of a strategic plan, well that might be going too far, but a solid planning document, that can really help us move some of these things forward. Anyway, I'm hoping that would be the next evolution of it.

***Why did you feel it was important to authentically engage your staff the way you did when introducing them to these new initiatives and specifically the CPM? Had you not engaged in this manner, what could you have anticipated the outcomes could've been?***

**Judy:** Very early on I began to talk about social work practice not just going in to investigate a family. I also wanted to instill a sense of pride for staff and to bolster staff and their role as professionals and on the practice.

I still have pockets of paternalism because you must remember that we are trying to shift a long standing 70-year culture of overpowering families and a feeling that our job was primarily to rescue children and overall adversarial approach to how we work with families and children. Most staff understand this needs to shift and are on board with this, however there are some exceptions to the rule and lingering beliefs on how we should practice. I think that those pockets are shrinking, or outcomes would not be improving as they are, such as decreased entry, more reunifications. More staff would continue to be reactionary, more people than not who understand the importance of social work practice, family transformation and giving family a chance. We have done lots of trauma informed work and they understand the impact of removing children. Our PP cases have been cut in half. There would have been more PP youth and our detention rate would have continued to increase. CPM has had a huge impact.



*Judy Webber, Ventura County*

**Wendy:** The past 1-2 years have been full of just overwhelming change in Child Welfare. More than most of us have experienced in any prior time in our careers and honestly, it is wearing people out. My staff are tired. I am tired. There's a lot going on and it can get really frustrating. We can lose sight of what our priorities are which is always, our children and families and how we serve them. That was

starting to happen for me and for us because we were running from one thing to the next. And we just had a really honest moment of saying, "Look we are running all over the place and we are not staying centered. How can we step back and regroup?" And I think the tool/exercise helped us through that moment. I think if we hadn't done it, we'd probably still be running around in 50 different directions. There are still challenges but I think we are on the same page and looking in the same direction now and starting to understand how these things can come together and how we might approach working towards our vision.

***Can you provide any examples of how you received feedback from your staff that highlighted your impact on them or knowledge that it resonated with them? What did you learn from their feedback that let you know you were on the right track and/or helped you as you continue your integration process/new initiatives come down the road?***

**Judy:** I guess about 3 years ago I started to have Advisory committee meetings; these are not structured meetings, but only staff with me and no managers in attendance. I don't have an agenda and I typically have a coach come in and we use the SOP Mapping process and three questions approach. We focus on what's going well, what are you worried about and what needs to happen next. To ensure that the CPM and integration are part of the conversation the coaches highlight the practice behaviors. They call out CPM behaviors, when they see engagement, teaming, when they hear or see it in the discussion. With this staff input I prioritize with the group the top two or three areas of focus and take that back for action. I find it a very effective feedback loop. As part of the feedback loop I also set a tone and create an environment in management and Leadership teams that I can handle courageous conversations, I am transparent and can take feedback. I encourage these conversations and if something is not going well or you are not feeling right, let me know. "Keep me from stepping in it!"

I've learned that sometimes I am feeling just like they feel when they are working with families. I sometimes get frustrated at the resistance to the conversation similar to how they may become frustrated with families and what may be real or perceived resistance. The Advisory meetings sometimes have more Nay Sayers than supporters in attendance because they may be using the forum to complain. However, I see and use this as an opportunity for me to have poignant and honest conversations with them and it mirrors how we work with families. So many times, social workers are upset with families because they feel that they did something wrong and begin feeling like adversaries. I have a chance to defuse the adversarial feeling by calling them into the zone of being healers and practitioners. I model that we can be passionate about the work, but we also need to take the time to listen to others perspectives, I accept that I don't always have the answers, that my head alone is not enough, and that I need the collective to engage. This is modeling behavior and this also reflects the parallel process of how they need to engage and team with the family. So I guess more than anything I realize the importance of the parallel process.

**Wendy:** I didn't get a lot of direct feedback like, "That was awesome. Thanks for doing the exercise." I did, however, get an overall sense from my Team that they were more calm and settled. I've made such a big deal of the CPM, I think there was a feeling of that we are dropping the ball, like we aren't moving it forward. Now in our conversations it is evident that they see it differently and I do too, that we are moving it forward but we are moving it forward through all of these things we are doing. It isn't just this thing outside of us. So that has brought a little bit more of calm and clarity of purpose.

I do think that some of the feedback is that they wish I would've/we would've come to that clarity sooner. So looking back I wish we would've gotten our head around that months and months before we did. That would've probably helped with a lot of anxiety and just figuring out how all of these things intersect. But we are learning and growing and adapting together and I think that is the stuff that builds great teams.

---

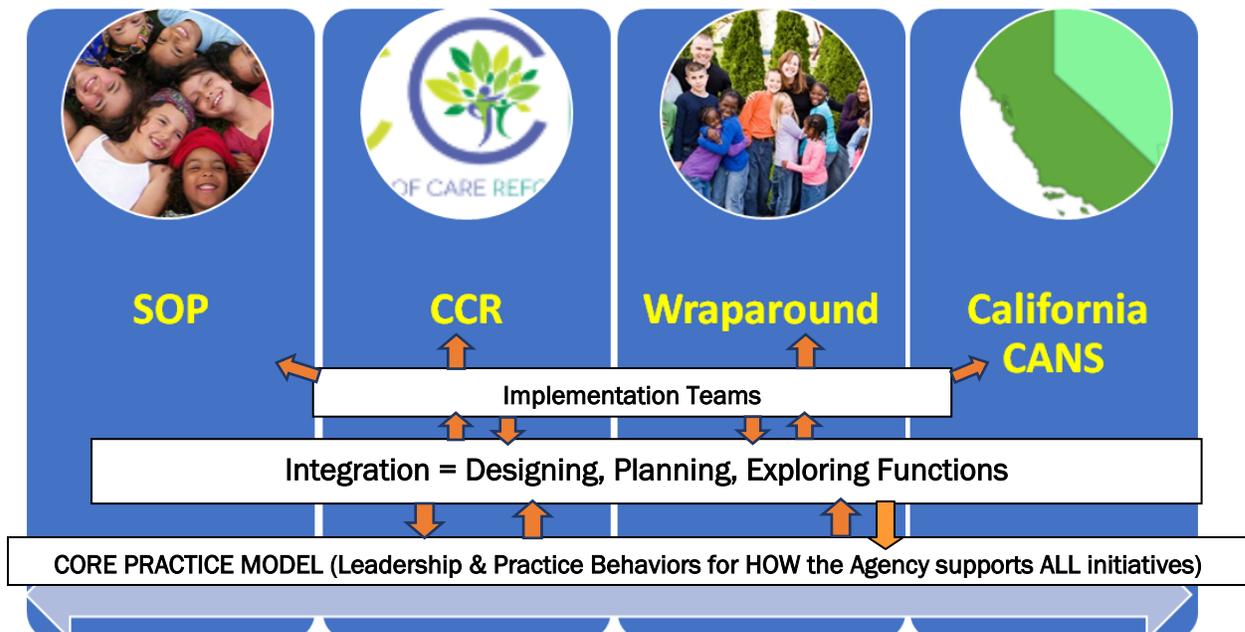
# What Do We Mean by “Integration” Relative to California’s Core Practice Model (CPM)?

With child welfare agencies managing many initiatives and mandates, efficiency and effectiveness become critical. The complexity facing agencies requires a “core” value base that translates into clear behavioral expectations that are proven, through research evidence, to achieve better system, agency and population outcomes (e.g., safer children, fewer out of home placements, fewer traumatic injuries, lower staff turnover, higher morale, stronger staff-family-child relationships, etc.).

Although it can seem so, the CPM is NOT the next thing to layer onto a child welfare organization’s set of programs or services. The CPM arose from thoughtful design via California’s child welfare directors. It is a grassroots product. It was (and is) seen as essential to standardizing the values and behaviors at every level in an agency to improve a broad arrange of outcomes. CPM is designed to undergird the leadership and practice essentials which **drive the executive, cross-system and day-to-day functioning** of an agency. Integrating the CPM occurs through learning, installing, practicing and recognizing the strengths-based leadership and practice behaviors at every level in the agency. The CPM, integrated in this way, overtly and subtly shapes the “how” of an agency’s culture. The CPM then becomes foundational for taking on all new initiatives or mandates.

**Integration means leaders adopting and using the CPM’s leadership and practice behaviors in the agency’s administrative/executive, day-to-day, and cross-agency functions to fully implement the CPM in alignment with other required or desired initiatives.** The CPM becomes the language, pulse, culture and observed behaviors of administrators, managers, supervisors and staff members. *Laying a solid CPM foundation within each child welfare agency, leaders and staff incorporate the leadership and practice behaviors to navigate all other challenges such as accomplishing implementation of other mandates (or initiatives) such as the CANS, SOP, Partners for Permanency, Child and Family Teams, Wraparound, etc.* Implementation is the installation of the structures, processes, and systems that can fully support and account for CPM within an agency. See diagram below:

**DEFINITION: CPM INTEGRATION INTO COUNTY CHILD WELFARE AGENCIES**



One parallel way to think about this: if a person moves to another country, one of the first tasks facing them would be to become proficient in the new language (if different than English). The new language helps achieve all kinds of next steps – some very basic and short term (e.g., getting around, establishing a home and safety, figuring out subsistence), while others might be longer term (finding and succeeding in work, perhaps engaging in educational or vocational training, integrating into a new culture). So, imagine the CPM as that new proficiency that leaders and staff can acquire to open a whole new world of opportunities. The “language” of CPM then enables you to accomplish the implementation of other work.

### **More about the difference between CPM integration, and CPM implementation:**

Integration happens at the agency’s leadership and business practices level. Implementation occurs because of the adoption and intentional integration of the CPM as a **key leadership/management priority for the agency**. Once integrated into the leadership/management philosophy, the work of implementation (of any initiative) begins.

### **In concrete terms, integration may look like:**

- Directors assemble their management teams to discuss and consider the benefits of CPM
- Directors lead, facilitate and/or experience a values-based discussion highlighting the leadership and practice behaviors as preferred strategies to achieve the agency’s goals
- Directors/leaders/managers jointly explore the CPM tools and website to see what resources exist and begin planning for implementation
- Discuss how the CPM aligns with, forms the foundation of, and supports ongoing implementation infrastructures for other initiatives to fully ensure efficiency and effectiveness
- Directors/leaders schedule and participate in a locally contextualized “CPM Snapshot” assessment, and use results to consider specific priorities and steps needed toward implementation – also considering how CPM informs the work of installing other required initiatives or mandates
- Discuss and formally allocate a design team of key stakeholders, subject matter experts to guide the agency in full implementation activities – and consider the staging of implementation in ways that complement and enhance their organizations (with teams, discuss schedules, training, support practices, etc.)
- Begin to set a course for management and implementation processes, *ensuring that only manageable and reasonable activities are prioritized in service to all mandates*

### **Implementation of the CPM at leadership/management levels can look like:**

- Directors, administrators, managers and supervisors use the leadership behaviors (engagement, inquiry/exploration, advocacy, teaming and accountability) **to create the structures, teams and strategies within an agency to get the work done – on any task or project**. For example:
- An implementation team is formed (and sanctioned by leadership) with dedicated time and resources to fully support CPM implementation – full CPM implementation allows for parallel or future implementations of other initiatives and mandates
- Directors identify and resource processes specifically focusing on building the work teams, communications tools, training schedules and calendars, and other practices that enable the CPM (and/or other initiative) to fully saturate the agency consistent with requirements and goals
- Leadership engages in a values discussion at all levels to set the environment for CPM implementation, acknowledging 4 key areas of work: Organizational readiness building, Quality and outcomes for system improvement, Workforce development, and Engagement, relationships and partnership
- Build management schedules so that the leadership behaviors guide **how teams are formed**, who becomes part of which teams, setting agendas that call out leadership behaviors and recognize them when they occur, highlight use of the CPM behaviors to hold teams accountable for meeting and/or task outcomes.

### **Implementation of the CPM at staff levels can look like:**

- Staff implementing the Core Practice Model begin by **focusing on the practice elements** (engagement, inquiry/exploration, advocacy, teaming, accountability and workforce development and support) to **guide the “how” of integrating the practice behaviors into each work function**. Examples might include:
- Staff use supervision and peer conversations to role model, practice Child and Family Team interactions that “lift up” (highlight) positive engagement in the assessment, service planning, collaboration and transition portions of their work
- Staff use post-training case experiences to specifically focus on “doing” CPM through intentional affirming, listening, validating, reinforcing client and family strengths in all interactions
- Staff “check” each other through active listening, observation and feedback on staying culturally sensitive and humble as child and family diversity issues arise
- Staff may schedule periodic peer-led in-service, “brown bag” or “lunch and learn” events to discuss how the practice elements are being seen and reinforced in the work place
- Staff may develop **simple checklists or job tools/aids** to have on their desktops or notebooks as reminders to use and reinforce the CPM’s practice behaviors
- Staff assemble and begin to use tools for advocacy on behalf of their clients to managers/supervisors and agency leaders as well as cross-system partners and communities
- Staff actively seek feedback from children, youth and families about their engagement, teaming, advocacy and transition behaviors in order to authenticate as well as validate client partnerships in the work
- Staff work with supervisors and managers to discuss and install team structures, processes and opportunities to share practice-based AND CPM implementation experiences with leadership in formal feedback loops (cross-agency communications and continuous learning)

### **Implementation of the CPM at cross-agency levels can look like:**

- Managers, supervisors and staff collaboratively work to intentionally explore where the CPM practice behaviors fit and are feasibly applied in such circumstances as Child and Family Teams, weekly staff meetings, team decision-making meetings, exploration/assessment interactions (e.g., CANS) with clients and caregivers
  - Staff consult with supervisors and peers as to how to intentionally observe and document CPM practice behaviors in ‘live’ situations, in order to reinforce their use during various interactions with peers, supervisors and agency leadership
  - Managers, supervisors **and** staff specifically schedule meetings to align CPM integration into other programming and initiatives, avoiding duplication in schedules, agenda items, training, supervision/coaching, or other routine agency processes
  - Staff work with supervisors and managers to co-create and design continuous learning data systems to ensure that measuring and observing CPM is as efficient, user-friendly, and low burden as possible
  - Staff collect stakeholder comments/feedback and communicate implementation and integration benefits and challenges to supervisors, managers and leaders to ensure cross-agency integration of performance feedback
  - Managers and agency leadership work with supervisors and staff to find protected time to support workforce development activities (coaching, CPM-specific supervision and feedback, peer supports for CPM use and integration) – this ensures that practitioner support is protected and nurtured by the agency; practitioners and supervisors feed back workforce and practitioner issues as part of ongoing continuous learning and quality enhancement
-

**Child Welfare Core  
Practice Model**

**Directors Institute**



**Institute Sponsors:**

CA Department of Social  
Services (CDSS)  
[cdss.ca.gov](http://cdss.ca.gov)

County Welfare Director's  
Association (CWDA)  
[www.cwda.org](http://www.cwda.org)

Child and Family Policy  
Institute of CA  
[www.cfpic.org](http://www.cfpic.org)

California Social Work  
Education Center (CalSWEC)  
[calswec.berkeley.edu](http://calswec.berkeley.edu)

Bay Area Academy  
[bayareaacademy.org](http://bayareaacademy.org)

Northern Training  
Academy  
[humanservices.ucdavis.edu](http://humanservices.ucdavis.edu)

Central California Training  
Academy  
[fresnostate.edu/chhs/ccta](http://fresnostate.edu/chhs/ccta)

The Academy for  
Professional Excellence  
[theacademy.sdsu.edu](http://theacademy.sdsu.edu)

# Calendar of Events

## Tools of the Trade: Touring the CPM Implementation Toolbox

November 14, 2018

(rescheduled from October 3)

10—11:30 AM

*Directors Institute Webinar*

[REGISTER HERE](#)



**CWDA**  
Advancing Human Services  
for the Welfare of All Californians



**CFPIC**

Child & Family Policy Institute of California



**CalSWEC**

California Social Work Education Center

