

**Session 4.06 – Evaluating Large-Scale Child Welfare Casework Practice Models: Ideal and Realistic Methodologies and Evaluation Implementation Given Systems Characteristics**

**Panelists:**

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Mark Courtney  
Jennifer Dewey  
Barrett Johnson

*Please note: The following is a direct transcription and has not been edited.*

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Barrett Johnson: Good morning.

Audience: Good morning.

Barrett Johnson: I'm not Anita Barbee, who was sidetracked by Irene and couldn't make it unfortunately. But my name is Barrett Johnson. And I guess, we'll start, I need to start by reading this paragraph, I'm taking over, I'm ad-libbing for our lead presenter, Anita.

So, this is one of the recorded sessions it's being broadcast. And so, you'll see microphones there. So, any comments you make, make into the microphones and we'll try to speak into the microphones as well.

And I'm supposed to read the following paragraphs. So, I'm going to do my duty as the stand-in lead presenter and do that. And as a reminder, the audio for this session will be digitally recorded and once formatted for accessibility standards will be made available through the summit website. In lieu of written consents, participants who ask questions or provide comments during the session will be giving their permission or consent to this recording. If you have any questions about this recording, please feel free to talk with one of the summit support staff, all right.

So, why don't we start introducing ourselves, we're going to be, forgive us, we're going to be, you know, ad-libbing a little bit because Anita is not here. So, I'm Barrett Johnson, I work for California Social Work Education Center at UC Berkeley.

Jennifer Dewey: I'm Jennifer Dewey. I'm with James Bell Associates here in Arlington, Virginia.

Mark Courtney: Mark Courtney with the University of Chicago in Chicago.

Barrett Johnson: All right, I'm going to move up there to start. All right, I come from the training world and I know enough from being in the training world that you always list your learning objectives there, so those are our learning objectives. I'm not going to read them, but I'm going to give you an overall plan of what we're going to do.

I'm going to start covering a little bit for Anita and talking about practice models generally and some of the benefits of them and the challenges of utilizing them. And

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then, Mark is going to talk a little bit about also covering a little bit for Anita, talk about Anita's work in Kentucky because he's familiar with it.

And his own work in Washington, evaluating and their practice model implementation. And then Jennifer and I are going to talk about California's work which is sort of just in its beginning stages. And then we're going to have a series of sort of topics that we talk about, the three of us talk about and we take questions from you about. So, that's our plan.

So, again, covering a little bit for Anita, you'll see some citations here and these are from literature of you that we did at CalSWEC. And it was supposed to be on the presentation, but you can go to our CalSWEC website at the end, I'll give you the information and you can get this literature of you on practice models.

So, what makes an effective practice model, practice models are sort of, all the rage in Child Welfare right now. And there is some literature on this and some recently published articles on it. And Wandersman at all have these four components that they think make an effective practice model, one theoretical base including a theory of change, this one is kind of hard to get to sometimes in a very complicated system. And second and this is key fully articulated set of actions and really addresses all aspects of the agency practice and it guides the daily interactions of the agency staff.

Now, some practice models, I think also are intended to guide the interactions of partners providing services in some way, so I would add that as well. Three and we are learning this in California and you need a whole lot of system supports in place and then you need evaluation results and then evaluation plan for an effective practice model that really clearly defines your outcomes and describes those behaviors that in activities and practices.

And here, again I'm not going to read it, but the practice model for casework, this is sort of a definition that there is a theoretically based set of values and practices. And there's a theoretical basis and there's a specific set of practices that guide all the behaviors of the staff.

Again, I would add that you could include partner staff as well in this depending on the model of Child Welfare system you have. And that it goes throughout the life of a Child Welfare case or practice model and optimizes safety permanency and well being of the children who move through that system

Some of the literature that we uncovered points to several benefits of a practice model. The first one is an important one; I don't think we have very consistent practice in Child Welfare as a role. So, something that brings practice more inline and consistent and gets a basis for that consistency is positive especially if you're talking about evaluating practice.

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It helps to clarify the roles and expectations for staff and as a training person, I can say that if you have a clear, if one had a clear practice model, it would help for training, you're often on the slide trying to figure out where, what you're supposed to train and having to ask a lot of questions about what you're supposed to train and if you had a fully articulated practice model that would make that easier. And it helps to be planful in the way you organize your organization and you design the way you interact with the community and with the children and families.

And finally, these last two are sort of, I want to say softer, but not really softer, it provides more authority for practice and it really does force attention on how the consumers are services, the children and families experienced Child Welfare.

We're going to talk about several the challenges later on. But, these are some of the ones that we came up with, you know, I talked about, how we don't have sort of standardized practice, but there is a benefit to having flexible practice as well and you have to balance that in a practice model.

Here is a big one I know, I need to talk a little about this to me and Kentucky is sustaining the practice model through changes and leadership that's not just a practice model, but all practices are sometimes difficult to do, when leadership changes. Measuring fidelity model and effectively linking the model to outcomes we're going to talk more about that later. And now, I'm going to hand it over to Mark to act like Anita for a while

Mark Courtney: So, I'm going to kind of quickly go to the Kentucky evaluation solution based casework is relevance; we're all going to be talking about later because the practice model that was being implemented in Washington, when we were developing evaluation was also a solution based casework.

So, this comes from book by Dana, oops, Danny Christensen, who also couldn't be here today that describes this model. So, it prioritizes consensus building, measures in the context of implementing the practice model skill acquisition service delivery, assessments organized around the pragmatics of everyday, family life. So, it's takes into account, family to governments, case planning targets to development of family, own plans of action. So, it's very much a sort of strings focused inclusive approach to practice.

And casework management targets documenting and celebrating to excess of those action plans. So, one of the ways that folk talked about when they come out, did the training was, starting where the family is, and celebrating what was successful in their family before they came in a contact with the Child Welfare system.

So, there's a prior evaluation research pretty much all of it done by the group that couldn't be here today. So, study 1 was a chart file review that these folks did to explore issues with implementation and short term outcomes study 2 with qualitative interviews with workers and clients trying to explore, client workers experience with model.

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And study 3 and 4 were an evaluation of training, the training that they did in Tennessee to identify most effective strategies to promote the transfer of the model. And then and study 5, the use management data to examine the impact to general model use and safety permanency and well being as I recall sort of before after, let's look at our permanency outcomes for example historically and then how they've been more recently. And study 6, which is the most recent one, is continues for the improvement data examining the impact to specific model skills with various stages of casework process that digs more into how the practice model is being implemented.

So, this is a review of the last study. I believe that push the buttons it will, okay. What's relationship between SBC implementation performance and federal review items and outcomes, so they drew 4,500 cases over four year period? And they looked at implementation factors that they'd been measuring long the way and then they looked at some of the CFSR and national performance standard measures.

Emerge data across the four years, they extracted SBC items from the review tool if they were doing as they implemented this, third review items and outcomes have been mapped in the CQI by the team and then they compared low SBC implementers with high SBC implementers. So, they had measures of fidelity to their model and they're looking at the difference between those who have higher fidelity compared to those of lower fidelity.

And in summary, usage solution based casework model and their study is associated with significantly better supports and all 23 is our review items and a higher degree of use of the SBC model across all stages of the case because remember they're modeling as a various stages of casework practice results an exceeding federal standards for each of the key outcomes to safety permanency and well being when the model is not used or model is not used or used to a lesser degree case has failed to move these federal standards.

So, this gives you visually an idea of what their study found, significant difference between high and low SBC groups for all the federal outcome measures. And this well being measures and I'm not exactly sure what the well being measures are, but you can look them up. And these are the permanency measures. So, there's a lot of difference in this measures again, this is non experimental evaluation using their measures of implementation, but given their measures of implementation, there's a pretty big observed to facts. So, I can't answer any questions about their evaluation, sorry.

But, I can talk a little bit about our evaluation, the solution based casework. So, in Tennessee, this is a model that's developed by the people who are evaluating it to make the long story short. The children's administration, which is public Child Welfare agency in Washington, the State of administered system at the time we did evaluation over six regions, lots of offices within those regions. And the human services director, the director of umbrella organization, social and human services, Robert Williams, when she came to Washington from Utah, was very interested in implementing the practice model.

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And so, the Child Welfare director at the time, Shale Stephanie *[phonetic]* [00:13:10] said, that's a great idea. And to make the long story short, they've settled on SBC as a practice model. And with the help of Casey Kenneth Programs it helped funds and Training Day set out to implement this statewide. And involve training of pretty much to everybody, management training, solution based management training for managers and supervisors, for managers and administrators and then for supervisors and workers training and solution based casework.

And the idea was to promote an organizational culture that's strings based solution, what basically everything I said about the Tennessee model, they were trying to accomplish in Washington.

And I think one thing that's important to note about the state of Washington, the case management provided by state workers with some contracting services with private sector, but this is kind of, that is far of the West Coast model with Child Welfare service deliveries you can get, not a long tradition like there is a Mississippi of, not for profit agencies providing Child Welfare services long before the government was involved.

So, basically every family is going to have a state worker with some access to contract services, but not what you would see in a lot of other places in the country. So, in some ways, the practice model there for these workers is arguably more important then when you have sort of defuse system of service provision.

What they did to make again a long story short, the state came to partners for our children which was research and development center. I was the director, founding director of the center and said to us, we're going to implement this, we want you to evaluate.

And so, we thought about it, talk to them about how they were going to implement it and ready to evaluate when we ready evaluated the implementation was going to be done in a stage manner over like year and half period of time. So, in different offices were selected for training of the workers and supervisors at particular periods of time and then they're going to start later in the other offices. So, this opportunity to take advantage of that in terms of sort of before and after changed within the system kind of measures, at least that was the idea when we agreed to the evaluation.

So, our evaluation involved observation of training and besides around the state, supervisor training and worker training, we spent a lot of time observing worker training at three pilot sites, so they did start in three offices to do the training, it's a pilot batch, trying to bugs out. And if fact based on their own feedback from the field are implementation evaluation and some things that we observed that were not consistent with just good training practice, but also not consistent with what the folks intend to see at the time they should be doing, they were revised their training after this new pilot sites.

And with the focus groups, the supervisors and workers attending the training, we did interviews with administrators and the SBC implementation team. We attended training

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and we did help them with the survey and organizational readiness. So, that was really the implementation evaluation. So, we want to look at how you're implementing this.

And the bottom line was there were some of the aspects of the implementation going well, other aspects were not going well, they, I think significantly improved their training after this first sites, but they also ended up making some changes in the implementation of the training itself and how they schedule that like it's that in a moment.

So, the basic impact evaluation question, if we get beyond the implementation evaluation to an impact evaluation, is this simple really, does a practice model need to change in practice and services, it doesn't do that, why would you think it's going to have any impact on outcomes.

And then do those changes and practices and services etcetera result in change. And in this, we were looking at safety permanency and well being outcomes. You have to really be able to show that both changes represented by the aero-state place, right. You might have a change in practice services, but didn't have anything to do with the practice model. In which case, you've got and maybe that led to an outcome of your life, right. So, the second aero is there, but if you can't tie the practice model to the change and practice services, you can't really inferred that the practice model have that impact.

Likewise, you can have a lot of track changes and practices and services, we seemed to do a lot in Child Welfare, but it might not have any impact on safety permanency and well being. So, we wanted to show that both of those things to place.

So, we had a multidimensional impact evaluation that looked at management families, workers and records. We surveyed workers, their supervisors. So we're able to nest worker responses under supervisors. We actually surveyed parents; I'll talk about that in a minute.

And the idea was to do this before and after implementation to measure change and again the original design called for because they're implementing this over such a long period of time. We can look at before and after state, why, we also look before and after within offices. So, you didn't have to worry so much, at least that was our idea when we went to implement this that other changes going on in the state, we can contaminate this because you were basically had kind of before and after each of these sites in different periods of time over actually three year period in total was the plan.

So, the impact study questions, what impact SBC training had an organizational culture in case with practice. So, we have worker and supervisor surveys. And the worker and supervisor surveys with the lot of things, but among those things were measures of both your attitudes that were consistent and not consistent with SBC and your practices that were consistent or not consistent with SPC.

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To an extent, the SBC training had an impact on parent engagement. So, we had data from workers and we ask workers about the extent which parents were engaged with them both generally and we ask about specific randomly signed case.

We also had data from parents, actually 800 parents, got great responds, right. I'll talk about that. We were able to nest those parents within offices. So, the idea was, we can look at how engaged they felt with their work and with the agency before training went on wherever they live in the state and then we're going to follow up and do that afterwards.

And then, when impact SBC training had in child family outcomes, so there we were linking all the survey data, the idea was to link all the survey data to administrative data on those outcomes that I talked about.

So first the good news and then also a good news. So, the encouraging lessons learned is possible actually to reliably collect data on, this relevant of practice model implementation an impact from key stakeholders. So, we have any problem with workers, actually at the level of attitudes or sort of part one survey, part two, part two having those specific cases, 96% of caseworkers in the state responded to part one survey.

And it was over 80% response to part 2 survey have cases in lot sense and they didn't this because there is a lot of turn overly cases and they didn't think it was their case anymore, you know, things like that.

And actually we attained an 85% response rate in all offices across the states, so it wasn't a problem with entire areas of the state didn't cooperate with this, it was definitely, you know, possible to do that.

And statewide, we had over 800 parents, it was 850 at the end, over 80% response rate from parents who had opened, who have had opened cases either Gen Home Services or Out of Home Services statewide.

We did find that office level adherence. So, this is all from base lines sort of before implementation, are we clear about that? We found that office level adherence to SBC principle is possibly assessing with parents experience of engagement. So, again, before they even implemented this, you know, we ask workers about their attitudes or practices etcetera and we could score them much the way the folks intend to see it, in terms of their adherence to this model.

Actually, one thing I should say is, a lot of the folks in Washington want to implement this, a lot of the works, so I'm already doing that. And schools with social work including when I was teaching at in Seattle, I had been teaching solution based casework to their students for sometimes.

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So, the idea that this is an entirely new approach to practice, it's simply not the case, at least in Washington, it's not to say that there couldn't be a lot of working system with that practice. But, we measure their consistency without practice and found that, in fact at the office level because we're able to nest these parents within offices.

The parents experience of engagement was actually strongly associated with workers adherence to these principles, might say strings based practice makes people feel like they're being engaged better.

We also found and looking at family reunification just with those, the kids with those parents, we're not even dealing with the worker daily here at all that parent's experience of engagement is possibly associated with family reunification. So, the story here before you do an implementation or something like this is G, it seems like the principles, these folks are trying to affect our associate with how parents feel about the agency and their engagement with the agency and turns out that how parents feel about their engagement with agencies that's associated with good outcomes that's a good story, that's not the same thing is evaluating SPC, however.

So, a lot of things it going back to my graph, there are lot of things that could lead parents to feel engaged that they don't have anything to do with implementing this practice model for example. But, nevertheless that's good news. Here are the challenges.

And so, the slide that had issues in evaluating SPC, I think it's important as regard. Right after that, after we agreed to evaluation, the state changed their implementation schedule. And they changed it in a way that for reasons I had, you know, perfectly understand from the state standpoint, but we need to hurry, we have other things going on, we're going to implement this all over the state at the same time, we're not staggering implementation over such a long period of time, we've got to do this in six months instead of 18 months, okay.

Aside from challenges that, you know, proved to be for the state in terms of implementing this training, it really, it basically left us with a before after for the whole state kind of design, right. The advantage of the staggered implementation from an evaluator standpoint was gone, not even sure I was agreed to do the evaluation frankly, how do I know that at the outset because it was a big investment of time, it's actually good study, but it's evaluation not so good at that point when you've got, you've got before and after now, no staggering is going to be before and after around the state.

So, other changes that happened in the state from before or after you have to really worry about what impact they have. So, here some of the changes that happened between then and now. The state shifted to new MIS. So, they decided and this was, it decide the middle evaluation, this had been in works for a while that they were implementing a new MIS called family, which has all kinds of nasty nicknames at this point in the state as you know, and these things get implemented that's quite often difficult in and of itself.

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And what happened with that is, it was so difficult to implement family for the state that they actually shifted some of the trainers, they shifted resources for implementation of the practice model, its implementation of their MIS, which not only complicated implementation of the MIS, but also of the practice model.

The other thing the shift that MIS did is it caused huge delays in access to reliable data on all the outcomes you wanted to look at, so as a period of time, I see people in the room, I know work administrative data, and a lot of states says, what we call the black hole period is use administrative data, there is sort of the legacy system, and you can use it for things and then there's a new system, eventually you can use it maybe for new and exciting things. And then there is a plenty of time where if anybody is being honest, we don't actually believe that the data reliable because people have to implement this thing, they're told you must do this now, they enter whatever they need to enter in order to get on with the case. And from an evaluator standpoint, from measure standpoint that's not a good thing.

But at a certain point, the dust settles and you're just dealing with the new case as you have, but in terms of creating continuity before and after it's a nightmare. And so that happens to the state and that happens to our evaluation.

And then, like in a lot of states, there were significant budget cuts during this period of time, so huge reduction in staff, first at the management level and including folks who would be implementing this and then at the staff level. And then also, statewide system reform effort generated by the legislature that included performance based contracting. So, complete restructuring of all these contract services and that's just actually going underway now, but just the main fact that this was happening was a huge change in the state, create a lot of anxiety.

And then lastly, they have gone from 6 regions to three. So, they have completely reorganized the state system, where offices are situated etcetera. And so, this would raise serious questions about how to assess the impact of SPC, right.

What are the practice model do compared to what all those other things did, right. And of course the folks responsible for training implementation of SPC, well, on one hand they really want an evaluation, on the other hand, they didn't really want an evaluation and the context that it was being done. And to make a long complicated study story sure, there is no current plan for follow up data collection. So, any effort to really evaluate solution based casework in Washington has essentially been abandon at this point. And I think that's really a joint decision by the state and the folks doing the evaluation in California.

Barrett Johnson: All right. So, this first slide is the California context slide and I call this the, bless your heart slide and under of Anita somebody know Anita is from the South. And I'm not from the South. But, I do know Anita, so when were starting down this path of the practice model in California, I called her and I said, hey, Anita, I know you've done, I left a voicemail, I know you have done a lot of work on this, you know, or sort of,

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we're trying to figure things out, can you call me, this call then so led to this presentation I think. But, she left me a voicemail back and the first line of which was bless your heart for trying to do this in California. Although I'm not from the south, I know what that means, which is that we're fools.

So, California has a largest system in the country, Los Angeles County might even be the largest system in the country, I'm not sure about the stats of that. It's a county administered system with state oversight and funding. It has strong counties and relative to other county administered systems as well, I mean, it does have Los Angeles County on one hand, one of the largest systems in the country. And counties like Alpine that have one social worker.

So, we also have in California the benefit and a little bit of the challenge and having a long history of privately and publicly funded practice improvement initiatives that have sort of rolled across the state, some of them are evaluated, some of them are not. But all aimed at and improving practice. And usually specific to a particular area of practice, not to the global practice model, we do not have a statewide established practice model in California. And we are starting to build one.

So, how are we doing that? We, in California, the other thing I want to say is, I am here speaking for the California partners for permanency project, but I'm not the leader of that project by any stretch the imagination, nor by the brains behind that project or the evaluations. So it is a project that is led by the California Department of Social Services with a lot of assistance from partners, the federal partners providing TA.

I'm looking over it, some more evaluation partners from our partner agency Berkeley that are here to help with the evaluation and also foundations the co-investment partnership, which is the partnership of all the people who invest including the foundations and have provided a lot of assistance. So, it really is a collaborative project CalSWEC has just provided some assistance with this. I was that one of the coaches of the practice modeler refinement team, which is one of the reasons why I'm up here.

But, the CAP is permitting grant from the children's bureau in its first year of hopefully four years, we have to hear about our next round of funding shortly. And it really can't be in this partnership of state local and non profit agencies. And it focuses and we're going to talk more about this and some of the issues and challenges of this, it focuses on permanency for African-American and Native American children specifically.

But the intervention isn't integrated effective casework practice model that we are hoping will benefit these populations specifically especially initially we're evaluating for that, but we'll also benefit all children and families in the system eventually. So, you can see, you can tell us, it's a project that's got a lot of attention because it has its own logo on the top there. It's five year project, 14.5, I think it says, I think it should, is it billion?

Speaker: Well, you've got a lot of minor.

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Barrett Johnson: Yeah, that's million.

Speaker: How you get that?

Barrett Johnson: Our presentation will be really spectacular if that would be the case. And it's going to conduct an analysis of Child Welfare systems, systems based analysis to understand the barriers and develop solutions to reduce long term foster care and then develop a practice model to address those issues. And then it starts by implementing and evaluating and assessing the practice model in four counties, those counties are Los Angeles, our three jurisdictions in Los Angeles, Humboldt county up in Northern, far northern California, Fresno County in the Center Valley and St. Clair County where San Jose is in the bay area.

And then, we plan to replicate the approach with 10 additional counties as soon as we get the additional funding from the children's bureau and develop a statewide plan from that.

So, these are sort of the very condensed, you know, sort of sound bites of what CAP is about, it's about reducing length of state and care. And really putting a laser focuses what we've been talking about it and achieving permanency for youth who get end up getting stuck in the system. And the population that we have chosen and Daniel Webster from CCSR did a lot work on this and sort of Jennifer to identify that population, but we came up with our population of Native American and African-American children with those kids tend to get stuck in our system.

And also, it's about assisting the children's bureau to expand evidence based interventions that reduced time and care and increase permanency. So, in other things that's on the slide, but we really are using the, using an implementation science frame on this. So, we're really talking about and trying to identify both proximal and distal outcomes and measuring fidelity to the model as we move along.

So, in this, I talked a little bit about this that its focuses on all children foster care, but our initial focus, are on an African-American, Native American kids who experienced the worst outcomes in the California system and in most system that I know about around the country. So, and I handed out and then didn't bring one up here with me. So, can I borrow one?

Speaker: Oh sure.

Barrette Johnson: So, I can read it, I know you couldn't read it up on the screen and neither can I.

So, this is the graphic that shows our theory of change if you recall that we've talked about one of the essential sort of components of a practice model is having a theory of change. And I want to say about all these slides about the California, there are two things, one there's still that a lot of hard work and stakeholder involvement has gone into all these. As you can imagine concentrating on two specific populations that I have had

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bad experiences with the Child Welfare system is difficult to do and our overarching theory is a solution based theory, strength based theory, also with that sort of social justice assumptions and components in it.

So, in order to really create the practice model, you sort to have to act like you want your workers to act and get stakeholder involvement in the creation of the practice model. So, that's an ongoing effort, I can't tell you how much effort is gone into, really engaging people and it's been, you know, up and down. But, really trying to engage, there's specific communities in the counties and work with the counties and work within the counties to engage us to communities and tribes.

So, I just want to focus your attention a little bit on the barriers which sort of talks a little bit about our theory of change that, and this is what I mean by a sort of social justice lands that the barriers that we've identified is that there is a long history of mistrust and sort of mutual mistrust between the Child Welfare system and the African-American and Native American communities and tribes.

And that creates barriers to engagement for families and it creates barriers to good outcomes. And that we haven't consistently partnered, the Child Welfare system hasn't consistently partnered, there's definitely been efforts made, but consistently partnered with tribes and communities to identify the best solutions for them, those are sort of our barriers to permanency for African-American and Native American Indo-American Indian children and youth.

So, in responds to that our intervention doesn't include a theoretical framework, which I talked a little bit about a set of values and principles based on that framework that are, have been embedded up and down the state. And then essential practices that we are, that are part of the model and those are listed there and I'm going to go into those, there's another graphic, it's the other thing with the \$14.5 million dollar budget you get a lot of graphics.

But the essential practices are, really identifying and engaging a family based team really on and throughout and life of a case and powering families and the communities and tribes and throughout the life of a case, addressing trauma and looking at trauma informed treatment as children and families move through the case. And providing that pre-and post permanency sort of team and circle of support recalling it to achieve permanency and maintain permanency once it's achieved.

And then, we've identified and Jennifer will go more into the short term and long outcomes later.

So, like I said, you'll get lots of graphics. This is sort of a graphic of how you would work through the system that it starts when the family comes into the system and the community and tribe are engaged and there's this discovery and engagement and looking at practices like family finding an engagement in this stage. And then empowering families and healing trauma providing trauma based services as they move through the

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system and that's really easing solution based casework principles. And then creating that team that goes throughout the life of a case; that circle of support that helps foster permanency, and creates a support structure for the family. So, we can certainly talk about answer any questions as we go on, but I'm going to hand it over to Jennifer to talk a little bit about the, more about the evaluation components now.

Jennifer Dewey: Good morning everyone for those of you who can make it into Washington DC. My name is Jennifer Dewey. I work for James Bell Associates. We're here in Arlington, Virginia. And with \$14.5 million comes a lot of technical assistance as well. And so, I think California along with five other grant receives training and technical assistance I think from several partners. Some of these partners are local partners in the State of California, but some of these partners are national partners.

So I think James Bella says he has works with West Stat who is also here in this area to do, I think to conduct the evaluation with each of the guarantees and as Barry had mentioned earlier there is another company called JBS International, they also provide programmatic technical assistance, and they have several consultants from the National Implementation Resource Network doing the implementation signs with them. And I believe the infection actually works with California specifically along with several other consultants therefore running around.

So I've been working with California for the past year to design and evaluation plan for them that can work to kind of document, capture and look to assess some kind of impact from this very large scale comprehensive child and family practice model. I think this is a very kind of busy and complicated I think logic model, but I can kind of just walk you through the highlights of it.

And I believe – I believe on this hand out there is one of the pages this profile, so anyway but basically I think, you know, just kind of walk you through the highlights on the evaluation will occur in multiple stages and the stages will sort of march along with the timing of the projects. So the project is for 5 years and this past year really has been planning just a lot of planning and as Barry mentioned there are a multitude of partners I think within the State of California that had been involved with us and it really has been an incredible process to kind of bring them all together and get them marching in the same direction and agreeing to this practice model and how un eventually how this practice model will be implemented.

But kind of in terms of the logic model I think we've got some resources which are obviously are children African-American and American-Indian children that are either entrant foster care or currently sitting in foster care right now and then of course the child and family practice model.

I think what we going to look to do is sort of look at various pieces I think of, I think of the project as part of the evaluation. So kind of the first part will be a formative evaluation. We will be looking to document the various kinds of activities that are happening one is sort of what I call service delivery active, service delivery kind of

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preparation. So I think in order to actually implement this practice model what are the kinds of training activities that will happen, what coaching will happen, what sort of supervisory meetings will be taking place between the case workers I think other folks in child welfare and their supervisors.

There is also kind of the, the things that will be, I think the various services that will be a part of the child and family practice model in regard to discovering engagement and empowering families, healing trauma and then the pre imposed permanency circle of support.

And then finally there is sort of this group of what I call organizational mechanisms and supports. So basically what is the organization whether the organization is the individual child welfare office or a unit, whether it's cap as a whole but what other things that they'll produce to kind of support this whole process moving forward. I think the next caps kind of next big step I think over the next few months will be to produce practice profiles.

So right now kind of this discovering engagement, empowering families, healing trauma and pre imposed permanency circle of support, everyone is kind of onboard with the general direction of what this, of what this is and agrees to this theories and this principles. But in terms of actually how discovering engagement is actually happens with a family and with the child and a community, these practice profiles will be developed over the next several months to really lay that out.

So when a caseworker is trained on the model and said you need to do discovering engagement, this practice profiles will give them the math of how to do that, these are the things that you need to do, here is how you work with the family, here is how you engage with the child.

I think there is also and of course there will also be a quality assurance process to ensure that everyone is doing the same thing in the most standardized way possible but that is still I think is responsive to the child and family, kind of the coaching process, there county implementation teams, that will I think that will be working with each of the four counties or excuse me 3 counties and 3 Los Angeles County offices I think support and that will be stake holders to use as well.

And so kind of formative evaluation will be looking to document all of this, is it in place, what is it look like and does it sort of seem to be working. I think from there we will kind of move through or move into a process evaluation. So now that we kind of know what everything looks like and we can sort of describe it in a way that make, that is I think recognizable by cap and make sense to others.

Our things actually, what can we count, so if people are supposed to be trained and coached, how many trainings are happening and how often is the training happening, how many coaching sessions are happening, how many supervision meetings are taking place, how many actual services are being offered and given that we have in a way it's a

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blessing that we have different locations yet sometimes it's not. The reason it can't be a blessing as you can sort of look to see are things being implemented kind of in the same way in each of these different locations.

So is every county or county office getting sort of the same rate I think of services, I think or they serving kind of the same number or same number of children and families and also just simply the numbers of services that are being offered. And then we'll also of course look to count those organizational mechanisms and supports that have been designed to kind of support this whole child and family practice model.

So how many practice profiles were actually created and as we move along how many practice profiles are actually being used, perhaps some of this practice profiles were not as useful and they go by the way side or they get revised. I think, what other kinds of documents I think are being produce to support the model, are there other kinds of meeting, support meetings occurring and other kinds of manuals or documentation supports this.

So we will be counting a lot of things as part of the process evaluation, and from there we will move in to I think as Mark has talked about you know if given that we do all of these stuffs Wellesley to some sort of impact for children and families in this areas in California. And I think we've, and I think I have worked quite a bit with Denial Webster and other folks, I think with cap to think about what proximal outcomes would look like so to there short term outcomes the things that you might hope for happen sooner.

And then how the builders lead to what we are calling kind of those distal outcomes, those things that eventually you really want to get to, I think in terms of the distal outcomes those things that we all want to get to every guarantee is part of this project really you know, and with there funding really simply needs to reduce the rate of children going into foster care, increase from, you know, increase the rates of permanency and basically just kind of have the, every kind of has to have those simple long term goals.

In terms of what happens in the middle I think we have our list up here again kind of divide up into system level care giver and child level although there is a practice profiles are developed over the next several months, we think that some of those might change a little bit, but essentially we are looking for things to change at the system level, I think our policy is being implemented in the counties even in the individual units that support supervisors and case workers, I think other changes in supervision or supervisors acting differently, our caseworkers acting differently, do they have different, do they have changes in there attitudes, in there practices or the adopting the practice model.

And also client level feedback, you know, I think are, are the families responsive, I think to the practice model and do they have positive feelings about there caseworker and about the system and that kind of moves down into the care giver in child level.

And again we expect that these might change a little bit, but cap definitely is interested in looking at the family engagement and I think our families more engaged in the process

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and does there, does there feedback I think reflect the things that caseworkers are supposed to be doing with them on better part of this child and family practice model. And I think, there is external conditions and assumptions and end values I think at the bottoms are things that Barry has talked about in some of the previous slides as part of the context for this whole project. I'm so busy talking I can't find page here.

Oh, here it is, okay, all right. Okay. And so in terms of the evaluation I think in terms of how this evaluate, whole evaluation is been structured and we are kind of going by some thing called The Pico Frame Work, whose heard of that before raise your hand? Some of you, okay.

Basically PICO stands for Population Intervention Comparison and Outcomes, I think Mark Testa who is now at UNC Chapel Hill. I think is also I think a key consultant on the whole project and on the evaluation this is a framework that he uses and so we've adopted that in terms of trying to think about the evaluation not only for cap, but for the other five guarantees as well. So we've already talked about the population a little bit basically African-American children and American-Indian children. And in looking, and in looking to kind of get that laser focus into those children that really are truly in need, most in need of the intervention, Daniel worked to identify that it's essentially African-American children in Fresno County, Santa Clara County and the three Los Angeles offices.

There is a fourth county Humboldt County and American Indian children were primarily identified in Humboldt County, but there is also an American-Indian population in Fresno County as well. So its not African American and American Indian children everywhere but it is sort of but it is kind of targeted by county and by county office, okay. And I think if you look at a map you can easily see just there these counties are spread across the state and the counties are really quiet diverse, I think the Water Ridge office in Los Angeles County is a very different location then Humboldt County, how much is that more Northern California much more and much more world.

All right. The intervention is the capture on the family practice model which we have just talked about a lot. So I will not talk about it more. And then the comparison we truly kind of we have a lot of discussion about this I think given what we ended up coming up with is that the comparison group is that essentially the treatment group will be, will be African American and American Indian children in the three cap counties and the three Los Angeles County Offices and are, and that's I think in that treatment group will get the child and families practice models.

The comparison group will be children and Non Cap California Counties, so not these four counties and what they get will be whatever child welfare policies and practices are existing in there area. We will go through a matching process so every child that is a treatment child in a cap county will be matched to another child in the State of California in a non cap county and we have come up with I think a brain storm list of variety of matching variables and we are looking at particularly some location variables and looking to match to counties that perhaps have the same rates of disparities okay.

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And then our outcomes I think we've talked about, there is a little bit on the logic model basically the distal outcomes are essentially increase permanency and reduce disparity and the proximal outcomes will look to be kind of changes at the system level I think in caregivers and perhaps even down to the child level.

Okay. And so basically you kind of take all of this together and you end up with one big question, which is our PICO question. So do the disparities that African American and native American children experience with respect to the risk of long term foster care diminish after the implementation of the cap child and family practice model compared to the pre implementation period and to current match samples of children for non implementation sights and offices and the post implementation period, that's kind of a really long question so that's kind of why is on your handout so you can take that home with you.

Okay. All right, and I think Barry is, this the part where you come back at?

Barrett Johnson: Well actually this is a part where we all start discussing about, so what we thought we would do is, easy mess sort of PICO framework to frame the evaluation discussion we would talk about some of these issues take questions from you all about some of these issues in terms of first population intervention, no I'm forgetting, a PICO.

Jennifer Dewey: Population Intervention Comparison and outcomes.

Barrett Johnson: Comparison and outcomes, thank you. So I don't know, if you want to talk about anything of the population in Washington I guess you'd kind of use the whole population in the state but you used a rolling method for comparison in California, you know, our population choice was first focus is complicated by the fact that we are for focusing on African American and native American or we are focusing on them, but trying to create a practice model that is generalizable to all and that like I said creates a lot of sort tensions not bad tensions, but tensions in trying to create the, the intervention as you target this population.

I don't know Jennifer, do you want to talk about the, the challenges in the population template and identifying those characteristics or not.

Jennifer Dewey: I could and I guess I would say, I'll just stand, I think one of the things that I think that all of the pie, that's not there, okay. Sorry, I'm like, rather a quick, so yeah, yes sorry about that. It's been a week it's been really quite a weekend and...

Barrett Johnson: We are feeling pretty good on the West Coast right now.

Jennifer Dewey: So I'm like oh my god. So it was funny I think when we when I, when I talked with Anita a little bit about this evaluation I know she had given Barry the response of oh flush your heart for doing this whole cap project and the evaluation is like oh that is so nice of you to do that. So I think one of the things that I think all grand all of

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the pie guarantees or the permanency innovation initiative guarantees that are working I think with California of how to do is really come to kind of a laser focus of who exactly I think are they going to serve.

And I know Daniel can probably elaborate on this and many, many, many analysis were done to try and get that laser focus into I think the population for cap. And basically the, I think there were many variables that were looked at many analysis that were done but the variables that kept coming up over and over and over again is been most indicative of, you know, not moving inter permanency was I think, was I think the race and ethnicity variable. I think additional analysis were actually done by statist by West Stat they did there independent analysis and verified, I think verified the African American focus in the cap counties. I think the American Indian focus is a little bit harder but it's simply because the American Indian population is simply, there aren't as many.

And so the strength and numbers of African American children kind of lend themselves, to, I think lend themselves to more robust results. However, I think the cap, I think the cap project is made a significant investment and I think through there own analysis and through there own analysis and their own work has come, has determined that the American Indian population is I think just is as significantly at risk I think in the identify counties. Daniel sir, did I get that right or anything else to add.

Daniel: I don't think that one thing you did do was that.

Barrett Johnson: Daniel, can you talk into the mic?

Daniel: American Indians are I think there is a lot of agreement that they are under counted in the data. And so we did, as part of the population identification work we did some tried to apply some new strategies looking in our administrative data to pull out information that would help better identify American Indian kids other than simply self reported ethnicity which is what is usually in there and as we know from social work interaction of what not, there might, the way to question is put to a parent and child about the ethnicity of the child that may not, it's a hit or miss prospect.

And so we used some other strategies, colleague of mine at Berkley, German Grouters recently did his dissertation has done us some great work. And we used some other ICWA eligibility and tribal affiliation piece of information from our sector system to try to broaden in that. And when we did those, we looked to the data that way it did increase the number of the Native Americans that we were identifying and then the effects became a little bit more pronounced little bit more worse to say.

Mark Courtney: Yeah, then Native American issues, the issue of power becomes an issue with the Native American specially when you are starting with only 2 jurisdiction they are focusing on in Native Americans, And those 2 general, the generalize ability P1 and P2 up there about sort of the 2 options big and broad and then, then target just specific groups, or begin as specific group and then targeted broad those raise some. I think it raises some interesting political issues in that counties and then at the state, you know,

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there are counties where other groups are like Latinos are disproportionately there is some disparity that is actually can be greater than African American, Native American, and then some jurisdictions. So what do you do with that sort of, when you are ruling at a practice model and so there is a lot of work to manage that and to really look at the lots and lots of sort of working of the data and looking at the data to get to where we are.

Barrett Johnson: I have a comment about population maybe a little, we thought we're all going to do this, but I think it's important from an evaluation standpoint, is who you ask if you are collecting data from workers or from clients and I think it's very important actually in evaluation something like a practice model actually could get data from the people you are trying to effect their outcomes, it's hard to do that but I think it's very different than asking workers do you like this or not like this or what are your attitudes in and so on so forth.

When you go down that road one of the things you really struggle with is who you can get access to collect information from, who you can even ask a worker about, turns out to be not all that simple and have big implications for evaluation, first mainly because a lot of folks who have experience with child welfare system don't have a very long experience with child welfare system, I mean and you know if you're verification for example if you are trying to speed verification you'll try kind of move a distribution of times to verification. In Washington for example we are reaching about 30% of the kids are home within 2 weeks right.

So even, even trying to do evaluation where you could collect data from those parents just the logistics are trying to do that out the window, very arguably impossible to do certainly very difficult to do. Much more likely to get non response from the folks that have had couple of weeks and you know, I'm glad to be out of here, I don't want to do anything with this and why would I want to talk to you about I can't help you with that.

So you know we ended up doing fairly reasonable thing which is people who had more than a month of experience the system, another reason for doing that as you ask workers about folks that they work with for two weeks so like who, right. But this practice model are to effect there work with everybody right, and to effect work of investigations workers very difficult to ask investigation workers about particular cases by the time you could use your administrative data to identify a case so you want to target a case then you know who you are talking about, all right.

So there is some real issues around the populations that you actually want to capture if you are being honest about what your practice model should be affecting and your ability to collect that information, what you have to do in order to collect the information. So I just throw out there for people to think about.

Jennifer Dewey: John, you want take up.

Barrett Johnson: Sure, unless peoples have questions about the population issues.

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Jennifer Dewey: I think it's...

Barrett Johnson: I'm sorry, people who have questions, speak into the mic please?

Erica: Sure, I'm Erica, rising here with JBS. So I thought matching strategy was great that's what I was hoping you were going to say, I wonder how, is this working?

Barrett Johnson: Yeah.

Erica: Okay. I wonder how you will deal with confounding effects of other things that might be going on in the counties at the same time that this implementation is happening, and I wonder if you thought about doing pre imposed as well as the matching approach.

Jennifer Dewey: Well, I think what we can do I think what we've discussed all about yeah and I think we also discussed you know sort of the you know sort of the confounding variables and you know well what if they are doing something in the Southern County that this kid is getting and you know how will that, you know, effect and you know we sort of decided that the cap.

I think we, we've come to the conclusion that the cap child and family practice model is something that's comprehensive it will be very specific, you know it will broad yet have very specific things that you know that caseworkers need to do and kind of the, I think the strength of that model is that it's not just you get this service and you get this service and you get this service, but you get this whole models.

So this very sort of holistic approach and we are sort of betting on the fact that the other counties while they may very well have elements of family finding and so that you know and solution base casework and the other elements of what kind of goes into this model. We are not going to have the model as you know as a whole, so that's, so we are considering the model really to be the intervention but not individual or specific you know or specific services.

We have discussed and I think and we are going to be using administrative data for to measure the distal outcome, so chances are we can probably grab data at various points and time although Daniel will be the person I think that will eventually make that determination.

In terms of the proximal outcomes the more short term ones I think we are so struggling with that to try and do comparison you know between the 4 cap counties and then like other cap counties like can I just come and survey you, how is all sorts of implications you know, or be that sort of things and also just simply the administrative cost.

I'm really trying you know really trying to do that, so I think as the proximal outcomes so based on the practice profiles as the proximal outcomes sort of become a little more concrete will be talking with cap about, you know, kind of really what's the how come we really get the biggest bang for the buck and you know word we really want to put our

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energy. I think the thought is that it's probably best to pick some really important, you've to pick a smaller group of variables but measure those really, really well rather than measure the universe of all that is possible and perhaps not do that quite as well, so hopefully that answers your question. Do you want to move to the next one?

Barrett Johnson: Sure. So we've got a few issues that been filed on this the process of developments but I wish we knew that when we started this project in California, it's a big process specially if you want to do it collaboratively and sort of walk the, walk the walk of engaging communities and tribes.

And I think it is an issue of theory and having a theoretical base I mean it's interesting we started talking about before the cap projects came about, we started, we started talking to our county welfare directors or county child welfare directors and the state department of social services just about practice models generally because we are trying to look at our averaging Cortland curriculum I mean see if we had something close to a practice model in there.

And tried to trailer that so that we were, when we re did it we were consistent with it, and there was kind of a stumble on having a theory and underlying theory people were, people were, California's notorious for sort of cherry picking interventions across different counties and in different jurisdictions and that is the real issue that standardization issue where even if you had developed a very, very comprehensive practice model you row it out and because there are all this different jurisdictions under different with different control agencies, different press you know press outlets and different political accountability there are all accountable, there are boards of supervisors you'll get in California 58 versions of what you do its that standardization issue really comes out when you, when you are talking about an intervention at least in a county administered system.

Mark Courtney: Yeah, I would just say that I think that I mean one of the lessons from the half way down evaluation at Washington, would be that any kind of huge system change initiative and practice model is that even if half the people or most of the people in the state, talk to you and say I'm already doing that, then even if social educators are already doing that never the less to say now we are going to do this everywhere and we will do it consistently it's our, you are basically making a statement of value at the level of the institution in Washington this is the stature welfare agency making that.

And you better be ready to stick with that over a long period of time no matter what otherwise you know it may be a nice thing to do politically it may make sense that yes we should have a practice model but your ability to actually pull it of consistently I think will be very limited because in child welfare service you are operating in a very contested domain in terms of value its just a classic child saving versus family preservation you know debate and it is a debate you can't run away from it.

And in some ways this practice model gets interpreted by those camps and ways that they want to interpret or not. So for example State of Washington is implementing this there

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is a child death, somebody says well you know we are not paying attention of safety as much anymore because we have such a strength focus. We think that we can fix all these families. And next thing, you know, you have a new child welfare director who lost their last job at least that's negative because of the child death.

And suddenly there is not an abandonment of this practice model, but we need to revise our thinking about the practice, there is kind of a fundamental questioning of the values underneath the practice model and that can happen for all kinds of reasons. And that's going to, you know, that's going to challenge, I mean 58 you are going to have that promise in multiply 58 fold in California because in any county of Texas is somebody who comes in obsession leadership who doesn't quite get it you know or their values system is some way, and some where different then it is in the practice model. And there is definitely value simplicity and we see anyway.

Or something happens that makes people question it and that just happens in child welfare but I think from evaluation standpoint makes it very difficult to evaluate these things you sort of, I would argue have to have pretty powerful kind of actual because its really easy to come up with, another explanation for why you observe what you observe. I know Nancy Dickinson I mean there are people randomly signing off, I mean there are people doing very regress evaluation of training essentially which is, you know, this is a little bit more than training but training is a huge part of it that's why parents involved in it right.

And I think that, that you know if that state were it kind of meet again and say do it I would say not unless, you know, so that's and the other thing is just and I don't know what if it fits in this question is how invested the agency is in evaluation process, how much do they have on the life of evaluation. So I think one of the things happened in Washington is because funders came along and we're willing to bank role a fair amount of this evaluation when they came around for the second way of evaluation and the state had bunch of other stuff going on they weren't have invested as if they had invested a million dollars extra in an evaluation they might have been more interested in making sure that, that you know when they went around to round two had evaluation that there was in fact running to the evaluation but when you don't have your own reputation on the line for evaluating something.

So external valuator should be aware of that in one hand we bring resources to the table sometimes and that's great and that's why evaluation happens and that's why the evaluation won't happen, right. Because they are not, as they didn't had to money on the line, they don't have to explain how there is no follow up evaluation to the fund, you know, the legislature because they didn't pay for the first round of evaluation so no big deal.

Barrett Johnson: Question, and can you talk at the mic sorry? Thanks.

Rosanna Best: Hi, I'm Rosanna Best with JBS International. And I actually have a question for Mark and just I'm not very familiar with this solution based case. I'm not

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sure about all the components and things like that, but I wanted to, if you could talk a little bit more about the adherence to that model and you talked about you know evaluating the trainee. But you also evaluate what the work is actually did when they were engaging with the families and if you could talk a little bit more about that?

Mark Courtney: Sure. So you know if you unpack this practice model there is things that you should see, you should see the people have particular attitudes towards families about, about their strengths, their ability to change, their ability to drive the change process, so we ask question about those things. There are practices in terms of how you engage families, there are consistent with the model and more consistent then other practices, right.

And so we ask questions about those things, and had we had a follow up what we would like to have seen, is and I guess the back up a bit you know that the good news from phase one is that the attitudes are related to the likelihood that practices will be used and the practices are related to the kind of engagement, now again that sort of point in time right and we haven't implemented a practice model yet. But we do have evidence that, that what these folks are talking about who are selling these practice models they are the ones who are here today.

But you know who are, who are dissenting this practice model are on to something in the sense that these attitudes are important or the practices are important, are they associated with an outcome. And we saw variation in, in that before the training right from office to office we saw variation, we saw that office level adherence tended to be associated with when you have a new work recommend there likelihood of adeptness. So we actually learned a lot even without having followed up.

But and I think those important things that have an evaluation you want to know what are the attitudes of those change because of this intervention and your practices change because of the intervention and then if you tie those practices to changes and outcomes and you have, and you have a longitudinal evaluation where you have before and after than say look here is kind of based line level we improved attitudes, we improved practices we measured all those things and those things were associated with the outcomes. Even in the absence of experiment if you had experiment with you know you did officer then your concern would be well would the people move from office to office, you know, that kind of thing. But again you can, you can measure all that.

So we did measure implementation, you know, to the extent that well our measures were consistent with the folks developing the practice models and Daniel was in it you know Daniel we talk with him through out this. And you know, I think that they were happy with the measures that we are using, we just don't have any follow up measures. So hope that answers your question. All those stuff is, anybody wants any of those measures there, they are publicly available measures so.

Rosanna Best: Okay. So I'll move to the next one.

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Mark Courtney: Yeah, moving onto comparison. Randomization, it was a good topic of discussion that we had some discussion about in California if that would be possible, what unit of analysis you could randomize.

Rosanna Best: I think, I think everyone ready to say, really when we came up at a comparison design I think the part of doing, I think randomization excuse me, I think in this project and another project, so I've worked on randomization can be a really hard soul sometimes I think for a variety you know for a variety of reasons. I think given a complex you know given the complexity of this project and sort of the cap was on.

I think trying to do randomization particularly when it was going to be African American and American Indian children not just here we're doing this in the county with everyone I think just presented I think a huge amount of just logistical you know of logistical problems. So I think so, so that was the reason why we kind of went I think with this comparison design which is somewhat which is something that people seem to be comfortable with and seem to buy into and seem to, I think see the value of, I think you know RCT definitely does absolutely have value.

And I think if the project was structured a little bit differently there might be some other opportunities I think to explore that and that doesn't mean that, that could not happen in the future kind of once the model gets up and going as they look to implement this in other counties in California, that could be the opportunity perhaps to I think to do an RCT with this proof with what seems to be a fairly proven, I think practice model and then compare that I think sort of practice as usual so.

Mark Courtney: And I know that some places not necessarily for practice models do some versions of randomization or they'll do the ruling you know they role out in different areas and then they'll randomly choose which units or areas to role out as the unit of analysis that also present problems when you are talking about the practice model you are talking about something that guides all interactions of your staffs and your partners and there is going to be bleeding of that your practice your good practice model from one part of the organization to another you hope.

And people transfer from office to office and that presumably going to take some of those practices with us, so that's another issue in terms of using that type of or that unit of analysis for randomization.

Yeah, I mean I think there are a lot of problems in randomization had we engaged in state of Washington, how did we've been engaged earlier by the state of Washington in their evaluation. And even, even given that they accelerated it, it was over a period of time and they had randomized the assignment of offices to who was going to get trained, it's a state run system, I think we could have learnt something without even a follow up round of data collection why using administrative data, whereas because that wasn't done I don't think we've learnt anything frankly about.

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So I think that there are definite trades of and there are times when you just can't do it. And for a system change you got to randomize to assist some unit of the system county though I don't know if there is that much movement in terms of workers between counties and California it certainly something you got to be able to look at right I mean but I think that one, one moves away from randomization hopefully for very good reasons because we lose a lot when you do that even, even in a systems change initiative.

Speaker: And I do think that the practice communities at least coming around more to randomized designs I mean I think that they were the issue were more practical when we talked about this then they were sort of ideological or ethical of when we had the discussions about it which is a change from 10 years ago I think. And I think people are willing to look at innovative designs as long as they don't, they are not caught on the, the political crossers of looking like they are denying services that work to some group of people but its, it's a tough selling and practical terms a lot of times.

Mark Courtney: Practical, yeah.

Barrett Johnson: So we have, we're almost done out of time so we should probably move onto outcomes and I think we've talked about this or maybe we should take anymore questions that people have about outcomes or about or any of the rest of our discussions.

Kim Frank: Hi, good morning. My name is Kim Frank. And I have two quick questions I'm from the County of Santiago in California. And I wanted to ask Mark your response rates and your surveys were really great, someone to find out what your secret was. And then secondly on cap I'm really interested to follow you know, what happens with the project and I wonder if you're going to have like a public website where you're going to be putting up information tools or presentations as you move forward.

Mark Courtney: So with the workers this was because we are implementing practice models state wide this is something workers be ultimately are going to be doing. The data collection was framed as this is the part of your job. And you know, in Washington and if you can do it in Washington you can you know, maybe you can do it anywhere but you can do it lot place because Washington is got a very powerful union and everybody is the member of the union. So, and I think it was, it was framed very positively too.

This is your opportunity to tell us whether there is a section in there about readiness organizational changes, a set of questions about solution based case work and so it was also a way for the workers to say this is a great work or this is a big waste of my time you know. So and it wasn't long I mean a survey was you know 40 minutes that you're doing onetime and you're going to do it again for 3 years versus 2 years.

With the parents it was working with very close with the agencies, the agency has pretty good they had their own internal data capacity I was very impressed Washington's internal weight of capacity is very good and so they, they do surveys they can identify where the parents were and we use the survey from you know that was good at tracking very difficult to find population. So I don't think there was any rocket signs really on

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either, Illinois has done, there are few states have done surveys of workers web based surveys or just web based and routinely got 90% response rates so it can be done.

Kim Frank: If the parent, one was in-person.

Barrett Johnson: Parent was in-person, yeah, except with some cases with phone, we absolutely, but yes basically in-person.

Mark Courtney: And to answer to your second question I was not checking my email. I was trying to look and see if I could look online just find a website URL for you. I know that – I believe it's that co investment partnerships website has that cap information on it, that's the coalition of foundations another all the funding entities in California. You can get in touch with me and I can give you that information. But there is a, there is a very detailed communications plan as part of cap. So yes there will be ongoing communications coming out of it.

And we are getting the sign that it's time to end. So thank you everybody.