



National Staff Development
and Training Association



www.APHSA.org

Training and Development in Human Services

The Journal of the National Staff Development and Training Association
an affinity peer group of the American Public Human Services Association

Special Issue

**Supporting Change in Child Welfare:
An Evaluation of Training and Technical Assistance**





Training and Development in Human Services

The Journal of the National Staff Development and Training Association
an affinity peer group of the American Public Human Services Association

CONTENTS

APHSA Introduction to the Special Issue: Building Capacity in Child Welfare Systems	1
<i>by Anita P. Barbee, James DeSantis and Tammy Richards</i>	
Children's Bureau Introduction to the Special Issue	6
<i>by Brian Deakins and Jane Morgan</i>	
Structure and Service Delivery Approach of the Children's Bureau Resource Centers and Implementation Centers	8
<i>by Tammy Richards, Michelle I. Graef, Kathy Deserly, Peter Watson, and Mark Ells</i>	
Describing the T/TA Services Data Collected Through the T/TA Tracking System with Implications for Child Welfare Training Units	15
<i>by Jing Sun, Janet D. Griffith, Rupinder Randhawa and James DeSantis</i>	
Key Findings of a Cross-Site Evaluation of the Children's Bureau Training and Technical Assistance Network and Methodological Issues Faced	22
<i>by Anita P. Barbee, Joanna DeWolfe, James DeSantis and Pirkko Ahonen</i>	
Children's Bureau Training and Technical Assistance: Synthesis of Lessons Learned from Child Welfare Implementation Projects	34
<i>by Jill Sanclimenti and Lizbeth E. Caceda-Castro</i>	
Facilitators and Barriers to Utilization and Impact of Training and Technical Assistance	41
<i>by Pirkko Ahonen, and Chi Connie Park</i>	
Organizational Enhancement and Capacity-Building: The Evolution of Pennsylvania's Child Welfare Resource Center	48
<i>by Helen Cahalane, Cindy Parry and Wendy Unger</i>	



Training and Development in Human Services

The Journal of the National Staff Development and Training Association
an affinity peer group of the American Public Human Services Association

EDITOR

Dale Curry
Kent State University

ASSOCIATE EDITORS

Anita P. Barbee
University of Louisville

Michael J. Lawler
University of South Dakota

GUEST EDITORS

Anita P. Barbee
University of Louisville

Brian Deakins
U.S. DHHS, Children's Bureau

Jane Morgan
U.S. DHHS, Children's Bureau

EDITORIAL REVIEW BOARD

Charmaine Brittain
University of Denver

Grace Clark
International Center on Global Aging

Gary Crow
Lorain County Children Services

Michael Nunno
Cornell University

Peter Pecora
*University of Washington and
Casey Family Foundation*

Andrew Schneider-Munoz
National Center for Innovation and Excellence

EDITORIAL CONSULTANT

Karen VanderVen
University of Pittsburgh



Training and Development in Human Services

The Journal of the National Staff Development and Training Association
an affinity peer group of the American Public Human Services Association

GUIDELINES FOR ARTICLE SUBMISSION

In general, submissions should follow the guidelines of the Publication Manual of the American Psychological Association (latest edition). Submissions should pertain to one of the following areas:

- State of the Field
- Learning Activities
- Instrumentation
- Conceptual or Empirical

Learning exercises should include the following eleven areas:

1) introduction to topic (human service area learning points) and brief review of the literature (conceptual underpinning to the learning activity), 2) learning activity title, 3) activity goals/objectives/ competencies addressed, 4) group size, 5) time required, 6) required materials, 7) physical setting, 8) procedures/process, 9) cautions (how might the activity be “uncomfortable/threatening” to participants), 10) adaptations, and 11) supportive materials.

Instrumentation articles should include the following nine areas:

1) conceptual background from which the instrument was developed, 2) description of the instrument, 3) intended use, 4) procedures for utilization, 5) data regarding sample norms (if available), 6) reliability, 7) validity, 8) cautions, and 9) a copy of the instrument or how to obtain.

Articles must be typewritten (MS Word) and submitted electronically (e-mailed as an attachment) to:

Dale Curry, PhD, LSW, CYC-P

Professor, Human Development and Family Studies

Director, International Institute for Human Service Workforce Research and Development

School of Lifespan Development and Educational Sciences

Nixon Hall, Kent State University

P.O. Box 5190

Kent, Ohio 44242

Email: dcurry@kent.edu

At the time of collection and citation, all URLs were accurate. APHSA is not responsible for the maintenance of all cited URLs in the journal.





Training and Development in Human Services

The Journal of the National Staff Development and Training Association
an affinity peer group of the American Public Human Services Association

FOREWORD

Over the last six years, in partnership with our state and local members, the American Public Human Services Association (APHSA) has developed a theory of change for Creating a Modern and Responsive Health and Human Services System. This effort began with the 2011 launch of *Pathways, the Opportunities Ahead for Human Services*¹. Pathways is our members' roadmap for the desired future state of health and human services -- a modern, outcome-focused, person centered-system. With the Pathways frame, we have developed policy positions, practical guidance, and lifted up examples of innovative solutions that are contributing to system transformation. Embedded in this transformation process is the drive to move up the Human Services Value Curve (Value Curve)². The Value Curve provides a lens for organizations to improve outcomes, value, and legitimacy. We have designed supportive companion tools for the Value Curve and when used together, they help systems build system capacity and maximize human potential, including of the workforce.

On the capacity front, agencies chart their work across the four stages examining both the way the work is organized (operational structure) and how information technology, workforce and other infrastructure components are used and implemented. The articles in this special edition provides examples of building workforce capacities to support people to prevent or get ahead of problems -- what we refer to as "upstream work" versus the traditional responsive or "downstream work" of human services that reacts or tries to fix issues once they've already occurred. This evolving front-line practice work requires investments in effective training and staff development programs.

There is widespread agreement on the importance of developing a robust talent pipeline to the public sector. APHSA and its affiliates the National Association of Public Child Welfare Administrators (NAPCWA) and the National Staff Development and Training Association (NSDTA) recognize that training and development for this new generation of workers improves organizational effectiveness, keeps the whole family at the center of the work, and moves the system across the stages of the Value Curve. This approach also encourages cross-system training, enables a remote and mobile workforce, and provides career advancement opportunities within the health and human services systems. The articles published in this journal are strong examples of building a skilled, stable, diverse workforce. The case studies demonstrate strategies on realigning infrastructure domains to support modern business needs and improve the overall consumer experience.

Acknowledgments

APHSA and NAPCWA wish to thank those that have contributed to this *Special Edition*, including our partners from the Children's Bureau, a division of the Administration for Children Youth and Families, U.S. Department of Health and Human Services. We also thank the dedicated staff and training director experts in this work for helping all of us build human capital, leverage new and innovative workforce development strategies, and move up the Value Curve together.

1 APHSA, The Pathways Initiative, <http://www.aphsa.org/content/APHSA/en/pathways.html>

2 The Human Services Value Curve was developed by Antonio Oftelie, PhD, Fellow, Technology and Entrepreneurship Center at Harvard and Executive Director, Leadership for a Networked World, Harvard School of Engineering and Applied Sciences, Cambridge, Mass.

APHSa INTRODUCTION TO THE SPECIAL ISSUE: BUILDING CAPACITY IN CHILD WELFARE SYSTEMS

Anita P. Barbee, MSSW, Ph.D.³

*Associate Editor and Special Issue Editor
Training and Development in Human Services
Executive Council Member*

National Staff Development and Training Association (NSDTA)

Consultant, James Bell Associates, Inc.

Professor and Distinguished University Scholar

Kent School of Social Work

University of Louisville

James DeSantis, Ph.D. and Tammy Richards

James Bell Associates, Inc.

This special issue of *Training and Development in Human Services Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance* primarily focuses on findings from a series of studies conducted as part of a cross-site evaluation of National Resource Centers and Implementation Centers funded by the Children's Bureau from 2008-2014. Brian Deakins and Jane Morgan, from the Child Welfare Capacity Building Division of the Children's Bureau helped pull together the papers from that cross-site evaluation and describe each one in their introduction which follows this one.

The model of providing both training and technical assistance to courts, tribes, and states is one that local child welfare systems should consider as they approach building capacity in their own jurisdictions. To facilitate the ability of tribal, state, and county child welfare systems to make the leap from the national example to the local level, the final paper in this special issue by Helen Cahalane, Cindy Parry, and Wendy Unger shows an example of how one child welfare training system incorporates training, coaching, and organizational enhancement activities in their partnership with local child welfare agencies in order to build effective child welfare organizations.

What Are Organizational Capacities and Why Should Training Systems Be Charged with Building Them?

The focus on building organizational capacities comes out of the larger field of organizational development—the study of successful organizational change and performance (Cummings & Worley, 2015; Lewin, 1951; Weik & Quinn, 1999). This field centers on the role leadership, structure, communication, group dynamics, organizational culture and climate, organizational learning, knowledge, and resource management play in effective performance of employees and effective change. A review of the literature on organizational capacity across many disciplines (e.g., psychology, business, education, public health, community development) finds that there are eight key organizational capacities.

The key organizational capacities include (1) leadership, (2) infrastructure, (3) engagement and partnership, (4) cultural competence, (5) organizational culture and climate, (6) knowledge and skills, (7) evaluation and continuous quality improvement, and (8) resources. Each of these have been found in child welfare research to impact change, implementation, performance, or outcome achievement.

Leadership. It is important to have leaders (e.g., board members, executive directors, senior management) who are (1) dedicated to the mission, vision, and goals of the organization; (2) skilled in strategic thinking, analysis, financial judgment, technical leadership, adaptive leadership, and ensuring effective performance to reach outcomes; and (3) “on board” during change and implementation efforts. Leaders must be able to (4) manage existing resources and gain additional resources to support the work; (5) change structures as necessary to support innovation; (6) communicate clearly with internal and external stakeholders about partnership and innovation (Bernotavicz, Brittain, & McDaniel, 2010); (7) manage group dynamics; (8) value and be highly skilled in cultural competence; (9) support a healthy organizational culture and climate dedicated to learning, experimentation, and building on staff strengths; and (10) hold those same staff accountable for performance and outcomes through evaluation and continuous quality assurance processes.

Infrastructure. Infrastructure describes the presence of (1) structures that delineate policies, procedures, and practices (Kislov et al., 2014); (2) structures that allow for strategic and tactical planning as well as successful decision-making frameworks; and (3) management of finances, buildings and equipment, personnel, data systems (IT), quality assurance systems, and continuous quality improvement (CQI) systems. Several child welfare examples show these structures need to be strong and modified to support innovative policies, processes, or practices (Armstrong et al., 2014; Barbee et al., 2011).

Engagement and Partnership. Engagement and partnership includes (1) responsiveness to the community; (2) internal and external communication; and (3) collaboration within units, across units, across partnering organizations, in the larger network, and with client cultural groups and clients. One child welfare study found that a common barrier to effective implementation of child welfare initiatives was difficulties with partnerships (James Bell Associates, 2013).

Cultural Competence. The field of organizational development noted the importance of managing group dynamics such as building trust, building teams, and managing and resolving conflict, which are all necessary due to the differences employees bring to the workplace, including those steeped in culture.

³ Much of the content of this article comes from several research briefs that Anita Barbee wrote along with James DeSantis and Tammy Richards which is being published by James Bell Associates and ICF International in 2017.

Work in indigenous communities outlines the importance of fostering inclusion; building trusting relationships; and considering each cultural group's priorities, world view, language, and identity. As the society becomes decidedly multicultural and people of color move into the majority, this capacity will only become more important. Certainly, for a field like child welfare that has a history of racial and cultural disproportionality and disparities (e.g., Boyd, 2014), this is a key capacity to be assessed and built. Cultural competence promotes effective communication, trust, and credibility of service providers with clients and supports services that are accessible and provided in an acceptable manner.

Organizational Culture and Climate (OCC). This is the one area that has been studied extensively in child welfare settings. Studies using a validated measure of OCC have shown the six key variables (proficiency, resistance, rigidity, engagement, functionality, and stress) that make up climate and culture (Glisson et al., 2012) and the impact of these on performance (e.g., Glisson et al., 2013) as well as outcomes of safety, permanency, and well-being (Williams & Glisson, 2014).

Knowledge and Skills. This includes (1) recruiting and selecting staff with the appropriate education, experience, attitudes (e.g., readiness for change), and values for the job and (2) providing staff with continuous professional development, training, coaching, and supportive supervision so that they can (3) gain confidence and self-efficacy, perform, reach desired outcomes, and be retained and promoted through a career ladder. (4) The knowledge and skills acquired need to be strong in general, but enhanced for particular innovative policies, processes, and practices. (5) Sometimes the necessary knowledge and skills involve intricate coordination and collaboration among unit team members and across units, disciplines, and organizations. A number of studies have been conducted in child welfare settings and have shown the positive impact of recruiting staff with appropriate education (e.g., Barbee et al., 2009), supporting practice through training and coaching (e.g., Akin, 2016), providing supportive supervision (e.g., Yankeelov et al., 2009), and providing a clear career ladder for staff (Westbrook et al., 2006) on outcome achievement (e.g., Antle et al., 2010). Other research has focused on the role of organizational change readiness in successfully implementing new programs (Aarons, 2004).

Evaluation and CQI. Knowledge and performance management includes (1) receptivity towards change and innovative practices; (2) evaluation of performance; (3) evaluation of program processes and outcomes; (4) examination of quality assurance findings; and (5) utilization of data from data management systems, case reviews, feedback loops, and formal CQI processes. Many studies in child welfare settings have linked receptivity towards evidence-based practices on reaching desired outcomes (Aarons et al., 2012), evaluated promising practices (e.g., van Zyl et al., 2014), utilized case review and CQI data to link practice changes with child outcomes (e.g., Antle et al., 2012, Hunter et al., 2014), and utilized administrative data to test efficacy of interventions (Graham et al., 2015).

Resources. Adequate resources to deliver effective programs and services and when installing new practices are critical capacities in organizations. Resources include (1) predictable sources and adequate levels of funding (financial assets) and in-kind assets; (2) access to policy makers, funders, and public relations outlets to make the case for increased funding; (3) adequate pay for staff; (4) adequate staffing levels (including right type of staff to do the job), workload, and caseload sizes; (5) adequate access to support services; (6) ability to develop new programming to meet client needs; (7) adequate facilities to house staff; (8) appropriate equipment to deliver services; (9) adequate levels of discretionary funds for special projects; and (10) adequate service array for clients. Less research has been conducted on this area in child welfare. One study found that child welfare agency staff identified resource capacity as an important implementation driver throughout initiative design and implementation (Lambert, Richards, & Knight, 2016). In addition, when jurisdictions are sued and come under consent decree, stipulations include increases in funding, increased staffing levels, enhancement of staff quality, increases in access to consultants, and other support services and new programming (Ryan & Gomez, 2016).

Thus, **organizational capacities** can be defined as the core strengths in key areas of an organization that ensure high levels of performance, achievement of outcomes and successful installation and implementation of new policies, processes or practices. Capacities include resources, infrastructure, leadership, a knowledgeable and skilled workforce, cultural competence, organizational culture and climate, engagement and partnership, and evaluation and continuous quality improvement. These capacities can be strengthened to enhance individual, team, organizational or entire system performance.

Capacity building is then defined as an ongoing, evidence-driven process intended to develop an organization's potential to be productive and effective by expanding and enhancing dimensions of its capacity. Capacity building improves the ability of an individual, team, organization, network, or community to create measurable and sustainable results and to implement innovation (James Bell Associates & ICF International, 2016).

Approaches to Capacity Building in Child Welfare

In the realm of child welfare there are currently three approaches to building capacity. These include (1) The American Public Human Services Association (APHSA) Organizational Effectiveness Capacity Building Model (American Public Human Services Association, 2012), (2) the Interactive Systems Framework (ISF), which incorporates Getting to Outcomes (GTO) and the Evidence Based System for Innovation Support (EBSIS) (Wandersman, et al., 2008; Wandersman, Chien, & Katz, 2012), and (3) The Children's Bureau (CB) Capacity Building Center Approach (James Bell Associates & ICF International, 2016; James Bell Associates & ICF International, 2017a; 2017b).

APHSA Organizational Effectiveness Capacity Building Model: APHSA developed a model to enhance organizational effectiveness in general, and to support innovation in policy, programming or practice (American Public Human Services Association, 2012). APHSA's goal was to put in place a process of continuous improvement in an organization's performance, performance capacity and client outcomes. The Organizational Effectiveness Capacity Building model uses a logic model to describe the interconnected parts of the operating system of an effective organization. Under this framework, the organizational system is made up of a **strategy** encompassing the vision, mission, values, desired outcomes, goals, objectives, plans, and major initiatives; **inputs**—which include resources such as people, materials, equipment and finances; **performance capacities**—including budget/fiscal capacity, support function capacity (infrastructure), workforce capacity, trust and values (organizational culture and climate), data and analysis capacity and service design; **performance actions**—which are activities that characterize the system such as service delivery and product development; **outputs**—which are the result of system performance/accomplishments; **outcomes**—which describe how lives have changed as a result of system performance; and **feedback from the environment**—where data are used to inform strategy, inputs, performance capacity and activities. This feedback is drawn from clients, community members, other service partners, staff and legislators.

Under the APHSA model, there are three tools used for building organizational effectiveness capacity—the DAPIM (Define, Assess, Plan, Implement, Monitor), the Pyramid of Influence, and Markers of Effectiveness. The DAPIM (American Public Human Services Association, 2012) is a five-step process to:

1. **Define** priority improvements
2. **Assess** observable, measurable strengths and gaps, identify root causes and general remedies for priority gaps

3. **Plan** quick wins, mid-term, and longer-term improvements,
4. **Implement** action plans while managing communication and capacity
5. **Monitor** progress, impact, and lessons learned for accountability and on-going adjustments

The Pyramid of Influence is an APHSA-developed model that identifies four major areas of organizational work which function as connected parts of a whole. These include (from top to bottom of pyramid): Strategy, structure and culture, key processes, and operations. Strategy is situated at the top of the pyramid because it drives all other organizational efforts that are aligned with it. These organizational capacities are enhanced through support functions such as strategy, leadership, and tactical expertise. In the real world, under this model, capacities are built most effectively from the bottom-up (starting with operations). Operations work involves implementing key processes, service delivery to clients, and management of worker performance. Key processes are the specific processes and procedures that transfer the strategy, structure and culture into direction for carrying out day-to-day work. Under structure and culture, the emphasis is on defining and communicating jobs, departments, work teams, policies, and performance expectations. Finally, strategy work refers to focusing on what the organization is, what it intends to do and why, how it will do it, and what the organization needs to be successful.

Markers of Effectiveness is an APHSA tool that serves the purpose of assisting an organization's leader to understand how support functions can spearhead organizational effectiveness initiatives to support an organization's mission and goals. It also serves the purpose of guiding the persons responsible for directing support functions in providing technical expertise, guidance and consultation to the organization's leadership team. The tool delineates how the use of training, technical expertise, guidance and consultation can enhance skills development such as engagement; align all aspects of the organization in support of products, services and outcomes; and monitor effectiveness using data. The example from Pennsylvania described in the final paper of this special issue utilized the APHSA Organizational Effectiveness Capacity Building Model (Cahalane, Parry & Unger, 2017).

Interactive Systems Framework: The Interactive Systems Framework (ISF) is a model developed by Wandersman et al (2008). ISF describes three interactive systems that help bring science to practice: (1) the synthesis and translation system that extends the products of research into user-friendly formats, (2) the delivery system- which is the front line level where organizations implement interventions to reach desired outcomes, and (3) the support system- which involves intermediary organizations that provide support and build organizational capacity in the delivery system via training, technical assistance, tools and feedback so that products from the synthesis and translation system can be practiced with fidelity and quality in the delivery system.

The ISF model notes that *general capacity* of the organization is critical for an innovative practice to be installed, maintained and sustained over the long haul (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008). An organization must have adequate resources, infrastructure, and the necessary culture and climate to support innovation. *Innovation specific capacity* involves building capacity in leadership, staff and partners to change mindsets, understand the innovation, and to be able to enact the innovation with fidelity with clients. Both general and innovation specific capacity must be assessed then built, as necessary, so that the new policy, process or practice can be implemented successfully.

The model has incorporated a specific tool for choosing, installing and evaluating interventions—the 10 step, GTO framework (Wandersman, Imm, Chinman, & Kaftarian, 2000). The 10 steps include: (1) Identifying needs and resources, (2) Setting goals to meet the identified needs, (3) Determining what science based, evidence based practices (EBP) or evidence-informed practices or casework practice models exist to meet the needs, (4) Assessing actions that need to be taken to ensure that the EBP fits the organizational or community context, (5) Assessing what organizational capacities are needed to implement the practice or program, (6) Creating and implementing a plan to develop organizational capacities in the current organizational and environmental context, (7) Conducting a process evaluation to determine if the program is being implemented with fidelity, (8) Conducting an outcome evaluation to determine if the program is working and producing the desired outcomes, (9) Determining, through a continuous quality improvement (CQI) process, how the program can be improved and (10) Taking steps to ensure sustainability of the program. Six studies have evaluated the efficacy of GTO including randomized controlled trials (Chinman, et al., 2012, 2013, Hunter, et al, 2014). All of the studies found that when GTO is utilized, implementation is achieved and outcomes are reached (e.g., Chinman, et al., 2008, 2009, 2012, 2013).

Also embedded in the ISF model is EBSIS (Wandersman, et al., 2012), which is the mechanism for building capacity in organizations. Under this framework, the four ways that innovation capacity is built is through training, technical assistance (including coaching, mentoring, and consultation), tools and feedback through CQI systems, and both process and outcome evaluations. This model has been utilized and continues to be utilized in the installation of the Solution Based Casework practice model (Barbee, Christensen, Antle, Wandersman, & Cahn, 2011; Christensen, Todahl & Barrett, 1999) in a number of states and countries.

Children's Bureau Capacity Building Center Approach: The Children's Bureau (CB) has a long history of providing training and technical assistance to courts, states and tribes to support efforts to prevent and protect children from being abused or neglected, and to find permanent placements for children who cannot safely return (Barbee, 2013). Since the work documented in this special issue, in the fall of 2014, CB established three national Capacity Building Centers (the Centers)—the Center for States, the Center for Courts, and the Center for Tribes. Centers offer services to jurisdictions as they develop and implement national CW policies and programs, with the goal of building organizational capacity and improving CW practice to achieve safety, permanency, and well-being outcomes for children, youth, and families. Centers are also supporting jurisdictions as they participate in the Child and Family Service Review (CFSR) process and Title IV-E Waiver Demonstration Projects. Jurisdictions are often working on multiple improvement efforts; these efforts require a broad variety of capacity building services that range in type, scope and intensity. The Centers make up what is referred to as the "Collaborative."

All three Centers "subscribe to a common approach to service provision based on their knowledge of research-informed frameworks and models for capacity building as well as evidence-based approaches to training, consultation, adult education, and distance learning" (James Bell Associates & ICF International, 2015). The approach is designed to help public CW agencies, tribes and courts build capacity to install innovative policies, programs and practices to create lasting systems changes. It incorporates Wandersman's ISF, EBSIS and GTO work, and an approach that dovetails with successful CQI models of change such as the National Child Welfare Resource Center for Organizational Improvement/Casey model (Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, 2005). It integrates several useful change frameworks intended to improve the performance of CW systems including the *Permanency Innovations Initiative* approach (Permanency Innovations Initiative Training and Technical Assistance Project & Permanency Innovations Initiative Evaluation Team, 2013); implementation science frameworks such as NIRN (Fixsen, Blase, Friedman, & Wallace, 2005); findings from CW Waiver Demonstration Evaluations (U.S. Department of Health and Human Services, Administration for Children and Families, 2011) and the Cross-Site Evaluation of the CB's Implementation Centers and National Resource Centers (Children's Bureau, 2015; Sanclimenti, Caceda-Castro, & DeSantis, 2017, on-line).

The Centers provide three types of capacity building services: Universal, Constituency, and Tailored. Each type of service is expected to result in specific outcomes. Ultimately, the Centers intend to enhance the capacities of the agencies and courts they serve, in five areas or *organizational dimensions*: (1)

Resources, (2) Infrastructure, (3) Knowledge and Skills, (4) Organizational Culture and Climate, and (5) Engagement and Partnership. These capacity dimensions are described a research brief—*What Is Organizational Capacity and What Does Look Like in Child Welfare?* (James Bell Associates & ICF International, 2016).

Implications

All three of these approaches-- APHSA Organizational Effectiveness Capacity Building Model, the ISF, and the CB Capacity Building Center Approach -- recognize that capacity building is a complex and multi-dimensional effort. Organizational capacity building is dynamic, and the work is conducted in challenging environments, typically characterized by staff and leadership turnover, multiple and shifting priorities, and fiscal constraints. The approaches speak to the need to attend to various components of the organization, levels within organizations, and broader system partners to function optimally as well as effectively lay the groundwork for—and ultimately integrate and sustain—improved practice. Two of these models, APHSA and ISF, have been used to build capacity and support integrating new practices in CW agencies, and have been evaluated (Parry, 2011; Pipkin, Sterrett, Antle, & Christensen, 2013). The third model – the CB Capacity Building Framework – was recently developed, and its use by the Capacity Building Centers is currently being evaluated by James Bell Associates and ICF International. Evaluations of these models recognize the need to build on implementation science and understand the mechanisms of the model, the circumstances which support effective implementation, and how these components link to the achievement of capacity building outcomes.

Stay tuned for the next round of evaluation findings from APHSA, the Children’s Bureau and other capacity building efforts taking place across the nation. In the meantime, carefully read the findings from the cross-site evaluation of Children’s Bureau National Resource Centers and Implementation Centers to learn ways your training unit can support the field in building capacity of leaders, supervisors and front line workers so that outcomes of safety, permanency, and well-being can be achieved.

References

- Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: The evidence-based practice attitude scale (EBPAS). *Mental Health Services Research*, 6(2), 61–74.
- Aarons, G. A., Cafri, G., Lugo, L., & Sawitzky, A. (2012). Expanding the domains of attitudes towards evidence-based practice: the evidence based practice attitude scale-50. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 331-340.
- Akin, B. A. (2016). Practitioner views on the core functions of coaching in the implementation of an evidence-based intervention in child welfare. *Children and Youth Services Review*, 68, 159-168.
- American Public Human Services Association (2012). *A Guidebook for Building Organizational Effectiveness Capacity: A Training System Example*. Washington, DC.
- Antle, B. F., Frey, S. E., Sar, B. K., Barbee, A. P., & van Zyl, M. A. (2010). Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes. *Children and Youth Services Review*, 32(2), 223-230.
- Antle, B. F., Christensen, D. N., Van Zyl, M. A., & Barbee, A. P. (2012). The impact of the Solution Based Casework (SBC) practice model on federal outcomes in public child welfare. *Child Abuse & Neglect*, 36(4), 342-353.
- Armstrong, M.I., McCrae, J. S., Graef, M. I., Richards, T. Lambert, D., Bright, C. L. & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, 8(1), 94–117.
- Barbee, A. P., Antle, B., Sullivan, D. J., Huebner, R., Fox, S., & Hall, J. C. (2009). Recruiting and retaining child welfare workers: Is preparing social work students enough for sustained commitment to the field? *Child Welfare*, 88(5), 69.
- Barbee, A. (2013). The evolution of resource and training centers. In *Women and Children First: The Contribution of the Children’s Bureau to Social Work Education*. Alexandria, VA: Council on Social Work Education.
- Barbee, A., Christensen, D., Antle, B., Wandersman, A. & Cahn, K. (2011). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review*, 33(5), 622–633.
- Bernotavicz, F., Brittain, C. & McDaniel, N. (2010). *Leadership competency framework*. Albany, NY: National Child Welfare Workforce Institute.
- Boyd, R. (2014). African American disproportionality and disparity in child welfare: Toward a comprehensive conceptual framework. *Children and Youth Services Review*, 37, 15-27.
- Casey Family Programs & the National Child Welfare Resource Center for Organizational Improvement (2005). *Using Continuous Quality Improvement to Improve Child Welfare Practice. A Framework for Implementation*.
- Children’s Bureau. (2015). *Supporting change in child welfare: An evaluation of training and technical assistance*. Washington, DC: Author.
- Chinman, M., Acosta, J., Ebener, P., et al., (2012). Establishing and evaluating the key functions of an Interactive Systems Framework based on Assets-Getting to Outcomes. *American Journal of Community Psychology*, 50, 295-310.
- Chinman, M., Acosta, J., Ebener, P., et al., (2013). Intervening with practitioners to improve the quality of prevention: One year findings from a randomized controlled trial of the Assets-Getting To Outcomes intervention. *Journal of Primary Prevention*, 34, 173–191.
- Chinman M, Acosta J, Ebener P, et al., (2013). Enhancing Quality Interventions Promoting Healthy Sexuality (EQUIPS): A novel application of translational research methods. *Clinical and Translational Science*, 6, 232-237.
- Chinman, M., Hannah, G., & McCarthy, S. (2012). Lessons learned from a quality improvement intervention with homeless veteran services. *Journal of Health Care for the Poor and Underserved*, 23, 210-224.
- Chinman M, Hunter S, Ebener P, et al., (2008). The Getting to Outcomes demonstration and evaluation: An illustration of the Prevention Support System. *American Journal of Community Psychology*, 41, 206-224.
- Chinman, M., Hunter, S., & Ebener, P. (2012). Employing continuous quality improvement in community-based substance abuse programs. *International Journal of Health Care Quality Assurance*, 25, 606-617.
- Chinman, M., Tremain, B., Imm, P., & Wandersman, A. (2009). Strengthening prevention performance using technology: A formative evaluation of interactive Getting to Outcomes™. *The American Journal of Orthopsychiatry*, 79, 469–481.

- Christensen, D., Todahl, J., & Barrett, B. (1999). *Solution-Based Casework: An introduction to clinical and case management skills in casework practice*. New York: Aldine De Gruyter.
- Cummings, T. G. & Worley, C. G. (2015). *Organizational development and change*. Stamford, CT: Cengage Learning.
- Fixsen, D.L., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
- Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L. & Maras, M. A. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology*, 41(3-4), 182–196.
- Glisson, C., Green, P., & Williams, N. J. (2012). Assessing the organizational social context (OSC) of child welfare systems: Implications for research and practice. *Child Abuse & Neglect*, 36(9), 621–632.
- Glisson, C., Hemmelgarn, A., Green, P., & Williams, N. J. (2013). Randomized trial of the availability, responsiveness and continuity (ARC) organizational intervention for improving youth outcomes in community mental health programs. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(5), 493-500.
- Graham, J.C., Dettlaff, A. J., Baumann, D. J., & Fluke, J. D. (2015). The decision making ecology of placing a child into foster care: A structural equation model. *Child Abuse & Neglect*, 49, 12-23.
- Hunter, S. B., Ober, A. J., Paddock, S. M., Hunt, P. E., & Levan, D. (2014). Continuous quality improvement (CQI) in addiction treatment settings: design and intervention protocol of a group randomized pilot study. *Addiction Science & Clinical Practice*, 9(1), 1-11.
- James Bell Associates (2013). *Lessons Learned through the Application of Implementation Science Concepts to Children's Bureau Discretionary Grant Programs*. Arlington, VA.
- James Bell Associates & ICF International (2015). *Evaluation of the Child Welfare Capacity Building Collaborative: Identifying, Defining, and Assessing Child Welfare Organizational Capacities (literature review)*. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (Contract no. HHSP233201400026C).
- James Bell Associates & ICF International (2016). *What is organizational capacity and what does it look like in child welfare? (evaluation brief)*. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (Contract no. HHSP233201400026C).
- James Bell Associates & ICF International (2017a). *How can child welfare organizational capacity be measured? (evaluation brief)*. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (Contract no. HHSP233201400026C).
- James Bell Associates & ICF International (2017b). *How can to build child welfare organizational capacity? (evaluation brief)*. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (Contract no. HHSP233201400026C).
- Kislov, R., Waterman, H., Harvey, G. & Boaden, R. (2014). Rethinking capacity building for knowledge mobilization: Developing multilevel capabilities in healthcare organizations. *Implementation Science*, 9(1), 166. doi:10.1186/s13012-014-0166-0.
- Lambert, D, Richards, T., & Knight, T. (2015). The role of implementation drivers in child welfare systems change. *Journal of Public Child Welfare*, 10, 132-151.
- Lewin, K. (1951). *Field theory in social science*. New York: Harper & Row.
- Parry, C. (2011). Evaluating Organizational Effectiveness in Human Services: Challenges and Strategies. *Training and Development in Human Services*, 6(1), 36-49.
- Permanency Innovations Initiative Training and Technical Assistance Project & Permanency Innovations Initiative Evaluation Team (2013). *The PII Approach: Building Implementation and Evaluation Capacity in Child Welfare*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, and Office of Planning, Research and Evaluation.
- Pipkin, S., Sterrett, E.M., Antle, B., & Christensen, D.N. (2013). Washington State's adoption of a child welfare practice model: An illustration of the Getting To Outcomes implementation framework. *Children and Youth Services Review*, 35(12), 1923–1932.
- Ryan, T. N., & Gomez, R. J. (2016). Trends in state budgets and child outcomes during and post child welfare class action litigation. *Children and Youth Services Review*, 62, 49-57.
- Sanclimenti, J. G., Caceda-Castro, L. E., & DeSantis, J. (in press). Child welfare practice model implementation projects: Lessons learned. *Journal of Public Child Welfare*. Approach to accountability *Evaluation and Program Planning*, 23, 389-395.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2011) *Synthesis of Findings: Title IV-E Flexible Funding Child Welfare Waiver Demonstrations*. Washington, DC.
- Van Zyl, M. A., Barbee, A. P., Cunningham, M. R., Antle, B. F., Christensen, D. N., Boamah, D. (2014). Components of the solution-based casework child welfare practice model that predict positive child outcomes. *Journal of Public Child Welfare*, 8(4), 433-465.
- Wandersman, A., Chien, H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50, 445–459.
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., ... & Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41(3-4), 171-181.
- Wandersman, A., Imm, P., Chinman, M., & Kaftarian, S. (2000). Getting to outcomes: A results-based approach to accountability *Evaluation and Program Planning*, 23, 389-395.
- Weick, K. E. & Quinn, R. E. (1999). Organizational change and development. *Annual Review of Psychology*, 50, 361-386.
- Westbrook, T. M., Ellis, J., & Ellett, A. J. (2006). Improving retention among public child welfare workers: What can we learn from the insights and experiences of committed survivors? *Administration in Social Work*, 30(4), 37-62.
- Williams, N. J., & Glisson, C. (2014). Testing a theory of organizational culture, climate and youth outcomes in child welfare systems: A United States national study. *Child Abuse & Neglect*, 38(4), 757–767. doi:10.1016/j.chiabu.2013.09.003.
- Yankeelov, P. A., Barbee, A. P., Sullivan, D., & Antle, B. F. (2009). Individual and organizational factors in job retention in Kentucky's child welfare agency. *Children and Youth Services Review*, 31(5), 547-554.

CHILDREN'S BUREAU INTRODUCTION TO THE SPECIAL ISSUE

Brian Deakins and Jane Morgan

Special Issue Editors

U.S. DHHS, ACF,ACYF, Children's Bureau

Child Welfare Capacity Building Division

When training and technical assistance (T/TA) is effective, it can enhance the knowledge and skills of citizens and professionals, build organizational and community capacity, and facilitate improved performance. In child welfare, T/TA is a resource and tool employed by the federal government to increase the likelihood that agencies and courts can meet federal requirements; strengthen child welfare practice; and improve outcomes for children, youth, and families. For decades, the Children's Bureau (CB) has provided an array of training, consultation, and information services to assist states, tribes, and territories with improving their child welfare systems. CB is also committed to evaluating and continually improving these services and to identifying effective and promising T/TA strategies that can better help jurisdictions to achieve their goals.

This Special Issue of National Staff Development and Training Association Journal coincides with the recent completion of a 5-year evaluation study funded by CB to examine and better understand its T/TA. This evaluation, "Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance," is the focus of this edition.

The Children's Bureau (CB), within the Administration for Children and Families, U.S. Department of Health and Human Services, partners with federal, state, tribal, and local agencies and courts to improve the safety, permanency, and well-being of our nation's children and families. CB is the federal agency with primary responsibility for administering programs focused on strengthening families and preventing abuse and neglect, intervening to ensure the safety of children from maltreatment, fostering child well-being and positive youth development, and promoting permanent families for children and youth.

The Division of Child Welfare Capacity Building within CB oversees a portfolio of projects, including an array of child welfare training and technical assistance (T/TA) activities designed to support states, tribes, and territories that receive funding under titles IV-B and IV-E of the Social Security Act and under the Child Abuse Prevention and Treatment Act. These T/TA services are intended to promote effective child welfare practices and successful implementation of federal child welfare policies and programs. These services often include training, coaching, facilitation, tailored consultation, the development of tools, and other supports.

In 2008, CB decided to expand its existing network of child welfare T/TA centers and providers. Two groups of centers were expected to complement one another and collaborate to better support states, territories, and tribes.

- The **National Child Welfare Resource Centers (NRCs)** were responsible for sharing expertise about best practice and providing services in specific areas, like adoption, child protective services, data and technology, organizational improvement, permanency and family connections, recruitment and retention of foster and adoptive parents, youth development, and legal and judicial issues. A coordination center and two centers focusing on in-home services and tribal child welfare were added to expand the group's number from eight to ten.
- Five new regional **Child Welfare Implementation Centers (ICs)** were responsible for engaging public child welfare agencies in their assigned geographic regions and for partnering with the agencies to complete multi-year projects. The *implementation projects* focused on implementing interventions and sustaining organizational and systems change.

Prior to the addition of the ICs, CB offered support through the NRCs in response to requests from agencies and courts for information and assistance. Historically, jurisdiction-specific, "tailored" consultation and training services were relatively short in duration (lasting from weeks to several months). Longer episodes of continuous engagement between NRCs and jurisdictions were less common but more likely to support significant shifts in child welfare practice and to target improvements in performance.

After the first and during the second rounds of the federal Child and Family Services Reviews (CFSRs), CB recognized that states could benefit from greater access to long-term and more intense technical assistance. The depth of the practice issues and systemic needs identified during the reviews and the challenges states were confronting in their efforts to take corrective action were eye opening. CB believed that many child welfare systems pursuing large-scale change might welcome more services and continued support --T/TA that could help achieve organizational, workforce, and practice improvements that would positively impact child and family outcomes.

In order to meet a growing need for assistance with implementing comprehensive strategic plans for bringing about complex and large systems reforms, CB decided to create the ICs. The ICs addressed a gap in CB's T/TA service array by increasing the network's ability to provide in-depth and long-term training, consultation, and resources.

At this time, CB also funded a 5-year cross-site evaluation of the NRCs, ICs, and their services. Evaluators were tasked with designing a mixed methods study that would answer questions about the collaboration between the centers, the coordination and quality of service delivery, service utilization, and effectiveness -- among others. CB also prioritized the internal release of timely and useful evaluation findings over the course of the evaluation project to inform center and federal staff about progress and opportunities for continuous improvement.

The final report from the cross-site evaluation study recently became public and is available on the Children's Bureau Website. Over the course of the evaluation, more than 40,000 hours of jurisdiction-specific, tailored services were delivered to states and tribes during a 3-year period. NRCs and ICs

performed these tailored activities in addition to creating products and synthesizing and disseminating information through publications, tools, webinars, conferences, and peer-to-peer calls and meetings. States with the highest need for assistance received more hours of tailored services than moderate- and low-need states, and the number of tribes receiving tailored assistance increased over time.

Child welfare directors and staff who directly worked with T/TA providers reported that relationships with providers were positive. Most directors and other staff perceived the T/TA service provision to be of high quality and vital in contributing to capacity building and systems changes. In addition, local evaluations found that state and tribal staff gained knowledge and skills from targeted T/TA activities as well as from general activities like webinars, peer-to-peer meetings, roundtables, and innovative products (including tools and guides, training curriculum, fact sheets, and conference presentations).

While these findings are useful, the evaluation has offered CB and its centers much more to weigh, ponder, and improve upon. Each of the papers in this Special Issue highlights key aspects of the evaluation, its findings, and lessons learned about the services and their providers.

The first paper — *Structures and Approaches of the T/TA Network* written by former IC and NRC directors and evaluators Tammy Richards, Michelle Graef, Kathy Deserly, Mark Ells, and Peter Watson — takes an in-depth look at the providers' approaches to T/TA delivery, including the influence of adaptive leadership and implementation science. It provides illustrative examples of how ICs and NRCs used theoretical frameworks with jurisdictions to guide and support systems change initiatives. Centers used concepts and exercises from adaptive leadership to help child welfare leaders explore the organizational and systemic forces that are pushing and pulling to maintain the status quo. With the advent of the ICs, centers increased their attention to issues of quality implementation and the roles of teaming, staging, "drivers," and other factors that can facilitate successful change efforts.

In the second paper — *Describing the T/TA Services Data Collected through a Tracking System with Implications for Child Welfare Training Units* written by Jing Sun, Janet Griffith, Rupinder Randhawa, and Joanna DeWolfe — the services provided to jurisdictions by the NRCs and ICs are examined using data from a tracking system designed for the evaluation. The web-based management information system was used by centers to record the T/TA they provided to jurisdictions. The tracking system served multiple purposes. It facilitated communication and coordination among NRCs, ICs, and CB staff; supported reporting of provider activities to CB and other stakeholders; and provided data for continuous quality improvement and evaluation. The system was constructed through a user-centered design, so that it was aligned with the way that centers provided T/TA to jurisdictions, recording assessment, work planning, and service activity. It also captured key descriptive data, in nearly real-time, on the amount, duration, and characteristics of services. The tracking system was a strength of the cross-site evaluation, providing centers and federal staff with information about what was being received, in what form, by whom, where, and in what quantity. The paper invites readers to consider how T/TA can and should be quantified, described, and characterized.

The third paper — *Key Findings Regarding Quality and Impact of Training and Technical Assistance and Methodological Lessons Learned* written by Anita Barbee, Joanna DeWolfe, James DeSantis, and Pirkko Ahonen—provides an overview of the evaluation design and key findings as they relate to quality and outcomes of T/TA (as measured by the perceived effectiveness of T/TA provider services) and the relationship of T/TA activities to the changes achieved in child welfare systems. This paper also highlights several important methodological lessons for future evaluations. Designed through a participatory approach, the evaluation used a mixed-methods, longitudinal design. Evaluators drew upon information from stakeholders at all levels of the T/TA system, including direct service recipients, child welfare agency leaders, NRC and IC directors and staff, internal center evaluators, and federal staff at CB. The interconnectedness of the evaluation components enabled the triangulation of data and provided a mechanism for validating responses from multiple perspectives, affording a set of checks and balances.

Despite the evaluation's strengths, it also had limitations. The evaluation relied heavily on the perceptions of direct service recipients and child welfare agency directors to assess whether T/TA resulted in or contributed to desired outcomes. While perceptions are important, future evaluations have an opportunity to use more rigorous and objective measures to assess whether specific T/TA strategies achieve intended outcomes. This will require further operationalization of T/TA "models" and interventions; openness to experimentation and comparison; and willingness to more objectively measure changes in attitudes, knowledge, skills, behavior, and performance at the individual and organizational levels over time. T/TA providers and evaluators must also choose methods and measures that are meaningful and realistic in light of sometimes rigid funding and evaluation timelines.

In paper 4 — *Children's Bureau Training and Technical Assistance: Synthesis of Lessons Learned from Child Welfare Implementation Projects*, authors Jill Sanclimenti and Lizbeth Caceda-Castro— present the findings and lessons learned from a synthesis of the final evaluation reports. The ICs partnered with 24 jurisdictions to carry out projects with the goal of improving child welfare services. Each project was required to have an independent evaluation of its implementation process and outcomes. Evaluators examined issues like adoption and fidelity to interventions, organizational readiness and capacity for implementation, and organizational change and performance. The paper confirms that T/TA can support jurisdictions in the implementation of interventions to help reach the desired outcomes; yet even after 2 to 3 years of engagement with an IC, most jurisdictions needed more time to reach full implementation. Findings suggest that in order to best serve jurisdictions, T/TA providers must offer services that combine expertise in child welfare practice as well as the implementation process.

In the final paper — *Facilitators and Barriers to Utilization and Impact of Training and Technical Assistance*, authors Pirkko Ahonen and Connie Park discuss factors that facilitated and hindered jurisdictions' use of T/TA and their ability to achieve systems and capacity building changes. The authors present a variety of influences, including qualities of T/TA providers, characteristics of service recipients, federal requirements, and contextual factors that were reported by child welfare agency leadership to have affected their service utilization. These findings may have important implications for the success of future engagement efforts and T/TA service delivery.

Lessons learned from the cross-site evaluation about the implementation process, tailored service interventions, evaluation design and measurement, barriers and facilitators to service utilization, and drivers of change have contributed to decision making about CB's new Child Welfare Capacity Building Collaborative and its service structure. The study will continue to inform CB and its providers. CB greatly appreciates the skill and dedication with which James Bell Associates and ICF International executed this evaluation and is grateful for the contributions of state and tribal respondents and countless center and federal staff during the process. We hope that you find this Special Issue useful.

STRUCTURE AND SERVICE DELIVERY APPROACH OF THE CHILDREN'S BUREAU'S RESOURCE CENTERS AND IMPLEMENTATION CENTERS

Tammy Richards, M.Ed.

James Bell Associates, Inc.

Michelle I. Graef, Ph.D.

University of Nebraska-Lincoln, Center on Children, Families & the Law

Kathy Deserly

Capacity Building Center for Tribes

Peter Watson

University of Southern Maine, Muskie School of Public Service

Mark Ells, J.D., LL.M.

University of Nebraska-Lincoln, Center on Children, Families & the Law⁴

Abstract

The Children's Bureau (CB) provides a system of training and technical assistance (T/TA) to build the capacity of state and tribal child welfare systems, with the goal of improving outcomes for children and families. During the time period of 2008-2014, this infrastructure included ten National Child Welfare Resource Centers (NRCs), five Child Welfare Implementation Centers (ICs), and a Training and Technical Assistance Coordination Center (TTACC). Individual ICs and NRCs differed in structure and content expertise, yet they served the same jurisdictions and at times provided services concurrently. To increase cohesion and consistency, the NRCs, ICs, TTACC, and CB worked together to develop a service delivery approach for delivering T/TA services. This approach encompassed an overall vision of T/TA that promoted individualized, coordinated, and evidence-informed services. Operationalization of the model incorporated a standardized business process for responding to T/TA requests. This included a Standard Assessment Tool that supported identifying the desired outcomes of services and assessing the jurisdiction's ability to make use of the T/TA by considering elements of readiness for organizational change. CB also encouraged the NRCs and ICs to apply concepts from research on leadership and implementation to their services; these frameworks supported involvement of stakeholders in the assessment process and throughout T/TA delivery. Three examples illustrate how T/TA consistent with this service delivery approach were provided to one tribal nation and two states.

Keywords: technical assistance, child welfare, child welfare resource centers

Purpose of the Training and Technical Assistance Network

State and tribal child welfare systems continually strive to improve their practices and achieve better outcomes for children, youth, and families. The Children's Bureau (CB) supports these efforts through an infrastructure of training and technical assistance (T/TA). This T/TA infrastructure has progressed over time to respond to the changing needs of child welfare systems and evolving CB priorities, such as meeting the standards of CB monitoring reviews including the outcomes and systemic factors outlined in the Child and Family Services Reviews (CFSRs).

During the time period of 2008-2014, this overall T/TA infrastructure was referred to as the Child Welfare Training and Technical Assistance Network (T/TA Network). Its overarching purpose was to support state, local, and tribal child welfare systems in ensuring the safety, permanency, and well-being of children and families. The T/TA Network performed a variety of important functions for states, counties, territories, and tribes (now referred to as state and tribes), including assistance in assessing needs, developing strategies, and moving systems from vision and values to sustainable changes in organizational culture and practice. T/TA included knowledge development and transfer, leadership development, information management, and dissemination of effective and promising practices (Barbee, 2013; CB, 2013).

Implementation Centers, National Resource Centers, and the Training and Technical Assistance Coordination Center

Within this larger T/TA Network, there was a sub-group of providers that included ten National Child Welfare Resource Centers (NRCs), five Child Welfare Implementation Centers (ICs), and a Training and Technical Assistance Coordination Center (TTACC). This group of NRCs, ICs, and TTACC were expected to function as "one network" of providers that served the same group of title IV-E and title IV-B funded state and tribal child welfare agencies and courts. ICs and NRCs developed and delivered products and events to disseminate promising and best practices across a wide range of content areas to child welfare

⁴ This article was based on the larger report developed by James Bell Associates and ICF International under Contract No. HHSP23320082915YC, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The content of this report does not necessarily reflect the official views of the Children's Bureau. Questions about the study may be directed to Brian J. Deakins, Federal Project Officer, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, at brian.deakins@acf.hhs.gov.

systems. ICs and NRCs also provided individualized, tailored assistance to specific states and tribes; these services were coordinated by TTACC. Tailored services, or T/TA that was customized to the needs of a specific jurisdiction, were provided by ICs and NRCs both in-person or remotely (e.g., through teleconferences or webinar). Tailored T/TA was provided to a wide variety of staff and stakeholders, including child welfare agency staff (administrative leadership, middle managers, training divisions, supervisors, direct practice workers, and data managers); court staff (attorneys, judges, and court administrative officers); and community stakeholders (tribal councils, tribal elders, private providers, and contracted service providers).

National Resource Centers (NRCs). NRCs were responsible for providing tailored T/TA to states and tribes in particular topical areas of expertise. NRCs were also responsible for conducting outreach; facilitating peer networks; supporting select child welfare stakeholder groups; hosting conferences and meetings; developing, identifying, and disseminating new knowledge and evidence-based practices; and conducting evaluations of their services. Table 1 describes the National Child Welfare Resource Centers and associated content areas.

Implementation Centers (ICs). Historically, the T/TA provided by NRCs had been relatively focused and short in duration, although some engagements involved longer-term change efforts. CB recognized that there was a need to provide in-depth T/TA and resources to assist agencies in implementing comprehensive strategic plans to bring about complex and extensive systems reforms. In fiscal year (FY) 2008, CB funded five regional ICs to pilot a new and complementary approach to T/TA, intended to provide long-term consultation and support to states and tribes.

ICs partnered with states and tribes to implement multi-year systems change projects, referred to as Implementation Projects (IPs). IPs focused on strategies to improve the quality and effectiveness of child welfare services, and project sites were chosen based on the development and review of state and tribal applications submitted to the ICs serving their regions. ICs provided resources and intensive, coordinated, and individualized T/TA to state and tribes to support implementation of the IPs. Table 2 describes the Child Welfare Implementation Centers and the Administration for Children and Families (ACF) Regions that they served.

TABLE 1

National Child Welfare Resource Centers (Fiscal Year [FY] 2014)

National Child Welfare Resource Centers (FY 2014)	
National Resource Centers	Content Areas
NRC for Adoption (NRCA)	Provides adoption and permanency options, explores systemic factors, increases cultural competence, and promotes stakeholder involvement.
NRC for Child Protective Services (NRCCPS)	Focuses on child protective services, including meeting federal requirements and strengthening programs.
NRC for Child Welfare Data and Technology (NRCDT)	Uses and manages data, including the Adoption and Foster Care Analysis and Reporting System and State Data Profiles.
NRC for In-Home Services (NRCIHS)	Ensures the safety of children and youth in their homes and makes reasonable efforts to preserve families in which maltreatment has occurred.
NRC for Organizational Improvement (NRCOI)	Improves CFSR systemic areas, including strategic planning, quality improvement, and training and workforce development.
NRC for Permanency and Family Connections (NRCPFC)	Emphasizes family-centered principles and practice, and helps states build knowledge of foster care issues.
NRC for Diligent Recruitment (NRCDR) at AdoptUSKids*	Develops and implements quality recruitment and retention services for foster, adoptive, concurrent, and kinship families.
NRC for Tribes (NRC4Tribes)	Increases tribal access to T/TA Network, provides child welfare T/TA to tribes, and improves cultural competence in state child welfare systems.
NRC for Youth Development (NRCYD)	Focuses on youth engagement in child welfare policy and program development, Chafee Foster Care Independence, and Education and Training Voucher programs.
NRC on Legal and Judicial Issues (NRCLJI)	Provides expertise to courts, attorneys, court improvement projects, and state and tribal agencies on legal and judicial aspects of child welfare.

Note. Adapted from Children's Bureau. (June 18, 2015). Resource Centers. Retrieved from <http://www.acf.hhs.gov/programs/cb/capacity/resource-centers>

TABLE 2
Child Welfare Implementation Centers (FY 2014)

Child Welfare Implementation Centers (FY 2014)	
Implementation Centers	Administration for Children and Families Regions Served
Northeast and Caribbean Child Welfare Implementation Center (NCIC)	Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont Region II: New Jersey, New York, Puerto Rico, Virgin Islands
Atlantic Coast Child Welfare Implementation Center (ACCWIC)	Region III: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia Region IV: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee
Midwest Child Welfare Implementation Center (MCWIC)	Region V: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin Region VII: Iowa, Kansas, Missouri, Nebraska
Mountains and Plains Child Welfare Implementation Center (MPCWIC)	Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, Texas Region VIII: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Western and Pacific Child Welfare (WPIC)	Region IX: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau Region X: Alaska, Idaho, Oregon, Washington

Note. Adapted from Child Welfare Information Gateway: <https://www.childwelfare.gov/topics/management/reform/building/implementation/> Accessed August 15, 2015

Training and Technical Assistance Coordination Center (TTACC). To formalize and support collaboration, communication, and coordination among the ICs, NRCs, and network members, CB funded the TTACC. This center was responsible for developing and implementing an infrastructure for enhanced communication and information sharing across CB and the T/TA Network. TTACC was responsible for coordinating onsite T/TA, which involved tracking requests, and facilitating the assessment of T/TA needs and the development of comprehensive T/TA work plans.

Cross-site evaluation and data tracking system. As a component of a cross-site evaluation contract, CB provided funding for a web-based T/TA tracking system. The tracking system served as a data collection tool for the cross-site evaluation but also supported communication and coordination of the work of ICs and NRCs.

Approach to Service Delivery

Individual members of the T/TA Network had varying roles and responsibilities, but collectively CB emphasized the need to operate as a coordinated service delivery system. In FY 2009, CB established a workgroup—made up of IC and NRC directors and evaluators, the TTACC, and Central and Regional Office Children’s Bureau staff—to develop an effective and collaborative model for the delivery of T/TA. The model emphasized a more comprehensive assessment of and response to state/tribal T/TA needs (CB, 2011). The workgroup developed a standardized business process for responding to T/TA requests that reflected common practices and benchmarks for the delivery of T/TA. These included three data collection tools developed for use—the Standard Request Initiation, the Standard Assessment Tool, and the Standard Work/Project Plan. An overview of major components of the IC and NRC approach is described in Table 3.

Mission, values, and principles. The NRCs and ICs’ mission, as stated by CB, was “to collaborate to provide a seamless array of services and effective T/TA that builds capacity of states and tribes to achieve sustainable, systemic changes and improve outcomes for children and families” (CB, 2011). Guiding values of service delivery incorporated Child and Family Service Review (CFSR) standards related to expected child welfare practice outcomes, which include dimensions of child safety, permanency, and well-being (Administration for Children and Families, 2014), as well as Systems of Care (SOC) principles. SOC is an established framework originally developed as an approach for mental health service delivery to children and youth (Stroul & Friedman, 1986), which promotes organizing and coordinating services into a comprehensive and interconnected network, so that service providers, agencies, and community stakeholders work in partnership with those who need services.

TABLE 3
Overview of NRCs and ICS Approach to Service Delivery

Mission: To collaborate to provide a seamless array of services and effective T/TA that builds capacity of states and tribes to achieve sustainable, systemic changes and improve outcomes for children and families		
Values and Principles Child and Family Service Reviews (CFSR) and System of Care (SOC)		
• Client-centered • Individualized and strengths-based • Flexible, accessible, and coordinated • Proactive • Community-based • Culturally and linguistically competent • Evidence-informed and evidence-based • Family focused		
T/TA Practice Model Collaboration, Communication, Accountability		
Standardized Business Process • Standard Request Initiation • Standard Assessment Tool • Standard Work/Project Plan	TTACC Information Portal	Web-based T/TA Data Tracking System
Theoretical Frameworks Supporting Service Delivery		
Adaptive Leadership		Implementation Research

Note. Adapted from the Children's Bureau. (2011, December 6). T/TA Exploration Workgroup practice model development: Considering best practices that support effective and efficient technical assistance delivery. Presented at the Children's Bureau Exploration Workgroup Meeting. Silver Spring, MD.

T/TA practice model. The guiding values and principles of CFSR and SOC were operationalized through structures created to support TA services that were accessible, client centered, coordinated, and evidence-based. The standardized business process incorporated tools related to T/TA requests, assessment of appropriate T/TA services to be provided related to these requests, and work-planning documents that outlined service delivery that would be provided. These documents supported linkages between requests and services provided and facilitated communication between T/TA providers.

Recognizing that successful provision of T/TA requires the active involvement and commitment of states and tribes, the Standardized Assessment Tool incorporated the identification of elements of readiness for organizational change. Elements of readiness assessed included the availability of resources and evidence of the jurisdiction's commitment to making improvements, including executive leadership commitment (Lehman, Greener, & Simpson, 2002; Weiner, 2009).

The TTACC Information Portal supported management and information sharing related to T/TA, including storing T/TA requests, assessments, and work plans. The data tracking system allowed the CB and Centers to view all NRC and IC T/TA efforts, enabling providers to better understand how their own work complemented T/TA that other providers delivered to a particular state and tribe.

Theoretical frameworks. CB encouraged the NRCs and ICs to incorporate research-informed implementation and leadership frameworks into their T/TA delivery efforts to support sustainable systems change. During workgroup meetings, CB invited staff from the National Implementation Research Network (NIRN) to present its framework of implementation (Fixsen, Blase, Friedman, & Wallace, 2005) and provided training on adaptive leadership (Heifetz, Linsky, & Grashow, 2009) by Cambridge Leadership Associates (CLA) (CB, 2015).

Adaptive leadership. Adaptive leadership is a theoretical framework that promotes organizational improvement through mobilizing people to recognize and intervene in challenges that are hard to define and for which existing knowledge, structures, or processes are not sufficient to bring about desired changes (Heifetz et al., 2009). The framework promotes a period of "diagnosis," which is used to help an organization come to a thorough understanding of the challenges it faces. The period of diagnosis including the identification of "adaptive challenges" which differ from technical problems in that there are no existing or known solutions (Table 4). The framework suggests that solving adaptive challenges will require changes in behavior and potential losses for people in organizations. In order to effectively solve adaptive challenges, those who are part of the challenge must be given an important role and support in identifying potential solutions to the adaptive challenges (National Child Welfare Resource Center for Organizational Improvement, 2013).

TABLE 4
Adaptive Leadership

Diagnose System: Organizations identify and thoroughly understand technical and adaptive challenges they face.	
Technical Challenges	Adaptive Challenge
Perspectives of major stakeholders are aligned.	Perspectives differ.
Definition of challenge is clear.	Definition of challenge is unclear.
Solution and implementation of solution is clear and within existing capabilities and knowledge.	Solution and implementation are unclear. Existing knowledge, structures, or processes are insufficient and require new learning, behaviors, or expertise.
Leader can take primary control and responsibility.	Primary control and responsibility is not with a leader. Solutions can only be addressed through changes in peoples' priorities, beliefs, habits, and loyalties.
Work to Address Adaptive Challenge: Involve those whose behavior and attitudes must change in solving the adaptive problem	

Note. Adapted from National Child Welfare Resource Center for Organizational Improvement. (2013). Leading adaptively in child welfare. *Child Welfare Matters* (Summer 2013 issue), 1-7.

Implementation research. The National Implementation Research Network (NIRN) framework was developed through publication of a literature review of research related to service delivery programs to identify components of successful implementation (Fixsen, et al., 2005). An important finding of the literature review was the discovery that implementation occurs in stages, with key activities occurring in each stage. The ICs adapted the NIRN framework to better reflect typical child welfare implementation of innovations that are not previously formed evidence-based practices, but must be designed using best available evidence (Armstrong et al., 2014). The IC's conceptualization of stages of implementation is illustrated in Table 5.

TABLE 5
Implementation Stages

Implementation Stages	Focus of Work in Stage
Exploration	- Identify need and consider necessary nature and scope of intervention. - Assess the degree of awareness and support for potential intervention and the overall approach for designing the change. - Build or strengthen relationships with stakeholders who can support work of intervention.
Installation/Design	- Specify in detail intervention components. - Plan for intervention implementation, including structural and functional systems changes and gathering necessary resources.
Early Implementation	- Actively engage in learning and applying the intervention. - Assess for, and provide necessary supports to successfully conduct the activities of the intervention. - Initial monitoring of the new skills, practices, tools, and strategies necessary to sustain the intervention.
Full Implementation	- Integrate new practice into organizational structures to sustain intervention. - Staff members develop high level of skills in new practices related to the intervention.

Note. Adapted Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C. L., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, 8(1), 94-117.

Examples of the Service Delivery Approach

Examples of T/TA provided to jurisdictions are described. These descriptions illustrate key components of the approach to service delivery by ICs and NRCs.

Example #1: Assessment and strategic planning with a tribal nation.

A large tribe requested T/TA from an NRC to conduct a comprehensive organizational assessment. The purpose of the assessment was to involve the tribal child welfare agency and a community of tribal stakeholders in creating a multi-year strategic plan that would identify and address areas for improvement, in order to significantly impact the child welfare outcomes of clients.

T/TA practice model: Standardized business process - assessment. The NRC used the Standard Assessment Tool to identify tribal community challenges including poverty, substance abuse, and a high rate of suicide. Child welfare challenges included a high caseload within the child welfare system on the reservation, as well as a significant number of Indian Child Welfare Act cases arising off the reservation. The tool also facilitated recognizing tribal strengths, including existing working relationships between stakeholders and a history of developing the community's vision of child welfare services. Tribal leadership, through a prior initiative, had engaged with stakeholders to define, design, and implement a child welfare practice model that was based on the historical roots, values, and practices. Parts of this practice model had been slowly implemented over the previous years. Now the tribe hoped to fully operationalize its practice model, so that children were kept with their families whenever possible.

The assessment process also showed that leadership had recently hired a community organizer who had been part of the tribe's prior practice model development process to serve as the agency's executive director. The request demonstrated adequate availability of resources and evidence of continuing leadership and community commitment. There appeared to be good readiness by the tribe for this T/TA request.

Vision, principles, and values: Community-based, family-focused, and culturally competent. The entire organizational assessment, strategic planning process, and plan implementation were designed to engage all appropriate tribal stakeholders and to keep them involved through meaningful participation. This included representatives of tribal governance, the courts, public safety, education, health agency, the Bureau of Indian Affairs, foster parents, youth involved in the system, and the State Child Protective Services (CPS) agency. First, stakeholders were engaged through interviews and focus groups for input on current agency functioning and ideas for program improvements. They were then recruited to serve in work groups to develop and implement specific elements of the child welfare agency's strategic plan.

Vision, mission, and values: flexible, accessible, and coordinated services. The development of the strategic plan resulted in critical, initial goals identified by stakeholders that were seen as essential to support the agency in making fundamental changes to improve outcomes and performance. Then they were used to plan for T/TA provided by other NRCs with content expertise, as well as identified state partners. Goals and plans for collaborative T/TA delivery are outlined in Exhibit 6.

TABLE 6
Strategic Plan and Further Provision of T/TA to Meet Goals

Initial Goals of Strategic Plan	Collaborative T/TA in Content Area
1. Design and implement a continuous quality improvement (CQI) system for the agency.	The state CPS CQI staff/leadership was enlisted to provide technical assistance related to the new CQI system.
2. Improve management of the agency's intake system.	A Resource Center was asked to assist the agency in redefining the criteria for opening child protection cases, training agency board and staff on the new intake criteria, and implementation of a new "front door" for the agency.
3. Enhance agency's management information system.	A Resource Center was enlisted to support the Tribal agency in assessing the existing management information system and in developing and implementing a plan to enhance its capacity and performance.
4. Create a child welfare stakeholder collaborative that focuses on joint objectives for child protection.	A Resource Center was asked to assist the agency in creating and operating the child welfare stakeholder collaborative.
5. Assist the agency's board of directors in focusing on agency policy and development.	A Resource Center provided training and technical assistance to support the board of director's newly targeted focus.

Example #2: Strengthening agency leadership to facilitate practice model implementation.

Theoretical framework: Adaptive leadership. A state agency requested T/TA to implement a new leadership approach among the state child welfare agency's managers, supervisors, and staff. After completing the standardized assessment process, the NRC engaged in additional assessment activities with a Cambridge Leadership Associates consultant and the state to clarify the T/TA request. This period of diagnosis employed a series of structured interviews with state executive team members, regional managers, and local office managers.

One key issue emerging from these interviews was the need to link T/TA to the state's ongoing development and implementation of the new child welfare practice model. The state had worked with an IC to develop this model; the NRC T/TA was connected to the IC's prior work by helping to identify and provide services directed to three primary adaptive challenges impacting implementation of the practice model: 1) creating conditions for better partnerships with external partners; 2) improving relationships with licensed providers, especially foster parents; and 3) applying the state's safety assessment process more consistently and effectively.

The NRC and CLA teamed with senior state agency staff to teach and coach staff throughout all levels of the agency about using the adaptive leadership framework to support ongoing work in implementing the practice model. The T/TA included three key elements.

- Facilitation of four, 2-day workshops during which state agency teams learned and practiced key adaptive leadership elements and techniques. Each of these meetings included 125-150 staff members, and participants engaged in experiential learning and targeted work on agency-identified challenges related to implementation of the practice model.
- Coaching executive leadership on how to engage staff at all levels in solving adaptive issues, including how to provide support to teams working on generating and implementing solutions to adaptive challenges that were related to implementation of the practice model in local areas.
- Formation of agency teams to work on identified adaptive issues in local offices. Teams were formed to participate in monthly "office hours" sessions, where they were asked to observe, interpret, and intervene to make progress at the local level on agency-identified adaptive challenges related to implementation of the practice model. Agency executive staff provided coaching to these local teams.

Example #3: Supporting state to design and implement its own technical assistance model.

Theoretical framework: Implementation research. An IC delivered T/TA over a 3-year IP, assisting the state to develop and implement its state child welfare agency's own technical assistance model. The agency recognized the need to anchor its work with the science of implementation through experiences piloting a previous initiative. Development of the state's technical assistance model was an integral piece of the agency's efforts to improve child welfare outcomes by creating an environment that encouraged and sustained innovation and by improving how the agency worked with internal and external stakeholders.

In order to identify needs and effectively target interventions during the Exploration stage of implementation research, information-gathering activities were conducted. These included the following:

- Regional forums and surveys were used to document stakeholder concerns and "likes" regarding interactions with the state child welfare agency.
- Formal assessment of the agency organizational culture and climate was conducted, using the "Organizational Social Context" (Glisson, 2002).
- A new vision, mission, and guiding principles for the state child welfare agency were developed in collaboration with stakeholders.

During the Installation/Design stage, work groups were formed which included agency representatives and stakeholders to design the Technical Assistance Model. From data collected in the Exploration stage, five components of the model were created: building a team approach, modifying institutional behavior, establishing structured communication, building an internal knowledge base, and supporting agencies in self-assessment exercises.

Concurrently, supportive infrastructures were built and installed to support the agency's successful implementation of the new model, including the following:

- Training was delivered on partnership principles and specific competencies.
- A comprehensive rule review website was developed to collect stakeholder feedback on agency policy.
- Manager roundtables were developed for peer-to-peer support.
- Cross-functional regional technical assistance teams were formed.

- An internal, searchable database was developed to document technical assistance.
- Partnership principles were integrated into staff performance evaluations.
- Communication throughout the agency was improved by the creation of a shared organizational calendar.

By the time the agency reached the Implementation stage, it was well prepared to install its new Technical Assistance Model. Sustainability of the work was built over the 3 years by building in supports, such as development of a monthly newsletter from the child welfare director to communicate the agency's continued commitment to its vision, mission, and principles and integration of the rule review website to institutionalize the collection of external stakeholder comments on administrative rules.

Discussion

All three examples offer illustrations of how assessments were used to support more effective service delivery. The T/TA Practice Model's Standard Assessment Tool supported the NRC in identifying strengths and barriers related to the Tribal Nation's request, uncovering challenges and strengths of the tribe and elements of readiness for T/TA, including leadership commitment. Theoretical frameworks employed by the NRCs and ICs also supported a focus on assessment. The adaptive leadership's framework's period of "diagnosis" was used by the NRC to gather in-depth information that strengthened the understanding of state challenges related to the implementation of the agency's new practice model. The IC's activities during the implementation framework's "exploration" focused on obtaining detailed information related to the agency's current performance, both from internal and external stakeholders.

Examples of T/TA also show that once stakeholders were engaged in the assessment process, they were given the opportunity to help make improvements, bringing to life the SOC and CFSR guiding vision and principles of community based and community-responsive service delivery. T/TA provided by the NRC to the Tribal Nation included gathering information from the community and stakeholder groups who once engaged were invited to participate in identifying and defining the most important activities and goals that would help enhance agency performance and improve outcomes for native children and families. T/TA provided by the NRC used gathering in-depth information from state executive, regional, and local office leaders to involve leadership at multiple levels in identifying adaptive challenges. These leaders were then coached to form and provide support to local teams who were asked to generate and test potential strategies to solve adaptive challenges to support implementation of the state's practice model. The IC helped the state design the Technical Assistance Model by gathering information from stakeholders on current agency practice to develop initial model components; these components were then more fully designed by workgroups comprised of internal and external stakeholders.

Coordination and collaboration was an important component of the T/TA Practice Model, operationalized by the standardized business instruments, information portals, and data tracking systems. Two of the examples illustrated how coordination and collaboration among ICs and NRCs was delivered to states and tribes receiving T/TA. The T/TA provided on adaptive leadership skills was directly linked to support the prior work of an IC that had helped design and implement a practice model. The NRC provided initial T/TA to a Tribal Nation to support development of a strategic plan; this plan ultimately was intentionally designed to link the tribe to other content-specific T/TA available from several other NRCs and the state agency to support continued improvements in child welfare practice.

The ICs and NRCs comprised of 15 different centers with varying structures and content area expertise. A practice model for T/TA providers emerged from the development of a common service delivery approach that included shared mission, vision, and values; established standardized processes and structures; and an applied theoretical frameworks.

References

- Administration for Children and Families. (2014, November). *Child and family services reviews procedures manual*. Washington, DC: U.S. Department of Health and Human Services; 86 pages. Accessed September 23, 2015; available at: http://www.acf.hhs.gov/sites/default/files/cb/round3_procedures_manual.pdf
- Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C. L., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, 8(1), 94-117. doi:10.1080/15548732.2013.873759
- Barbee, A. (2013). Dissemination and technical assistance: The evolution of resource and training centers. In A. Lieberman & K. Nelson (Eds.), *Women and children first: The contribution of the Children's Bureau to social work education*. Alexandria, VA: Council on Social Work Education.
- Children's Bureau. (2011, March 19). *Internal Guidance – IC guidance regarding non-project T/TA and standard business process*.
- Children's Bureau. (2012). *Mid-point report: Cross-site evaluation of the Child Welfare Implementation Centers and National Resource Centers*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services.
- Children's Bureau. (2015). *Supporting change in child welfare: An evaluation of training and technical assistance*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services.
- Children's Bureau. (2015, June 18). Resource Centers. Retrieved from <http://www.acf.hhs.gov/programs/cb/capacity/resource-centers>
- Children's Bureau. (2013). *The Children's Bureau legacy: Ensuring the right to childhood*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services. https://cb100.acf.hhs.gov/CB_ebook.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, the National Implementation Research Network.
- Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child and Family Psychology Review*, 5(4), 233-253.
- Heifetz, R. A., Linsky, M., & Grashow, A. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Cambridge, MA: Harvard Business Press.
- Lehman, W. E. K., Greener, J. M., & Simpson, D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment*, 22(4), 197-209.
- National Child Welfare Resource Center for Organizational Improvement. (2013). Leading adaptively in child welfare. *Child Welfare Matters* (Summer 2013 issue), 1-7. Accessed September 23, 2015; available at: <http://www.nrcoi.org/rcpdfs/cwmatters13.pdf>
- Stroul, B. A., & Friedman, R. M. (1986). *A system of care for children and adolescents with severe emotional disturbances*. Washington, DC: Georgetown University, Child Development Center, National Technical Assistance Center for Children's Mental Health.
- Weiner, B. J. (2009). A theory of organizational readiness for change. *Implementation Science*, 4(1), 67. doi:10.1186/1748-5908-4-67

DESCRIBING THE T/TA SERVICES DATA COLLECTED THROUGH THE T/TA TRACKING SYSTEM WITH IMPLICATIONS FOR CHILD WELFARE TRAINING UNITS

Jing Sun, Janet D. Griffith, Ph.D., Rupinder Randhawa
ICF International

James DeSantis, Ph.D.
James Bell Associates, Inc.⁵

Abstract

Despite increasing recognition of the importance of technical assistance (TA) to support planning and implementation of agency and organizational change, there has been limited study of the factors that affect the effectiveness of TA in supporting change efforts. For the Children's Bureau's cross-site evaluation of its National Child Welfare Resource Centers (NRCs) and Child Welfare Implementation Centers (ICs), which provided support to states and tribes, the evaluation team developed a system for tracking training and technical assistance (T/TA) characteristics and utilization. The T/TA centers that provided services entered data into the system about T/TA requests, work plans, and services delivered to recipient jurisdictions. This paper describes the system and the data elements collected and also provides examples of outputs that providers, funders, and jurisdictions can use to assess and improve the effectiveness of T/TA services. Although the specific system is not available for general use, other T/TA providers in other federal agencies, state training units as well as private agencies can develop and use similar systems to support their own T/TA efforts.

Keywords: tracking training and technical assistance, data tracking systems

Introduction

Many public and private child welfare agencies rely on training to help them build capacity and improve performance (Collins, Amodeo, & Clay, 2007; Curry, Barbee, Donnenwirth, & Lawler, 2013). Increasingly, child welfare organizations are also asking members of training units as well as outside consultants to provide technical assistance (TA) to assist in planning and implementation efforts. While there is a large amount of literature on training effectiveness, few studies have examined what actually occurs when TA is provided or information about its components, processes, and effectiveness.

Beale and Luster (2009) characterized intensive TA as involving collaborative work between provider and recipient organizations; opportunities for reflection, careful planning, and assessment of progress; and accountability for intended outcomes. Harsh (2013) noted the need for "differentiation" or the tailoring of TA to the specific contexts and needs of recipient organizations, using a variety of TA processes and communicating closely and effectively throughout the process. In the child welfare, mental health, and public health arenas, coaching and peer mentoring have been described as important TA strategies (Spadaro et al., 2011; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; National Child Welfare Resource Center for Organizational Improvement, 2007).

Implementation frameworks—such as the National Implementation Research Network (Fixsen et al., 2005; Blase, 2009) and Getting To Outcomes (Chinman et al., 2005; Hunter et al., 2009; Wandersman, Chien, & Katz, 2012)—emphasize the importance of focusing on the process of implementation of evidence based practices and on aligning training and technical assistance (T/TA) strategies with an organization's progress through implementation stages, as well as variation in the dosage of T/TA provided across the steps of change (Mitchell, Florin, & Stevenson, 2002; Hunter et al., 2009; Kahn et al., 2009). Other literature has shown evidence of differential effectiveness between T/TA provided on site and off site (Wandersman et al., 2012) and a possible interaction such that higher dosage of on-site T/TA predicts a small (though not statistically significant) improvement in functioning (Feinberg, Ridenour, & Greenberg, 2008).

Despite the small amount of literature seeking to relate T/TA effectiveness to such factors as dosage, timing, mode, and context, providers have rarely recorded the administration of T/TA in ways that allow systematic examination of T/TA delivery, either to test hypotheses about the factors contributing to intervention success or to manage the process of T/TA delivery. In order to begin to remedy that problem, a T/TA tracking system was developed and utilized between 2008 and 2014 as part of the Children's Bureau (CB) Training and Technical Assistance Network, which delivered extensive T/TA to states and tribes. This paper describes the T/TA tracking system and illustrates the use of data from the system. The system described here was developed to record the T/TA provided nationally to states, tribes, and territories by certain members of the T/TA Network and was tailored to the specific needs of CB and the cross-site evaluation conducted by James Bell Associates in collaboration with ICF International; thus, the system is not available for general use. However, other agencies and organizations could develop and use systems with similar features for tracking T/TA provided within their own systems.

Beginning in Fiscal Year (FY) 2009, the CB expanded, coordinated, and re-oriented its network of child welfare T/TA. Ten National Child Welfare Resource Centers (NRCs) shared expertise and provided services to states, tribes, and U.S. Territories in specific child welfare content areas. Five regional Child Welfare Implementation Centers (ICs) worked with selected jurisdictions on specific child welfare projects (referred to as implementation projects), and focused T/TA on implementation and sustainability of systems change.

As part of the evaluation funded by the CB, a web-based data system was developed to provide a key source of information regarding service delivery by

⁵ This article was based on the larger report developed by James Bell Associates and ICF International under Contract No. HHSP23320082915YC, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The content of this report does not necessarily reflect the official views of the Children's Bureau. Questions about the study may be directed to Brian J. Deakins, Federal Project Officer, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, at brian.deakins@acf.hhs.gov.

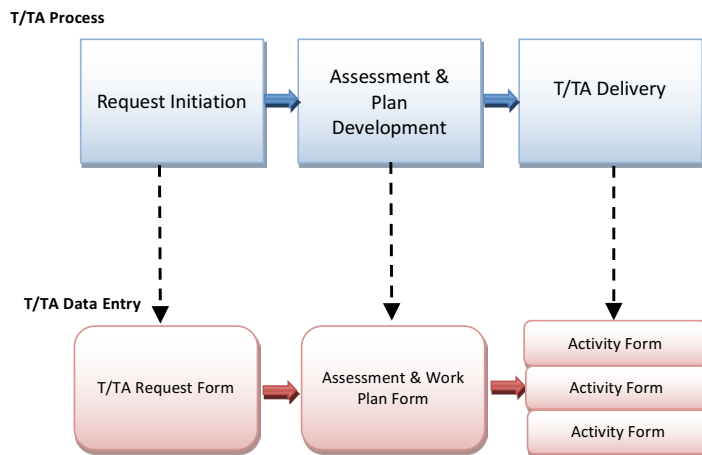
these 15 T/TA centers to states, tribes, and territories. T/TA providers used the system to record, which states and tribes requested and received services, the type and frequency of the services provided, and the focus of the T/TA. These providers recorded activities that lasted an hour or more in a day, delivered both on site at the jurisdiction and remotely. Providers recorded activities that involved both direct contact with recipients (i.e., substantial, direct T/TA) and other activities that supported the provision of T/TA (e.g., case/document review, data analyses, or preparation for consultation). The web-based data system (tracking system) served several complementary functions. It supported 1) data collection for national and local evaluations, 2) coordination and communication among centers, 3) center management, 4) CB's monitoring of centers' work, and 5) creation of reports for stakeholders ranging from center leadership to the U.S. Congress.

This paper describes the key features of this innovative data system and provides examples of analyses that illustrate how to use data for understanding and improving T/TA service delivery. Although the specific tracking system is not one that can be used by individual state or private agency training units, the intent of the paper is to show how agencies and organizations might be able to use similar information for evaluating and managing T/TA.

T/TA Data Captured by the Tracking System

The major type of service provided by the centers was tailored T/TA, which was customized to meet the specific needs of a jurisdiction and to build its capacity. Upon a jurisdiction's request or application for services, T/TA providers worked with the jurisdiction to assess the issue, develop work plans, and deliver T/TA to tackle problems and build capacity. In order to document the whole process of planning and implementation, the tracking system was structured in nested forms to parallel the centers' processes for delivering T/TA. The model in Figure 1 illustrates how the data collection matched the T/TA process.

FIGURE 1
Model of the T/TA Process and the Structure of the T/TA Tracking System



T/TA request form. In the first step, a request form or application (see Figure1), was completed when a state, tribe, or territory requested tailored T/TA services. The request form captured such information as the name of the jurisdiction requesting assistance, the date of the request, a description of the need, and how the need was identified.

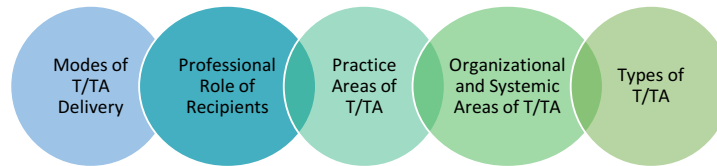
T/TA assessment and work plan form. As a second step, the center conducted an assessment and developed a work plan to address identified needs and build capacity in the area requested by the jurisdiction. The work plan form was used to document project plans and assessment information, including identification of the providers, a brief narrative of the activities planned, and the estimated timeline for completing the T/TA.

T/TA activity form. Finally, the providing center completed T/TA activity forms for all substantial T/TA activities carried out under the work plan. For this program, substantial T/TA was defined as an activity that involved at least an hour of direct TA (either in person or via remote communication) between the provider and the T/TA recipient in a single business day. Information captured on the activity forms included the names of the provider and partner organizations involved, the dates of the activity, the hours that providers worked with the jurisdiction (direct T/TA), characteristics of the tailored services, and a narrative description of the activity. T/TA was further operationalized by the activities that involved the jurisdiction interacting or communicating with the T/TA provider (e.g., either face-to-face or through telephone or e-mail); activities performed by T/TA providers independently (e.g., researching tools and materials) was not recorded as T/TA because it did not involve interaction with the state, tribe or territory. Specifically, the characteristics of T/TA activities captured by the system included the following:

- How T/TA was provided (modes of T/TA delivery)
- To whom T/TA was provided within the agency (roles of recipients receiving T/TA)
- The content of the T/TA (practice areas and organizational/systemic areas)
- The types of activities/methods used by providers to deliver T/TA (e.g., coaching, consultation, and/or training)
- Where along the process of implementation T/TA occurred (implementation step in the change process)

The graphic in Figure 2 illustrates the characteristics recorded for each T/TA activity.

FIGURE 2
Characteristics for Each T/TA Activity



Information on T/TA activities was entered into the system within days after the activity occurred. The system was set up to afford analysis 24-hours a day, 7 days a week and included preprogrammed reports as well as a query system to facilitate use by managers, evaluators, and others.

Use of the T/TA Data

Some of the important uses of data collected by the tracking system were to support the national and local evaluations and to provide real-time information that could be used for managing services at multiple levels, including centers' management of services and oversight by the Children's Bureau. These data allowed for an examination of particular services as well as a broader reflection on cross-center processes. Because the tracking system captured the full range of tailored activities (e.g., training, coaching, facilitation, and consultation) under each work plan and provided descriptive information on tailored services, it allowed evaluators to develop a comprehensive picture of service delivery. The system facilitated answers to such questions as

- How was tailored T/TA delivered and in what areas?
- How much T/TA did a jurisdiction receive?
- What types of services were delivered?

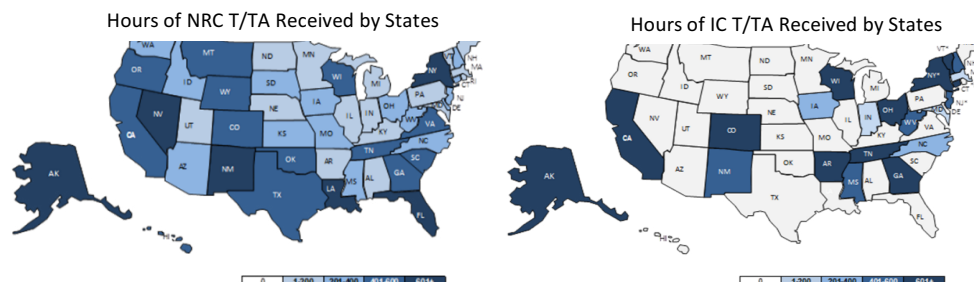
Several examples of questions, a brief description of the data, and related exhibits are presented.

Example 1. How much tailored T/TA did jurisdictions receive? Did states with the greatest need receive more T/TA?

The system recorded all substantial T/TA activities received by jurisdictions under each work plan. By aggregating and analyzing these data, the volume and timing (dosage and intensity) of service delivery were measured, as well as the characteristics of the services delivered and the recipients of the services. The national evaluation team examined the hours of T/TA received by each of the states during different time periods.

These analyses were presented in graphical form, using a map of the United States and color-coding the states to show clusters of T/TA dosage. The model in Figure 3 shows the dosage of T/TA received by the different states, first for the 10 NRCs and then for the 5 ICs.

FIGURE 3
Model Depicting Hours of T/TA Received by States



Note. From Children's Bureau web-based T/TA tracking system, October 2010 through December 2013.

This visualization of the data allowed the CB and its T/TA providers to assess the distribution of T/TA provision and, as appropriate, target the services to jurisdictions with which they had not yet engaged or had engaged to only a limited degree. For example, one provider generated a national map with data for its own services to states and used that information in making decisions about which ones they needed to reach out to for additional services. Furthermore, for the national evaluation, the evaluation team combined these data on services received with data from national child welfare outcome indicators to determine whether states with greater needs were receiving more CB-sponsored services.

For state directors and T/TA providers, a similar system could be used to assess the dosage of services delivered to different counties or regions within a city, county, state or tribal territory and to relate that information to such other factors as county level of need or the targeting of specific counties for participation in new or enhanced programs.

Example 2. What patterns of tailored T/TA delivery can be observed over time?

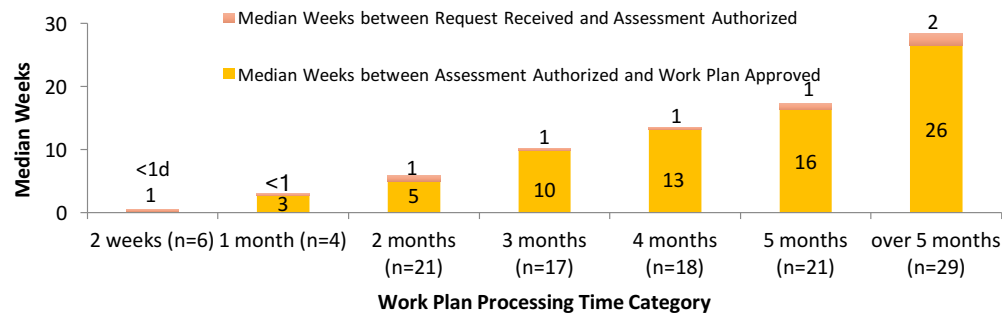
T/TA work plans were analyzed to describe duration and intensity of service delivery over time and to discern service patterns. Evaluators used data from the system to explore key questions related to service delivery. Examples of these kinds of questions include the following:

- Are services provided in a timely manner? Where do delays occur? By using the date of jurisdictions' requests for T/TA, the date of receipt of authorization for assessment by CB's Regional Offices, and the date of approval of the plan for delivery of T/TA, evaluators provided data for CB

that documented the timeliness of provider services and identified where delays were occurring. This analysis showed that the approval process was relatively quick and did not contribute to delays, but that it took longer for the providers to assess the needs of jurisdictions and develop work plans than initially anticipated (see Figure 4). As Figure 4 shows, a cumulative total of 21 work plans was approved within 5 months of the date of request submission. The median time between the time the request was received and assessment authorized was 1 week, whereas the time between authorization of assessment and approval of the work plan was 16 weeks. This analysis showed that the time spent in the process was substantial and was largely spent in conducting the assessment and developing the work plan, not in waiting for authorization of the assessment.

FIGURE 4

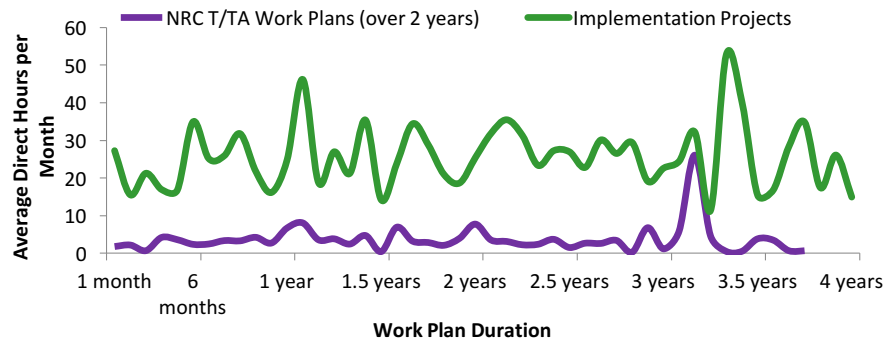
Processing Time Between T/TA Request Submission and Work Plan Approval



- *How intense are tailored services?* In order to determine the intensity of tailored services, evaluators examined the number of “active” months in which T/TA was provided to jurisdictions and the hours of direct contact that occurred in each active month. The results offered providers an opportunity to examine and compare the exposure of jurisdictions to T/TA over time and to consider the implications. For example, for NRC work plans with duration of 3 to 6 months, 73% of the total months were active. However, for NRC work plans with duration that was longer than 6 months, T/TA was provided by NRCs in fewer than half of the months. Moreover, evaluators compared the intensity of IC and NRC services for work plans lasting more than 2 years, finding that NRCs delivered, on average, 15 hours of service per active month, compared to 26 hours per active month delivered by the ICs. Graphs of T/TA intensity, such as the depiction (see Figure 5), helped evaluators, providers, and the CB consider patterns in service intensity and duration.

FIGURE 5

Intensity of Service Delivery Over Time



Example 3. Characteristics of T/TA services.

In addition to information on the amount of tailored T/TA provided, information of T/TA was recorded on the characteristics of the services. These data were used to learn more about the tailored T/TA delivered in relation to the following:

- How T/TA was provided (modes of T/TA delivery)
- Who received T/TA within the agency (professional roles of recipients)
- Content of the T/TA (practice areas, organizational and systemic areas)
- Activities and methods used by providers to deliver T/TA (types of T/TA)

Using the CB tracking system data from October 2010 through December 2013, evaluators analyzed the characteristics of services based upon the total hours of direct T/TA. The analyses, presented in Table 1, showed that the majority of hours of tailored T/TA were delivered in person at the jurisdictions. Services were provided most often to agency middle managers. The content of IC T/TA was most frequently reported to be “general” or related to the general operation and capacity of an organization to implement change, whereas NRC T/TA was topical in nature with the majority of hours devoted to improving the practice of safety and risk assessment. The types of T/TA were similar with both groups of providers focusing on providing consultation, problem solving, discussion, and facilitation and fewer hours being devoted specifically to training events. In terms of the implementation process, the majority of NRC T/TA supported jurisdictions around problem solving. Both IC and NRC services supported the design and installation of innovations. However, ICs delivered more support around initial and full implementation, providing assistance with such activities as sustainability planning, continuous quality improvement, and process or outcome evaluation.

TABLE 1
Characteristics of Tailored T/TA

	10 NRCs (%)	5 ICs (%)
Modes of T/TA Delivery – How T/TA was provided		
• In-person, on-site work at jurisdiction	81	78
Roles of Recipients Receiving T/TA – To whom T/TA was provided		
• Agency middle managers (program/division heads)	73	61
Practice Areas of T/TA – What was content of T/TA		
• General (e.g., installation of a practice model)	17	52
• Assessment of safety and risk	35	27
Organizational and Systemic Areas of T/TA – What was content of T/TA		
• Practice model	23	59
• Casework decision-making and practice	45	21
Types of T/TA – What were activities and methods to deliver T/TA		
• Consultation/problem solving/discussion	64	63
• Facilitation	37	42
Steps in the Change Process – Where in the implementation process T/TA occurred		
• Problem solving/identification	56	28
• Innovation design/installation	42	37
• Initial and full implementation	16	30

These data were useful to both providers and the CB. For example, providers could use the analyses to identify specific aspects of child welfare practices in which they delivered the most T/TA to jurisdictions to determine whether it was beneficial to develop products about that topic for wider distribution or provide additional services in that area. The CB also could assess whether the volume of service delivery in particular areas seemed well aligned with areas of need identified during federal monitoring, such as through the Child and Family Services Reviews.

Example 4. Qualitative analysis of T/TA processes and delivery.

In addition to quantitative data, the tracking system recorded detailed information about the process of T/TA needs identification and service delivery executed, including the needs/reasons for requesting TA, description of the work plans, and detailed descriptive and narrative information about each activity. This log-style documentation provided a close look at how a T/TA provider was working toward meeting jurisdiction needs and developing the jurisdiction's capacity. It also showed the combination of direct and indirect T/TA and the work done collaboratively by jurisdictions and providers.

This kind of detailed documentation of T/TA service delivery under a work plan can enable providers and evaluators to use data to understand the process and steps of T/TA engagement and execution in more depth, especially the challenges and lessons learned from specific service delivery. With a preprogrammed-reports function in the tracking system, the narratives of activities can be generated in a few minutes, which allows “real-time” monitoring of services and timely service improvement if needed, as well as records of full sequences of T/TA that can be generated at the end of the service delivery and examined for lessons learned for the delivery of future T/TA. Specific examples could also be used as mini-case studies in training T/TA providers. Table 2 provides an example of this kind of T/TA documentation.

TABLE 2
Analysis of T/TA Service Record Logs

State 'A' Child Welfare Agency and County Safety Assessment and Management Through the Life of the Case
TA Request
<u>TA Requested by State:</u> State 'A' The state child welfare agency and the county have successfully collaborated to implement the front end (Intake Assessment and State Initial Assessment) of a comprehensive safety model. We now request TA to assist with various aspects of implementation that are directly related to fulfilling several federally approved Program Improvement Plan goals. TA will assist with implementation of the comprehensive safety model (throughout the life of the case), implementation of a rural pilot project for Team Meetings to occur within 72 hours of removal, and development and implementation of a practice model. This model will utilize and emphasize motivational interviewing skills and stages of change theory as a way to enhance parent engagement and guide the caseworker contacts with children and parents, as well as utilize evidence-based assessments to target caregiver protective capacities and behaviors deemed crucial to case plan development and reunification. Additionally, the state child welfare agency will request TA in auditing the fidelity of the Intake Assessment process in rural areas of the state for use in developing further intake training and field guides for rural staff. The Primary Strategy 1 of the current Program Improvement Plan is to “strengthen and reinforce safety practices throughout the life of the case.” Goal 1 of this strategy stipulates the continued development of the state safety assessment model to include assessment of children in out-of-home care and at specific milestones throughout the life of the case. A primary action step identified in the Program Improvement Plan is to request T/TA to develop policies and tools to transfer learning to support this effort.

Work Plan				
NRC: NRC 'X' Timeframe: June 2011 to September 2011 Description: Completing a study of rural State Intake/Screening will involve four NRC 'X' staff members and one administrative assistant to enter the data into Statistical Package for the Social Sciences software. Two state child welfare agency staff members will be present for quality control. Results of the study will be presented to the state child welfare agency and then at several locations to local community stakeholders.				
TA Activities				
Summary: Total direct hours of TA contact provided: 86.0 Total hours of direct TA effort: 102.0 Total hours of indirect TA effort: 172.0				
TA Activity	Date	Hours	Type	Description
No.1	6/6/2011	8	On-site Consultation	Conducted Implementation Team Meeting
No.2 –No.4	6/8 – 7/6/2011	124	Indirect Efforts	Conducted an Intake Study of 410 reports across four rural regions to determine the appropriateness of screening decision and assigned response time, as well as to examine the consistency of decision-making between regions. Held a meeting to present the report of the findings to the agency. Collected information regarding recent case review studies in State 'A', reviewed potential practice models, and prepared a report for the state to use for presentations throughout rural areas regarding the plans to implement a comprehensive safety model.
No.5	7/11/2011	8	On-site Dissemination of Information	
No.6	8/8/2011	24	On-site Facilitation	Participated in Intake Assessment training for rural child welfare agency staff and provided consultation on implementation plans for potential centralized intake in rural areas of the state.
No.7	8/18/2011	1	Teleconference — Consultation/problem solving/discussion	Teleconference with state child welfare agency staff regarding implementation of the Intake Assessment process within the rural region. Several staff members who attended the new Intake Assessment training were present on the call to discuss initial implementation of the Intake Assessment and to discuss further implementation needs and strategies.
No.9	8/22/2011	32	Indirect Efforts — Preparation, Data Analysis, and Report Preparation	Prepared final presentation product for a series of 10 child welfare and community stakeholder meetings throughout rural areas of the state.
No.10	8/25/2011	1	Teleconference — Consultation/problem-solving/discussion	Teleconference with Rural Implementation Team to review recent intake training and implementation of Intake Assessment. Discussed strategies for implementation efforts post-training, and further implementation calls were planned following the additionally scheduled training.
No.11	9/6/2011	4	Off-site Facilitation	Facilitated a community child welfare stakeholder meeting in one location with approximately 15 representatives from the community and the state child welfare agency regarding the state plan to implement a comprehensive safety model in rural areas.
No.12	9/16/2011	4	Consultation Preparation	Preparation and revision of materials for the next set of rural stakeholder meetings. Revisions to the presentation were made based upon the first meeting.
No.13	9/19/2011	16	Off-site Facilitation	Facilitated community stakeholder meetings in five locations. Presented the state plan to implement a comprehensive safety assessment model.
No.14	9/26/2011	8	Off-site Dissemination of Information	Facilitated child welfare community stakeholder meetings in four additional locations in the state. Presented information regarding the state plan to implement a comprehensive safety model throughout rural areas.

Discussion, Lessons Learned, and Conclusions

Using the tracking system to document and assess tailored services demonstrates the value of collecting such information and chronicles some of the challenges involved. Although the specific examples used came from a national system, they illustrate the kinds of data that could be collected about T/TA services provided to counties or other units, and could be provided by a state or other sources.

New ways of operationalizing T/TA. The way tailored T/TA was operationalized and tracked in the CB system allowed evaluators to provide new descriptions and understanding of the T/TA delivery process. Managers and evaluators were able to raise and answer new questions about T/TA delivery, and data visualization techniques made the information visually informative.

In-depth analyses of T/TA delivered under a specific work plan. The example of the data system “log” output shows how state training units or others can explore the details of particular T/TA efforts. These kinds of in-depth examples can be used to improve services and to train providers in effective T/TA practices and approaches.

Data entry burden. Recording detailed information about tailored services placed considerable data entry burden on providers. In addition, for the system used, extensive quality assurance activities added to this burden. Although data entry demands will be substantial for other systems that capture similar amounts of detail, data entry may be made easier by several approaches, including simplifying the data to be recorded and using tablets or smart phones to record information.

Linking output data with outcomes. The system collected data on outputs (e.g., dosage and characteristics of T/TA) that advanced the ability to describe and understand T/TA. Future data collection systems can do more to link process data to outcomes of T/TA, allowing more in-depth analyses of “what works, for what groups, and under what circumstances” in order to determine how T/TA resources may be best deployed to achieve the desired goals.

Conclusions. Overall, the tracking system, the data it collected, and the analyses that were conducted all demonstrated the benefits and the contributions of operationalizing and collecting data on services for current and future evaluations, enhanced the management of T/TA delivery, and can potentially contribute to the training of T/TA providers and users in other contexts. The Children’s Bureau continues to use data from the tracking system to inform its service delivery and the design of new T/TA service structure.

References

- Beale, B., & Luster, J. N. (2009). *A framework for collaborative partnership in providing intensive technical assistance*. Montgomery, AL: Southeast Regional Resource Center (SERRC) and Data Accountability Center (DAC). Accessed Sep 28, 2015; available at: http://www.researchgate.net/publication/268356263_A_FRAMEWORK_FOR_COLLABORATIVE_PARTNERSHIP_IN_PROVIDING_INTENSIVE_TECHNICAL_ASSISTANCE
- Blase, K. A. (2009). Technical assistance to promote service and systems change. *Roadmap to Effective Intervention Practices #4*. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children. Accessed Sep 28, 2015; available at: http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_4.pdf
- Chinman, M., Hannah, G., Wandersman, A., Ebener, P., Hunter, S.B., Imm, P., & Shelton, J. (2005). Developing a community science research agenda for building community capacity for effective preventive interventions. *American Journal of Community Psychology*, 35(3-4): 143-157.
- Collins, M. E., Amodeo, M., & Clay, C. M. (2007). *National evaluation of child welfare training grants. Case study report of independent living training projects*. Boston, MA: Boston University School of Social Work. Accessed Sep 28, 2015; available at: http://www.bu.edu/ssw/files/pdf/BUSSW_CSReport11.pdf
- Curry, D., Barbee, A. P., Donnenwirth, J., & Lawler, M. J. (2013). Transfer of learning in human services. [Special Issue by same Editors.] *Training and Development in Human Services*, 7, 5-19.
- Feinberg, M. E., Ridenour, T. A., & Greenberg, M. T. (2008). The longitudinal effect of technical assistance dosage on the functioning of Communities That Care prevention boards in Pennsylvania. *The Journal of Primary Prevention*, 29(2), 145-165.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, the National Implementation Research Network (FMHI Publication #231). <http://nirn.fmhi.usf.edu>.
- Harsh, S. (2013). Capacity Building Series: Effective Capacity-Building Technical Assistance Through Strategy Selection. ICF International. Accessed Sep 28, 2015; available at: <http://www.icfi.com/insights/white-papers/2013/capacity-building-effective-capacity-building-technical-assistance-through-strategy-selection>
- Hunter, S. B., Chinman, M., Ebener, P., Imm, P., Wandersman, A., & Ryan, G. (2009). Technical assistance as a prevention capacity-building tool: A demonstration using the Getting To Outcomes framework. *Health Education and Behavior*, 36(5), 810-828.
- Kahn, L., Hurth, J., Kasprzak, C. M., Diefendorf, M. J., Goode, S. E., & Ringwalt, S. S. (2009). The National Early Childhood Technical Assistance Center model for long-term systems change. *Topics in Early Childhood Special Education*, 29(1), 24-39.
- Mitchell, R. E., Florin, P., & Stevenson, J. F. (2002). Supporting community-based prevention and health promotion initiatives: Developing effective technical assistance systems. *Health Education & Behavior*, 29(5), 620-640.
- National Child Welfare Resource Center for Organizational Improvement. (2007.) How agencies can strengthen supervision. *Child Welfare Matters*, Fall 2007, 5. Accessed Sep 28, 2015; available at: <http://www.nrcoi.org/rcpdfs/cwmatters6.pdf>
- Spadaro, A., Grunbaum, J., Wright, D., Green, D., Simoes, E., Dawkins, N., & Rubel, S. (2011). Training and technical assistance to enhance capacity building between prevention research centers and their partners. *Prevention of Chronic Disease*, 8(3), A65.
- Wandersman, A., Chien, V. H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50(3-4), 445-460.

KEY FINDINGS OF A CROSS-SITE EVALUATION OF THE CHILDREN'S BUREAU TRAINING AND TECHNICAL ASSISTANCE NETWORK AND METHODOLOGICAL ISSUES FACED

Anita P. Barbee, MSSW, Ph.D.

James Bell Associates, Inc. and
Kent School of Social Work, University of Louisville

Joanna DeWolfe, M. A., James DeSantis, Ph.D., Pirkko Ahonen, Ph.D.
James Bell Associates, Inc.⁶

Abstract

Millions of federal dollars are spent annually on national resource centers for the purpose of building the capacity of professionals, agencies, states, and tribes in educational, health, and social services fields, yet there exists very little documentation of how such technical assistance is delivered or the impact of the work on short-term or long-term outcomes. This paper examines whether or not a group of providers in the Children's Bureau Training and Technical Assistance (T/TA) Network were able to engage state and tribal stakeholders in the T/TA process with high quality, and in such a way as to facilitate both capacity building and systems change for the benefit of organizational health and client outcomes. In addition, implications of the types of methods utilized for this evaluation effort were explored and recommendations are made for other evaluators seeking to document the implementation and impact evaluations of T/TA efforts at the national, state, county, and local levels.

Keywords: capacity building, systems change, long term impact of training and technical assistance

Introduction

Many federal agencies fund regional or national resource centers, such as the Health Resources and Services Administration's AIDS Education and Training Center (AETC), which supports 10 regional AETCs; the U.S. Department of Education's National Early Childhood Technical Assistance Center; the Bureau of Justice Assistance National Training and Technical Assistance Center (U.S. Department of Justice); the National Resource Center on Justice Involved Women; and the National Resource Center on Domestic Violence (Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services). The purpose of these centers is to provide training and technical assistance (T/TA) and capacity-building support to professionals and agencies at the state, county, or local levels (Spadaro et al., 2011). Very little research has been published on the evaluations of the strategies utilized by these types of centers, or the impact of these centers on desired outcomes, despite the fact that millions of dollars are spent to support such efforts (LaFond & Brown, 2003; Compassion Capital Fund National Resource Center, 2010).

Despite the amount of time and funds that these resource centers spend delivering services to professionals and to state and local agencies, there is only one global description of a study assessing the impact of such a center on the agencies and professionals they were established to assist could be located. The study was included in a report and paper (Kahn et al., 2009a; Kahn et al., 2009b) focused on the outcomes of the National Early Childhood Technical Assistance Center at the Frank Porter Graham Child Development Institute (University of North Carolina at Chapel Hill). The report asserted that in nine completed plans, 100% of state systems were improved, 67% of local system infrastructures and service provider practices were improved, and 44% of the families involved perceived that child outcomes had improved. Unfortunately, the methods, measures, and statistical analyses on specific aspects of improvement at these various levels were not included in the report, so the results are of limited utility to those seeking to provide or evaluate provision of T/TA to jurisdictions.

The Children's Bureau (CB) is one such federal agency that has utilized the NRC mechanism for supporting work in the field (Barbee, 2013) (see paper two in this Special Issue). Since the 1970s, the CB has built and refined a dynamic training and technical assistance (T/TA) infrastructure (hereafter referred to as the "T/TA Network") that provides support to jurisdictions through continual innovation in response to the changing needs of child welfare agencies and courts. Knowledge development and transfer, leadership development, information management, dissemination of effective and promising practices, and capacity building are all key objectives of the T/TA Network.

An evaluation from 2004 to 2009 (Barbee & Cunningham, 2009) found that some child welfare agencies required enhanced levels of T/TA to successfully implement complex and widespread systems change. While child welfare agencies and courts were striving to institutionalize new evidence-informed practices, they often lacked the resources for or knowledge to undertake effective implementation. In general, the T/TA Network was not structured to provide the proactive, intensive, long-term T/TA necessary for promoting and sustaining systemic changes in child welfare systems. With the aim of enhancing child welfare systems change efforts, beginning in 2008, the CB funded five Child Welfare Implementation Centers (ICs) to complement the topic-based T/TA provided by its ten National Child Welfare Resource Centers (NRCs). The work of the ICs is described in detail in paper five in this Special Issue.

⁶ This article was based on the larger report developed by James Bell Associates and ICF International under Contract No. HHSP23320082915YC, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The content of this report does not necessarily reflect the official views of the Children's Bureau. Questions about the study may be directed to Brian J. Deakins, Federal Project Officer, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, at brian.deakins@acf.hhs.gov.

Portions of this paper were presented at a conference cited as such: DeSantis, J., Barbee, A. P., & Griffith, J. (2015). *Triangulation of Data as a Method of Discerning Outcomes from a Cross-Site Evaluation Effort*. Proceedings of the 18th Annual National Human Services Training Evaluation Symposium: Salt Lake City, Utah.

The cross-site evaluation of the newly formed ICs and the 10 NRCs —performed by James Bell Associates and ICF International and conducted between Fiscal Year (FY) 2009 and FY 2014—built and expanded on the previous evaluation by Barbee & Cunningham (2009). The third paper in this Special Issue describes findings resulting from evaluation data extracted from the web-based T/TA tracking system regarding the amount, type, and characteristics of direct contact that NRCs and ICs provided to jurisdictions as well as how T/TA needs were determined. The sixth paper in this Special Issue describes factors that facilitated and served as barriers to effective delivery of T/TA. This paper focuses on the methodology utilized, findings about satisfaction with engagement by T/TA providers and perceived T/TA quality, and child welfare director reports about how capacity was built and systems were changed as a result of the T/TA efforts by the CB T/TA Network members. Lessons learned about the value of various methodologies in extracting useful information for continuous quality improvement and efficacy purposes are also discussed.

Theoretical Frameworks and Research Findings Guiding the Evaluation

Successful T/TA delivery should occur at the intersection of three theoretical frameworks: adult learning, implementation and systems change, and capacity building. Adult learning theory, developed by Malcolm Knowles, explains ways adults learn differently from children. Successful adult learning recognizes that adults are internally motivated, self-directed, and goal- and relevancy-oriented, and they also bring unique life experiences to learning and value respect (Knowles, 1950, 1970 [1980]; Cross, 1981). Thus, effective T/TA providers will work closely together with leaders and partners in child welfare agencies and the courts in order to achieve engagement in the process of change that is necessary to positively reach the desired outcomes.

Implementation and systems change approaches largely stem from the theoretical perspective of Kurt Lewin (1951), who found that organizational change happens in three stages (unfreezing, transitioning, and refreezing) through the dynamic process of push and pull between driving and restraining forces seeking organizational equilibrium. Preconditions for change include vision (Covey, 1990), leadership (e.g., Collins, 2001; Kotter, 1996; Quinn, 1988), having an open organizational culture (Schein, 2001), employee motivation, use of participatory approaches, duration of the project, time between formal reviews of milestones (Kotter, 1996), ability of the team to successfully complete the change project on time, backing from the most influential leaders and managers, support from employees who are being influenced by the change (Kelman, 2005), and amount of work the change initiative requires above the regular workload of employees (Sirkin, Keenan, & Jackson, 2005).

Recent scholars have built on Lewin's original work by delineating both the preconditions for change, the steps in the change process that lead to success (Kotter, 1996; Schein, 2002; Kelman, 2005), and the mechanisms that enhance the stability of change (Senge, 1994), including readiness to change (Prochaska & DiClemente, 1983). An implication for the T/TA providers is that they must not only engage in organizational change processes with child welfare agencies and courts, but must also build the general capacity in areas that have preconditions for successful change (i.e., leadership, infrastructure, organizational culture, and climate).

This general capacity building must also be accompanied by innovation-specific capacity building so that jurisdictions can install and implement new policies, practices, or programs hypothesized to lead to improved outcomes. In order for a new policy, practice, or program to be executed with fidelity so as to achieve the desired outcomes, supports in the form of tools, training, technical assistance, and feedback must be offered and accepted (Wandersman, Chien, & Katz, 2012). Implementation science frameworks, such as Interactive Systems Framework (Wandersman et al., 2008) and Getting To Outcomes (Wandersman, Imm, Chinman, & Kaftarian, 2000), emphasize the importance of helping to ready jurisdictions for change and to clearly define the problem, develop a change theory with short- and long-term outcomes, identify appropriate interventions, build capacity to support implementation, and collect and analyze data at every step to inform implementation. Research utilizing both quasi-experimental designs and randomized controlled trials has shown that incorporating these implementation steps with a heavy emphasis on capacity building into practice and program change efforts leads to desired outcomes (Chinman, Tremain, Imm, & Wandersman, 2009; Chinman et al., 2008, 2012, 2013).

Thus, in this paper an effort was made to determine if there is evidence of 1) positive relationships between T/TA providers and the leaders and staff with whom they worked, 2) the perceived quality by leaders and staff of the T/TA that was provided, 3) perceived impact of the T/TA on capacity and systems changes, and 4) linkages between NRC and IC services and actual capacity built or systems changed (e.g., outcomes).

Method

Evaluation Design. A mixed-method, longitudinal design was utilized that drew on multiple data collection strategies to capture both quantitative and qualitative information. The evaluation team collected some data, while other data were provided by the T/TA centers and their local evaluators.

Detailed here are the major methods utilized as part of the larger evaluation that help to answer the research objectives noted above. The larger evaluation study also included a web-based T/TA tracking system, which is described in detail in paper three of this Special Issue. Furthermore, descriptions of the methodology and select results from the interviews and focus groups with IC and NRC directors as well as federal and regional staff are included in the sixth paper (facilitators and barriers to T/TA) within this Special Issue.

Surveys with Child Welfare Agency Directors. Nonprobability sampling strategies were used, and two samples were drawn by members of the cross-site evaluation team. A census sample of child welfare directors (or their designees) from all 50 states, the District of Columbia, and Puerto Rico comprised the first sample. A purposive sample of 22 child welfare or social service directors was also selected from among the 148 tribes and three territories (American Samoa, Guam, and the U.S. Virgin Islands) that received title IV-B funding and were eligible to receive T/TA from the ICs or NRCs. Telephone interviews with child welfare directors were conducted at 18-month intervals in three waves between fall 2010 and summer 2013. A total of 74 interviews with child welfare directors from states, tribes, and territories resulted from the three survey administrations. Across the three administrations, the response rate was 91% for states and 49% for tribes and territories, resulting in an overall response rate of 79%. The surveys of child welfare directors captured their perceptions and perspectives about service utilization and the contributions of T/TA to specific organizational and systems changes and capacity-building efforts.

Interview questions relevant to analyses for this paper included the following:

1. Questions regarding positive relationships developed between T/TA providers and recipients (e.g., leaders and staff) in the jurisdictions served, such as a) On a 1 (not at all) to 5 (very much) scale, how satisfied/comfortable are you with i) the level of accessibility of the T/TA providers, ii) the frequency of communication, and iii) disclosing areas of concerns or weaknesses of your State/Tribe? b) When working with the T/TA provider, do

- you feel the state/tribe plays an active part in decision-making? c) On the same 1 to 5 scale, how satisfied have you been with i) the level of follow-through and ii) your relationship with the T/TA provider?
2. Questions regarding perceived quality of T/TA providers, such as a) In reflecting on the T/TA that your state/tribe received from the CB T/TA Network in the past year, did the T/TA provided reflect an understanding of the state/tribe's child welfare system and how your system operates? b) Did the T/TA offer an array of solutions and allow the state/tribe to determine the most appropriate course of action? c) Did the T/TA address the issues for which the state/tribe sought T/TA?
 3. Questions regarding perceived impact of the T/TA on capacity and systems changes, such as a) What changes in your child welfare system have occurred over the last 3 years? b) What organizational and/or systems changes has the child welfare system been able to sustain? Why or why not? c) Have any improvements in outcomes for children and families been achieved as a result of these changes? If so, what are they? d) What factors helped or hindered the child welfare system's ability to achieve desired changes? [For this study, looking for spontaneous mentions of members of the T/TA Network.] e) Did T/TA provided by the NRCs or ICs contribute to the changes noted earlier? Explain how the IC or NRC T/TA contributed to the changes.

Web surveys of T/TA recipients. A stratified sample design was used every 6 months to draw the samples and collect data for the surveys of direct recipients in the state or tribe who received T/TA (e.g., the point persons from each jurisdiction who worked most closely with T/TA providers), with four strata defined by the cross of two dichotomous variables: type of provider (IC versus NRC) and mode of T/TA (onsite versus 'other'). Recipients in the samples were sent an e-mail (extracted from the web-based tracking system) and invited to click on a link that brought them to the survey instrument. Respondents completed the computer survey and saved it; then the survey was submitted electronically to the cross-site evaluation team.

Twice per year, distributed surveys were used to inquire about T/TA activities that occurred from October through December (Waves 1, 3, and 5) and April through June (Waves 2, 4, and 6) in FYs 2011 through 2013. Overall, surveys were distributed to 708 eligible T/TA recipients for Waves 1 through 6 combined; 267 surveys were returned, resulting in an overall response rate of 38%. A non-response analysis was conducted after the collection of data for Waves 1 and 2. No significant differences between respondents and non-respondents were found with respect to the intensity, type, or mode of T/TA contact. This analysis indicated that the sample was representative of the target population of recipients. There were a large number of questions included in this survey, but questions that addressed the relationship with the T/TA providers and perceived quality of T/TA are the focus of this paper.

Case studies in five jurisdictions. Longitudinal case studies across a 3-year period of time were conducted with four states and a group of tribes. All the jurisdictions selected by cross-site evaluators as case study sites were engaged in a longitudinal systems change initiative that had the potential to be an exemplar of change, and all sites received T/TA from both ICs and NRCs. Case studies provided information on how jurisdictions used T/TA and why services may or may not have been useful in helping achieve their goals in the various change efforts in which they were engaged. Case studies involved multiple data collection activities over a 3-year period, including open-ended interviews with individuals, focus groups, or group interviews with child welfare agency staff, federal and regional CB staff, and T/TA providers. In addition, data collection for the site visits included direct observations of meetings as well as reviews of documentation and archival records. Two-person evaluation teams made 3- to 5-day site visits to each of the five participating jurisdictions in FYs 2011 and 2013. In FY 2012, cross-site evaluators conducted telephone interviews with key stakeholders in the jurisdictions. These data gave examples of how T/TA linked to capacity building and systems changes in the jurisdictions, and how contextual factors may have influenced the work.

NRC outcome reports. At the end of the grant period, local NRC evaluators submitted reports using a common template that outlined center-specific evaluation findings, which focused on the types of T/TA activities performed, the capacity building and systems change outcomes achieved, and the measures used to assess these outcomes. Measurement of outcomes varied by each NRC evaluator, but common measures included satisfaction, perceived and actual gains in knowledge, perceived and actual transfer of knowledge, and perceived and actual changes in staff behavior as well as organizational or client outcomes.

IC final project reports. As further described in paper five of this Special Issue, ICs engaged 24 jurisdictions in intensive, multi-year T/TA projects (referred to as implementation projects [IPs]) to foster changes in each participating child welfare agency's organization, culture, administration, and/or direct practice with children and families. At the end of each IP, IC evaluators submitted a final project report that provided an overview of the jurisdiction, the intervention implemented, and the project goals. The report summarized process and outcome evaluation findings, the capacity of the jurisdiction to implement interventions, the capacity building and systems change outcomes, and child and family outcomes, if applicable. Additional methods were utilized to better understand the implementation process used in projects. Both NRC and IC reports were sources of information about the perceived or actual impact of T/TA on outcomes.

Results

Positive Relationships between T/TA Providers and Recipients. Evaluators examined the relationships that developed between T/TA providers and the jurisdictions that received services through the web survey of T/TA recipients and the survey of child welfare directors. They explored both the nature and quality of the relationships as well as the way the relationships changed over time.

Levels of Director and Direct Recipient Satisfaction with T/TA. Based upon interviews with child welfare directors, states and tribes receiving services reported high levels of satisfaction regarding the nature and quality of relationships and interactions with providers. These high satisfaction levels applied to both NRCs (mean score across the six items for each of the 3 years was 4.43)⁷ and ICs (mean score across the six items for each of the 3 years was 4.52). The overall feeling of satisfaction with the relationships and interactions with providers was also evident from the results of the web survey of T/TA recipients, which included middle managers, supervisors, and others. Over 97% of recipients completing the web survey agreed or strongly agreed that they were satisfied with the relationship that had been developed with providers. The overall feeling of satisfaction with the relationships and interactions was found across all 3 years during which the data were collected, indicating that satisfaction with the provider-recipient relationship was consistent and stable. See Table 1 for all web-based direct recipient data noted in this section and subsequent sections.

Perceived Quality of T/TA

Quality related to the knowledge and expertise of consultants. During each administration of the survey of child welfare directors, the majority of

7 There were no significant differences between scores on the six items, no significant differences between scores by year, and no interaction effects. This same pattern of results held true for all satisfaction results for both NRCs and ICs. There were also no differences between scores for NRCs or ICs.

respondents viewed providers as prepared to work with their jurisdiction and had overall knowledge and understanding of how a particular child welfare system operated (see Table 2). There was a trend toward increased acknowledgment of provider preparedness over time. A commonly cited reason for consultant preparedness was a past history of work with the child welfare jurisdiction. These results were even stronger for direct recipients of the T/TA, as gleaned from the web-based survey (see Table 2).

TABLE 1

T/TA Recipients' Perceptions of Consultant's Capability When Receiving T/TA from the Lead Provider

		All Recipients		IC T/TA Recipients		NRC T/TA Recipients		On-site		Off-site	
		% (n)	%	% (n)	%	% (n)	%	% (n)	%	% (n)	%
The consultants were knowledgeable about the issue(s) being addressed.	Agree T1		32%		44%		25%		30%		35%
	S. Agree T1	98% (117)	66%	98% (48)	54%	98% (69)	73%	98% (69)	68%	98% (48)	63%
	Agree T2	99% (85)	26%	100% (30)	37%	98% (55)	20%	98% (55)	18%	100% (30)	40%
	S. Agree T2		73%		63%		78%		80%		60%
Effectively utilized the knowledge and expertise of our state or tribe.	Agree T1		42%		42%		43%		41%		46%
	S. Agree T1	95% (113)	53%	96% (48)	54%	95% (65)	52%	93% (69)	52%	100% (44)	55%
	Agree T2		30%		32%		29%		27%		37%
	S. Agree T2	100% (86)	70%	100% (31)	68%	100% (55)	71%	100% (56)	73%	100% (30)	63%
Were able to build a positive working relationship with our staff	Agree T1		34%		31%		35%		34%		33%
	S. Agree T1	97% (113)	63%	94% (48)	63%	98% (65)	63%	95% (67)	61%	98% (46)	65%
	Agree T2		27%		26%		28%		23%		36%
	S. Agree T2	98% (84)	71%	100% (31)	74%	53	70%	(99%) 56	75%	100% (28)	64%
Effectively facilitated conversations with our staff.	Agree T1		36%		41%		32%		33%		39%
	S. Agree T1	98% (112)	62%	98% (49)	57%	97% (63)	65%	95% (66)	62%	100% (46)	61%
	Agree T2		26%		32%		22%		20%		38%
	S. Agree T2	98% (85)	72%	100% (31)	68%	96% (54)	74%	97% (56)	77%	100% (29)	62%
Effectively facilitated the process and work necessary to address our need or problem.	Agree T1		38%		44%		35%		35%		44%
	S. Agree T1	94% (112)	56%	96% (46)	52%	94% (66)	59%	94% (66)	59%	96% (46)	52%
	Agree T2		30%		32%		29%		30%		30%
	S. Agree T2	99% (86)	69%	100% (31)	68%	98% (55)	69%	98% (56)	68%	100% (30)	70%
Were able to understand the state or tribes unique situation and tailor the T/TA to our needs.	Agree T1		32%		42%		24%		30%		36%
	S. Agree T1	93% (114)	61%	92% (48)	50%	92% (66)	68%	93% (70)	63%	95% (44)	59%
	Agree T2		29%		19%		35%		30%		27%
	S. Agree T2	96% (86)	67%	93% (31)	74%	99% (55)	64%	96% (56)	66%	97% (30)	70%

TABLE 1: CONTINUED

T/TA Recipients' Perceptions of Consultant's Capability When Receiving T/TA from the Lead Provider

		All Recipients		IC T/TA Recipients		NRC T/TA Recipients		On-site		Off-site	
		% (n)	%	% (n)	%	% (n)	%	% (n)	%	% (n)	%
Overall, the consultants were effective.	Agree T1	95% (116)	29%	96% (49)	38%	94% (67)	22%	95% (70)	26%	98% (46)	35%
	S. Agree T1		66%		58%		72%		69%		63%
	Agree T2	99% (86)	28%	100% (31)	29%	98% (55)	27%	98% (56)	27%	100% (30)	30%
	S. Agree T2		71%		71%		71%		71%		70%

TABLE 2

Preparedness of T/TA Consultants

Did the T/TA reflect an understanding of your child welfare system and how it operates?	All respondents+			States			Tribes		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
	N=48 % (N)	N=52 % (N)	N=51 % (N)	N=41 % (N)	N=49 % (N)	N=49 % (N)	N=7 N	N=3 N	N=2 N
Yes	65 (31)	79 (41)	80 (41)	71 (29)	80 (39)	82 (40)	2	2	1
No	6 (3)	8 (4)	6 (3)	7 (3)	6 (3)	4 (2)	-	1	1
*Other	29 (14)	14 (7)	14 (7)	22 (9)	14 (7)	14 (7)	5	-	-

Note. *Responses were classified as 'Other' if respondents reported varying experiences with T/TA consultant preparedness that could not be simply categorized as positive (yes) or negative (no).

+Wave 1: Of the 57 respondents, 7 (3 States and 4 Tribes) did not receive T/TA, and therefore did not answer this question. In addition, data were missing for two State respondents. Wave 2: Of the 59 respondents, 6 Tribes did not receive T/TA from ICs or NRCs, and therefore did not answer this question. In addition, data were missing for one Tribal respondent. Wave 3: Of the 60 respondents, 7 Tribes did not receive T/TA from ICs or NRCs, and therefore did not answer this question. In addition, data were missing for two State respondents.

Quality related to the relevance of T/TA. Child welfare directors tended to view T/TA as solution-focused, with the majority agreeing T/TA offered a range of solutions from which their jurisdiction could decide on the most appropriate course of action (see Table 3), and this opinion increased over time. By the final survey administration, 90% of all respondents and 92% of states perceived T/TA as "having offered an array of solutions and allowed the jurisdiction to choose the most appropriate actions." One state child welfare director said, "[Providers] are very capable, educated, and very respectful about not presenting us with solutions, but delivering options."

TABLE 3

Solution-Focused T/TA

Did the T/TA offer an array of solutions and allow the state/tribe to choose the most appropriate action?	All respondents+			States			Tribes		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
	N=49 % (N)	N=52 % (N)	N=51 % (N)	N=42 % (N)	N=49 % (N)	N=49 % (N)	N=7 N	N=3 N	N=2 N
Yes	67 (33)	65 (34)	90 (46)	71 (30)	65 (32)	92 (45)	3	2	1
No	6 (3)	10 (5)	4 (2)	5 (2)	10 (5)	4 (2)	1	-	-
Other	27 (13)	25 (13)	6 (3)	24 (10)	25 (12)	4 (2)	3	1	1

Note. Source: Survey with Child Welfare Agency Directors, Wave 1 (2010), Wave 2 (2012), and Wave 3 (2013).

*Wave 1: Of the 57 respondents, 7 (3 states and 4 tribes) did not receive T/TA, and therefore did not answer this question. In addition, data were missing for one State respondent. Wave 2: Of the 59 respondents, 6 Tribes did not receive T/TA from ICs or NRCs, and therefore did not answer this question. In addition, data were missing for one Tribal respondent. Wave 3: Of the 60 respondents, 7 Tribes did not receive T/TA from ICs or NRCs, and therefore did not answer this question. In addition, data were missing for two State respondents.

Quality related to the responsiveness and usefulness of T/TA. Child welfare directors reported that the services received had addressed the issues for which their agencies had requested T/TA. These directors also indicated that the services provided by NRCs or ICs had been useful, contributing to capacity building or systems changes within the child welfare systems. The extent of the contribution varied based on the particular area of change undertaken by

the state or tribe. As with other aspects of T/TA quality, director perceptions of quality related specifically to the usefulness of T/TA grew more positive over time (see Table 4). Again, direct recipients gave even more positive responses to these questions (see Table 1).

TABLE 4
Responsive T/TA

Did the T/TA address the issues for which the state/tribe sought T/TA?	All respondents+			States			Tribes		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
	N=45 % (N)	N=51 % (N)	N=51 % (N)	N=39 % (N)	N=48 % (N)	N=49 % (N)	N=6 N	N=3 N	N=2 N
Yes	89 (40)	84 (43)	96 (49)	90 (35)	83 (40)	96 (47)	5	3	2
No	-	4 (2)	4 (2)	-	4 (2)	4 (2)	-	-	-
*Other	11 (5)	12 (6)	-	10 (4)	13 (6)	-	1	-	-

Note. Source: Survey with Child Welfare Agency Directors, Wave 1 (2010) and Wave 2 (2012).

*Responses were classified as 'Other' if respondents reported varying experiences with T/TA consultants' preparedness that could not be simply categorized as positive (yes) or negative (no).

+Wave 1: Of the 57 respondents, 7 (3 States and 4 Tribes) did not receive T/TA, and therefore did not answer this question. In addition, data were missing for four States and one Tribal respondent. Wave 2: Of the 59 respondents, 6 Tribes did not receive T/TA from ICs or NRCs, and therefore did not answer this question. In addition, data were missing for one State and one Tribal respondent. Wave 3: Of the 60 respondents, 7 Tribes did not receive T/TA from ICs or NRCs and therefore did not answer this question. In addition, data were missing for two State respondents.

Quality in support of Implementation Projects (IPs). During 2012 and 2013, approximately one-third of the state and tribal child welfare directors who responded to the survey were involved with IPs supported by the IC in their region. These directors were asked about their participation in developing the project work plan, the work itself, pace of work, and stakeholder involvement in guiding the project. Overall, the states and tribes with IPs reported to be satisfied with their experiences and viewed the support of the IC positively (see Table 5).

TABLE 5
Quality of T/TA in Supports of IPs

	Ratings of 4 (a lot) or 5 (very much)		Total N*		Mean Rating	
	2012	2013	2012	2013	2012	2013
To what extent do you feel your jurisdiction's stakeholders were active participants – in developing the IP work plan (2012); in the IP (2013)?	78% (14)	89% (16)	18	18	4.3	4.4
To what extent did your jurisdiction have input into changes/adjustments to the scope of work of the IP?	81% (17)	94% (17)	21	18	4.6	4.8
To what extent do you feel the pace of IP work has been timely?	75% (15)	78% (14)	20	18	4.0	4.3
Overall, to what extent was an effort made to work with the stakeholders in guiding the course of the IP?	84% (16)	83% (15)	19	17	4.6	4.4

Note. Source: Survey with Child Welfare Agency Directors, wave 2 (2012) and wave 3 (2013).

*The total N for each item varies from 17 to 21 due to missing data. Overall, the data denote 22 respondents in 2012 and 20 respondents in 2013 that represented jurisdictions that had IPs.

Likewise, this positive experience was found in the five case studies of jurisdictions with IPs. Stakeholders in all five jurisdictions reported overall satisfaction with the quality of services received, including provider skills, knowledge, and the resources NRCs and ICs were able to provide. Stakeholders also viewed peer-learning opportunities facilitated by the NRCs and ICs as particularly valuable and useful to the jurisdictions. Provider flexibility, adaptability, and ability to tailor assistance to each jurisdiction's specific needs and circumstances appeared to be an important aspect of quality services.

Effective T/TA strategies. During the 2013 interviews with child welfare directors, when they and their staffs had several years of services to reflect upon, evaluators asked the directors about several indicators related to the success of their T/TA. "Which types of technical assistance or topical areas covered by the ICs and NRCs have been most [least] successful at meeting your state's or tribe's needs?" Child welfare directors answered the questions in different ways, with some identifying topic areas and others identifying modes of T/TA delivery or strategies. Overall, the topical area of T/TA that directors reported as most successful in meeting their agencies' needs related to safety models. Other successful topic areas included differential response, addressing unidentified perpetrators, parent partners, preservation services, concurrent planning, domestic violence, managing by data, family engagement, adoption support, and assistance with strategic planning. The most successful type of service delivery cited by child welfare directors was peer-supported T/TA when a provider was able to link the child welfare system with other child welfare systems that could provide useful information and successful examples from other jurisdictions.

Outcomes of T/TA

Capacity-building outcomes. The third set of questions posed to the child welfare directors regarded their views of the impact of T/TA on capacity building and systems change. Categories of outcomes were classified as either capacity-building initiatives or systems change initiatives and treated as mutually exclusive categories for the purpose of this analysis. The definition of capacity building that was developed by the evaluation team, and upon which the coding of qualitative data were based, was the following:

Capacity building refers to building an organization's skills, competencies, and infrastructures, such as use of data, building a training system or database, supervision, training of trainers, and generally doing what is necessary within the organizational structure to support practice and ensure the work gets done properly. These are activities that help States build organizational capacity to support their work with children and families.

Table 6 shows the results from the administration in fiscal year (FY) 2013 of the child welfare directors' survey, which was completed by 60 directors. Respondents reported the types of capacity-building changes that occurred in their state or tribe over the previous 3 years that had been sustained and the provider that contributed to the change. The areas of changes fell into three main categories: creating and maintaining data and technology systems, enhancing organizational supports, and building and managing relationships with partners.

TABLE 6
Sustained Capacity-Building Changes Reported by States (2010-2012)

Area of Change	Number of States Reporting Change	Providers Reported to Contribute to Change		
		NRC	IC	External*
Creating and Maintaining Data and Technology Systems				
Using or managing by data	13	●	●	●
Creating or refining the Statewide Automated Child Welfare Information System	10	●		●
Building databases and systems to support the Fostering Connections Act	6	●		●
Enhancing Organizational Supports				
Building leader and supervisor capacity	13	●	●	●
Creating a system or procedures for family finding	12	●		●
Creating or refining a quality assurance/continuous quality improvement process	11	●		●
Enhancing the training system	7	●		●
Addressing trauma and incorporating trauma-informed practice into work	5	●		●
Changing the service array	3	●		
Use of Child & Adolescent Needs and Strengths screening tool by staff	3			●
Building and Managing Relationships With Partners				
Building relationships with the courts and incorporating legal changes	8			●
Performance-based contracting, including emphasis on providers' use of evidence-based practices	8	●		●

Note. *External T/TA is that provided by an organization, agency, or consultant outside of the CB T/TA Network.

Overall, child welfare agency directors reported 105 sustained capacity-building changes. In other words, efforts to increase the skills of an agency's leadership or their use of data to manage the system benefited the organization over time in a significant number of jurisdictions. Child welfare directors cited the CB providers as contributing to 47% of these changes (i.e., in 49 instances, a specific IC or NRC was named) and cited other external T/TA providers (i.e., private organizations or consultants) as contributing to 33% of these changes. Collectively, agency directors cited both CB and external providers as contributing to 80% of the 105 changes.

Systems change outcomes. As noted above, evaluators treated the outcome categories for capacity-building initiatives and systems change initiatives as mutually exclusive.

Systems change refers to changing how an organization approaches its work and how it operates, such as adopting a new approach to meeting client needs, implementing a practice model across the child welfare system, incorporating centralized intake, working to deal with problems of disproportionality, and incorporation of safety and assessment tools into ongoing casework.

Systems change outcomes were measured for states as well as tribes. According to a practice brief by one of the ICs, "Child welfare systems face immense challenges to prevent abuse and neglect, reduce the number of children and youth being removed from their homes into foster care, ensure they are safely reunified or find a permanent place to call home. From prevention to permanency, many child welfare systems fall short of meeting these challenges ...A

more comprehensive approach is required to achieve and sustain change: one that both addresses systemic issues, as well as implementation of practice innovations.”⁸ The ICs engaged in long-term, in-depth consultation to support states and tribes undertaking systems changes.

As part of the 2013 telephone survey of child welfare directors, respondents were asked, “Did the T/TA provided by NRCs and/or ICs contribute to the organizational or systems changes made over the past 3 years in your child welfare system that have been sustained?” A majority (76 percent) replied affirmatively that the T/TA had helped them to achieve changes (see Table 7). Overall, child welfare agency directors reported 207 sustained systems changes during the 2013 telephone survey.

Child welfare directors cited T/TA as contributing to 80% of the 207 sustained systems changes reported in the last 3 years, 44% of which were attributed to CB providers. The changes made by states included how they addressed out-of-home care issues, particularly permanency (31 states), and how they addressed safety (27 states) and the adoption or creation of a practice model (25 states). These findings illustrate that T/TA was an important ingredient in the ability of child welfare systems to achieve their desired changes.

TABLE 7
Sustained Systems Changes Reported By States (2010-2012)

Area of Change	Number of States Reporting Change	Providers Reported to Contribute to Change		
		NRC	IC	External*
Addressing out-of-home care issues, particularly permanency	31	•	•	•
Addressing safety	27	•	•	•
Adopting or creating a practice model	25	•	•	•
Installing differential response	19	•	•	•
Permanency roundtables	18			•
Organizational restructuring	15	•	•	•
Focusing on family team meetings and family engagement practices	11	•		•
Focusing on youth in the system	9	•	•	•
Creating centralized intake	9	•	•	•
Enhancing in-home services	7	•	•	•
Installing a systems-of-care approach to practices	6	•		•
Legislative changes and changes driven by new statutes that influence new child welfare practices and/or services	6	•	•	•
Addressing education/well-being	5			•
Inclusion of fathers **	5			•
Addressing mental health and well-being***	3			
Implementing structured decision-making	3	•		•

Note. *External T/TA is that provided by an organization, agency, or consultant outside of the CB’s T/TA Network.

**The Quality Improvement Center for Non-Residential Fathers, another Network member, also provided some T/TA.

***Three States reported changes in addressing mental health/well-being, but did not cite specific providers.

T/TA and changes in tribal child welfare systems. Evaluators interviewed nine Tribal child welfare directors in 2013. Only three of the nine tribes interviewed received T/TA from the ICs or NRCs, yet all three reported that the T/TA had contributed to changes in their systems. Tribes reported sustained changes during the past 3 years in these areas:

- Implementing new data information systems (three tribes)
- Updating child welfare policies and procedures (two tribes)
- Reworking the tribal code to better reflect the tribe’s beliefs (one tribe)
- Expanding staff and services (one tribe)
- Implementing an intensive training system (one tribe)
- Licensing of more tribal foster homes and increased placement with relatives (one tribe)
- Addressing safety (one tribe)
- Implementing a new practice model (one tribe)
- Using family group decision-making (one tribe)

Impact of T/TA on outcomes based on analysis of NRC and IC evaluator reports. Many factors influence whether T/TA will be effective in making lasting changes in a state’s or tribe’s organizations and systems, making it difficult to isolate the impact of T/TA. Evaluators explored T/TA outcomes for NRCs and ICs, including outcomes in terms of capacity building and systems change.

8 Western and Pacific Child Welfare Implementation Center (2012). *A framework for implementing systems change in child welfare: A practice brief*.

Outcomes of NRC Services. Each NRC evaluator completed an outcome report, although there was variation in the way local evaluators completed the report. Most outcomes assessed were perceived outcomes, and no NRC evaluator conducted statistical analyses to determine if particular processes or outputs affected outcomes. Report results appear in the following paragraphs.

In terms of measuring short-term outcomes, six of nine NRCs with complete data measured perceived knowledge gained by jurisdictional recipients of training through webinars, roundtables, face-to-face training events, and tailored T/TA. All found positive results. Three of those NRCs measured actual knowledge gained through a test or utilizing specific questions about training content understanding. Another NRC assessed attitudes towards trainers and T/TA providers to gauge attitude change. In all four cases where actual knowledge and attitudes were measured, gains were found.

In terms of measuring intermediate outcomes, seven of nine NRCs included measures of perceived transfer of knowledge and skills gained through webinars, training events, and tailored T/TA. Again, all perceptions of transfer were positive, and two-thirds of the time when NRCs measured actual transfer of knowledge, results aligned with perceptions. Eight out of the nine NRCs measured perceived and/or actual types of capacity building. This was a critical outcome of NRC work, which was focused at the organizational level. Again, perceptions of capacity building were almost always positive, but actual evidence of capacity building was mostly absent. A little over half of the NRCs attempted to measure perceived targeted outcomes, usually qualitatively through interviews, and two NRCs linked changes in the systems to changes in organizational or client outcomes. Three NRCs provided detailed evidence that interventions positively impacted outcomes.

Outcomes of IC services. The fifth paper in this Special Issue reports the detailed outcomes of IC services. While improvements in child- and family-level outcomes were the ultimate goals for the IPs, the durations of the projects were not typically long enough for these outcomes to be assessed. However, during the survey of child welfare directors, nearly half of respondents (8 of 17 responding, or 47%) indicated that their projects had met or were close to meeting the objectives, but it was too early to know whether their desired outcomes had been achieved in the IP reports. During the project periods, however, many projects identified relevant measures, set up or enhanced data/evaluation systems, and built capacity, positioning the jurisdictions to track changes in child and family outcomes as they move forward. IC evaluators also used a common focus group guide to assess perceived changes in the capacity of jurisdictions to manage change initiatives (e.g., implementation capacity). Focus groups of key members from 19 IP teams most commonly reported the following implementation capacities/drivers as having been enhanced as part of the project or as having been particularly important to the implementation process: 1) leadership; 2) training and coaching; 3) shared values, vision, and mission; and 4) decision support data systems.

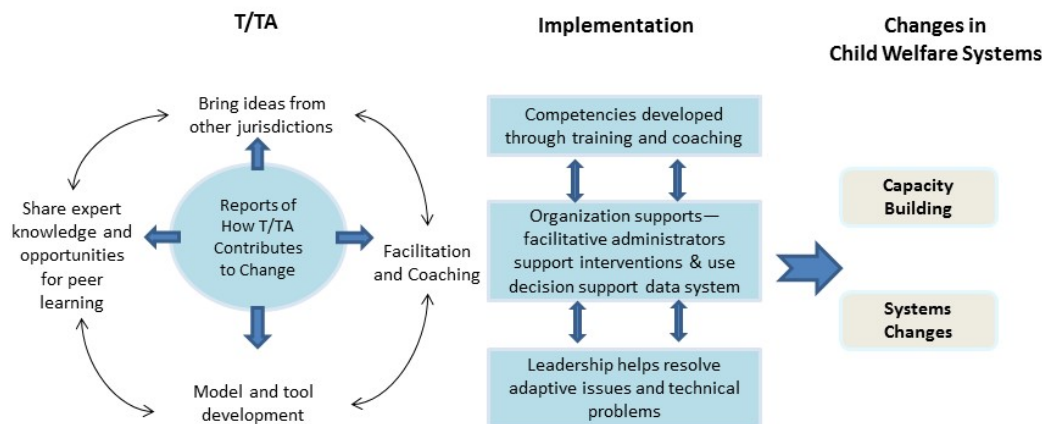
Discussion

The cross-site evaluation showed evidence of high levels of engagement of state and tribal staff in problem-solving and implementing new policies, practices, and programs in an attempt to build capacity, change the system, and improve outcomes. In addition, there was evidence that T/TA providers from the NRCs and ICs were perceived to be very knowledgeable, competent, and helpful in their work with the jurisdictions. Thus, several early steps of effective implementation were provided across the thousands of hours of T/TA provided to states, tribes and courts. These took the form of building relationships with key stakeholders, helping stakeholders think through problems facing their particular states and tribes, and supporting the installation of various interventions. In addition, evidence emerged that states and tribes achieved and sustained over 300 system-change and capacity-building initiatives over the 3-year period during this evaluation cycle. Furthermore, child welfare directors believed that the CB-supported T/TA contributed to the success of nearly half of those initiatives, leading to systems changes and the installation of new practices. Further evidence from local evaluations suggests that stakeholders gained knowledge and applied the skills acquired during NRC and IC T/TA capacity-building efforts.

How T/TA Contributed to Capacity Building and Systems Changes. Child welfare directors described the ways T/TA was provided that proved to be most useful to organizational and systems change. Their responses fell into four general categories: 1) model and tool development, 2) getting ideas from other states, 3) facilitation and coaching, and 4) sharing expert knowledge and opportunities for peer learning. These four areas support a general model for how T/TA was used by jurisdictions to make changes to their systems, as depicted graphic below (see Figure 1).

FIGURE 1

Model of How T/TA Contributed to Change in Jurisdictions



The model proposes that providers can support organizations in achieving capacity building and systems changes by employing a combination of services, including model and tool development, facilitation and coaching, expert knowledge, and peer learning. Successful implementation depends on an organization's application and installation of implementation drivers.⁹ By strategically leveraging T/TA strategies, providers can assist jurisdictions with understanding the interplay between key drivers and developing and enhancing these necessary competencies, skills, and organizational supports.

⁹ Mechanisms or processes can be leveraged to improve competencies and to create a more hospitable organizational and systems environment for evidence-based programs or practices or other innovations. (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Implications of this Evaluation for Future Evaluators of T/TA. The use of a mixed-method, longitudinal approach to evaluate the NRC and IC services as they developed and matured over the course of the study proved to be beneficial. Throughout the evaluation period, the combination of quantitative and qualitative data allowed evaluators to address complementary evaluation questions and provide in-depth analysis.

In addition to analyzing data from the T/TA tracking system (discussed in Special Issue paper three), the evaluation team collected data through telephone interviews with child welfare directors from all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and 16 tribes. The interviews provided information about perceptions of provider engagement, quality, and impact on helping jurisdictions create systems change and build capacity. The web survey of T/TA recipients validated the director impressions through informants who worked frequently with T/TA providers. The case studies gave more in-depth examples of how T/TA provision looked “on the ground,” and a glimpse at how contextual factors may impact implementation and outcome achievement.

Although cross-site and local evaluators were successful in their data collection efforts, they did encounter some challenges in developing common outcomes, indicators, and measures that could be used across the centers. Building upon the existing literature in capacity building from community development and public health (Chinman et al., 2005; Collins, Phields, & Duncan, 2007; Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008; Potter & Brough, 2004), the local NRC evaluators, facilitated by the cross-site team, did make considerable progress over the course of the evaluation in identifying the dimensions of jurisdictions’ capacity levels that were expected to improve as a result of T/TA they provided. These areas included leadership, resources, organizational infrastructure, functioning and operations, social and interagency networks, awareness, attitudes, knowledge and abilities, critical reflection and evaluation, and collective identity and connectedness.

In addition to challenges in identifying common outcomes and measures of T/TA, the evaluation and its findings were limited by a reliance on data based upon perceptions as well as the relatively short duration of the evaluation in relation to change initiatives that might require significantly longer periods of time to yield the desired outcomes. All of these issues are discussed in greater detail below.

Measuring Perceptions of T/TA Quality and Change. Evaluators spent a significant amount of time and effort measuring child welfare director and T/TA recipient opinions regarding the quality of services. In addition, the evaluation relied on stakeholder perceptions of whether T/TA achieved desired capacity building and systems change outcomes. For example, the evaluation team asked child welfare directors if the tailored services they received contributed to the jurisdictions’ ability to achieve change. Similarly, many of the local NRC and IC evaluators used measures of perceived changes in attitudes or knowledge to gauge the impact of the T/TA provided by the centers. While measures of quality and perceptions of change are important data points, evaluations of T/TA should begin to use more rigorous and objective measures of whether T/TA achieved its intended outcomes. This will require well-defined T/TA practices and strategies and a clear articulation of the short-, intermediate, and long-term outcomes of T/TA. It also will require the development of appropriate measures that are reliable and valid, as evidenced by the challenges that several local evaluators faced in assessing the outcomes achieved by IPs.

The logic model is an evaluation tool that can help identify intended outcomes. An evaluator typically develops a logic model at the beginning of an evaluation. The model articulates the inputs and outputs necessary for the intervention as well as the expected outcomes. For each outcome specified on the logic model, data indicators are identified that show whether change occurred. Logic models or their accompanying evaluation plans should include measurable data indicators that are expected to change or “move” as a result of the intervention.

By involving agency and program staff in the development of logic models, evaluators may be able to facilitate stronger evaluations of T/TA while also clarifying how agency interventions are expected to impact outcomes. Child welfare agencies are in the best position to assist evaluators with articulating interventions, specifying the potential outcomes and indicators of change, and identifying any mediating variables that may interfere with the achievement of outcomes. Using a logic model can help an agency to clearly state what it hopes to gain from T/TA and support the alignment of provider and agency expectations. Logic models that thoughtfully detail T/TA activities, outputs, and outcomes can also facilitate a greater understanding of the level of effort required by both the provider and agency to achieve their shared goals.

Duration of Evaluation. Major changes in organizational practice and operations are not usually quick events, but take several years. Long-term changes and their sustainability require long-term evaluation periods. In a number of cases, especially with IPs, local IC evaluators found that evaluation time periods did not extend long enough to properly assess whether desired outcomes, particularly at the child and family levels, were achieved. Furthermore, evaluations that strive to build knowledge for the field about whether jurisdictions are able to sustain the change effort and how T/TA may be used to support sustainability may require longer evaluation periods. Alternatively, evaluators may need to more carefully select the methods and measures they use, given the evaluation timeframe.

Recommendations for Evaluations of Large-Scale T/TA Services. Several recommendations arose from the cross-site evaluation of T/TA provision at the national level that other providers and evaluators may find helpful in their efforts.

Clearly define and operationalize the T/TA strategies that will be tested. Future evaluators and providers should attempt to clearly define and operationalize the T/TA approaches and strategies that will be used across providers. For example, consistent definitions and measures of approaches to coaching or facilitation would allow providers and evaluators to assess fidelity to common strategies and improve consistency across providers.

Clearly define intended outcomes of T/TA. Future evaluators should clearly define the outcomes that are expected to improve as a result of T/TA and use common measures or strategies to assess changes in capacity. As postulated by the evaluation team and local NRC evaluators, types of capacities that may change include leadership; organizational infrastructure, functioning, and operations; awareness, attitudes, knowledge, and abilities; resources; social and interagency networks; critical reflection and evaluation; and collective identity and connectedness.

Engage program administrators in development of the logic model. Future evaluators of T/TA efforts can engage agency and program administrators in articulating the components of the logic model and the outcomes and indicators that will be used in the evaluation of T/TA. Logic model discussions can also help ensure that providers and recipients have the same expectations about inputs, outputs, and the intended outcomes of T/TA.

Capitalize on opportunities to build evaluation capacity. T/TA is an opportunity to build the evaluation capacity of recipients, which may be considered a potential outcome of T/TA. Evaluators who engage and partner with providers early in the T/TA planning process may be able to help recipient organizations to establish the right mix of quantitative and qualitative measures to track the impact of an initiative or policy. Jurisdictions that set up well-planned evaluations will be better able to identify the connections between their child welfare interventions and outcomes for children and families.

Sound measures and evaluation of an organization's outcomes can support provider efforts to assess the effectiveness of their T/TA. Building the evaluation capacity of jurisdictions will also support their efforts to use data for decision-making and continuous improvement.

Move beyond measures of satisfaction and perceived impact. Build feasible timeframes into evaluations of sustainability. Longer timeframes for evaluations afford evaluators a better opportunity to assess long-term outcomes that are expected to result from implementation of an intervention. Future evaluators who intend to gather empirical evidence regarding achievement and sustainability of long-term outcomes should also carefully consider the feasibility of their measurement choices in light of evaluation timeframes.

Conclusions

This evaluation advances what is known about the delivery of T/TA to child welfare agencies, especially as they engage in systems and organizational change. The evaluation also introduces new strategies for measuring T/TA and its effectiveness. Lessons learned—such as the importance of organizational leadership, the duration and intensity of T/TA, and the ability of child welfare systems to sustain organizational change—are significant contributions to those studying T/TA.

This project demonstrates the CB's commitment to the evaluation of T/TA and to learning from those evaluation efforts to advance future practice. Many of the findings from this evaluation were incorporated into the new structure and delivery system of the CB's current Capacity Building Collaborative. As with all CB T/TA, this most recent effort was undertaken with the goal of improving safety, permanency, and well-being outcomes for children and families across the nation.

Although this multi-method evaluation involved T/TA for child welfare, some of the lessons learned can be transferred to other fields. Federal, state, county, and tribal program administrators, evaluators, and providers with other backgrounds may find relevant information about different methods of evaluating services.

Multiple data sources. Use of multiple data sources can create triangulation of data, which strengthens the confidence in the findings, especially when more rigorous methods are not possible, such as quasi-experimental designs or randomized control trials.

Measures of perception. Measures of perception should be included because they are a first step in identifying change, and help to build a chain of evidence from T/TA to transfer of learning in the field and performance measurement toward achievement of outcomes (Barbee, Antle, Ward, & Adkins, 2009; Curry, Barbee, Donnenwirth, & Lawler, 2013). However, perceptions alone are not sufficient. Measures that actually assess gains in knowledge and skill, actual behavior in the field, and the impact that the changes in behaviors have on specific outcomes should be included (e.g., Antle, Barbee, & van Zyl, 2008; Antle, Barbee, Sullivan, & Christensen, 2009; Barbee & Martin, 2013).

Measuring reinforcement of learning. While much progress has been made in evaluation of classroom or on-line training, less emphasis has been placed on measuring reinforcement of learning through coaching, mentoring, and other forms of T/TA. More attention should be given to operationalizing such interventions and assessing the efficacy of each type (i.e., coaching).

Utilization of implementation frameworks. At the state and local levels, utilize implementation frameworks, such as Getting To Outcomes (Wandersman et al., 2000) or the Active Implementation Frameworks (Fixsen et al., 2005) should be utilized. Getting To Outcomes has been proven to increase the success of implementing a new policy, practice, or program, as well as increase the impact on desired outcomes (Chinman et al., 2008, 2013). The National Implementation Research Network (NIRN) is based on results of other implementation science studies. There was an emphasis on the importance of using implementation science in this nationwide effort across 15 entities and most utilized all or parts of the NIRN model. But, none tested the impact of NIRN on helping interventions lead to capacity building or systems change. Jurisdictions can benefit from learning about and incorporating strategies included in implementation science models to support their change initiatives, and future efforts may want to study the impact of utilizing various implementation methods on desired outcomes.

Longitudinal evaluation designs. There should be evaluation of ongoing training and coaching efforts at the state, county, and local levels using longitudinal evaluation designs in order to make the linkages among interventions and performance in the field and eventual outcomes.

References

- Antle, B. F., Barbee, A. P., & van Zyl, M. A. (2008). A comprehensive model for child welfare training evaluation. *Children and Youth Services Review*, 30(9), 1063-1080.
- Antle, B. F., Barbee, A. P., Sullivan, D. J., & Christensen, D. (2009). The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. *Children and Youth Services Review*, 31(12), 1346-1351.
- Barbee, A. P. (2013). Dissemination and technical assistance: The evolution of resource and training centers. In A. Lieberman and K. Nelson (Eds.), *Women and children first: The contribution of the Children's Bureau to social work education*. Alexandria, VA: Council on Social Work Education.
- Barbee, A. P., Antle, B. F., Ward, H., & Adkins, J. (2009). Recommendations and suggested models for Colorado's Court Improvement Program training evaluation system. Report to the Colorado Supreme Court contracted through the Cutler Institute for Child and Family Policy, Edmund S. Muskie School of Public Service. Portland, ME: University of Southern Maine. Accessed September 24, 2015; available at: http://muskie.usm.maine.edu/helpkids/rcpdfs/FINAL_CO_CIP_TrainingEvaluationReport.pdf
- Barbee, A. P. & Martin, M. L. (2013). Skill-based training and transfer of learning (pages 183-204). In H. Cahalane (Ed.), *Contemporary Issues in Child Welfare Practice*. New York, NY: Springer.
- Barbee, A. P. & Cunningham, M. R. (2009). *Evaluation of the Children's Bureau training and technical assistance network: A final 5 year analysis* (2004-2009). Louisville, KY: Cunningham, Barbee & RoBen Associates, LLC.
- Children's Bureau. (2015). *Supporting change in child welfare: An evaluation of training and technical assistance*. Washington, D.C.: Author.
- Chinman, M., Hannah, G., Wandersman, A., Ebener, P., Hunter, S. B., Imm, P., & Sheldon, J. (2005). Developing a community science research agenda for building community capacity for effective preventive interventions. *American Journal of Community Psychology*, 35(3-4), 143-157.
- Chinman, M., Acosta, J., Ebener, P., Burkhart, Q., Malone, P. S., Paddock, S. M. ... Tellet-Royce, N. (2013). Intervening with practitioners to improve the quality of prevention: One-year findings from a randomized trial of Assets-Getting To Outcomes. *Journal of Primary Prevention*, 34, 173-191.

- Chinman, M., Acosta, J., Ebener, P., Burkhart, Q., Clifford, M., Corsello, M. ... Tellet-Royce, N. (2012). Establishing and evaluating the key functions of an interactive systems framework using an Assets-Getting To Outcomes intervention. *American Journal of Community Psychology*, 50, 295-310. To see the original article as published in the journal, click on this: <http://link.springer.com/article/10.1007%2Fs10464-012-9504-z#page-1>
- Chinman, M., Hunter, S. B., Ebener, P., Paddock, S. M., Stillman, L., Imm, P., & Wandersman, A. (2008). The Getting To Outcomes demonstration and evaluation: An illustration of the prevention support system. *American Journal of Community Psychology*, 41(3-4), 206-214.
- Chinman, M., Tremain, B., Imm, P., & Wandersman, A. (2009). Strengthening prevention performance using technology: A formative evaluation of interactive Getting To Outcomes. *American Journal of Orthopsychiatry* 79(4), 469-481.
- Collins, J. (2001). *Good to great*. New York, NY: HarperCollins Publishers.
- Collins, C., Phields, M. E., & Duncan, T. (2007). An agency capacity model to facilitate implementation of evidence-based behavioral interventions by community-based organizations. *Journal of Public Health Management and Practice*, 13(1), S16-S23.
- Compassion Capital Fund National Resource Center. (2010). *Identifying and promoting effective practices guidebook*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services (Contract No. HHSP23320082912YC). Accessed September 25, 2015; available at: http://archive.acf.hhs.gov/programs/ocs/ccf/ccf_resources/id_bestpractices.pdf
- Covey, S. R. (1990). *The seven habits of highly effective people*. New York, NY: Simon & Schuster.
- Cross, K. P. (1981). *Adults as learners. Increasing participation and facilitating learning*. San Francisco, CA: Jossey-Bass.
- Curry, D., Barbee, A. P., Donnenwirth, J., & Lawler, M. J. (2013). Transfer of learning in human services [Special Issue by same Editors]. *Training and Development in Human Services*, 7, 5-19.
- Dare Mighty Things, Inc. (2010). *Delivering training and technical assistance* (Intermediary Development Series). Washington, DC: Compassion Capital Fund National Resource Center, Administration for Children and Families, U.S. Department of Health and Human Services (Contract No. HHS-100-02-0020). Accessed September 25, 2015; available at: http://www.acf.hhs.gov/sites/default/files/ocs/delivering_tta.pdf
- Duralac, J. (2011). The importance of quality implementation for research, practice, and policy. ASPE Research Brief, February 2013, 16 pages. [HHS citation]
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). <http://nirn.fmhi.usf.edu/>
- Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. A. (2008) Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology*, 41(3-4), 182-196.
- Kahn, L., Hurth, J., Kasprzak, C. M., Diefendorf, M. J., Goode, S. E., & Ringwalt, S. S. (2009a). The National Early Childhood Technical Assistance Center model for long-term systems change. *Topics in Early Childhood Special Education*, 29(1), 24-39.
- Kahn, L., Hurth, J., Diefendorf, M., Kasprzak, C., Lucas, A., & Ringwalt, S. (2009b). *NECTAC technical assistance model for long-term systems change*. Chapel Hill, NC: The University of North Carolina, Frank Porter Graham Child Development Institute, National Early Childhood Technical Assistance Center. Accessed September 25, 2015; available at: <http://ectacenter.org/~pdfs/pubs/tamodel.pdf>
- Kelman, S. (2005). *Unleashing change: A study of organizational renewal in government*. Washington, DC: Brookings Institution.
- Knowles, M. S. (1950). *Informal adult education: A guide for administrators, leaders, and teachers*. New York, NY: Association Press.
- Knowles, M. S. (1970, 1980). *The modern practice of adult education. Andragogy versus pedagogy*. Englewood Cliffs: Prentice Hall/New York, NY: Cambridge.
- Kotter, J. P. (1996). *Leading change*. Boston, MA: Harvard Business School Press.
- LaFond, A., & Brown, L. (2003). A guide to monitoring and evaluation of capacity-building interventions in the health sector in developing countries. *MEASURE Evaluation Manual Series*, No. 7. Chapel Hill, NC: Carolina Population Center, University of North Carolina at Chapel Hill.
- Lewin, K. (1951). *Field theory in social science: Selected theoretical papers*. New York, NY: Harper & Row.
- Potter, C., & Brough, R. (2004). Systemic capacity building: A hierarchy of needs. *Health Policy and Planning*, 19(5), 336-345.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.
- Quinn, R. E. (1988). *Beyond rational management: Mastering the paradoxes and competing demands of high performance*. San Francisco, CA: Jossey-Bass.
- Schein, E. (2001). Organizational culture and leadership. In J. M. Shafritz & J. S. Ott (Eds.), *Classics of organization theory*. Fort Worth, TX: Harcourt College Publishers.
- Schein, E. (2002). Notes toward a better understanding of process. *OD Practitioner*, 34(2), 3-6.
- Senge, P. M. (1994). *The fifth discipline: The art and practice of the learning organization*. New York, NY: Doubleday.
- Sirkin, H. L., Keenan, P., & Jackson, A. (2005). The hard side of change management. *Harvard Business Review*, 83(10), 108-118.
- Spadaro, A. J., Grunbaum, J. A., Dawkins, N. U., Wright, D. S., Green, D., Rubel, S. K., & Simoes, E. J. (2011). Training and technical assistance to enhance capacity building between prevention research centers and their partners. *Preventing Chronic Disease*, 8(3), A65.
- Wandersman, A., Chien, V. H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50, 445-460.
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L. ... Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41(3-4), 171-181.
- Wandersman, A., Imm, P., Chinman, M., & Kaftarian, S. (2000). Getting To Outcomes: A results-based approach to accountability. *Evaluation and Program Planning*, 23(3), 389-395.

CHILDREN'S BUREAU TRAINING AND TECHNICAL ASSISTANCE: SYNTHESIS OF LESSONS LEARNED FROM CHILD WELFARE IMPLEMENTATION PROJECTS

Jill Sanclimenti
ICF International

Lizbeth E. Caceda-Castro, M.Ed.
James Bell Associates, Inc.¹⁰

Abstract

The implementation science field continues to grow with emergent theories, models, and frameworks to facilitate an understanding of the mechanisms that influence successful and unsuccessful implementation initiatives. However, literature on training and technical assistance (T/TA) guided by implementation science frameworks in child welfare is sparse. Knowledge generated from real-world implementation projects provides a valuable opportunity to reduce the knowledge gap regarding T/TA to facilitate change initiatives in child welfare. This article summarizes lessons learned through provision of T/TA from 5 Children's Bureau Child Welfare Implementation Centers to 24 jurisdictions. Implementation projects were designed to foster changes in child welfare agencies' organization, culture, administration, and practices, with the ultimate goal of improving the safety, permanency, and well-being of children and families. Focus groups with implementation teams provided insight into how T/TA helped build capacity for implementation. Lessons learned relate to the critical yet time-consuming nature of early implementation processes, the importance of leadership and buy-in at multiple levels, the necessity for clarity when defining roles, and the use of data and evaluation as tools to guide change.

Key Words: implementation science, training and technical assistance, child welfare

Introduction

The field of implementation science continues to grow with emergent theories, models, and frameworks as researchers aim to understand the underlying mechanisms that promote the uptake of evidence-based programs (EBPs) and promising strategies under real-world conditions (Nilsen, 2015). Research on the utility of implementation frameworks to advance the translation of EBPs and promising strategies into social services practice settings has been well documented (Durlak & DuPre, 2008; Wandersman et al., 2008). The critical role of training and technical assistance (T/TA) also has been an area of focus in the implementation literature—categorized as an important feature in the implementation of innovations (i.e., new policies, programs, and practices) that foster organizational and systems change (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008; Wandersman, Chien, & Katz, 2012). However, literature is less available on the application of implementation science and the ways in which T/TA support the implementation of new practices, policies, and programs in child welfare settings (Aarons, Hurlburt, & Horwitz, 2011; Barbee, Christensen, Antle, Wandersman, & Cahn, 2011; Kaye, DePanfilis, Bright, & Fisher, 2012).

With mounting interest from child welfare administrators, policymakers, and practitioners to implement EBPs and promising strategies to improve the safety, permanency, and well-being of children, youth, and families, the Children's Bureau has given increasing attention to the use of research-informed implementation frameworks. Over the past decade, CB has reaffirmed its interest in applying implementation science concepts in child welfare initiatives through demonstration projects, program improvement planning, leadership training, evaluations, and T/TA efforts (Deakins, Morgan, Nolan, & Shafer, 2011). To advance implementation activities and further build the field's knowledge base on child welfare implementation, CB has integrated T/TA and evaluation into grant initiatives (James Bell Associates, 2013), including the Improving Child Welfare Outcomes Through Systems of Care Demonstration Initiative (National Technical Assistance and Evaluation Center for Systems of Care, 2010) and the more recent Permanency Innovations Initiative (2014).

CB's creation of five regional Child Welfare Implementation Centers (ICs) in 2008 represented a significant step in advancing the application of implementation science in child welfare and the role of T/TA in systems change. The ICs were funded to provide in-depth tailored assistance to states and tribes to support implementation projects focused on achieving sustainable systems change. The ICs partnered with child welfare agencies on specific multiyear projects to implement new programs, policy changes, and other interventions aimed at improving the quality and effectiveness of child welfare services and, ultimately, achieving positive outcomes for children, youth, and families. This article provides an overview of the ICs' T/TA provision to jurisdictions to build capacity for implementation projects and summarizes key lessons related to implementation. Findings are drawn from a synthesis and qualitative analysis of findings from IC implementation project final reports as part of a longitudinal cross-site evaluation.

Overview of the ICs, Implementation Projects, and IC T/TA

Between 2009 and 2013, the 5 ICs—the Northeast and Caribbean Implementation Center, Atlantic Coast Child Welfare Implementation Center, the Midwest Child Welfare Implementation Center, Mountains and Plains Child Welfare Implementation Center, and Western and Pacific Child Welfare Implementation Center—supported 24 jurisdictions (18 state child welfare agencies, 1 large county agency, and 5 tribes or tribal consortia) to carry out implementation

¹⁰ This article was based on the larger report developed by James Bell Associates and ICF International under Contract No. HHSP23320082915YC, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The content of this report does not necessarily reflect the official views of the Children's Bureau. Questions about the study may be directed to Brian J. Deakins, Federal Project Officer, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, at brian.deakins@acf.hhs.gov.

projects. Following a formal application and approval process, each IC supported three to seven jurisdictions in its regions to participate in implementation projects aimed at fostering changes in state, county, and tribal child welfare system organizations, culture, administration, interagency relationships, and direct practices with children and families. The implementation projects were designed to address a wide range of pressing organizational and systems issues in child welfare across the nation by developing casework practice models; promoting data-driven decision-making and quality assurance/improvement systems; enhancing tribal child welfare practices and culturally appropriate services to American Indian and Alaska Native children and families; building supervisory and workforce capacity; engaging stakeholders; and improving safety, risk assessment, and intake procedures and capacity. Table 1 describes the implementation projects' focus areas as primary or secondary and the number of jurisdictions with implementation projects by focus area, as categorized by the cross-site evaluation team. While many projects were very broad in terms of implementation across a full continuum of child welfare service areas and geographic scope (e.g., statewide), others were narrower, focusing on a single service area or a pilot site.

TABLE 1
Focus Areas and Number of Implementation Projects by Focus Area

Focus Area	Number of Implementation Projects	
	Primary Focus in this Area	Secondary Focus in this Area
Practice models	7	7
Tribal child welfare practices/culturally appropriate services to American Indian and Alaska Native children and families	6	0
Data, quality assurance, technology, and technical assistance systems	5	8
Supervisory and workforce capacity	4	3
Stakeholder engagement	2	10
Safety, risk assessment, and intake procedures	0	7

The IC staff provided T/TA to jurisdictions within their assigned regions throughout the duration of their implementation projects, which lasted between 2 to 4 years. Most jurisdictions received more than 600 hours of direct contact with some receiving over 1,700 hours of tailored T/TA services (CB, 2015). IC services included consultation and problem solving, facilitation of discussions on key issues, training and coaching, product and tool development, and peer-to-peer learning. ICs supported jurisdictions over the full course of their projects—from planning activities (i.e., conducting needs and readiness assessments) to developing strategic plans, building implementation capacity, and selecting and implementing interventions, through designing sustainability plans. The T/TA provided by the ICs incorporated concepts that were guided by well-established implementation frameworks, including the National Implementation Research Network (NIRN) framework (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005) and adaptive leadership (Heifetz, Linsky, & Grashow, 2009). Use of conceptual frameworks, such as the NIRN implementation drivers framework, helped ICs assist jurisdictions to focus on key aspects of their organizations—including building the competency of their workforce, addressing organizational and infrastructure needs, promoting leadership, and building performance assessment—and to identify specific activities needed to foster large-scale systems change in complex child welfare systems (Kaye, DePanfilis, Bright, & Fisher, 2012).

The ICs also assessed the jurisdictions' readiness to accept T/TA to implement a new program or process as well as their organizational readiness for change. Studies suggest that effective implementation requires "addressing a number of important contextual factors" in a given service system, including the attitudes and behaviors of the members of that system (Proctor et al., 2011). For this initiative, jurisdictions typically were formally assessed through review processes, which incorporated focus groups, structured interviews, environmental scans, and/or organizational readiness instruments.

Overview of IC Implementation Project Evaluations

In order to receive T/TA, CB required that each jurisdiction participate in an independent evaluation. Each jurisdiction partnered with an IC evaluator to assess the change process and outcomes of its implementation project. Working together, evaluators and jurisdictions identified project objectives, developed logic models, monitored implementation, and assessed outcomes. Evaluation findings were used to monitor and inform the ongoing change processes. In general, these evaluations addressed three primary aspects of the change effort, namely implementation capacity, intervention adoption and fidelity, and system and organizational outcomes.

Implementation capacity. To assess implementation capacity, IC evaluators collaborated to develop two common implementation measures guided by the NIRN implementation framework (Fixsen et al., 2005). These measures (described further below) were used to better understand implementation processes, assess changes in capacity and identify organizational and system factors that facilitate or hinder successful implementation strategies.

Intervention adoption and fidelity. Monitoring the level of implementation and fidelity to a program model or practice can aid in measuring the extent to which programs or practices are implemented as intended, help identify key factors or problems associated with the implementation process, and provide critical context for understanding the program's impact (or lack of impact) (Durlak, 2013; Stuczynski & Kimmich, 2010). Approximately 60% of the IC implementation project evaluations incorporated fidelity measures captured through various methods, including checklists that monitored adherence to program or intervention components, case review tools, surveys and assessment of knowledge, attitudes and/or behaviors consistent with the intervention, and quality assurance assessments. For some implementation projects, the IC and jurisdiction staffs experienced challenges in defining how practice standards would be demonstrated with fidelity to support practice consistency and accountability.

System and organizational outcomes. IC evaluators primarily used exploratory case study and mixed-methods study designs in their project evaluations to assess changes at the individual level (e.g., changes in staff knowledge and acceptance of new practices, stakeholder relationships, and use of data and technology) and at the organizational level (e.g., changes in organizational climate, capacity-building infrastructure, and policies and procedures consistent with the new intervention). The particular system and organizational outcomes measured varied across projects, as did the evaluation designs. The system and organizational outcomes were ultimately expected to result in improvements in child- and family-level outcomes (e.g., changes in child maltreatment recurrence, reduced lengths of time for children and youth in out-of-home care, and increases in relative and community placements). Also, some projects did demonstrate

indications of a positive impact. But, the duration of the projects and their evaluations were typically not long enough for these outcomes to be fully assessed. In addition to reporting findings on project outcomes, the local evaluations also included reflections on implementation processes and lessons learned.

Cross-Site Synthesis and Analysis

To explore and better understand IC implementation processes, outcomes, challenges, and lessons learned, project findings were compiled and analyzed qualitatively across implementation projects. As one component of a mixed-methods, 5-year cross-site evaluation of the ICs and a network of National Child Welfare Resource Centers (CB, 2015), cross-site evaluation team members reviewed and extracted information from the 24 individual IC implementation project final reports, which included local evaluation findings. Cross-site evaluation staff used ATLAS.ti software to support qualitative assessment of information, cluster responses on similar topics, and identify common themes across jurisdictions. To triangulate and clarify findings, evaluation staff also reviewed IC publications, relevant responses in cross-site evaluator interviews with child welfare directors, and findings from in-depth longitudinal case studies of implementation processes among five jurisdictions that worked with ICs on implementation projects. The cross-site analysis of the 24 child welfare implementation projects represents a “multiple case study” approach of the implementation of change efforts in child welfare systems. Given that the IC implementation project reports provided common data elements across multiple examples of broadly similar system-change efforts, it is possible for the cross-center evaluation to examine common themes across different settings and, thus, draw inferences that can be more broadly generalized.

Implementation Capacity Measures

As noted above, the local IC evaluators collaborated to develop two common implementation measures to assess changes in implementation capacity. Both measures were guided by the NIRN framework (Fixsen et al., 2005) and incorporated NIRN drivers associated with the potential and ability to implement. In developing these instruments, the IC evaluators addressed additional drivers (also referred to as “capacities”) and adapted the NIRN stages of implementation to better reflect their understanding of change in complex child welfare systems.

The first instrument was the Implementation Process Measure (IPM), a survey instrument designed to measure and document implementation and the status of capacities and interventions every 6 months (Armstrong et al., 2014). The IPM included ratings across eight implementation stages: early exploration, late exploration, early design and installation, late design and installation, early initial implementation, late initial implementation, early full implementation, and late full implementation. The IPM was organized into four sections: 1) a description of project demographic characteristics; 2) a point-in-time identification of the stage of the intervention; 3) ratings of the level of salience and installation of each of the implementation drivers; and 4) ratings of completion of key implementation activities, accompanied by a description of barriers and facilitators. Results from the IPM offered insight into the length of time that projects spent on different implementation stages and the salience of implementation capacities at different time periods. Development of the IPM measure and its findings are reported elsewhere (Armstrong et al., 2014).

The second instrument developed collaboratively by IC evaluators was the Implementation Capacity Analysis (ICA), a protocol that assesses changes in implementation capacities from the perspective of local implementation project teams (i.e., key stakeholders). While the IPM primarily collected quantitative data, the ICA focused on qualitative information related to implementation capacity. The ICA protocol calls for a focus group at the end of the project to solicit information about 1) how the ICs contributed to capacity (i.e., installed or strengthened implementation drivers) and fostered systems change, what challenges were experienced and which lessons were learned during the project, and 2) how the lessons and new approaches had been (or might be) applied to other initiatives in the jurisdiction. The ICA explored 11 capacities that could aid in a jurisdiction’s ability to implement system changes:

- Shared vision, values, and mission
- Leadership support
- Staff Selection
- Training
- Coaching
- Performance appraisal
- Facilitative administration (e.g., policies and organizational structures)
- Systems intervention
- Decision support data systems
- Stakeholder engagement
- Cultural competence.

The implementation capacities were adapted from the drivers in the NIRN framework; three additional capacities—shared vision, values, and mission; stakeholder engagement; and cultural competence—were added by the IC evaluators because of their perceived importance to implementation in child welfare settings.

Among the 24 IC project final reports, 19 included sections that addressed the ICA. The use of a common implementation capacity measure helped build evidence on what stakeholders consider important to implementation and how T/TA services can help support the development of different capacities (CB, 2015). However, there were substantial variations in how the ICs collected and reported these data, which created some limitations in the analyses.

Salient Implementation Capacities and T/TA Strategies to Strengthen Capacities

Implementation project team members participating in ICA focus groups most commonly reported that the following implementation capacities were enhanced or created as part of their projects, or were important to the implementation process: leadership; shared vision, values, and mission; training; coaching; and decision-support data systems. Table 2 presents implementation capacities from the ICA and examples of how the ICs helped sites to develop them. IPM findings were consistent with ICA responses. The ICs reported the following capacities to be the most salient throughout the implementation process: leadership; shared vision, values, and mission; and stakeholder engagement. These had the highest mean scores of salience from the exploration through early full implementation, and the scores across the stages remained high. Illustrating their dynamic nature, some capacities (e.g., decision-support data systems, training, coaching, facilitative administration, and systems intervention) were perceived by IC evaluators to have had low salience during early stages of implementation, but became more salient in later stages.

Barriers to Implementation Capacity Building

Implementation project team members revealed multiple barriers to implementation capacity building through the ICA protocol. Many of these barriers were consistent with those already identified in the implementation science literature—staff turnover, service provider pushback, and organizational functioning (Aarons et al., 2009a; Durlak & DuPre, 2008; Proctor et al., 2011). For example, ICA respondents noted that a lack of clearly defined roles and expectations for the IC staff and implementation project staff created confusion regarding responsibilities and resulted in delays. Many jurisdictions experienced turnover of key players (i.e., agency leaders, IC T/TA providers, and evaluators), which interrupted implementation activities already on tight timeframes. Some stakeholders noted that progress suffered when there was a misalignment between the project and other state or tribe initiatives, or a struggle to balance competing priorities or initiatives. Finally, staff resistance to new practices, procedures, or data entry requirements across different levels of the organization proved to be a challenge for many jurisdictions. Upfront consideration of these potential barriers and development of contingency plans (e.g., transition plans for leadership turnover, coordination efforts for multiple initiatives, and strategies to build buy-in and address resistance) can be helpful to overcome common implementation challenges.

TABLE 2
Implementation Capacities and Examples of IC T/TA Support

Capacity	Examples of IC T/TA Support of the Capacity
Leadership	- Leadership summit to build awareness of different leadership styles - Engagement with new leaders to facilitate project continuity
Shared vision, values, and mission	- Vision and values mapping - Mediation between stakeholder groups to identify commonalities in goals
Training	- Design and delivery of training - Development of a practice guide
Coaching	- Delivery of “live learning” sessions in which practice specialists helped staff transfer new concepts to cases - Coaching of leaders and supervisors, who then coach others
Decision support data systems	- Development and modification of data systems to support reporting and analysis - Creation of data dashboards
Stakeholder engagement	- Meetings with stakeholders - Creation of talking points for outreach
Staff selection	- Planning staff recruitment and developing descriptions of roles and responsibilities - Standardizing onboarding and orientation processes
Facilitative administration	- Analyses to align policies, practices, and procedures - Survey implementation and analyses to address implementation barriers
Systems interventions	- Development of local action plans based on needs assessments - Introduction of new processes to allow for partner agency input
Cultural competence	- Facilitation of “courageous conversations” between tribal and state partners - Discussions about differences in urban and rural cultures within a state
Performance appraisal/assessment	- Support in setting performance targets - Assistance with the design of fidelity review tools and messaging on the intent of fidelity reviews

Lessons Learned Regarding Implementation

The cross-site evaluation review and analysis of the 24 implementation project final reports and evaluations revealed valuable information regarding implementation lessons learned. These lessons reflect both the perspectives of implementation project team members as expressed through stakeholder responses to the ICA protocol and the perspectives of IC staff as reported in their final reports to CB.

Implementation processes and organizational and systems change take time. The cross-site analyses reiterated what other researchers have noted elsewhere—quality implementation is a process that requires a substantial amount of time, at a minimum several years to complete (Durlak, 2013; Fixsen & Blase, 2009). As a complex process, the success of implementation is influenced by many factors (Saldana, 2014; Fixsen et al., 2005). In particular, IC staff underscored the critical (yet time-consuming) nature of building essential relationships between T/TA providers and jurisdiction staff as well as among various stakeholder groups in the jurisdiction. Other important implementation factors involve multifaceted processes that require dedicated time and thoughtful execution, such as understanding the nature of the jurisdiction’s needs and identifying underlying issues; assessing readiness for change; conducting a thorough organizational assessment to understand culture, climate, and capacity; defining an appropriate intervention tailored to a jurisdiction’s needs; engaging stakeholders; and planning for change. IC staff acknowledged that these were important implementation activities that demanded their attention in order to achieve implementation outcomes. IPM findings indicated that, on average, jurisdictions spent nearly 7 months on either the early or late exploration phase and 13 months on early design and installation. Accordingly, program funders, leaders, and T/TA service providers need to incorporate adequate timeframes for exploration, implementation planning, and preparation into their planning for programming. While implementation can naturally be time consuming, T/TA providers should be aware that lengthy delays may be a signal of underlying issues, so their overall plan may require modifications. The ability to measure the timing and the progression of the stages in the implementation process can be a good indicator of whether the implementation plan remains viable or whether it should be reconsidered (Saldana, 2014).

Implementation T/TA providers need to tailor projects to jurisdictions’ needs and meet the jurisdictions “where they are.” While systematic frameworks are valuable to implementation approaches, IC staff recognized that implementation processes and intervention selection could not be approached in

a “one size fits all” fashion. ICs drew on their knowledge of peer experiences and research associated with effective practices and programs to develop appropriate T/TA interventions and capacity-building approaches within their jurisdictions. It was important to give special attention and consideration to each project’s context and to the unique set of factors (e.g., staff perceptions, existing systems and policies, and leadership characteristics) surrounding the implementation effort (Damschroder et al., 2009). As described in one IC project final report, *“Perhaps the most important lesson learned about TA provision was that it must be guided by and responsive to the specific needs and desires of the jurisdiction.”* Similarly, during an ICA focus group, a participant noted, *“One of the key learnings about strengthening and installing drivers is that the selection of which drivers to focus on, at each phase, needs to be driven by the site.”* Implementation team members suggested that while T/TA providers can provide a framework along with options for best practices relevant to the problem at hand, jurisdictions should choose the one that best fits their needs and context.

Committed leadership at multiple levels and broad-based buy-in are critical to implementation success. Almost uniformly, project reports and ICA focus groups underscored the significance of committed agency leadership to a project’s success. Leadership commitment was the foundation for communicating the value of the change effort to staff and other stakeholders, building a shared vision, and allocating needed resources. This affirms findings in other research pointing to leadership as a critical variable for implementation (Aarons, Hurlburt, & Horwitz, 2011; Durlak, 2013; Fixsen et al., 2005) and systems change (National Technical Assistance and Evaluation Center for Systems of Care, 2010), important both in achieving initial buy-in as well as sustainability. A recent study found that when exploring the implementation of a new program or practice, child welfare agency directors rely less on discussions with local stakeholders and depend more on their interactions with child welfare colleagues (Horwitz et al., 2014). Nevertheless, successful implementation requires an active change process supported by individuals from within the agency (e.g., caseworkers, and families and youth who receive child welfare services) and outside the agency (e.g., stakeholders from partners systems, such as the courts) (Damschroder et al., 2009). ICA focus group participants underscored the importance of engaging “champions” and support at all levels, and several emphasized the particular value of involving middle managers to help build momentum and reinforce changes throughout an organization. There is evidence that implementation done well with a supportive workforce can impact organizational outcomes and, ultimately, practice outcomes (Aarons et al., 2009b). Also, workers with supportive supervisors tend to be much more committed to the change effort (McRae, Scannapieco, Leake, Potter, & Menefee, 2014). Moreover, the projects teams’ experiences called attention to the importance of moving beyond one-time or limited promotion of buy-in to advance proactive engagement and ongoing communication with a cross-section of internal and external stakeholders, so that a broad base of perspectives can be integrated into project planning and implementation.

T/TA providers, dedicated project managers, advisory boards, and implementation teams can each play valuable roles in implementation; roles and responsibilities of each partner or group must be clear. Skilled T/TA providers can help jurisdictions engage stakeholders, analyze needs, assist the jurisdiction in choosing an existing evidence-informed intervention (or developing a new one), and effectively support implementation of the intervention. Consultants with specific expertise may be needed to support various aspects. However, lack of clarity about roles of the IC, consultants, and agency representatives presented an early challenge for some of the implementation projects. Clarifying roles upfront and re-clarifying roles over time was an important aspect of sustaining productive partnerships. One specific role that was found to be particularly important to maintaining momentum in the implementation process was a dedicated project manager at the local site with the primary responsibilities of coordinating and monitoring activities, communicating with leadership and stakeholders, managing resources, and ensuring the project’s progress. In addition, IC staff and stakeholders valued diversified advisory boards and cross-functional implementation teams, which helped bring varied perspectives to the implementation initiatives and promoted commitment across jurisdictions.

Data and evaluation can serve as valuable tools to guide a change initiative, but may require attention to an organization’s culture to use effectively. Data are used to monitor the status of the implementation process, identify areas that require additional attention, and meet practice standards (Kaye et al., 2012). Whereas the ICA focus group respondents expressed an appreciation for the fact that data and evaluation could help them “learn as they go,” many jurisdictions needed convincing earlier on about the value and benefits of data and evaluation. This was particularly important in tribal jurisdictions where there was a history of mistrust because of negative prior experiences with researchers, and in other jurisdictions where there were perceptions of evaluation data being used to calibrate compliance that might result in punitive consequences. ICs worked with some jurisdictions to promote an understanding of how data can be used in a learning environment to guide change, inform decision-making, and also build credibility. In addition, data and decision-support data systems not only supported evaluation and decision-making, but were also used to enhance other implementation drivers, such as providing data to inform staff selection needs (Kaye et al., 2012). In some projects, ICs engaged key stakeholders early in the evaluation process to define desired outcomes and indicators, articulate the connections between program components and outcomes, and identify fidelity criteria, as well as support the development of standardized tools (e.g., forms and databases) to expedite data collection and assessment. The engagement of key stakeholders (i.e., evaluators, information technology staff, managers, and frontline workers) was an effective strategy to ensure that staff at all levels were comfortable using data to inform decisions.

Advancing fidelity assessment may require prioritization in early implementation stages, education of stakeholders on benefits, and enhanced capacity. Fidelity is a valuable implementation outcome measure that compares the evidence-based intervention and the implemented intervention by assessing adherence to the program protocol, dose or amount of program delivered, and quality of program delivery (Proctor et al., 2011). Participants in projects in which fidelity tools and measures were used indicated that their projects were strengthened by the fidelity assessments. For example, one participant remarked, *“Fidelity reviews were learning opportunities providing snapshots of implementation strengths and needs, not as compliance audits or personnel performance evaluations.”* During an ICA focus group, another participant noted, *“I think we have proven with the two reviews that ... [fidelity reviews are] not just valuable, but necessary to help the decision-making.”* Despite the potential benefits, many implementation projects did not conduct fidelity assessments, and evaluators noted such challenges as implementation delays, insufficient time, and inadequate information in case files being reviewed. Lack of in-depth familiarity with designing fidelity protocols and using fidelity data might have also played a role. To help jurisdictions overcome such challenges, T/TA providers can help implementation team members understand the potential benefits of assessing fidelity, increase knowledge and skills related to reliable protocols to capture appropriate data, and promote use of fidelity data in meaningful ways. One IC final report underscored the importance of planning fidelity assessments early in the implementation process: *“Fidelity criteria and how fidelity will be measured should be considered at the installation stage of implementation and integrated into model development and training design for pilot testing.”*

Sustainability planning needs to start early in the implementation process. The institutionalization of change was facilitated through the following project features: early development and communication of sustainability plans; leadership commitment; engagement of champions at various levels of the organization; development of internal implementation capacity; and established policies, procedures, and practice aids. Some IC final reports indicated that sustainability planning began 3 to 6 months before the end of the initiative, but in retrospect, IC staff believed that these activities should have been started earlier. Other implementation project stakeholders expressed concerns about sustainability without IC support. Many reported that by the project period end it was still too early in their implementation process to achieve sustainability, but that they were working toward integrating sustainability of the intervention into ongoing work. One IC final report stated: *“The jurisdiction achieved its desired outcomes as a result of having an implementation project,*

learned more about how to implement change initiatives/organizational and systems change initiatives ... and has worked toward sustainability, but it is hard to parcel out the implementation project from the ongoing work." The variability in achieving sustainability across the implementation projects is supported by research suggesting that sustainability may not be observed until well into the implementation process, or after (Proctor et al., 2011).

Conclusion

Examination of the child welfare ICs and implementation projects provide a valuable opportunity to address a gap in the literature of implementation science in child welfare settings. Specifically, qualitative analysis of the implementation projects provides a glimpse into barriers and facilitators of implementing change initiatives in a variety of contexts in state, county, and tribal child welfare agencies. The lessons learned may serve as important considerations for future initiatives that are guided by implementation frameworks in child welfare as well as in other social services agencies, with the goal of fostering change in their practice systems to improve services for families and children.

References

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health*, 38(1), 4-23.
- Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009a). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology*, 77(2), 270-280.
- Aarons, G. A., Sommerfeld, D. H., & Walrath-Greene, C. M. (2009b). Evidence-based practice implementation: The impact of public versus private sector organization type on organizational support, provider attitudes, and adoption of evidence-based practice. *Implementation Science*, 4, 83.
- Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C. L., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, 8(1), 94-117.
- Barbee, A. P., Christensen, D., Antle, B., Wandersman, A., & Cahn, K. (2011). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting To Outcomes (GTO) model. *Children and Youth Services Review*, 33(5), 622-633.
- Children's Bureau. (2015). *Supporting change in child welfare: An evaluation of training and technical assistance*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4, 50.
- Deakins, B., Morgan, O. J., Nolan, C. M., & Shafer, J. P. (2011). *Revisiting research to practice: Children's Bureau perspectives on implementation and evaluation in child welfare initiatives*. Paper presented at the 2011 National Child Welfare Evaluation Summit held in Washington, DC. Accessed September 23, 2015; available at: https://www.acf.hhs.gov/sites/default/files/cb/es2011_closing.pdf
- Durlak, J. (2013). The importance of quality implementation for research, practice, and policy. *ASPE Research Brief*, February 2013, 16 pages. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Accessed September 23, 2015; available at: <http://files.eric.ed.gov/fulltext/ED541356.pdf>
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.
- Fixsen, D. L., & Blase, K. A. (2009, January). Implementation: The missing link between research and practice. *NIRN Implementation Brief No. 1*. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute, National Implementation Research Network.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, the National Implementation Research Network.
- Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. A. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology*, 41(3-4), 182-196.
- Heifetz, R. A., Linsky, M., & Grashow, A. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Cambridge, MA: Harvard Business Press.
- Horwitz, S. M., Hurlburt, M. S., Goldhaber-Fiebert, J. D., Palinkas, L. A., Rolls-Reutz, J., Zhang, J., Fisher, E., & Landsverk, J. (2014). Exploration and adoption of evidence-based practice by US child welfare agencies. *Children and Youth Services Review*, 39, 147-152.
- James Bell Associates (2013). *Lessons learned through the application of implementation science concepts to Children's Bureau discretionary grant programs*. Arlington, VA: Author.
- Kaye, S., DePanfilis, D., Bright, C. L., & Fisher, C. (2012). Applying implementation drivers to child welfare systems change: Examples from the field. *Journal of Public Child Welfare*, 6, 512-530.
- McCrae, J. S., Scannapieco, M., Leake, R., Potter, C. C., & Menefee, D. (2014). Who's on board? Child welfare worker reports of buy-in and readiness for organizational change. *Children and Youth Services Review*, 37, 28-35.
- National Technical Assistance and Evaluation Center for Systems of Care. (2010). *Systems and organizational change resulting from the implementation of systems of care*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Accessed September 23, 2015; available at: <https://www.childwelfare.gov/pubPDFs/SystemsandOrganizationalChangeReport.pdf>
- Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science*, 10, 53. doi:10.1186/s13012-015-0242-0.
- Permanency Innovations Initiative. (2014). *The PII approach: Building implementation and evaluation capacity in child welfare*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Accessed September 22, 2015; available at: http://www.acf.hhs.gov/sites/default/files/cb/pii_approach_report.pdf
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health*, 38(2), 65-76.

- Saldana, L. (2014). The stages of implementation completion for evidence-based practice: Protocol for a mixed methods study. *Implementation Science*, 9, 43.
- Stuczynski, A., & Kimmich, M. H. (2010). Challenges in measuring the fidelity of a child welfare service intervention. *Journal of Public Child Welfare*, 4(4), 406-426.
- Wandersman, A., Chien, V. H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50(3-4), 445-459.
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., Blachman, M., Dunville, R., & Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41(3-4), 171-181.

FACILITATORS AND BARRIERS TO UTILIZATION AND IMPACT OF TRAINING AND TECHNICAL ASSISTANCE

Pirkko Ahonen, Ph.D. and Chi Connie Park, Ph.D.
James Bell Associates, Inc.¹¹

Abstract

This paper presents selected findings from a longitudinal and comprehensive evaluation of Children's Bureau-supported technical assistance centers and the role of technical assistance in helping states and tribes to improve their child welfare systems. The evaluation utilized multiple evaluation methods and was able to converge and triangulate data to address a variety of issues related to child welfare systems and their utilization of technical assistance to improve the systems. The key focus of this article is to disseminate knowledge that was gained regarding factors that influenced child welfare agencies' utilization of technical assistance as well as factors that facilitated or impeded systems change efforts underway in the child welfare systems. The findings presented here come from one component of the larger evaluation: the in-depth interviews conducted at three time points with state and tribal child welfare directors.

Keywords: technical assistance, child welfare, systems change

The Children's Bureau (CB) has the primary federal responsibility for administering child welfare programs. The agency works to accomplish its mission through leadership, support for necessary services, and partnerships with states, tribes, U.S. Territories, and their communities in an effort to help prevent and protect children from abuse in their families and to find permanent placement for children who cannot safely return home.

CB's process of refinement and continuous improvement of its training and technical assistance (T/TA) has been informed and shaped by legislative changes and federal mandates for accountability, emerging social problems, and persistent challenges within many state and tribal child welfare systems that affect organizational capacity and frontline practice, including staff turnover, shifting agency priorities, agency culture that resists new approaches, and high caseloads. Child welfare reform efforts, such as the federally mandated Child and Family Services Reviews (CFSRs) that have helped child welfare jurisdictions to assess conformity to federal child welfare requirements and identify strengths and areas in need of improvement, have also contributed to refinements of CB-supported T/TA. To support child welfare jurisdictions, CB provides extensive T/TA to develop, implement, and monitor organizational and systems change efforts aimed at improving outcomes for children and families involved in the child welfare system.

Background

In fiscal year (FY) 2009, CB embarked on a major initiative to expand, coordinate, and re-orient the intensive T/TA services provided to child welfare systems in an effort to support child welfare organizational and systems changes aimed at improving safety, permanency, and well-being outcomes for children and families. As part of this initiative, CB funded a Network of T/TA providers including 10 National Child Welfare Resource Centers (NRCs) and 5 Child Welfare Implementation Centers (ICs) to transfer knowledge about effective and promising practices and to promote positive changes within state and tribal child welfare systems.

NRCs. CB funded the NRCs to provide T/TA services focused on responding to child welfare jurisdictions' needs and assisting child welfare systems in achieving the goals of their program improvement efforts (Administration for Children and Families, 2004). In addition to providing tailored T/TA in specialized content areas, NRCs were also responsible for conducting outreach; facilitating peer networks; supporting select child welfare stakeholder groups; hosting conferences and meetings; developing, identifying, and disseminating new knowledge and evidence-based practices; and conducting evaluations of their services. Common T/TA activities provided included strategic planning; training supervisors, managers, and agency administrators; providing interventions to address practice changes within a system; developing new tools and materials; training of local trainers; and convening meetings, conferences, and roundtables. The NRCs were also responsible for transferring knowledge to state, tribal, and local systems and identifying evidence-based approaches, while serving as repositories of national expertise in topical areas of child welfare.

ICs. In FY 2008, CB introduced the addition of ICs to its Network of T/TA providers to support implementation of long-term improvements in child welfare systems. ICs helped address two barriers that, according to previous evaluation findings, limited some states and tribes from utilizing T/TA resources more fully (Barbee & Cunningham, 2008). These barriers included a lack of knowledge about the resources available through NRCs and a lack of willingness to engage in activities provided by federal entities (Barbee & Cunningham, 2008). Many lacked the infrastructure to engage in the available T/TA and participate in the intensive work needed to build organizational capacity and implement changes in frontline practice. ICs provided services to child welfare jurisdictions through an application process and worked intensively with the successful applicants for up to 4 years to address organizational factors that influence service delivery and practice, such as leadership; teamwork; organizational structure, culture, and climate; workforce development; and administration and management of agency resources. CB's expectation was that the projects established through partnerships between ICs and state and tribal child welfare systems would help facilitate systemic changes and successful institutionalization of child welfare principles, policies, and effective or promising models of practice, as well as foster changes in direct practice with children and families.

11. This article was based on the larger report developed by James Bell Associates and ICF International under Contract No. HHSP23320082915YC, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The content of this report does not necessarily reflect the official views of the Children's Bureau. Questions about the study may be directed to Brian J. Deakins, Federal Project Officer, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, at brian.deakins@acf.hhs.gov.

CB's approach to systems change. In the context of child welfare, systems change refers to changes in thinking, practice, policies, and procedures within organizations or across organizations that enhance or improve performance and reduce barriers to services needed by children and families who are at risk of entering, or are currently involved in, the child welfare system. Systems change is focused on the larger child welfare system in a state or tribe, including the agency that has primary responsibility for child welfare service delivery and the entities with which that agency contracts for services including private and community-based service providers. It also includes entities that must work with the agency in the execution of child welfare work: the courts, other state or tribal agencies, law enforcement, schools, health care providers, and other child-serving entities.

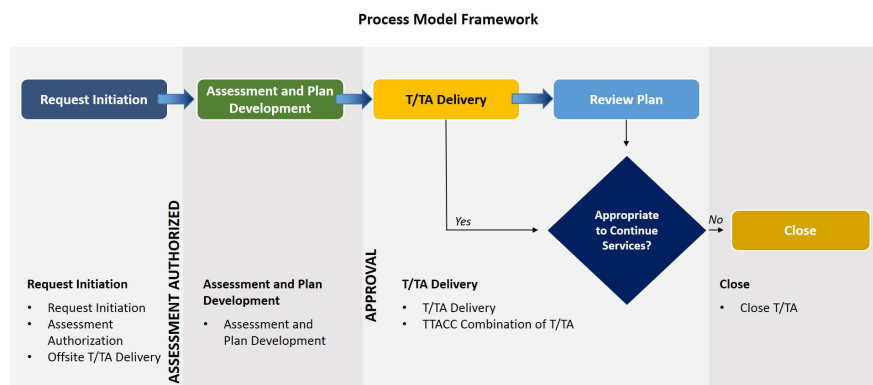
According to existing systems change literature, there are many preconditions for successful change. Among them are vision (Covey, 1990), leadership (e.g., Collins, 2004; and Kotter, 1996), an organizational culture that is open to change (Schein, 2002), the ability to successfully complete the change initiative on time, and support from influential leaders and from supervisory and frontline staff directly impacted by the change (Kelman, 2005). The NRCs and ICs within the T/TA Network were in a unique position to help child welfare agencies and courts build capacity in these areas (i.e., leadership, infrastructure, organizational culture, and climate) to affect systems change across all of the agencies and individuals involved in the larger child welfare arena.

CB's vision for improving child welfare service delivery and outcomes involved building a T/TA Network of CB-supported providers that followed CB's guiding principles for its members (Children's Bureau, 2010). Members were required to adhere to a common set of principles embodied in the Systems of Care framework and CFSR guiding principles. These principles include the provision of services and the promotion of practices that are client-centered, individualized, and strengths-based; flexible, accessible, and coordinated; proactive; community-based; culturally and linguistically competent; evidence-informed and evidence-based; family-focused, including both family and youth; and strengthening of parental capacity. In addition, NRCs and ICs within the T/TA Network were expected to work together to provide integrated and coordinated services that were not duplicative to help meet child welfare systems' goals.

T/TA provided by the CB-supported NRCs and ICs. The NRCs and ICs provided T/TA and capacity-building services to help strengthen the ability of child welfare systems to address current and emerging needs of children and families, encourage coordination within and among agencies and organizations, improve collaboration among partner agencies, and work toward improving services that can be sustained over time. Proactive T/TA helps recipients effectively access, adopt, and use specific information, knowledge, and/or skills (Wandersman, Chien, & Katz, 2012). Both on-site and distance-based T/TA were provided, including consultation on particular topics, provision of specialized knowledge, teaching and skill building, and coaching or mentoring.

In 2011, the NRCs, ICs, and a coordination center implemented a standardized T/TA business process for on-site delivery in order to achieve greater consistency and improve ability to tailor T/TA to meet the needs of states and tribes; better integrate T/TA efforts across providers and improve the ability to identify linkages across efforts; and improve knowledge sharing, coordination, and collaboration across providers. In general, for on-site delivery, the phases of the process included 1) request initiation, 2) assessment authorization, 3) assessment and plan development, 4) approval of delivery, 5) delivery, 6) review, and 7) Close Out (see Figure 1).

FIGURE 1
T/TA Business Process Model



Evaluation of facilitators and barriers to T/TA utilization and achievement of systems change. CB supported a 5-year evaluation of the NRCs and ICs from FY 2009 through FY 2015. This evaluation, conducted by James Bell Associates and ICF International, addressed a series of evaluation questions organized along two tracks: 1) outcomes of NRC and IC T/TA relating to changes in state and tribal child welfare systems and 2) the examination of the identity, cohesion, and functioning of the T/TA Network. This paper specifically focuses on the evaluation research questions designed to better understand the factors that influenced T/TA utilization and systems change efforts. Findings that addressed the following research questions will be presented:

1. What are the key factors that facilitate and impede utilization of the NRCs and ICs by state/tribal child welfare systems?
2. What key variables are correlated with whether desired systems change is achieved as a result of the T/TA provided by the NRCs and ICs?

A stronger understanding of T/TA utilization and systems change facilitators and barriers will help to better identify key issues that should be considered prior to engaging in activities to support systems change initiatives. These findings will also help providers better understand the capacities and resources that must be supported in order to fully engage in systems change efforts.

Methods

To capture child welfare systems' perspectives on T/TA utilization and systems change, the evaluation team conducted interviews with child welfare directors. The interviews explored the contextual factors that affected the delivery of T/TA, the nature and extent of change in practices and policies, and the systems changes that were facilitated by the receipt of T/TA. The interviews administered by telephone were conducted with directors of 68 state and tribal child welfare systems with overall response rates of 77% in Wave 1 (2010), 80% in Wave 2 (2012), and 81% in Wave 3 (2013).

Data answering the first evaluation question came primarily from Waves 1 and 2 of the interviews. The interview protocol included questions that prompted directors to consider what had helped or hindered their utilization of T/TA to support capacity building and systems-change efforts. Two open-ended questions about facilitators and barriers were asked of all respondents during Waves 1 and 2 of the interviews:¹²

1. Over the last year, were there any key factors that helped your state/tribe to use the technical assistance provided by the NRCs or the IC?
2. From your perspective, over the last year were there any key factors that hindered your state/tribe from utilizing the technical assistance provided by the NRCs or the IC?

To help prompt additional details, respondents were also shown a list of factors that may have potentially served as facilitators or barriers. Then, they were asked to identify factors (federal, provider, state/tribe, and external) on the list that were relevant to the respondent state's/tribe's experience.¹³

To address the second evaluation question, each respondent was asked to describe any organizational or systems changes that were underway in the child welfare system and the key reasons why the child welfare system might or might not have been able to make progress in the change efforts. In addition, the evaluation team presented interviewees a list of factors that could also potentially contribute to change efforts and asked the respondents to identify those factors that had helped or hindered the child welfare system's change efforts. Those list entries were categorized as either a CB T/TA provider factor, an organizational and agency factor, or an environmental and contextual factor.

Upon completion of the interview data collection, the evaluation team assigned a unique identification to each completed survey. The quantitative items were then coded and entered into SPSS (Statistical Package for the Social Sciences) software. The data were cleaned and inspected for missing data. The frequency distributions and variability were examined and prepared for appropriate tabulations. Similarly, the qualitative data emanating from the open-ended survey items were cleaned, and the data for qualitative analyses were prepared. For content analysis, ATLAS.ti software was used to aid in eliciting key information as well as themes and patterns in the data. The responses to the open-ended questions were reviewed and coded; responses were compiled; and the relevant patterns and themes that emerged from the data were identified and examined.

Results

Factors Influencing T/TA Utilization. This section explores key factors that facilitated or impeded utilization of T/TA from NRCs and ICs. Interview respondents identified numerous factors that helped states and tribes take advantage of the T/TA offered by the NRCs and ICs as well as several factors that hindered access to and use of those resources. The top facilitators and barriers to utilization were federal or provider factors (see Table 1). The most common facilitators were 1) CFSR findings/development of the PIP, 2) prior relationships with the NRCs, 3) discussions with the relevant Regional Office, and 4) the NRCs' level of knowledge and skills. The most commonly named barriers were 1) limited availability of child welfare agency staff time, 2) the NRCs' T/TA request process, 3) lack of timeliness in which T/TA can be received once it has been requested and approved, and 4) the high quality of T/TA provided by those outside the CB Network (particularly providers affiliated with the Casey-Family Programs). Interview participants' responses regarding the top facilitators and barriers were similar in Waves 1 and 2, indicating that the facilitators and barriers were relatively stable.

TABLE 1
Facilitators and Barriers to T/TA Utilization

Type of factor	T/TA utilization facilitators	All respondents (N=59) % (N)
Federal	CFSR findings or development of the PIP	49 (29)
T/TA provider	Prior relationship with the NRCs	41 (24)
Federal	Discussions with the Regional Office	34 (20)
T/TA provider	NRCs' level of knowledge and skills	25 (15)
State/tribe	State's/tribe's attitudes toward seeking outside help	24 (14)
State/tribe	State's/tribe's agency leadership	20 (12)
State/tribe	State's/tribe's attitudes toward making changes to the child welfare system	20 (12)
Type of factor	T/TA utilization barriers	
State	Lack of availability of state's staff time	25 (15)
T/TA provider	Lack of timeliness in which TA can be received	17 (10)
T/TA provider	NRCs' T/TA request process	15 (9)
External	Use of T/TA provided by those outside the CB's T/TA Network	10 (6)

Facilitators to T/TA utilization. A variety of factors influenced the utilization of T/TA from ICs and NRCs. Responses to the open-ended questions revealed that the directors tended to value the CB Network providers' assistance and expertise, particularly when it guided the work and decisions of agency staff and was tailored to the particular state's or tribe's unique needs. Respondents also reported having received recommendations to use the NRC and IC T/TA services from their peers, other Network members, Regional Office staff, and Casey programs. Furthermore, child welfare jurisdictions' own readiness to improve their systems was an important factor in facilitating use of the CB's providers. Respondents noted the importance of having leadership support and the availability of staff and resources to engage in T/TA. Also, some of the respondents from the ICs explained that the resources IC offered had been a key impetus for their engagement with the T/TA.

¹² Wave 3 (2013) of the interviews did not include items related to factors that facilitated or hindered T/TA utilization.

¹³ Most of the Tribes that participated in interviews had no experience with T/TA. Therefore, the detailed discussion on facilitators and hindrances to utilization of T/TA focuses largely on States' responses.

Nearly 60% of the state respondents reported that the findings of their latest CFSR and/or the development of their PIP had provided impetus to seek T/TA. The review of states' conformity with federal requirements and the subsequent opportunity given to develop plans to improve outcomes served as strong motivators to seek T/TA and increase their capacity to deliver positive outcomes for children and families. In the words of one respondent, *"We have been assessed, reviewed, and studied so we know what our issues are and we know what we need. It is easier to get help when you know what you need."* In this sense, the CFSR/PIP process was a facilitator that encouraged states to seek T/TA.

Over a third of the respondents credited the support, assistance, and advice of their Regional Office with the jurisdiction's decision to seek T/TA. Many respondents described their relationship with the federal partners as supportive and trusting. When partners in the Regional Office encouraged respondents to reach out to NRCs and ICs for assistance, they were likely to heed the advice. When the Regional Office guided the child welfare systems toward T/TA, its ongoing presence and support for the jurisdiction's change efforts were often the facilitating factors.

The skills and competence of NRC staff and the positive, established relationships with the child welfare systems were important facilitators to T/TA utilization as well. Nearly half of the respondents reported that having previously worked with specific NRCs and having developed and maintained good working relationships were motivators to seek assistance from these same providers again. Respondents noted that when trust and openness was established with the NRC providers, these states and tribes felt free to reach out to those NRCs to discuss issues and potential solutions. In addition, a quarter of the respondents reported that the level of knowledge and skills among providers—the NRCs in particular—facilitated T/TA utilization.

Certain characteristics were also viewed as having facilitated use of T/TA. The professional climate and philosophy of the state or tribe were viewed as important. Respondents noted when an idea of embarking on key system changes was approved and supported and then outside assistance was brought in, the way for the utilization of T/TA was paved. As leadership can set the tone for how changes should be approached and accomplished, a fifth of the respondents reported that child welfare agency leadership support for T/TA was another key factor. One state director noted that an important factor was *"... me not being a barrier to program staff knowing that they [the T/TA providers] are there and asking them directly."* A respondent from another state echoed the importance of leadership attitudes: *"Top leadership was focused and wanted to build critical decision making. That was a key area that led us to seeking support for TA. Top leadership was committed to make this happen, so that was a green light."*

Barriers to T/TA utilization. While many factors contributed to seeking T/TA and facilitating the ability to do so, there were also others that stood in the way of utilization. Four factors were cited by at least 10% of respondents. Staff time was a key resource that affected their systems change efforts, and a quarter of respondents pointed to limited availability of staff time as a hindrance to T/TA utilization. This was the number one barrier identified by respondents in Wave 2 and the number two barrier identified in Wave 1.

Many respondents noted not being fully resourced with their staffs, which limited the ability to utilize the T/TA offered by NRCs and ICs. As one respondent put it: *"Our capacity to work substantively with [T/TA providers] has been a hindrance. I would love to spend time to do strategic planning around where we want to be in 10 years. [But] we can only take on so many things at once and do a good job at it."*

Though several respondents pointed to the NRCs' T/TA request process as a facilitator to utilization, some reported it to be a barrier and finding it burdensome and time-consuming. One respondent commented, *"Accessing should be easy, and the process is so cumbersome that we avoid it."* In addition, though 17% of respondents said that the timeliness with which T/TA can be received once it had been approved had been a facilitator, just as many saw the lack of timeliness as a barrier: *"It seems like the timeliness that assistance can be received is taking longer. The process seems more challenging ... the criteria seem stricter."*

Work with consultants outside the CB's T/TA Network was also viewed as a barrier to utilizing T/TA from the NRCs or ICs. Most state and some tribal respondents had received T/TA from providers outside the CB Network on such issues as disproportionality, differential response, and permanency roundtables and reported that the T/TA from these providers was effective and helped them to achieve the desired changes.

Factors Influencing Systems Change

The child welfare systems that were represented in the interviews were undergoing a variety of organizational and systems changes. Factors impacted change efforts in both positive and negative ways, including those related to the organizations and agencies involved, environmental and contextual factors, and factors related to the T/TA available to support the jurisdictions' systems change efforts. The most commonly cited facilitators to achieving systems changes were related to leadership and management characteristics, as well as organizational culture (see Table 2).

TABLE 2
Facilitators to Systems Change in State and Tribal Child Welfare Systems

Organizational/agency factors that facilitated systems change efforts	Wave 1 (N=57) % (N)	Wave 2 (N=59) % (N)
Length of tenure of organizational leader	26 (15)	19 (11)
Active involvement of management in the change	25 (14)	19 (11)
Organizational culture (attitudes, values, beliefs)	23 (13)	19 (11)
Length of tenure of senior administrative/managerial staff	21 (12)	17 (10)
Leadership provided by organizational leader	19 (11)	46 (27)
Active involvement of supervisors/frontline staff	16 (9)	9 (5)
Length of tenure of middle management staff	14 (8)	14 (8)
Staffing resource available	12 (7)	6 (3)
Financial resources available	12 (7)	12 (7)

Organizational climate (work environment)	12 (7)	6 (3)
Priority level of change initiative within the agency	12 (7)	12 (7)
Length of tenure of supervisory/frontline staff	11 (6)	12 (7)
Contextual/environmental factors that facilitated systems change efforts		
Agency's relationship with partners	30 (17)	36 (21)
Use of T/TA from providers outside the CB Network	25 (14)	27 (16)
Use of performance-based contracts	7 (3)	10 (5)
Tribes only: Relationship with the State(s)	(N=11) 9 (1)	(N=10) 60 (6)
CB T/TA factors that facilitated systems change efforts		
Quality of the NRCs' T/TA	53 (30)	44 (26)
Quality of the ICs' T/TA	19 (11)	20 (12)
Only respondents that worked with NRCs: Quality of the NRCs' T/TA	(N=49) 57 (28)	(N=52) 50 (26)
Only respondents that worked with ICs: Quality of the ICs' T/TA	(N=22) 36 (8)	(N=22) 46 (10)

The most commonly cited barriers to achieving systems changes, as reported by agency directors, were lack of financial resources, the rate of staff turnover, and the staffing resources available (see Table 3).

TABLE 3
Barriers to Systems Change in State and Tribal Child Welfare Systems

Organizational/agency factors	Wave 1 (N=57) % (N)	Wave 2 (N=59) % (N)
Financial resources available	46 (26)	56 (33)
Rate of staff turnover	18 (10)	34 (20)
Staffing resources available	18 (10)	32 (19)
Availability of staff time	11 (6)	17 (10)
Number of current change initiatives in agency	11 (6)	9 (4)
Length of tenure of organizational leader	7 (4)	17 (10)
Contextual/environmental factors		
Economic environment/condition	26 (15)	19 (11)
Adequacy of service array	23 (13)	27 (16)
Public perception of agency to fulfill mission to children and families	12 (7)	12 (7)
Federal law or policy change	5 (3)	10 (6)
State/local law or policy change	-	10 (6)

Facilitators to systems change. The most commonly cited facilitators to achieving systems changes included the length of tenure of the organizational leader in the child welfare agency; whether management became actively involved in the change effort; the organizational culture of the agency (including attitudes, values, and beliefs); the length of tenure of senior administrators and managerial staff; and the leadership provided by the organization's leader.

During Wave 1 of the interviews, about a quarter of all respondents identified the length of tenure of the organizational leader, active involvement of management in the change efforts, the agency's organizational culture, and length of tenure of senior staff as having facilitated the child welfare systems' change efforts. All other organizational factors were mentioned less frequently.

As a major shift from Wave 1 during the Wave 2 interviews, nearly half of all respondents identified the leadership of the organizational leader as a facilitator. Each of the other organizational factors was mentioned by fewer than 20% of respondents.

The majority of child welfare directors interviewed during each wave of the interviews reported in general CB T/TA providers were prepared to work and had overall knowledge and understanding of how the child welfare systems operated in the jurisdictions. The respondents tended to view the T/TA process as solution-focused. By Wave 3 of the interviews, 90% of all respondents perceived the T/TA as having offered an array of solutions and allowed the jurisdiction to choose the most appropriate actions. Respondents also reported that the T/TA addressed the issues for which it had been requested and contributed to organizational or systems changes. These perceptions of usefulness grew more uniformly positive over time.

Barriers to systems change. As reported by child welfare directors, the most commonly cited barriers to achieving systems changes were lack of financial resources, the rate of staff turnover, and the staffing resources available.

T/TA factors did not appear to be a meaningful hindrance to change efforts. Among those few respondents who did have concerns with the quality of T/TA, the main challenges appeared to relate to difficulties concerning relationships with consultants, the “cumbersome” request process, and the work of some providers was not meeting the jurisdictions’ needs. A few respondents spoke of T/TA that ended up hindering change efforts when consultants were not flexible and did not listen to the stakeholders. As an example, one director stated: *“Part of the issue was the consultants wanted to do things their way and did not listen to us.”*

Discussion

The evaluation produced useful findings regarding factors that helped or hindered child welfare jurisdictions’ utilization of T/TA as well as factors that facilitated or impeded systems change efforts. The lessons learned provide implications for supporting the needs of child welfare jurisdictions, improving T/TA approaches, and enhancing collaborative T/TA between providers and states and tribes.

Building Relationships between Providers and Child Welfare Jurisdictions Can Promote T/TA Usage

In many cases, CB’s T/TA providers are an under-utilized resource that is readily available to help child welfare agencies work toward better outcomes for children and families. Findings from the interviews suggest that having a previously established relationship with a given center increases the likelihood that states and tribes will utilize T/TA. Similarly, past research has found that having positive relationships with providers influences T/TA quality (Wandersman et al., 2012). States and tribes interested in systems change efforts are recommended to participate in free webinars and other resources provided by the centers to become more familiar with the general and tailored services that can be provided to support child welfare improvement efforts.

T/TA providers can take proactive approaches to building and nurturing relationships with jurisdictions. State and tribal child welfare agencies reported that they typically will engage providers, including those outside the CB Network, based on their desire to engage the most knowledgeable consultants who can assist with their needs. Providers should be proactive in sharing new and emerging issues in child welfare with jurisdictions, and directing jurisdictions on the issues and priorities they should pay attention to, including where they should engage in planning (e.g., increased focus on CQI and data-driven decision making). Proactive outreach also is important to jurisdictions, as some reported that they value and appreciate when providers reach out to discuss on their progress and needs.

States and Tribes Are Likely to Engage in T/TA With Experienced Providers Who Have Knowledge of Key Child Welfare Issues and Practices. Future T/TA initiatives should consider ways in which CB’s providers can draw upon consultants in a jurisdiction who are knowledgeable about the particular system, its history, change efforts that have succeeded and failed, and what the child welfare data show. Part of this approach will require providers to be able to draw upon expertise available across the nation as particular issues or challenges arise in a jurisdiction. This flexibility will require providers to engage consultants who have specific expertise in a particular practice, and sometimes to engage consultants who may be able to identify a number of approaches to solving a given issue. Whether a consultant knows one particular approach or many approaches, they should be flexible and adaptable so that they can tailor evidence-based and evidence-informed practices to the jurisdictions, given the culture and needs of the jurisdiction.

Organizational Assessments Can Help Identify Gaps in Child Welfare Systems and Promote Systems Change Efforts. As indicated by the interview responses, assessments and reviews such as the federal CFRs helped motivate states to engage in T/TA. Needs assessments can serve as a useful tool to help child welfare and partner agencies identify their capacity needs, which in turn helps focus and prioritize systems change efforts and the T/TA needed to support these efforts. Needs assessments can be conducted formally or informally using a variety of different methods, depending on agency resources. States and tribes may benefit from this process in order to gain staff, leadership, partner, and community support for new systems change initiatives. In many cases, providers can help conduct needs assessments to help identify capacities, strengths, and gaps within a system. This is often the first step that providers collaborate with states/tribes on how to initiate positive change (Kubisch, Auspos, Brown, & Dewar, 2010).

T/TA Providers Can Influence State’s/Tribe’s Attitudes toward Seeking Outside Help and Making Changes to Their Child Welfare System. Interviews with child welfare agency directors revealed that child welfare agencies are more likely to engage in T/TA when it is tailored or adapted to meet the particular needs of a given jurisdiction, and are less responsive to providers who simply promote generic materials, products, or approaches developed or used in the past with other jurisdictions. Future providers should draw upon the latest research on interventions and ensure that their approaches, products, and materials have been firmly tested before promoting it in jurisdictions across the nation. Furthermore, generic tools should be tailored and adapted to align with the specific circumstances of a jurisdiction so that they truly address its needs. Approaches and materials that are evidence-based and proven to be effective should be the first priority of providers.

States, Tribes, and T/TA Providers Must Understand That Systems Change Efforts Take Time and Resources. While the goal of CB-funded T/TA is to strengthen agencies’ capacities to make systems-level changes, organizational resources—such as funding, staffing, and leadership—must be in place in order to support change initiatives (Fixsen, Blase, Naoom, & Wallace, 2009). Child welfare and partner agencies should consider their own strengths and capacities (through assessments) prior to receiving T/TA, and work with providers to make sustainable systems changes that will last beyond the partnership. It is important to recognize that because few evidence-based or evidence-informed strategies exist in child welfare, additional time will be needed for providers to properly assess a jurisdiction’s system and design an intervention sufficient to meet its needs. As future efforts continue, including any plans to implement intensive capacity-building or systems-change projects, there must be adequate recognition of and attention given to the assessment of a child welfare system and to the intervention design phase, so that providers can subsequently be sure the interventions used are appropriate and sufficient to address the jurisdiction’s needs. Additionally, future evaluation efforts associated with assessing systems change should identify reasonable short, intermediate, and long-term outcomes to expect, given the significant amount of time it may take to implement intensive capacity building and promote systems change. Developing milestones with jurisdictions can help child welfare agency staff and providers document the incremental progress made toward systems change.

Leadership Drives Systems Change Within a Jurisdiction. Data from the interviews revealed that several aspects of child welfare leadership helped promote systems change. Previous research on adopting statewide implementation of evidence-based practices supports the notion that organizational leaders have an impact on the capacity to facilitate or hinder change and innovation (Aarons & Sommerfeld, 2013). In the present study, length of tenure of organizational leaders and senior administrative/managerial staff, active involvement of management in systems change efforts, and the quality of leadership provided by organizational leader were factors that were seen as facilitating positive child welfare systems change outcomes. From their experiences engaging in systems change efforts, child welfare agency directors reflected that strong leadership contributed to promoting shared goals and obtaining the resources needed to achieve them. As noted by an interview respondent, *“Leadership is crucial in establishing and promoting the vision for*

change, creating a sense of urgency around this vision, and creating buy-in for the change effort at all levels of the system.” Consequently, a large portion of T/TA provided by NRCs and ICs were targeted toward leadership; administrative leadership (agency directors and deputies) and supervisors participated in more than half of the T/TA contact hours provided by NRCs and ICs. For some jurisdictions challenged by high leadership turnover, engaging leaders at different levels of the organization can help promote smooth transitions and sustainability during changes in top leadership.

Conclusion

Child welfare agencies face challenges to ensuring the safety, permanency, and well-being of children in or at risk of becoming involved in the child welfare system. Implementing systems change to improve child welfare practice involves assessing a system’s strengths and needs, creating an organizational culture and climate that embraces the adoption of new practices, leveraging organizational resources, and strategically implementing effective practices to increase organizational capacity to improve the system (Western and Pacific Child Welfare Implementation Center, 2012). The CB-funded ICs and NRCs provided an additional level of resources and support to jurisdictions embarking on these efforts, though findings from interviews with child welfare agency directors indicate that engaging states and tribes in efforts to improve child welfare systems may require T/TA providers to provide a significant amount of outreach and dissemination. While many states seek intensive T/TA to build capacity and/or create large system changes, others may require training, tools, peer-networking opportunities, or products that can synthesize research literature on best practices. Oftentimes these isolated forms can help a jurisdiction overcome major hurdles and can lead to opportunities for providers to increase their knowledge about the nuances of specific child welfare systems. These briefer instances can also help establish a foundation for providers to engage in deeper conversations and subsequent outreach for assistance to make larger scale changes in child welfare systems.

Once providers are able to engage jurisdictions in intensive T/TA to build capacity and/or create large system changes, they should take into account the capacities, skills, and organizational and community supports of a child welfare agency that is embarking on change since not all will be used and experienced the same way by each jurisdiction. The T/TA provided should leverage existing partnerships and organizational resources unique to the child welfare system. Additionally, providers should maintain awareness of and demonstrate the ability to help jurisdictions navigate through contextual factors that often impact their ability to sustain changes, such as funding cuts, changes in administration, and shifting priorities in the child welfare agency. Providing flexible, adaptable, and customizable T/TA that address jurisdictions’ issues will help states and tribes perceive assistance as being beneficial in contributing to organizational or systems changes within child welfare systems.

References

- Aarons, G. A. & Sommerfeld, D. H. (2013). Leadership, innovation climate, and attitudes toward evidence-based practice during a statewide implementation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(4), 423 – 431.
- Administration for Children and Families (2004). *Program announcement: Seven national child welfare resource centers*. Funding opportunity No. HHS-2004-ACF-ACYF-CZ-0026; CFDA No. 93.556. Washington, DC: U.S. Department of Health and Human Services, U.S. Government Printing Office.
- Barbee, A. P., & Cunningham, M. R. (2008). *Evaluation of the Children’s Bureau training and technical assistance network: Year three report (2006-2007)*. Washington, DC: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
- Children’s Bureau. (2010). *T/TA Network collaborative service delivery model*. T/TA Exploration Workgroup Meeting. Washington, DC, 17-19 August 2010.
- Collins, J. (2004). *Good to great*. New York: HarperCollins Publishers.
- Covey, S. R. (1990). *The seven habits of highly effective people*. New York: Simon & Schuster.
- Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F., (2009). Core implementation components. *Research on Social Work Practice*, 19(5), 531-540.
- Kelman, S. (2005). *Unleashing change: A study of organizational renewal in government*. Washington, DC: Brookings Institute.
- Kotter, J. P. (1996). *Leading Change*. Boston: Harvard Business School Press.
- Kubisch, A. C., Auspos, P., Brown, P., & Dewar, T. (2010). *Voices from the field III: Lessons and challenges from two decades of community change efforts*. Washington, DC: The Aspen Institute.
- Schein, E. (2002). Notes toward a better understanding of process. *OD Practitioner*, 34(2), 3-6.
- Wandersman, A., Chien, V. H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50, 445-460.
- Western and Pacific Child Welfare Implementation Center. (2012). *A Framework for Implementing Systems Change in Child Welfare: A Practice Brief*. Retrieved from http://wpcicenter.org/inc/resources/projects/Framework_For_Implementing_Systems_Change.pdf

ORGANIZATIONAL ENHANCEMENT AND CAPACITY BUILDING: THE EVOLUTION OF PENNSYLVANIA'S CHILD WELFARE RESOURCE CENTER

Helen Cahalane, Ph.D., ACSW, LCSW
Child Welfare Education and Research Programs
School of Social Work, University of Pittsburgh

Cindy F. Parry, Ph.D.
CF Parry and Associates

Wendy Unger, MSW
Pennsylvania Child Welfare Resource Center
School of Social Work, University of Pittsburgh

Abstract

Like many child welfare training systems across the country, Pennsylvania (PA) became increasingly aware that training alone was insufficient in meeting the needs of its workforce. Without attention to the context in which the work took place, these traditional methods fell short of making meaningful, sustained changes in staff performance and the service outcomes experienced by children, youth, and families.

In 2004, PA embarked on a partnership with the American Public Human Services Association (APHSA) to infuse organizational enhancement practices within its training and TA structure. Drawing from applied work in organizational development, performance management, quality improvement, organizational learning, and leadership, the DAPIM™ OE model provides a framework for improving the performance, capacity, and outcomes of human service organizations. PA's child welfare training system has evolved from simply delivering training to providing a continuum of services designed to facilitate and sustain positive change in the child welfare system. This article describes how the transformation of the training system came about and the results of two studies evaluating the effectiveness of the APHSA Organizational Enhancement Model they use to transform county agencies.

Keywords: organizational enhancement, training and technical assistance, child welfare

Background

As dynamic, multifaceted organizational systems, child welfare agencies vary in capacity and the ability to enhance the outcomes most central to effective practice: strengthening families and communities; preventing abuse and neglect; intervening to assure safety, permanency, and well-being; and, maintaining a competent, well-supported workforce. Like many child welfare training systems across the country, Pennsylvania became increasingly aware that training alone was insufficient in meeting the needs of its workforce. Traditional training, technical assistance, and transfer of learning strategies proved to be short-term solutions with limited impact on the larger child welfare system. Without attention to the context in which the work took place, these traditional methods fell short of making meaningful, sustained changes in staff performance and the service outcomes experienced by children, youth, and families.

During the first round of the federal Child and Family Services Review (CFSR), Pennsylvania's training system was recognized as being "...comprehensive, integrated and sophisticated." The CFSR findings identified areas of improvement in several key practice areas: family engagement, youth engagement, building systems of care, staff retention, quality visitation, and risk/safety assessment. While training and TA offered one solution for addressing these issues, it was acknowledged that the dynamics associated with agency structure, culture, and management often overshadowed the impact these traditional interventions had in affecting meaningful change. The development of the state's Practice Improvement Plan (PIP) provided the opportunity to expand the scope of training and TA to include organizational capacity-building strategies and a more effective means of addressing issues of practice. Building on existing strengths, what was then known as the "Pennsylvania Child Welfare Training Program" embarked on a partnership with the American Public Human Services Association (APHSA) to infuse organizational enhancement practices within its training and TA structure.

The organizational effectiveness (OE) approach to change management involves the use of a continuous improvement method to promote strategic efforts toward long-term, sustainable change. Drawing from applied work in organizational development, performance management, quality improvement, organizational learning, and leadership, the DAPIM™ OE model provides a framework for improving the performance, capacity, and outcomes of human service organizations (American Public Human Services Association, 2010, 2011; Basso, Cahalane, Rubin & Jones Kelley, 2013). The DAPIM™ (Define, Assess, Plan, Implement, Monitor) model, as well as the use of specific OE activities and tools, offers a systematic approach for facilitating an organization-wide quality improvement process (APHSA, 2011; Basso, et al., 2013; Parry, 2014). Pennsylvania was an early adopter of OE work, and began to incorporate organizational enhancement practices within its training/TA system in 2004.

Transition from Traditional Training/TA to Organizational Enhancement. Pennsylvania began its transition from a traditional training system by first engaging key stakeholders and constituents who had a vested interest in the development of the child welfare workforce and the enhanced capacity of the county-based child welfare agencies. State child welfare officials, agency administrators and their professional association, the university, the training system advisory committee, and a sample of caseworkers and supervisors were engaged in a discussion of what OE work entailed, the systemic benefits of organizational enhancement strategies, and what an expanded model of training, TA, and OE activities would mean for the workforce, the agencies, and the training system staff. A series of parallel conversations occurred among the staff, supervisors, and leadership team of the training program to gauge

readiness for change and to determine what resources were needed to add this additional service component. A conscious effort was made to model the same skills during these discussions that are most essential for effective front-line practice with individuals, families, and organizations: engagement, respect, open exploration, and collaborative decision-making. Following a series of discussions and a commitment from the executive management of the state child welfare agency, formal consultation regarding implementation of the OE model was pursued.

In keeping with the DAPIM™ framework, the training system defined its “desired future state” as OE being a standard method of implementing continuous quality improvement within the 67 county child welfare agencies in the state. Internal capacity-building became the initial priority. Additional funding was allocated for personnel to specifically address organizational enhancement initiatives and new positions were created to expand the training program’s staff complement. Seasoned child welfare practitioners, some in administrative positions, some in supervisory or management positions, and others currently practicing as senior-level casework staff, were recruited to form the Child Welfare Training Program’s OE team. These new staff, known as Practice Improvement Specialists, received intensive training on the OE model as well transfer of learning, targeted TA, and coaching strategies to reinforce skill development and the application of organizational enhancement concepts to practice. Practice Improvement Specialists also received concentrated training in group facilitation and teaming skills. Throughout this transition process, attention was devoted not only to the development of OE knowledge and skills, but also to the training system as an organization with existing priorities, new members, and a newly expanded mission. A focus on team building occurred throughout the training system and with county agency stakeholders to assure organizational support for OE practice, that the workforce (both internal and external) was willing to implement OE, and that system-level factors would allow OE practice to occur. This process was consistent with the lessons learned from large-scale implementation (Beidas & Kendall, 2010; Fixsen et al., 2005), and allowed OE practice to gain acceptance as a method of solving problems in service delivery beyond training.

Structurally, Pennsylvania is divided into four distinct regions comprised of 67 counties. Regional teams consisting of several Practice Improvement Specialists, a supervisor, and a Training/Resource Specialist were assigned to each region. The majority of the regional team members were out-stationed, allowing for local accessibility and familiarity with each county agency’s leadership, staff, organizational culture, and functioning.

An Integrated Model of Practice Improvement: Training, TA and Organizational Enhancement. After nearly thirteen years since incorporating an internal OE function, Pennsylvania’s child welfare training system has evolved from simply delivering training to providing a continuum of services designed to facilitate and sustain positive change in the child welfare system. Training, transfer of learning, technical assistance, research and evaluation, project management, and organizational development are provided through the following primary strategies:

- Conducting research and evaluation
- Providing consultation and support
- Developing and revising tools, materials, and curricula
- Training child welfare professionals
- Integrating youth and family engagement
- Advocating for policy and practice improvements
- Developing and implementing a quality improvement process
- Organizing and sponsoring events
- Providing resource coordination

The expanded role of Pennsylvania’s training system is reflected through the integration of organizational enhancement principles across all departments within the organization and through work with county agencies. County agency work ranges from narrowly defined issues such as supporting counties to provide additional assistance to foster parents to complete organizational restructuring. Often, the work scope evolves over time as underlying issues become apparent and buy-in for the change process increases. Organizational effectiveness work can occur within a larger initiative, such as the state’s CQI roll-out, as well as in partnership with other technical assistance teams or improvement efforts (Parry, 2014). County agencies, as well as the state child welfare office, have engaged in work focused on:

- Strategic planning
- Agency culture and climate
- Workforce retention
- Managing change
- Staff development
- Continuous quality improvement
- Policy and practice changes

In recognition of its expanded role and function to the child welfare system, the Child Welfare Training Program changed its name to the “Child Welfare Resource Center” (CWRC) in 2012. This was not merely an issue of semantics; the change reflected the enhanced mission of providing leadership to child welfare agencies, technical assistance to both administrators and field staff to solve challenges in service delivery, help in enacting change processes, and to reinforce material covered in classroom, hybrid, and on-line trainings. Statewide initiatives, such as the implementation of new federal policies, Quality Services Reviews, the Child and Family Services Review, and changes to child welfare legislation are viewed through an organizational enhancement lens. Requests for training, technical assistance, data collection, service outcome analyses, and the implementation of demonstration projects are among the examples of work approached with an organizational, capacity-building focus. Organizational effectiveness interventions now constitute nearly one-third of the services provided by the Child Welfare Resource Center.

Overall Evaluation of Organizational Effectiveness Methodology

In 2012, APHSA and the University of Pittsburgh; School of Social Work, Pennsylvania Child Welfare Resource Center (CWRC) jointly sponsored an evaluation of the practices that are a part of the APHSA OE model. Both organizations sought to understand the processes necessary to implement the APHSA model with fidelity and implications for generalizability of the model to local jurisdictions interested in developing internal OE capacity.

The OE evaluation was conducted in two phases. The first phase, completed in 2014, consisted of a retrospective survey of APHSA and CWRC client agencies followed by key informant interviews. The primary goal of this phase was to identify elements of the APHSA OE practice that were associated with achieving and sustaining organizational change. The second phase was an in-depth case study of the OE work in two Pennsylvania counties. The

primary purpose of this component of the study was to explore the relationship between OE work and the counties' ability to reach organizational and practice goals identified in their (CI) plans. The study also explored the extent to which participation in the OE facilitation process led to improvements in organizational functioning generally, and improvements on subsequent QSR reviews.

Joint APHSA and CWRC OE Evaluation. Surveys were distributed electronically to leadership and staff directly involved in the OE work in their organizations. The sample included two groups; a national sample who had worked with APHSA facilitators and a Pennsylvania sample who had worked with CWRC facilitators. All organizations had done OE work from 2008 through 2012; however, it was not necessary for an organization to have completed their OE work, or to have gone through all phases of the DAPIM™ model, in order to participate in the evaluation.

Interviews were conducted with project Sponsor Team members, primarily agency leadership, as well as Continuous Improvement (CI) Team members with substantial involvement in the OE work. A total of 30 informants were randomly selected from separate lists provided by APHSA and the CWRC.

The survey included questions suggested by the evaluation's logic model as well as previous research (e.g., Roth, Panzano, Crane-Ross, Massatti, Carstens, Seffrin, & Chaney-Jones, 2005; and Fixsen, Naoom, Blase, Freidman, & Wallace, 2005). Questions focused on personal and organizational reasons for becoming involved in OE work; participant roles within the OE project and the organization; structure of the project teams; the extent to which organizational outcomes were achieved, organizational readiness for change; existing capacities; organizational culture and climate; use of OE models, tools, and practices; monitoring of progress toward goals; and client perceptions of the OE experience, including skills of the facilitator. Although OE work is conceptualized as a way of doing business rather than a time limited intervention, the work can have distinct areas of focus at different times. Thus, for purposes of clarity survey respondents were asked to comment on a specific area of OE work. Respondents who indicated that a facilitated project had been completed were also asked questions regarding the extent to which organizational changes had been sustained. Interview participants were asked to respond to questions regarding factors that affected the achievement of organizational outcomes; both positively and negatively, and to provide feedback for the continuous improvement of APHSA models, tools and facilitation. They were also given an opportunity to add any final comments before the close of the interview.

In phase 1, 179 responses were received from 37 organizations; 19 projects in the APHSA national sample and 18 projects from Pennsylvania counties. The combined response rate was 48.2%. Twenty seven of the thirty people randomly selected from lists of potential key informants completed interviews; 15 from the CWRC list and 12 from the APHSA list.

Results of Survey Study

Survey data analyses included basic descriptive analyses of respondent characteristics and content analyses of responses to open ended questions. Factor analysis was used to construct scales measuring satisfaction with facilitation, OE team functioning, existing organizational capacities, organizational impacts, and sustained use of OE practices. These scales, as well as the number of DAPIM™ levels completed, and select single survey items, such as the percentage of quick wins (short term objectives) achieved, were used in multivariate regression analyses to assess the relative contribution of factors hypothesized to be important to achieving and sustaining organizational improvements.

Analyses of both the survey and interview data supported the effectiveness of the facilitation process and the APHSA DAPIM™ model and tools in helping organizations achieve their goals. Survey respondents gave high ratings to the facilitators; rating key dimensions of facilitation between 8.1 and 8.9 out of a possible 10. Interview participants commented favorably on: the facilitators' ability to keep the group moving; talking "with" and not "at" people; letting the group come to their own solutions; soliciting everyone's views and drawing people in to the process; summarizing ideas well; encouraging the groups to recognize strengths; managing conflict; and promoting feelings of trust and safety. Key informants also appreciated the facilitators' knowledge of OE practices and tools, accountability and responsiveness, interpersonal skills, knowledge of the work of the organization, and provision of a neutral third-party perspective.

Survey respondents indicated that the OE work was associated with positive organizational changes. The majority of survey respondents reported achieving at least 50 percent of the Quick Win/short-term goals identified by their project teams and slightly over 90 percent indicated that their level of short-term goal attainment met or exceeded their expectations. Respondents also reported achieving longer term organizational goals, although at a lower rate. Lower percentages of mid to long range goals achieved may have reflected the fact that the work was still in progress in several organizations and that more time was needed to see results; an explanation reinforced by the fact that the majority of those surveyed indicated that their level of mid to long term goal attainment met or exceeded their expectations.

Projects were most often directed toward continuous quality improvement of agency processes and operations, with smaller percentages focusing on culture and climate, practice change, staff development, workforce issues, development of internal OE capacity, and client outcomes. Key informants described positive changes in organizational capacity in several areas; including better alignment of agency structures, policies, and procedures; increased role clarity, development of a common understanding of the agency mission; improvements in agency culture and climate; better use of data in decision making; development of formalized communication plans and protocols, improvements in workforce development; and streamlining or standardization of paperwork and business processes. Interviewees from projects engaged with training saw positive results related to knowledge, skills and attitudes that they felt allowed workers to provide better services to families.

Approximately 59% of survey respondents indicated that their OE work was tied to client outcome goals. Most felt that their OE work had a sizable impact on client outcomes, as indicated by a modal rating of 8 on a scale ranging from 1 "None" to 10 "Substantial". Key informants described specific impacts of the OE work on client services and outcomes that included reductions in placements, reductions in truancy, more timely achievement of permanence, more timely provision of services, and keeping children in placement closer to home.

In addition to the specific changes targeted by the OE projects, key informants described a new emphasis on accountability, greater empowerment of staff, and more inclusive and participatory decision making within their organizations. A few respondents describe an increased awareness of the parallels between how management related to staff and how staff related to families. One described it by saying "After years of experience as a caseworker, this experience gave me a new perspective of what casework is and (how) I can influence other caseworkers in the process. I feel that the caseworkers can use this experience to help engage families, which will lead to cases being closed sooner and quicker reunification."

Organizational improvements also appeared to be sustained. Of those whose projects were completed at the time of the survey, 98.1% indicated that their organizations had maintained the improvements resulting from their OE projects for periods of time ranging from two weeks to three years. Another 92% reported that their organizations had maintained strong leadership support for future work. Of the 27 key informants, 25 indicated that changes that were the initial focus of the work had been sustained; with one indicating issues resulting from a change in leadership and one simply indicating that changes had not been maintained. Sixteen of the 27 interview participants also responded to a follow-up question regarding what they would tell others was important for sustainability of OE improvements. Their responses encompassed ingraining the OE model and processes into everyday practices, monitoring and adjusting the improvement plan over time, use of outside OE expertise, and organizational commitment.

Major findings of the multivariate analyses suggested that achievement of specific goals, as well as general improvement in organizational functioning were associated with working through all of the stages of the DAPIM™ model, greater perceived readiness, and more resources dedicated to doing the OE work. Specifically:

- Improvements in organizational functioning generally (e.g., culture, climate, and communication) were significantly larger when existing capacity was greater, projects involved more of the DAPIM™ levels, there was greater staff buy in, there were more resources devoted to the work and there was a staff person designated as a lead with overall responsibility for the OE work.
- Attainment of higher percentages of Quick Wins/Short-term goals was significantly related to doing work between facilitated sessions, working through more of the DAPIM™ levels, higher ratings of resources devoted to the OE work and higher ratings of initial organizational readiness.
- Achieving higher percentages of CI plan goals was significantly related to four variables: greater satisfaction with facilitation received; working through a greater number of DAPIM™ levels; higher ratings of resources devoted to the OE work; and higher ratings of initial readiness for the OE work.
- Higher ratings of institutionalization and expansion of OE work were significantly related to: working through a greater number of DAPIM™ levels; having staff assigned to facilitate OE work as part of their regular job descriptions; and completing additional work between facilitated sessions.
- Higher ratings of attainment of client outcome goals were significantly associated with completing the monitoring phase of the DAPIM™, higher ratings of readiness, and having staff assigned to the OE work. Having higher scores on the organizational impact scale, indicating stronger organizational functioning, was also positively related to higher ratings of client impacts.

Findings from the multivariate analyses regarding variables important to organizational change mirrored findings in the child welfare, implementation science, and organizational development literature: namely, the importance of commitment; involvement of stakeholders in the process; dedication of sufficient resources and staff time; and alignment of structures and processes within the organization to support change and sustainability (Fixsen et. al. 2005; Basso, et.al, 2013). Results suggested that higher levels of organizational readiness and resources devoted to the work, including dedicated staff, are important to achieving both short term and longer range goals. However, going through the facilitated OE process, and particularly the monitoring phase of the DAPIM model, assisted organizations with varying levels of readiness and resources to achieve improvements regardless of where they stood on other factors that contribute to successful organizational change. This was true both in the combined analysis and the separate analyses of the APhSA and CWRC samples.

Comparisons of the stages of the DAPIM™ model implemented showed no statistically significant differences between the APhSA and CWRC samples, suggesting that this core element of the OE practice was implemented with fidelity by internal CWRC facilitators. As an early adopter of the APhSA practices, Pennsylvania received initial training from APhSA facilitators. Since then the CWRC has instituted a program of on-going professional development of facilitators involving training, technical assistance and transfer of learning, all of which may have contributed to the observed similarity in levels of implementation of the model. Moreover, there were no statistically significant differences between samples in the number of hours facilitators estimated spending with their OE client organizations, satisfaction with the facilitation process, or the organizational and client outcomes achieved. Although more research is needed to explore the full range of local implementation of the APhSA model and processes, taken together these findings suggest that the APhSA OE practices can be implemented successfully by organizations wishing to develop internal capacity.

Method for the Case Study of Two Pennsylvania Counties

This in-depth case study of the OE work involved two Pennsylvania counties. It focused on the achievement of specific Continuous Improvement (CI) plan goals, as well as enhanced organizational capacities and functioning in areas targeted by the counties' CI plans. Additionally, both counties were part of the state's Quality Service Review (QSR) process and had developed CI plans that reflected priority areas identified by an initial QSR review. Both had also participated in a subsequent review during 2015, allowing examination of any effects of OE work on the CQI process.

An initial review of organizational development research, borne out by the results of the component one survey, pointed to effective monitoring as a key element in the achievement of organizational outcomes. At the same time, there was a recognition on the part of the model developers and the CWRC OE staff, that it did not include sufficient tools for monitoring progress beyond documenting the accomplishment of relatively discrete and short term activities. Thus, a secondary goal of this phase of the evaluation was to pilot an enhanced monitoring approach; Goal Attainment Scaling (GAS; Kiresuk, Smith, & Cardillo, 1994).

Two counties agreed to participate in this phase of the evaluation; County 1 in the western part of the state and County 2 in the eastern part of the state. Both were Class IV counties which are defined as those with a population of 145,000 to 209,999 people.

County 1 is located in western Pennsylvania bordering the Ohio state line. Historically, the county was a steel manufacturing center but has changed to become a "bedroom community" to the Pittsburgh metropolitan area. Many of its cities and towns have been struggling to maintain jobs and control crime and have high percentages of families living below the poverty line. The county also has a higher percentage of minority residents and a higher percentage of residents living in public housing than similar sized counties that tend to be more rural. Although the county's population has declined since the collapse of the steel industry, the agency reports that referrals have not shown similar declines. Moreover, the department has reported an increase in families lacking the resources to cover basics such as utilities, housing, food, and gasoline and that cases have become more complex with many families involved with multiple systems and struggling with addiction and mental health issues.

County 2 is located in the eastern part of the state. In fiscal year 2015 the county has had to adapt to major changes in how it does business brought about by new Child Protective Services Legislation (CPSL) and the adoption by the state of a new Child Welfare Information System (CWIS). Under the new law

the numbers of Child Protective Services (CPS) referrals increased by 27% from FY14 to FY15 and General Protective Services (GPS)¹⁴ intakes increased by 16%, creating a backlog of cases that necessitated rapid staffing changes to manage the work. The county has also seen a shift in the make-up of the cases served; describing a “baby boom” within the county, leading to the agency dealing with larger families and a greater proportion of children under age 5 than in past years. At the time, it was also the only county that did not have a computer system approved under the new CWIS process. This resulted in the need for clerical staff to input the information required to manage referrals and document outcomes into a program developed by the Administrative Assistant and County IT department. The work required four clerical workers to be assigned full time to CWIS, which the County reports they were not prepared for. During this timeframe, the agency also adopted a record scanning system and was working with the vendor to implement the conversion of paper records to electronic format.

This phase of the evaluation was a mixed methods case study; including review of existing QSR reports and other documents, development and monitoring of customized GAS tracking tools, pre-post analysis of standardized instrument, the Organizational Readiness for Change (ORC), and interviews with CWRC Practice Improvement Specialists and OE Department supervisors, County Sponsors and CI team members.

All staff in the two counties were asked to complete a standardized tool, the Organizational Readiness for Change (Lehman, Greener & Simpson, 2002). The ORC provided data on changes in how staff view organizational capacities and functioning, both generally and in areas related to CI plan work. The ORC measures 18 content domains across four major areas: motivation to change, institutional resources, staff attributes, and organizational climate. The current study used the Social Agency Staff version of the tool. This version consists of 115 closed ended items answered on a 5 point Likert scale ranging from Disagree Strongly (1) to Agree Strongly (5). It also includes 3 open ended items.

CI teams were also asked to use Goal Attainment scaling (GAS) to set measurable goals, specify a desired level of goal attainment, and develop customized, anchored scales to track progress in up to 3 key areas of organizational capacity. In GAS participants develop a 5-point scale for each goal. The midpoint of the scale, or “expected” level of performance, is the level that the organization feels is that it can realistically achieve. After this level is specified the group completes the scale by specifying benchmarks for “somewhat better than expected” and “much better than expected” levels of performance, followed by benchmarks for “somewhat worse than expected” and “much worse than expected” levels. These scales were intended to provide information about attainment of mid and long range organizational goals that would supplement APHSA tools (e.g., “Tracking Quick Wins”), and the standardized scales of the ORC.

Existing documentation was reviewed to provide further insight into the counties’ progress, barriers encountered, impacts on practice, and lessons learned. Data sources were QSR reports, continuous improvement plans, and facilitator created documents such as team meeting minutes and after action reviews. The QSR is an in-depth case-based review process which utilizes record reviews, interviews, and observations to provide data on a series of indicators in two domains; child, youth, and family status and practice performance. The focus in the current study was on the domain of practice performance which included twelve indicators: Engagement, Role and Voice, Teaming, Cultural Awareness and Responsiveness, Assessment and Understanding, Long-term View, Child/Youth and Family Planning Process, Planning for Transitions and Life Adjustments, Efforts to Timely Permanence, Intervention Adequacy and Resource Availability, Maintaining Family Relationships, and Tracking and Adjusting. Other sources for the document review were products of the facilitated team meetings. The CI plans varied in format but generally included the OE goals of the organization, the rationale for the selection of these goals, specific objectives, the tasks and activities necessary to achieve the objectives, timeframes and responsible persons or groups, plans for communication and monitoring of plan progress, necessary resources and supports, and plans for sustaining improvements. Meeting minutes and after action reviews provided documentation of both progress toward organizational goals and barriers to that progress. These documents also contained information about strategies utilized for overcoming barriers and how successful these strategies were.

Brief interviews were conducted with the CWRC Practice Improvement Specialists and supervisors, as well as county CI team members and sponsors. These interviews focused on the GAS process and asked participants to comment on which aspects of the worked well for them; which types of goals GAS was best suited to; what, if any, impact going through the GAS process had on achieving organizational or child and family outcome goals; what barriers they encountered and steps taken to address the barriers; what changes to the GAS process they would suggest; and whether or not they would use GAS in future work.

Results of the Case Study of Two Pennsylvania Counties

Development of County Specific Goals. Based on a QSR conducted in 2012, County 1, working with the CWRC, developed a County Improvement Plan targeting three areas: teaming, engaging noncustodial parents, and ongoing professional development. The team worked with the Practice Improvement Specialist from the CWRC in a series of facilitated sessions and through inter-session work to identify desired outcomes and related strategies, action steps, and indicators of success. The GAS scales developed in the current study built on these strategies focusing on a shared long term view for successful case closure, communication among staff members, and engagement of family members. Goals further operationalized success and set benchmarks for use in monitoring progress toward desired outcomes.

Working with the PI specialist, the CI team for County 1 identified the following priority areas and goals for enhanced monitoring: “Implementation of the Safe Case Closure Protocol for In-Home Cases”, “Internal communication regarding in home cases will be formalized” and “Internal communication among all agency staff assigned to a case will be formalized for placement cases”. Each goal was operationalized into 2 to 3 specific and measurable objectives and scales were developed for each of these. For example, the goal “Internal communication among all agency staff assigned to a case will be formalized for placement cases” the three objectives identified were: 1) A post-placement meeting will be held the Wednesday after a child enters out-of-home care, 2) Monthly Placement Meetings will be held for every child in placement, 3) At Monthly Court Review meetings the concurrent goal will be discussed, resulting in a plan of action developed by the team. As part of this work the CI team, with the help of the PI specialist, identified data sources that could be used to measure their improvement. They also met regularly to review progress, discuss any barriers that had arisen and identify strategies for dealing with barriers and maintaining momentum.

County 2 also engaged in a process of identifying priorities for continuous improvement following their QSR review in 2013. Local leads decided to focus their improvement efforts in three areas: the planning process with the child or youth and the family, engagement of fathers, and pathways to independence for older youth. The agency then began discussing an improvement plan with representatives of the State Regional Office and CWRC, and

14 GPS services are defined as services to prevent potential harm to children and youth at risk as a result of conditions such as caretaker neglect, abandonment, illegal placement or adoption, and habitual truancy or delinquency.

put together a CI team to develop the plan and guide the work. The goals identified in County 2 were: “Fathers will be engaged at the point of assessment/investigation” and “Families will understand their roles and responsibilities in the case process”. These priorities were operationalized for purposes of enhanced monitoring in this study into two measurable objectives for goal 1 and three for goal two. Scales were then developed for each. As in County 1 the County 2 team went on to identify data sources to be used to monitor progress and regularly rated their levels of goal attainment in relation to the benchmarks they had identified in the scale development process.

CI teams submitted ratings of goal attainment at four time periods during the study period. Data collection spanned at least one year although varied somewhat based on the schedules of local teams. Ratings were made on each scale and averages were computed for each goal. Analysis of the Goal Attainment Scale composite scores indicated that both counties achieved a high degree of success. County1 was able to achieve the expected level of performance set by the County’s Continuous Improvement team in two of the three goal areas; safe case closure and internal communication in in-home cases.

The team experienced more difficulty in the third area, internal communication in placement cases but approached the expected level by the end of the study period. Within this area the county experienced the most success with the first objective “a post-placement meeting will be held the Wednesday after a child enters out-of-home care”. Performance on this goal increased sharply when responsibility for tracking the meetings was assigned and one of the supervisors on the CI team took responsibility for cross checking with the data system. Ratings for the other two objectives, concerning monthly placement and court review meetings, remained below the expected/desired level. A culture of informal discussions among staff rather than formal meetings, and philosophical differences between the ongoing and foster care units along with a lack of clarity regarding which unit has the power to make final decisions, were identified in meeting minutes as root causes for a lack of progress toward the monthly placement meeting goal.

County 2 was able to meet their expected level of performance on average for both goal areas. However, as in County 1, the achievement of individual goals within each area was more variable. Key informants noted several positive changes, both in agency functioning and in practice with families, related to the two counties’ goals. These included: an increased focus on problem solving; an increased connection of the work to the practice model; more face-to-face contact with families, including greater engagement of fathers; development of procedures to facilitate communication between intake and on-going supervisors, and implementation of tools to promote standardization of case closure decisions as well as documentation and sharing of meeting attendance, planned actions and responsibilities, and family progress.

Two themes from the key informant interviews stood out as potential explanations for the variability observed in the attainment of specific objectives within the goal areas. The first concerned the importance of control within an organization. Control is central to the ways in which organizations customarily manage their work to ensure that goals are being met and corrective action is being taken as indicated. Interviews with key informants suggested that these agencies were both more comfortable with the goal attainment scaling process, and achieved greater success, when the OE work aligned more closely with existing management structures and mechanisms. CI team members also indicated that higher levels of performance were easier to achieve when goals were defined more concretely and were under the control of fewer supervisors. Conversely, goals were more difficult to achieve when they depended on communication and collaboration among different units or functional areas. Goals were also easier to achieve when there were existing data sources that could be used to set more realistic benchmarks for achievement and enable monitoring and reporting progress. Goals were more difficult to achieve when there were no existing procedures or forms in which to integrate the monitoring process, and when there was disagreement among team members regarding the definition of the goal or benchmark, as in County 1 with the definition of a team meeting.

The second theme to emerge from this work concerned the parallels between case work and the OE work; both of which require attention to relationships as well as the task at hand. Although not discussed as such by the key informants, the facilitator’s role in OE work appears to be analogous to the process that occurs in family team conferencing and Family Group Decision Making. In these models a caseworker facilitating the meetings needs to work through a goal setting and planning process with a family; meeting people where they are, being sensitive to family dynamics and maintaining a neutral perspective. In the OE work the Practice Improvement Specialist also engaged the groups in goal setting and planning; helping them set realistic and measurable goals and identify benchmarks for assessing progress. As a neutral outsider, the facilitator was able to move the work forward by surfacing ongoing interpersonal conflicts, identifying parts of the agency that were not working well together, and calling out issues with communication, organizational structure, and leadership. Key informants indicated that it was more difficult to achieve success when there was interpersonal or inter-departmental friction that affected people’s work on the CI team, and that it was helpful to have a neutral facilitator to navigate situations where team members were not on the same page or did not have good working relationships.

It is particularly striking that the positive practice changes and refinements targeted by these counties were achieved during a time when major changes were taking place in the state’s child welfare laws, the state did not have a budget in place, and a new statewide automated data system was coming online. County staff were able to meet or exceed most of the goals they set, and make progress toward the others, in an environment characterized by an influx of new cases, significant workload challenges associated with the new data system, and travel and hiring restrictions. Key informants indicated that the GAS process helped them focus on what was important, and gave them a mechanism for monitoring their planned activities and adjusting strategies when progress was not being made. They also commented that engaging in the process with the OE facilitator kept them accountable when the press of other work might otherwise have led to work on their organizational goals being put on the back-burner. Although there was a learning curve involved and the process required additional work, the large majority of those interviewed found GAS to be valuable, and the data suggest that its greatest strength might be as a strategy for maintaining a proactive focus on desired practice and organizational changes in systems facing the multiple and competing priorities and limited resources that often lead to operating in crisis mode.

Data from the ORC did not show changes in overall agency culture and climate, although improvements might have been expected as a result of the OE work undertaken by the counties. There are several potential reasons for this, although no definitive explanation is possible at this time. The ORC is a relatively global measure of culture and climate. Thus, its items might not have been sensitive enough to detect changes achieved by the counties in specific target areas. Moreover, more time between administrations may have been needed to detect changes; particularly in County 1 where goals related to communication and teaming were slower to get off the ground. Interviews with key informants also indicated that at least some team members thought that more outreach was needed to ensure that all staff were aware of the work of the committee; again pointing to the need for more time for changes to affect the experience of all staff and underscoring the importance of engagement and attention to interpersonal dynamics when implementing change.

Both counties used 2013 QSR results to identify areas for improvement and to craft improvement plans that informed both the broader OE work and the development of specific goals tracked in the GAS process. The CI teams, with facilitation by the CWRC Practice Improvement Specialists, worked to identify root causes for the issues the counties were seeing and strategies to address them. The specific goals developed and monitored using GAS were tied to these strategies and built on them by identifying benchmarks and data sources for measuring progress. This close alignment made it possible to identify QSR indicators that might reasonably be expected to improve as a result of the OE work.

The current analysis offers some evidence for the effectiveness of OE work in improving QSR ratings in County 1. Improvements were noted on all targeted indicators; long-term view, teaming, engagement, role and voice and timely permanence. Percentage increases were substantial in the case of long-term view and teaming. Smaller increases were noted for engagement, role and voice, and timely permanence; perhaps due to initial difficulties in implementing and tracking the Accurint searches and team meetings specified in the County's goals. Similar increases occurred for the indicators "Cultural Awareness and Responsiveness", "Intervention Adequacy and Resource Availability" and "Tracking and Adjusting" (Hornby Zeller Associates, Inc. 2015) which were not indicated by the PI specialist as closely related to the OE work. Further analysis by Hornby Zeller Associates indicated that none of the increases from Round 2 to Round 5 of the QSR were statistically significant. However, the report's authors state that it was likely the result of the small sample sizes involved. When compared to the aggregate ratings of other similarly sized counties, County 1 had a statistically significantly greater proportion of acceptable ratings in the target areas of engagement efforts, teaming and efforts to timely permanence. County 1 ratings were also significantly higher in the areas of intervention adequacy and resource availability and tracking and adjusting.

In County 2 the success shown by the GAS ratings was not reflected in positive changes in the 2015 QSR. This may have been due in part to the fact that the OE work focused on intake. At this time there is no CQI protocol focused on intake, thus the cases reviewed for the QSR had already been opened for services. Over time changes such as getting the fathers' contact information at intake are expected to lead to increased father involvement; however, these changes might be more likely to affect practice on cases reviewed in a future QSR cycle. It is also possible that more fathers actually were identified in the cases reviewed in 2015 but the county was not successful in contacting and engaging them. If fathers were identified but not contacted or engaged, the case would still be rated as unacceptable in the QSR. CWRC staff plan to review the cases further to assess this possibility.

Discussion

These two studies give evidence from surveys, key informant interviews and review of many documents from participating case study counties that the facilitation process and the APHSA DAPIM™ model and tools were effective in helping organizations achieve their goals. Respondents reported that half of their short term goals were met and 90% reported that their expectations were met or exceeded. Some even found an impact on longer term goal achievement. Working through all the stages of the DAPIM™ model, greater perceived readiness, and more resources dedicated to doing the OE work along with participant level gains in knowledge and skills and enhanced attitudes seemed to drive the positive change in practice outcomes such as reductions in placements, reductions in truancy, more timely achievement of permanence, more timely provision of services, and keeping children in placement closer to home.

It is important for child welfare agencies and training units contemplating utilization of a capacity building approach to know the types of projects thirty seven jurisdictions in this study focused on. Many focused on continuous quality improvement of agency processes and operations, with smaller percentages focusing on culture and climate, practice change, staff development, workforce issues, development of internal OE capacity, and client outcomes. Key informants described positive changes in organizational capacity in several areas; including better alignment of agency structures, policies, and procedures; increased role clarity, development of a common understanding of the agency mission; improvements in agency culture and climate; better use of data in decision making; development of formalized communication plans and protocols, improvements in workforce development; and streamlining or standardization of paperwork and business processes.

Almost 100% of jurisdictions sustained changes up to three years later. Much of this was due to leadership support but they also attributed sustainability to ingraining the OE model and processes into everyday practices, monitoring and adjusting the improvement plan over time, use of outside OE expertise, and organizational commitment. The results of these studies replicate findings in the child welfare, implementation science, and organizational development literatures in that commitment, involvement of stakeholders in the process, dedication of sufficient resources and staff time, and alignment of structures and processes within the organization to support change and sustainability. The results also support the notion that the APHSA OE Capacity Building Model can be implemented successfully by training units embarking on capacity building in their partner child welfare agencies.

References

- American Public Human Services Association (2010). *A guidebook for building organizational effectiveness capacity: A training system example*. Washington, DC: Author.
- American Public Human Services Association (2011). *Organizational effectiveness handbook*. Washington, DC: Author.
- Basso, P., Cahalane, H., Rubin, J. & Kelley, K. J. (2013). Organizational effectiveness strategies for child welfare. In H. Cahalane (Ed.), *Contemporary issues in child welfare practice* (pp. 257-287). New York: Springer Science+Business Media.
- Beidas, R.S., & Kendall, P.C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice*, 17(1), 1-30.
- Fixsen, D. L., Blase, K. A., Naoom, S.F., and Duda M. A., (2013). Implementation drivers: Assessing best practices. The National Implementation Research Network.
- Fixsen, D., L., Naoom, S.F., Blase, K.A., Freidman, R.M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- Hornby Zeller Associates, Inc. (2015). Quality Service Review Results, Children and Youth Services/Juvenile Probation. Unpublished report.
- Kiresuk, T.J., Smith, A. & Cardillo, J.E. (1994). *Goal attainment scaling: Applications, theory, and measurement*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Lehman W. E. K, Greener J. M., Simpson D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment*, 22(4), 197-209.
- Parry C.F. (2014). *Joint APHSA/Pennsylvania evaluation of organizational effectiveness: Component 1 evaluation findings*. Report submitted to the American Public Human Services Association and the Pennsylvania Child Welfare Resource Program.
- Roth, D., Panzano, P. C., Crane-Ross, D., Massatti, R., Carstens, C., Seffrin, B., & Chaney-Jones, S. (2005). The innovation diffusion and adoption research project (IDARP): Moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. J. Lutz (Eds.), *New Research in Mental Health*, Vol. 16 (pp. 78-89). Columbus, OH: Ohio Department of Mental Health.
- Saldana, L., Chapman, J.E., Henggeler, S.W., & Rowland, M. (2007). Organizational readiness for change in adolescent programs: Criterion validity. *Journal of Substance Abuse Treatment*, 33(2), 159-169.



**National Staff Development
and Training Association**



American Public Human Services Association

1133 19th Street, NW, Suite 400 | Washington, DC 20036

(202) 682-0100

www.APHSA.org

