

The Use of Implementation Projects to Support Change in Child Welfare

Supporting Change in Child Welfare

An Evaluation of Training and Technical Assistance

With the ultimate goal of improving safety, permanency, and well-being for children and families, the Children’s Bureau (CB) routinely takes steps to improve its capacity-building efforts for State, Tribal, and local child welfare systems.¹ In 2009, CB expanded and reoriented its training and technical assistance (T/TA) network, including the addition of five Child Welfare Implementation Centers (ICs). IC staff provided in-depth, multi-year assistance to jurisdictions to support their implementation of systems-reform efforts. The ICs partnered with child welfare systems on specific projects to implement new programs, policy changes, and other interventions to improve the quality and effectiveness of child welfare services. CB required that each implementation project include an evaluation, and it also funded a 5-year cross-site evaluation of the ICs and other CB T/TA providers to explore the use and outcomes of T/TA.

This brief provides an overview of:

- Implementation projects and their focus areas
- T/TA characteristics
- Approaches and findings related to assessing change in implementation capacity
- Project evaluations and outcomes
- Keys to successful implementation strategies
- Conclusions and implications for future child welfare capacity-building efforts

The information in this brief draws primarily from two sources: (1) final project reports prepared by IC staff and local IC evaluators; and (2) records of T/TA activities that were entered into a centralized, web-based data system. An independent cross-site evaluation team analyzed these data and documented successes and challenges experienced by the ICs. These findings may be useful to T/TA providers engaged in similar projects.

Overview of Implementation Projects and T/TA Support

CB’s five regional Child Welfare ICs—Northeast and Caribbean IC, Atlantic Coast IC, Midwest IC, Mountains and Plains IC, and Western and Pacific IC—offered in-depth, tailored T/TA to child welfare systems. (Tailored T/TA was designed to meet the needs of a specific State or Tribe.) Following a formal application, selection, and approval process, the ICs engaged jurisdictions in intensive, multi-year T/TA projects to foster changes in organization, culture, administration, and direct practice with children and families. The ICs provided a wide range of T/TA to project sites in their assigned regions,² from conducting assessments and strategic planning through building implementation capacity, conducting evaluations, and developing sustainability plans.

1 As used in this brief, the term child welfare system includes the child welfare agency and other social services, the courts and legal system, and other child-serving providers.

2 Each IC covered two Administration for Children & Families (ACF) regions and supported three to seven projects.

Project Focus Areas

Between 2009 and 2013, 24 diverse implementation projects were initiated and completed. Eighteen State child welfare agencies, one county agency, and five Tribes or Tribal consortia participated. While the projects addressed a wide range of child welfare practice and system issues, common focus areas included:

- Developing, implementing, and/or integrating casework practice models
- Enhancing Tribal child welfare practices and/or culturally appropriate services to American Indian and Alaska Native children and families
- Using data to support planning and data-driven practices and implementation of quality assurance, continuous quality improvement (CQI), and technical assistance (TA) systems

- Building supervisory and workforce capacity
- Improving and broadening the engagement of parents, youth, and community stakeholders
- Implementing safety, risk assessment, and intake procedures and practices

Table 1 presents the jurisdictions³ (also referred to as sites) associated with each focus area as categorized by the cross-site evaluation.⁴ While many projects were broad in scope and spanned the child welfare practice continuum, others were more narrowly focused.

Table 1. Implementation Projects by Focus Area

Focus Area	Sites with Primary Focus in This Area	Sites with Secondary Focus in This Area
Practice models	Colorado, Georgia, New Hampshire, New Mexico, Tennessee, Vermont, West Virginia	Osage Nation, Los Angeles (L.A.) County, Maryland, Massachusetts, Mississippi, Three Affiliated Tribes, Wabanaki Tribal Consortium
Tribal child welfare practices/culturally appropriate services to American Indian and Alaska Native children and families	Central Council of the Tlingit and Haida Indian Tribes of Alaska*, Navajo Nation, Osage Nation, Three Affiliated Tribes and Turtle Mountain, Wabanaki Tribal Consortium (Passamaquoddy Tribe at Pleasant Point and the Penobscot Nation), Wisconsin	
Data, quality assurance, technology, and TA systems	L.A. County, New Jersey, North Carolina, Ohio, Indiana	Colorado, Iowa, Vermont, West Virginia, Garden, Navajo Nation, Osage Nation, Wabanaki
Supervisory and workforce capacity	Arkansas, Massachusetts, Mississippi, New York	West Virginia, New Jersey, Ohio
Stakeholder engagement	Maryland, Iowa	Tlingit and Haida, Garden, Indiana, L.A. County, Mississippi, North Carolina, New Hampshire, Osage, Tennessee, Wisconsin
Safety, risk assessment, and intake procedures		Tlingit and Haida, Georgia, Indiana, New York, Tennessee, Vermont, West Virginia

*In partnership with 15 other Tribes and Tribal organizations as well as the Alaska Office of Children's Services

3 The term jurisdiction refers to the State, county, Tribe, or Tribal consortium awarded the implementation project.

4 Based on a review of project descriptions, cross-site evaluation staff created focus area categories to cluster and examine similar projects under a primary (chief) focus area and secondary (also important) focus area.

T/TA Delivered Through Projects⁵

From 2009 through 2013, the ICs delivered substantial support and T/TA through their implementation projects:

- Projects lasted from 2 to 4 years, and averaged 38 months.
- Project sites generally received between 600 and 1,700 total hours of direct T/TA contact.
- Sites received, on average, 32 direct T/TA hours per month, but monthly hours varied widely.
- The majority of T/TA hours was delivered in person and onsite (78 percent), while a smaller percentage (22 percent) was delivered remotely (via telephone calls, webinars, etc.).

The ICs delivered various services to the project sites. They most frequently provided consultation, problem solving, and discussion (63 percent of direct T/TA hours), followed by facilitation (e.g., guiding groups in thinking through issues and discussing next steps) (42 percent). Approximately one third of IC T/TA hours were devoted to dissemination of information (33 percent), coaching (32 percent), and tool and product development (31 percent). Figure 1 presents the most common organizational and systemic areas of IC support. As shown, ICs most frequently provided T/TA on practice models and supervisory decision-making and practice.

While the ICs worked with a variety of staff within child welfare systems, T/TA was predominantly delivered to middle and upper management. Agency middle managers (program and division heads) participated in 70 percent of direct T/TA hours, administrative leadership (agency directors and deputies) and supervisors in 61 percent, caseworker and direct practice workers practice workers in 37 percent, and trainers in 24 percent.

Figure 1. T/TA Provided by Organizational and Systemic Areas



⁵ Data in this section are based on information entered by ICs into CB's web-based T/TA data system from October 2010 through December 2013. For projects that began before October 2013, estimated hours were projected based on monthly averages for the period during which hour data were available. These hours include only time spent in direct contact with T/TA recipients, either onsite or remotely, and exclude indirect hours that supported the provision of T/TA. ICs were able to record multiple responses for each T/TA activity, so percentages total more than 100 percent.

Changes in Implementation Capacity

IC services were designed to build the organizational capacity of project sites for implementation. To consistently assess implementation progress and measure changes in capacity across projects, local IC evaluators collaborated to develop two common measures:

- The Implementation Process Measure (IPM)—a survey instrument created to measure implementation and the status of interventions over time⁶
- The Implementation Capacity Analysis (ICA)—a focus group protocol for a qualitative assessment of changes in implementation capacity from the perspective of local implementation teams

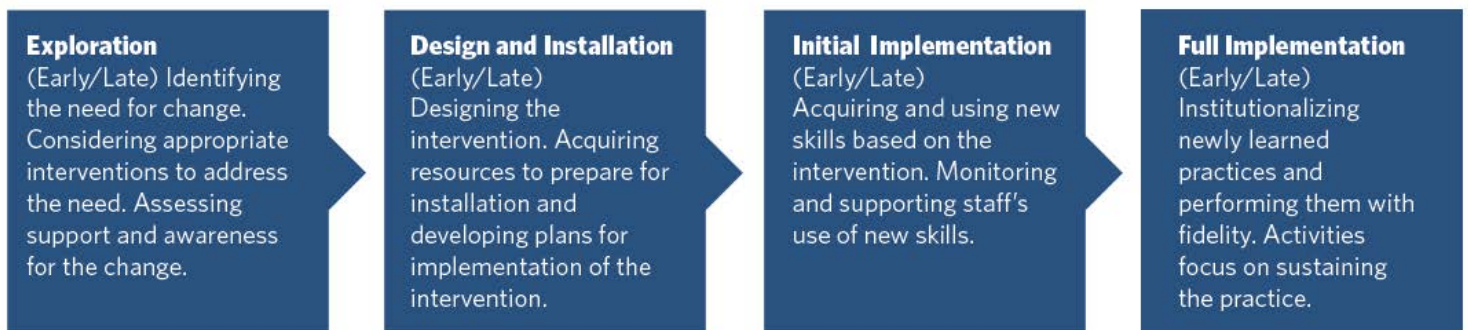
Both measures were guided by the National Implementation Research Network (NIRN) framework.⁷ This research-based⁸ framework encompasses a series of implementation stages and “drivers,” or organizational capacities, associated with the potential and ability to implement. The IC evaluators developed new instruments that were adapted from the NIRN stages of implementation and addressed additional capacities to best reflect change in child welfare systems. (See Figures 2

and 3 for the implementation stages and capacities assessed by the IPM and ICA.) The common measures contributed to learning across centers. However, there were substantial variations in IC approaches to collecting and reporting data, which limited analyses.

Using the IPM instrument in 6-month intervals, the ICs recorded information about each project’s implementation stage and the completion of key activities. Findings included the following:

- Project work started in different stages of implementation.
- States and Tribes spent an average of 9 months on each stage, with the most time spent on early design and installation.
- By the end of their project periods, one third of projects (33 percent) were in the early design/installation stage, while two thirds (67 percent) had reached early initial implementation, late initial implementation, or early full implementation.
- Across stages, foundational activities (e.g., establishing leadership groups, identifying needs) were more likely to be initiated and established than evaluation activities (e.g., identification of fidelity criteria).

Figure 2. Implementation Stages Assessed in the IPM



6 For more information, see 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.

7 See <http://nirn.fpg.unc.edu/learn-implementation>.

8 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. Available from <http://nirn.fmhi.usf.edu>.

Figure 3. Implementation Capacities Assessed in the IPM and ICA

- Shared vision, values, and mission*
- Leadership
- Selection
- Training
- Coaching
- Performance appraisal/assessment
- Facilitative administration
- Systems intervention
- Decision-support data systems
- Stakeholder engagement*
- Cultural competence*

* Capacities are not included in the NIRN Framework.

The ICs reported the following capacities to be the most salient throughout the implementation process: leadership; shared vision, values, and mission; and stakeholder engagement. Some capacities (e.g., decision-support data systems, training, coaching, facilitative administration, and systems intervention) were perceived by ICs to have had low salience during early stages of implementation, but became more salient in later stages.

ICA analyses were consistent with IPM findings. In focus groups of key stakeholders from 19 project teams, participants frequently reported that the following implementation capacities were enhanced or created as part of the project, or were important to the implementation process: leadership; shared vision, values, and mission; training and coaching; and decision-support data systems. Table 2 presents implementation capacities as reported by the project teams, as well as examples of how the ICs helped sites to develop them.

Using Implementation Science to Support Implementation in Georgia

Challenged with adapting a new safety model to its existing organizational environment, Georgia turned to NIRN’s implementation framework and the support available through an implementation project. Staff received training in implementation science as an integral part of the pilot process in two counties. Over time, staff in pilot counties showed improvements in their knowledge about implementation science and their ability to implement the new safety model. The pilot test served as a “learning lab” preceding statewide implementation.

Source: Atlantic Coast Child Welfare Implementation Center (2014.) *Georgia Final Report*. Submitted to CB.

Table 2. Implementation Capacity Analysis

Capacity	Importance	Examples of IC Support
Frequently Reported Capacities		
Leadership	<ul style="list-style-type: none"> Helps promote shared goals Enables access to needed resources 	<ul style="list-style-type: none"> Leadership summit to build awareness of different leadership styles (Tlingit and Haida) Engagement with new leaders to facilitate continuity (L.A. County)
Shared vision, values, and mission	<ul style="list-style-type: none"> Provides critical force in driving the project forward 	<ul style="list-style-type: none"> Vision and values mapping (Navajo Nation) Mediation between stakeholder groups to identify commonalities in goals and values (Tlingit and Haida) Facilitation of process for defining values and communicating them to stakeholders (New Hampshire)
Training	<ul style="list-style-type: none"> Aids in development of needed knowledge, skills, and abilities 	<ul style="list-style-type: none"> Design and/or delivery of training (Georgia, North Carolina, Wisconsin) Development of a practice guide (Iowa)
Coaching	<ul style="list-style-type: none"> Aids in reinforcement of new knowledge, skills, and abilities Helps recipients apply new information 	<ul style="list-style-type: none"> Coaching leaders and supervisors who then coach others (Mississippi, Tennessee) “Live learning” sessions in which practice specialists helped transfer new concepts to cases (Georgia)
Decision-support data systems	<ul style="list-style-type: none"> Strengthens ability to use data for decision-making, program improvement, and tracking outcomes Helps build buy-in and credibility for new initiatives 	<ul style="list-style-type: none"> Development/modification of data systems to support reporting and analysis (Iowa, Wabanaki) Creation of data dashboards (North Carolina, Vermont) Business process mapping, including templates and data entry points to document cases (Osage Nation) Meetings to discuss the “story behind the data” and create action plans based on data (West Virginia)
Moderately Reported Capacities		
Stakeholder engagement	<ul style="list-style-type: none"> Helps ensure responsiveness to varied needs Encourages system-wide support for systems change 	<ul style="list-style-type: none"> Meetings with stakeholder groups (Tlingit and Haida, Navajo Nation) Integration of family members in committees (Iowa) Distribution of strategic planning survey among staff at all levels (L.A. County) Creation of talking points for outreach (Maryland)
Staff selection	<ul style="list-style-type: none"> Supports appropriate staffing for new programs and initiatives Aids in preparing for potential turnover 	<ul style="list-style-type: none"> Planning staff recruitment and developing job descriptions (Indiana, West Virginia) Writing guidance documents on job roles, responsibilities, and qualifications (Georgia) Standardizing onboarding and orientation processes (Mississippi)
Facilitative administration	<ul style="list-style-type: none"> Supports implementation of programs or practices with fidelity 	<ul style="list-style-type: none"> Analyses to align policies, practices, and procedures concerning youth (Maryland) Development of executive teams to make and enforce policy decisions (Tennessee) Survey implementation and analyses to address implementation barriers (North Carolina)

Table 2. Implementation Capacity Analysis

Capacity	Importance	Examples of IC Support
Least Reported Capacities		
Systems intervention	<ul style="list-style-type: none"> Ensures needed resources and support for implementation by attending to external economic, political, cultural, and policy environments 	<ul style="list-style-type: none"> Development of local action plans with community partners based on needs assessments (North Carolina) Integration of cross-section of stakeholders on implementation workgroups (Tennessee, Mississippi) Development of new processes to allow for partner agency input (Ohio)
Cultural competence	<ul style="list-style-type: none"> Improves responsiveness of practices and services to service recipients and local communities 	<ul style="list-style-type: none"> Facilitation of “courageous conversations” between Tribal and State partners (Tlingit and Haida) Development of vision and values statements to promote traditional values (Navajo Nation) Discussions about differences in urban and rural cultures (Arkansas)
Performance appraisal/assessment	<ul style="list-style-type: none"> Supports fidelity and helps link implementation to results 	<ul style="list-style-type: none"> Support in setting performance targets (Indiana) Assistance with design of fidelity review tools and messaging on intent of fidelity reviews (Georgia) Performance of fidelity assessments (West Virginia)

During the ICA focus groups, project participants cited the following challenges to capacity building:

- A lack of clearly defined roles and expectations for the IC staff and jurisdiction project team staff
- Turnover of key players (including agency leaders, IC T/TA providers, and project team staff)
- Time constraints
- Misalignment between the project and other State or Tribal initiatives
- Balancing competing priorities and initiatives
- Staff resistance to new practices, procedures, or data entry requirements

Overview of Project Evaluations

Each project was required to have an independent evaluation to track and assess results and inform the ongoing change process. Local project evaluators worked with jurisdictions to develop logic models and processes for monitoring implementation and assessing project outcomes. Evaluations also served as useful tools for identifying and addressing facilitators and barriers to meeting project objectives.

Project Evaluation Approaches and Data Sources

Project evaluation plans described evaluation goals, research questions, methodology, analysis plans, and anticipated findings. The evaluation goals and research questions were typically developed through a collaborative process between the evaluators, IC staff, jurisdiction project leadership, and project stakeholders. This collaborative approach resulted in tailored evaluations relevant to project objectives and local needs.

The evaluation designs varied across projects. Most evaluations used exploratory case study designs, but many also used mixed methods study designs, including action research framework; culturally grounded research; formative research; holistic, longitudinal, and participatory research; and pre-experimental study (i.e., one group pre-test/post-test). One project evaluation used a quasi-experimental design with matched comparison groups.

Using a Process and Outcome Evaluation to Assess State and Tribal Partnerships in Wisconsin

Wisconsin's project evaluation assessed:

- The relationships between the State child welfare agency and 11 Tribal nations,
- Implementation of the Wisconsin Indian Child Welfare Act (WICWA), and
- Selected child and family outcomes.

The process evaluation included interviews with State and Tribal leadership and other stakeholders. Findings showed enhanced partnership between the State and Tribes; increased understanding of the Tribal role in child welfare service delivery; and strengthened relationships among State, county, and Tribal agencies and courts. While stakeholders were committed to meeting WICWA requirements, areas for improvement were identified. Process findings underscored the importance of establishing trust among stakeholders.

In the project's outcome evaluation, training surveys showed increases in awareness, knowledge, and understanding of WICWA among child welfare administrators and service providers. Administrative data reflected increases in the identification of WICWA-eligible children, documented notices to Tribal representatives, and child placements with Tribal providers and relatives.

Source: Midwest Child Welfare Implementation Center (2014). *Wisconsin's Best Outcomes for Indian Children. Final Implementation Project Report*. Submitted to CB.

Data sources were selected to align with evaluation goals. Most evaluators developed or enhanced existing data collection systems to collect quantitative and qualitative data. Quantitative data were collected from survey instruments, child-level administrative systems, intake systems, CB's centralized T/TA data tracking system, and new project databases. Qualitative data were collected through observations, site visits, document reviews, focus groups, stakeholder interviews, and surveys. Most project evaluations included both quantitative and qualitative data collected with varying frequency (e.g., monthly, biannually, or baseline, post-implementation, and follow-up) and were driven by the evaluation plan, data access, and availability of respondents to provide data.

Commonly Assessed Outcomes

In addition to the implementation analyses discussed earlier, project evaluations generally focused on project outputs, intervention adoption and fidelity, and system and organizational outcomes. Child and family-level outcomes were also assessed to varying degrees and with mixed results.

Project Outputs

Projects produced a variety of outputs—practice models, strategic plans, collaborative processes, revised or new policies for child welfare practices, training curricula, publications for providers and families, and data and quality assurance systems as well as CQI tools. Although many projects successfully generated expected outputs, some reported barriers. Barriers included:

- Competing priorities or initiatives
- Lack of engagement from key stakeholders
- Varying degrees of staff knowledge and comfort with new products
- Absence of clearly communicated project goals to all levels of staff

Production of outputs was the foundation for progressing to later stages of implementation.

Intervention Adoption and Intervention Fidelity Outcomes

Consistent and accurate implementation of an intervention increases the likelihood of achieving the intended outcomes. Plans for monitoring implementation of an intervention included data collection, observations of implementation, data analysis, and assessment of lessons learned during the adoption process. Some of the projects that were designed to introduce or expand the implementation of a specific program assessed the intervention adoption process by exploring stakeholders' readiness to

Promoting Leadership and Data-Driven Practices in New Jersey

To improve the capacity of workers to use data to inform practice, New Jersey developed and implemented an 18-month program that trained 133 Data Fellows. This initiative resulted in improved technical skills, attitudes, and practices among a diverse group of workers, and has begun to shift the culture within a large, complex child welfare agency.

The implementation project's success was fostered by involved leadership at the top levels. In addition, the project adopted a unique approach of fostering leadership and "champions" among middle managers, who were then expected to transfer the "Manage by Data" values and practices to upper management, peers, and junior staff.

Sources: Northeast and Caribbean Implementation Center (Undated.) *Final Report: New Jersey*. Submitted to CB; Lambert, D., Atkins, J. (2015). New Jersey's "Manage by Data Program: Changing Culture and Capacity to Improve Outcomes." IBM Center for the Business of Government.

implement the intervention (e.g., through readiness surveys, interviews, and focus groups), participants' perceptions of the intervention, and capacity building for implementation.

Approximately 60 percent of project evaluations included fidelity measures or findings. Tools for assessing fidelity included checklists to monitor adherence to intervention components, case review tools, data collection systems to track fidelity over time or across multiple sites, and quality assurance assessments. Among the 40 percent that did not measure fidelity, noted challenges included inadequate time to fully implement the project, implementation delays (often affected by staff turnover), and inadequate information in case files being reviewed. Several projects indicated that fidelity tools were developed as part of a project, but they had not yet been implemented.

System and Organizational Outcomes

The 24 diverse implementation projects made strides in advancing system and organizational change in the key focus areas described above—practice models, Tribal child welfare practices, use of data and quality improvement systems, supervisory and workforce capacity, and stakeholder engagement, as well as safety, risk assessment, and intake procedures.

Project evaluations assessed changes at the individual and organizational level. At the individual level, outcomes included staff knowledge and attitudes and stakeholder perceptions of relationships. At the organizational level, project outcomes included changes in organizational climate, capacity-building infrastructure, and application of policies and procedures. The particular system and organizational outcomes that were measured varied, reflecting the project's focus areas. For example, projects that focused on practice models measured staff knowledge, buy-in, and application of new practices, while projects that focused on Tribal child welfare practices and culturally appropriate services more often assessed policy changes and Tribal-State communication. Table 3 summarizes common project outcomes and provides examples of specific outcomes measured.

Table 3. Common System and Organizational Outcomes

Category	Examples of Outcomes Measured
Staff attitudes, knowledge, and competencies	<ul style="list-style-type: none">▪ Staff knowledge of new models or practices▪ Staff articulation of agency mission and vision▪ Leadership commitment to the intervention
Organizational culture and climate	<ul style="list-style-type: none">▪ Agency accountability and case documentation▪ Staff collaboration▪ Staff perceptions of job stress
Policy revision and implementation	<ul style="list-style-type: none">▪ Changes in policies▪ Consistent application of State laws
Stakeholder awareness, knowledge, and engagement	<ul style="list-style-type: none">▪ Parent involvement▪ Youth perspectives on services▪ Role of stakeholders in governance, policy, and programs▪ Engagement of community service providers
Improved relationships	<ul style="list-style-type: none">▪ Implementation of coordinated processes▪ Communication and collaboration among Tribes, States, county agencies, courts, and other stakeholder groups
Use of data and technology	<ul style="list-style-type: none">▪ Technology and infrastructure to support interventions▪ Perceptions of the utility of data systems▪ Use of data to inform decision-making and practice
Change management	<ul style="list-style-type: none">▪ Application of implementation science drivers▪ Capacity to implement change strategies▪ Skills in change management

Child and Family-Level Outcomes

The implementation projects were expected to implement practices and create system changes that would ultimately result in improved safety, permanency, and well-being outcomes for children and families. The vast majority of project evaluations reported that a lengthier evaluation timeframe would be required to measure the impact on child and family-level outcomes. Many also reported that child and family-level outcomes were beyond the scope of the project (e.g., beyond the reach of a pilot project with limited scope). Only a few projects were able to link the project to positive changes in child and family indicators.

During the project periods, evaluators worked with jurisdictions to begin building capacity for assessing child and family outcomes.

Projects identified relevant measures and created or enhanced existing data tracking systems that jurisdictions could use to track outcomes over time. Sites reported that the development of such measures was a priority in their sustainability planning. A number of jurisdictions planned to continue evaluation activities beyond their project periods to assess these outcomes.

Those project sites that monitored child and family outcomes relied on varied data sources, including client-tracking systems, case reviews, administrative data, and focus groups. Child and family-level outcomes were usually monitored at the jurisdiction level and included changes in maltreatment recurrence, removal rates, relative and community placements, placement stability, length of time in care, reunification, re-entry into out-of-home placement, and child permanency.

Keys to Successful Implementation Strategies

The final project reports and related IC materials underscore several themes for successful implementation projects or similar efforts:

- **Taking time for relationship building and upfront preparation.** Organizational and system changes take significant amounts of time (“measured in years not months”). In particular, ICs underscored the critical, yet time-consuming, process of building essential relationships and trust among key participants. Other upfront activities—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 preparing to implement change—are all complex, multifaceted processes that require time, shared commitment, and thoughtful execution.

- **Developing projects with a clear focus and manageable scope.** In order for the desired outcomes to be achieved, it is critical to create a project with a clear focus and goals that are achievable in the planned timeframe. This includes selecting a project with a manageable scope that can be reasonably implemented during the time period of available funding.
- **Tailoring projects to jurisdictions' needs and meeting the jurisdictions "where they are."** Successful IC strategies included incorporating knowledge from research literature as well as adapting practices from peer jurisdictions to address each site's assessed needs. It was also essential, however, that T/TA providers offered tailored solutions. As described in one 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."* T/TA providers can provide a framework along with options for best practices relevant to the problem at hand, but it is best for the jurisdiction to choose the one that best fits its needs and context, and for the jurisdiction to actually lead the implementation.
- **Fostering committed leadership and broad-based buy-in.** 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. ICs noted that leadership should be cultivated not solely at the top, but rather throughout the organization to create deeper "bench strength" and a broader array of champions who can facilitate buy-in and keep the initiative's momentum going.

Using Evaluation to Endorse a Family-Centered Approach in Iowa

Iowa's implementation project featured the expansion of a "Parent Partner" mentoring program from 16 to 68 counties. The project evaluation monitored fidelity of program implementation and assessed family-centered attitudes and practices, integration of parents' perspectives in policy and practice, implementation of mentoring activities, and parents' experiences with the program.

Evaluation findings revealed changes in agency culture, policies, and practices that reflected parents' perspectives and positive child and family outcomes. According to surveys of managers and caseworkers, family-centered attitudes and practices improved over the course of the project. Families who were mentored by Parent Partner advocates reported improvements in communication skills and feelings of self-worth, as well as increased awareness of community activities. Preliminary findings indicated that families participating in Parent Partner programs were more likely to be reunified with their children and less likely to re-enter the system when compared to similar matched cases.

Source: Midwest Child Welfare Implementation Center (2014.) *Iowa's Partnering with Parents for Systems Change: Final Implementation Project Report*. Submitted to CB.

- **Leveraging resources and clarifying roles.** The success of T/TA efforts is in part dependent on the expertise and skills of the T/TA providers. Providers must be able to engage stakeholders, analyze needs, help the jurisdiction choose an existing evidence-informed intervention or develop 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 IC, consultant, and agency roles presented an early challenge for some projects. Clarifying roles upfront and reclarifying roles over time was an important aspect of sustaining productive partnerships.
- **Installing dedicated project management and fostering implementation.** ICs strongly recommended installing and supporting a project manager on the ground in the jurisdiction who has the primary responsibility of coordinating and monitoring activities, communicating with leadership and stakeholders, managing resources, and ensuring the project's progress.
- **Promoting stakeholder engagement and inclusiveness.** The project sites' experiences underscore the importance of proactively engaging a cross-section of internal and external stakeholders and integrating their perspectives into project design and implementation. Strategic and ongoing communication is necessary to keep stakeholders informed as well as sustain buy-in over time.
- **Aligning T/TA projects with other ongoing initiatives.** In many jurisdictions, the project was just one of many changes occurring within the child welfare system, all of which competed for attention and resources. Effectively linking or integrating a new project into ongoing initiatives and the jurisdiction's overall vision can be a facilitator to success and sustainability. Conversely, a jurisdiction's inability to prioritize or align a new project with its other initiatives can be a significant barrier. Further, challenges may arise when a project is being linked to another initiative or model that has not yet been fully defined or implemented, creating a "moving target."
- **Using data and evaluation effectively.** Successful strategies included gathering data to better understand underlying problems, assessing the readiness of a jurisdiction to take on change efforts, and measuring fidelity once implementation was underway. Many jurisdictions needed convincing that data and evaluation could be valuable tools to

guide the change initiatives. As stated in one final report, "An important impact was the understanding that data could be used to drive quality practice, not only as a 'gotcha' for non-compliance issues." Facilitators to data-driven practice included achieving consensus early on around critical indicators and fidelity criteria, and developing standardized tools (forms, databases) to assist with data collection and assessment.

- **Starting discussions and planning for sustainability early in the implementation process.** The institutionalization of change was facilitated through: 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.

Conclusions and Implications for Future Capacity-Building Strategies

New T/TA efforts in child welfare and other human services areas can benefit by studying the lessons learned from the ICs and the implementation projects described above. Capacity-building efforts should include extensive engagement of States and Tribes, data-driven assessment of needs, and well-defined conceptualization of interventions. In addition, organizations will benefit from clearly defined roles for capacity-building service providers and recipients, strong jurisdiction leadership, broad-based stakeholder engagement, and peer-to-peer support. Once implementation is underway, T/TA also can support jurisdictions in using data to guide change, assess fidelity to interventions, and evaluate outcomes.

Future T/TA projects and their evaluations can continue to advance the field's understanding of implementation capacity and the relationship between T/TA and project outcomes. While the IC evaluators in this 5-year CB-funded project made advances in assessing implementation as well as system and organizational outcomes, they faced measurement problems and other challenges. Moving forward, more can be done to develop increasingly rigorous measures, implement them more consistently, and use them to further improve overall understanding about what is and is not effective. Ongoing evaluation and integration of lessons learned can contribute to continuous improvement of T/TA and implementation efforts and, ultimately, to better outcomes for children and families.