

Some Key Questions for Jurisdictions Interested in Implementing Safety and Risk Assessment Systems¹

Introduction

Many states, counties, and tribal nations are redefining how they approach safety and risk assessment - pushing the frontier on “protective capacities” and moving from an “investigation” mentality to assessment and partnership. Suffice it to say, this is the “gateway” of child welfare practice upon which all other decisions are predicated. Supporting a family safely remaining together or deciding to “remove” a child is the next set of decisions. The issues of safety and risk assessment are central to effective child welfare practice and yet the field continues to struggle in this area.

There are many approaches to this work. In California, interest is growing in integrating the use of Safety Organized Practice (SOP) and Structured Decision Making (SDM). Both of these child welfare approaches have much to offer in assessing the risk, safety, danger, and protective factors present with families. There is a growing body of research that indicates how the SDM approach improves the accuracy and consistency of CPS worker decision-making. Many line workers are discussing how SOP has provided them with a practice framework and concrete tools for gathering information with children, parents and other family members in very creative and deeply informing ways. The *CPS Safety Intervention System*² includes an assessment of caregiver protective capacities. These innovative approaches are enabling CPS staff to use techniques derived from solution-focused therapy within the context of a safety, protective capacities and risk assessment.

This planning checklist presents a cross-section of some of the most important planning factors to consider when implementing a safety and risk assessment approach within the larger practice model in a jurisdiction. It is not intended to be an exhaustive step-by-step planning manual but to support a thoughtful discussion of planning and implementation issues.

Context for Implementation

Fixen and Blasé completed a comprehensive review of what it takes to successfully implement evidence-based practice strategies and the challenges inherent in that work. There appear to be two key areas of work: (1) Stages of implementation and (2) Core implementation components.

¹ Revised: June 20, 2014 by Sevaughn Banks, Susan Brooks, James Coloma, Adreanna Riley, Judy Rutan, Nancy Satterwhite, and Andrea Sobrado. Adapted with permission from a safety assessment implementation checklist compiled by Peter Pecora, Phil Decter, Susan Getman, Raelene Freitag, John Vogel, Susan Ault, William Madsen, Marva Hammons, Dee Wilson, Dana Blackwell, Susan Brooks, Sophia Chin, and Miryam Choca in September, 2010.

² See Action for Child Protection. (2010). *Assessing caregiver protective capacities related to parenting*. Retrieved June 23, 2010 from <http://www.actionchildprotection.org/>

The core implementation components are essential for organizing agency preparedness. The components cited are:

1. Staff selection
2. Pre service and in-service training
3. Ongoing coaching and consultation
4. Staff performance evaluation
5. Decision support data systems
6. Facilitative administrative supports
7. System interventions³

Table 1. Planning Questions for Jurisdictions Interested in Implementing the Safety-Organized Practice Safety and Risk Assessment Systems

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>1. Leadership Readiness:</p> <p>Ensure that agency leadership understands the SOP model, its core practice tenants and its alignment with agency mission and culture, and is able to articulate the reasons that the agency has chosen to adopt the model.</p>	
<ul style="list-style-type: none"> • What child welfare practice model (i.e. the California Core Practice Model), if any, does the jurisdiction currently use? Is there alignment of core values, family-centered practice, and practice principles between the agency practice model and SOP? Is there alignment between the agency's current safety and risk assessment process/tools and SOP? (It is important to recognize the extent of the changes a jurisdiction might be undertaking when they start down this road, and the important role that change agents, trainers, and consultants can play in helping jurisdictions think through key questions that accompany the change process.) • Does the agency leadership understand the practice tenants of SOP? (For example, cultural humility, engagement whole families and their support systems, balanced and rigorous assessments which incorporate the perspective of all those involved, to build safety plans that enhance actual safety instead of reliance upon service completion, and that all written documentation of the family's progress should be reflective of this teaming approach, etc.) • What will the communication plan be to build "readiness" for implementation within the agency? How will leadership partner with supervisors and key staff, champions, or political support to build understanding about the importance of SOP implementation? How will communication be intentional and purposeful, as it relates to implementation, building consensus and integrating input? • How will the agency engage external stakeholders (i.e. parents, youth, religious organizations, court, political support, etc.) to communicate about and build consensus around the desired outcomes with using SOP as a possible practice to meet these outcomes and building consensus? 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<ul style="list-style-type: none"> • How will the agency work with stakeholders, both internal and external, to identify what role they might play in implementation? • How does the agency's current safety and risk assessment approach impact/inform other areas of practice, organizational culture, supervisory practice, teamwork, and child, youth, and family outcomes? What other areas of change may be necessary in order to achieve improved outcomes? • Are there available resources that will be dedicated to ensure sufficient training and coaching? What resources can be dedicated? Internal staff capacity? External support from the RTA? What would partnership need to look like between the agency and the RTA? • Is the leadership necessary to launch and sustain this practice approach present at the state and county levels? (E.g., public agency leaders, judges, policy leaders, employee union leaders.) 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>2. Timing and Sequencing of Implementation:</p> <p>Managing large scale implementation can be exciting and successful, especially when planning is done ahead of time, with regular monitoring and communication between leadership and those implementing the practice.</p>	
<ul style="list-style-type: none"> • In what program areas will implementation begin? Will data be utilized to determine this? Are there program areas with more urgency for the practice? • What agency trainings or system of training could this training leverage or build off of? (for example, regular training happens during the week in unit meetings so how could those unit meetings be a platform for ongoing SOP training/coaching?) • Has an implementation timeline been developed? • Has the partnership between the agency's trainers (or those responsible for training) and the RTA been worked out? If so, what does this capacity tell us about pace and timing of implementation? • Are there any special key policy and administrative regulation requirements or milestones that will need to be met for the project to proceed? (I.e. are there any "showstopper" review checkpoints?) • Are supervisors part of the implementation planning efforts? • Who will monitor implementation? Is there an "implementation team," or a group of people who will provide feedback to leadership, or those responsible for dedication or resources and support? • What should we expect during the initial phase of implementation? What proximal and distal outcomes do we want to see? What timelines do we have to reach these proximal and distal outcomes? • How will we know to "spread" to other program areas? 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>3. Training, On-going Supervisory Support and Coaching:</p> <p>Capacity building is essential to sustain the SOP practice, and supervisors are the key. External trainers and coaches may be used to strengthen the supervisors' ability to understand and use the SOP practice approach, to <i>coach</i> the practice within their units, and to sustain the practice within the organization.</p>	
<ul style="list-style-type: none"> • How will leadership be part of continued learning and deepen their understanding of SOP? How will leadership model SOP practice? How will staff at different levels model a learning organization? • Will there flexibility in sequencing or offering some or all SOP modules? • What is the agency's strategy to train and coach the implementers of SOP? • If external trainers and coaches are needed, then how can the role of the RTA and the agency's staff trainers be clarified? What kinds of agreements are needed between the RTA and the agency around roles and responsibilities? • Are all trainers/coaches knowledgeable and experienced in the SOP framework and familiar with the California Core Practice Model? • How will leaders/managers be trained and coached? At what point will they be trained and coached? • How will supervisors be trained and coached? At what point will they be trained and coached? • How will workers be trained and coached? At what point will they be trained and coached? • How will key partners (e.g., parents, youth, family, foster parents, community judges, key medical personnel, GALs, policymakers) need to be oriented or trained? • How will practice leaders be identified, developed and supported? • What training materials will need to be developed or used for workers? Supervisors? Coaches? 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<ul style="list-style-type: none"> • How will training and coaching as implementation support be sustained? • How will existing core/new worker training/new supervisor training curricula be revised or modified to integrate the new curriculum? How will training and coaching be adapted for existing staff roles within the agency using SOP practice, while ensuring fidelity to the practice? • What types of ongoing advanced and/or refresher training sessions will be included in the ongoing implementation and training plan? • How will we evaluate the training's effectiveness? • How will transfer of learning be supported and assessed? 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>4. Practice Informing Policy and Policy Enabling Practice Cycles:</p> <p>Feedback loops between agency leadership (those responsible to address system barriers and allocate resources) and practice leaders who are engaged with direct practice must be put into place during all phases of implementation.</p>	
<ul style="list-style-type: none"> • How will the agency facilitate a group of stakeholders who convene regularly to oversee the progress and process of implementation? What are the roles and tasks of the leadership team/advisory team? Who are the critical stakeholders that are important to this process? Who are the people that would support in this leadership role? • How will agency leadership be able to receive regular input from all stakeholders that are involved (parent partners, youth, social workers, supervisors, courts, advocacy groups, service providers, Regional Training Academy, other training partners, continuous quality improvement staff, etc.) in regards to the progress and the process of the implementation? • What will be regular times when decisions are made to acknowledge successes, resolving barriers, and support continuous implementation? • What are the roles and tasks of an “implementation team?” • How, in what frequency, and by whom will leadership be informed about SOP implementation processes, progress, and resources that are needed? • What kind of initial and ongoing communication is needed with agency partners? Is there “permission” needed from Boards of Supervisors, Commissions, or Oversight groups? Will regular communication aid in maintaining this “permission?” • What will be the process for assessing new workflow (e.g., reducing/eliminating redundancies in new vs. old assessments, forms, policy, etc.)? 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>5. Workload Impact:</p> <p>Balanced and culturally responsive assessments and meaningful/effective planning with families will pay off in the long run, but during the initial phases of implementation, time to attend trainings and coaching sessions might take some juggling for agency staff.</p>	
<ul style="list-style-type: none"> • What will be the process for assessing new workflow (e.g., reducing/eliminating redundancies in new vs. old assessments, forms, policy)? • What is the expected impact on present roles and responsibilities of social workers? Supervisors? • What is the expected workload impact for social workers? Will caseloads be held or reduced during training (such as no new cases)? • What is the expected workload impact for supervisors during training, coaching, etc.? Are there ways to reduce supervisory workload by combining supervision and coaching? • Are there plans for coverage while staff members are at SOP training? How will supervisors and managers balance workload when staff members are away during training? • Will these changes be considered a fundamental change to the work environment and require union negotiation? 	

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>6. Quality Assurance, Fidelity Assessment, Performance Measurement and Evaluation:</p> <p>It is important to know ahead of time what the agency hopes the impact of SOP will have on family-level outcomes and on its staff. It is important to think about how this information will be ascertained during each phase of implementation. A strong CQI process will be key for practice sustainability and to ensure successful outcomes.</p>	
<ul style="list-style-type: none"> • Will there be a process for data collection? Fidelity? Observation/feedback? Who will oversee this function? Who will gather data? • What kind of quality assurance process will be used for this work that is any different than what is being used now? • Will some kind fidelity assessment for accountability be essential as a way of helping to ensure that workers and supervisors are implementing the safety/risk/practice model in the right way?⁴ Is a fidelity assessment available from the developer, such as the SOP Practice Profiles or the CAPP Practice Profiles? If not, what form of fidelity assessment will be supported by the model developer? Who will do the fidelity assessment? How?⁵ • What resources are available to conduct evaluation/CQI efforts? • If a practical and affordable evaluation design needs to be developed, have the following strategies been taken into consideration? <ul style="list-style-type: none"> ➤ Ensuring that automation of tools (SDM, CWS/CMS, Practice Profiles) is completed in close consultation with system developers to increase reliability in data collection.⁶ 	

⁴ Some of these items should not be framed as a yes/no question but rather as a question that resumes a fidelity assessment and then poses questions such as the format/content/process. Are there some essential **core** elements that **must** be included in the first stage. There may well be a logic to some of the sequencing. So we might consider setting an initial sequence as a “working hypothesis” so that the fidelity assessments provide more information regarding the hypothesis.

⁵ SOP and other risk/safety assessment methods might be viewed as a “suite” of practice strategies (strengths-focused interviewing, safety mapping, techniques for safety planning, etc). Once identified, with consultation support, jurisdictions could create a fidelity assessment specifically tailored for each part of the model they are adopting.

⁶ In some sites SDM tools have been built internally by department IT staff without consultation with the Children’s Research Center . This has often resulted in unreliable data due to how the forms were built into the system. This poses significant challenges when trying to use data to evaluate implementation and examine outcomes. While

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<ul style="list-style-type: none"> ➤ Rely on the agency MIS system data related to referral accepted, substantiated, rates of placement, rates of recidivism, length of stay, rates of re-placement, ➤ Conduct an early “baseline” surveys of front-line workers (to be repeated later to measure change). ➤ Conduct early “baseline” surveys of parents by involving former child welfare clients as interviewers (to be repeated later to measure change). ➤ Focus groups of front-line workers, parents, supervisors and/or other stakeholders. ➤ Case record reviews ➤ Qualitative “within-case” set of interviews of 10-20 families, their worker, and the supervisor associated with that case ➤ Economic analysis of cost savings. (See Fiscal Planning section.) <ul style="list-style-type: none"> • To the extent that outcome measurement and evaluation is inevitably both a clinical and organizational intervention, how can the evaluation process be grounded in guiding family-centered core values and principles? • What form of outcomes measurement and budget analysis will be needed to document the economic value of this approach? (e.g., cost savings from placement diversion, lower rates of repeated child maltreatment, reduced length of stay). • For each evaluation strategy chosen, who will be responsible for doing that, what will it cost, what is the funding source? • Does an external evaluation contractor need to be identified, and how will they be chosen – sole source, RFP, other method? 	

there is some additional up-front investment of resources to involving the model developer in IT modifications, significant savings are often obtained by avoiding system errors.

Planning and Implementation Factors	Notes (e.g. tasks, due dates and those responsible)
<p>7. Fiscal Planning:</p> <p>Full implementation of a practice model within a child welfare organization takes years, and sustaining/evolving/building upon the practice even longer. It is essential to think about necessary funding and resources long-term to ensure sustainability.</p>	
<ul style="list-style-type: none"> • Once the scope of work, training plan, and sequencing/timing has been outlined, what is the budget needed to implement this project over the first 3-5 years? • If a jurisdiction is planning to use supervisor and worker 'coaches' as a way to sustain the transfer of learning, what kind of funding can the jurisdiction provide to support this in Year 1? Year 2? Year 3? • Can Title IV-E or other federal funds be used to help support the implementation? • What will the RTA provide such as direct and indirect costs? • Are there any other resources from stakeholders available for support? • Are there savings that can be accrued by implementing in 2 or more counties at the same time or in close proximity time-wise? • What are the most feasible funding sources? • Could certain local or state foundations be a source of political, program, TA or financial support? • Are there any agency internal resources that can be repurposed to support implementation (such as quality assurance staff being assigned to the implementation team or training staff being assigned to provide training/coaching)? 	