

Supporting the Sustainable Use of Research  
Evidence in Child Welfare Services

# An Implementation Science and Service Provider-Informed Blueprint for Integration of Evidence-Based / Evidence-Informed Practices into New Jersey's Child Welfare System



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# Abbreviations

<b>CDT</b>	Community Development Team
<b>CQI</b>	Continuous Quality Improvement
<b>DCF</b>	New Jersey's Department of Children and Families
<b>EB</b>	Evidence-based
<b>EI</b>	Evidence-informed
<b>EBP</b>	Evidence-based Program
<b>EIP</b>	Evidence-informed Program
<b>FTE</b>	Full-time equivalent
<b>ICT</b>	Interdisciplinary Collaborative Team
<b>NIRN</b>	National Implementation Research Network
<b>OTPD</b>	Office of Training and Professional Development
<b>PP</b>	Promising Practices
<b>RFP</b>	Request for Proposals
<b>SOP</b>	State of Practice
<b>TA</b>	Technical Assistance

# Acknowledgements

The authors are honored to have been entrusted to synthesize the perspectives and feedback of many who positively impact the lives of children and families in the state of New Jersey. This publication, Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence-Based/Evidence Informed Practices into New Jersey's Child Welfare System (referred to hereafter as the Blueprint) reflects a yearlong effort to identify and contextualize implementation best practices recommended to support the sustainable use of evidence-based and evidence-informed programs in New Jersey's child welfare service array in order for vulnerable children and families to benefit. These efforts required an intense amount of time, energy, and commitment from multiple systems partners in New Jersey.

We want to thank the 30 service provider participants whose feedback and perspectives we have tried to capture and represent accurately. Appendix A provides a full list of the 10 provider agencies who participated in the workshop series and engaged in multiple efforts to refine implementation strategies and recommendations. Providers represented a range of positions, knowledge, and expertise, and the Blueprint is richer because of the diversity.

Additionally, we want to thank the Commissioner's 16 Advisory Group on Integration of Evidence-Based

Practices members whose expertise was important in the development and integration of the recommendations in the Blueprint. The Commissioner's Advisory Group members are noted in Appendix B. Thank you for your commitment to excellence for children and families in New Jersey.

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# Glossary

## Contextual Fit

is the “match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources available in a setting” (Horner, Blitz, & Ross, 2014, p.3). Aarons, Hurlburt, and Horowitz (2011) elaborate on this concept by noting “implementation of an innovation will be successful to the degree that the innovation matches the mission, values, and service provider tasks and duties of the organization.”

## Continuous Quality Improvement

is the process of identifying, describing, and analyzing key data indicators and challenges; identifying and carrying out potential solutions; monitoring their effectiveness; and revising solutions based on results. Effective CQI requires an organizational culture and system that foster continuous learning and improvement and is routinized in an agency’s mission, vision, and organizational practices (Lee, Bright, & Berlin, 2012).

## Enabling Context

is collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to build an environment that supports effective practices.

## Evidence-Based Practice

is defined as a manualized program, practice, or intervention, which is included in a national clearinghouse or registry of evidence-based interventions, has documented evidence of effectiveness based on at least two rigorous, external research studies, and has demonstrated sustained effects at least one year post treatment.

## Evidence-Informed Practice

is defined as a program, practice, or intervention that has demonstrated effectiveness with one rigorous research study.

## Implementation Team

is a group of stakeholders that oversees, attends to, and is accountable for, performing key functions in the selection, implementation, and continuous improvement of an intervention. As the formal implementation structure, teams systematically move an intervention through stages of implementation by ensuring families and community members are engaged, the practice is well-defined and a good fit with the context and setting, implementation supports are in place, fidelity is measured and improved, and outcomes are achieved and sustained.

## Implementation Drivers

are the core components or building blocks of the infrastructure needed to support practice, organizational, and systems change (Metz & Bartley, 2012).

## Policy-Practice Feedback Loops

are formal structures and processes that facilitate two-way communication in order to provide organizational leaders and policymakers with information about implementation barriers and successes so that a more aligned system can be developed.

## Promising Practice

is defined as a program, practice, or intervention that has shown some evidence of effectiveness through less rigorous research studies.

## Technical Assistance

is an individualized, hands-on approach to building capacity within individuals, organizations, and/or communities to implement practices or programs. It encompasses dosage, mode of delivery, collaborative design, and proactive design and addresses variables such as leadership development, funding/resource development and access to resources, practitioner empowerment, competence, and capacity for future efforts (Wandersman, Chien, & Katz, 2012).

## Terms of Reference

are a documented memorandum of understanding that carefully outlines the vision and purpose of an implementation team, the scope of work and deliverables for which the team will be held accountable, roles and responsibilities for all members, communication protocols, operational processes, and decision-making authority (Metz, Naoom, Halle, & Bartley, 2015). Terms of reference not only provide clarity on ways of work, they also help to cultivate basic norms for member behavior that helps to facilitate the work (Wageman, Hackman, & Lehman, 2005).

# Executive Summary

A photograph of a young girl with her hair in a bun, smiling warmly. She is wearing a light-colored, textured sweater. The image is overlaid with a large, white, stylized 'ES' in the bottom right corner. The background of the image is a solid yellow color.

ES

Despite the growing emphasis on the use of evidence-based practices and programs to improve outcomes, the mobilization of research evidence on the frontlines of child welfare has been quite limited, especially in public agencies serving the vast majority of children, youth, and families.\*

Even when service systems make the investment in evidence-based programs, sustaining the potential of these programs over the long term has continued to be a challenge across the United States and the globe (Ghate, 2016; Chambers, Glasgow, & Stange, 2013). Saldana (2015) found that only 37% of widely disseminated evidence-based models are sustained in the long term. Indeed, in many jurisdictions, “services as usual” remain untouched by research evidence.

Integrating evidence-based practices into the delivery of child welfare services goes beyond simply making a list of preferred models (Berliner et al., 2015). It is a complex process that involves the selection of appropriate evidence-based practices, the development of an infrastructure to support high-quality implementation of the practices, and systems changes that will ensure the practices are sustainable beyond the first 18 to 24 months of implementation. Child welfare systems present unique challenges to the implementation of evidence-based practices in terms of the structure, processes, practitioners, and service population. There are an array of competing needs and limited resources, making the uptake and sustainability of evidence-based practices challenging to say the least.

In their 2016-2018 Strategic Plan, New Jersey’s Department of Children and Families (DCF) identified “continuing to transition the service array to research and evidence-supported models using an implementation science framework approach” as a key priority for meeting the strategic goal of “ensuring the integrity and quality of DCF’s system of care” (DCF, 2016). DCF is committed to realigning their service dollars to purchase programming that holds more promise to achieve outcomes with some of New Jersey’s most vulnerable children and families.

To advance this strategy, DCF partnered with the Annie E. Casey Foundation and the National Implementation Research Network (NIRN) at the University of North Carolina Chapel Hill to develop *An Implementation Science and Service Provider-Informed Blueprint for the Integration of Evidence-Based/Evidence-Informed Practices into New Jersey’s Child Welfare System*, “the Blueprint.” A collaborative mixed-methods design was used to customize and prioritize implementation science best practices to the specific context of New Jersey’s child welfare system. NIRN and DCF selected a stratified sample from DCF provider partners across New Jersey who have experience implementing evidence-based, evidence-informed, and/or evidence-supported/promising programs using an open Call for Participation process conducted by DCF. Ten providers were selected from among 24 applicants to include a stratified sample with representation of varying levels of evidence, geographic distribution, and a range of organizational and programmatic capacity. Additionally, DCF formed the Commissioner’s Advisory Group on Integration of Evidence-Based Practices (the Advisory Group) to provide expert consultation on the project. The Advisory Group (n = 16) included DCF leadership, model developers for evidence-based practices, systems partners, researchers, and service providers.

\* Saldana, 2014; Durlak & Dupree, 2008; Aarons & Palinkas, 2007

NIRN collected data from providers through a series of four interactive workshops and from a voluntary subset of Advisory Group members through workshop debriefs. Workshops were structured around the “Active Implementation Formula” (National Implementation Research Network, 2016). The formula provides a high-level overview of the factors required to achieve socially significant outcomes.

**The three components (see Figure 1) and workshop foci included:**



**EFFECTIVE PRACTICES**

Strategies or interventions that are supported by evidence, feasible to implement, fit the needs of the community, and are well defined

**WORKSHOP ONE**

Workshop 1 focused on “intervention selection” as part of the effective practices component.



**ENABLING CONTEXT**

Collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to support effective practices.

**WORKSHOP TWO**

Workshop 2 focused on the “implementation teams” as part of the enabling context component.

**WORKSHOP FOUR**

Workshop 4 focused on “data use and communication” as part of the enabling context component.



**EFFECTIVE IMPLEMENTATION**

Intentional and visible infrastructure to support effective practices.

**WORKSHOP THREE**

Workshop 3 focused on the “implementation drivers” as part of the effective implementation component.

**WORKSHOP FOUR**

Workshop 4 focused on the use of data and communication across “implementation stages” as part of the effective implementation component.

For each workshop and section of the Blueprint, there were a variety of quantitative and qualitative data gathered and shared through a multi-step process to solicit information and feedback from multiple perspectives. Key data collection and analysis steps included a pre-workshop survey to inform workshop development and share initial results within the workshop, in-workshop activities to gather applied information from providers, State of Practice (SOP) documents that summarized key data points from the pre-workshop survey and workshop feedback from providers, and participating Advisory Group members’ recommendations and feedback.

**FIGURE 1**  
Active Implementation Formula with  
Components and Workshop Foci

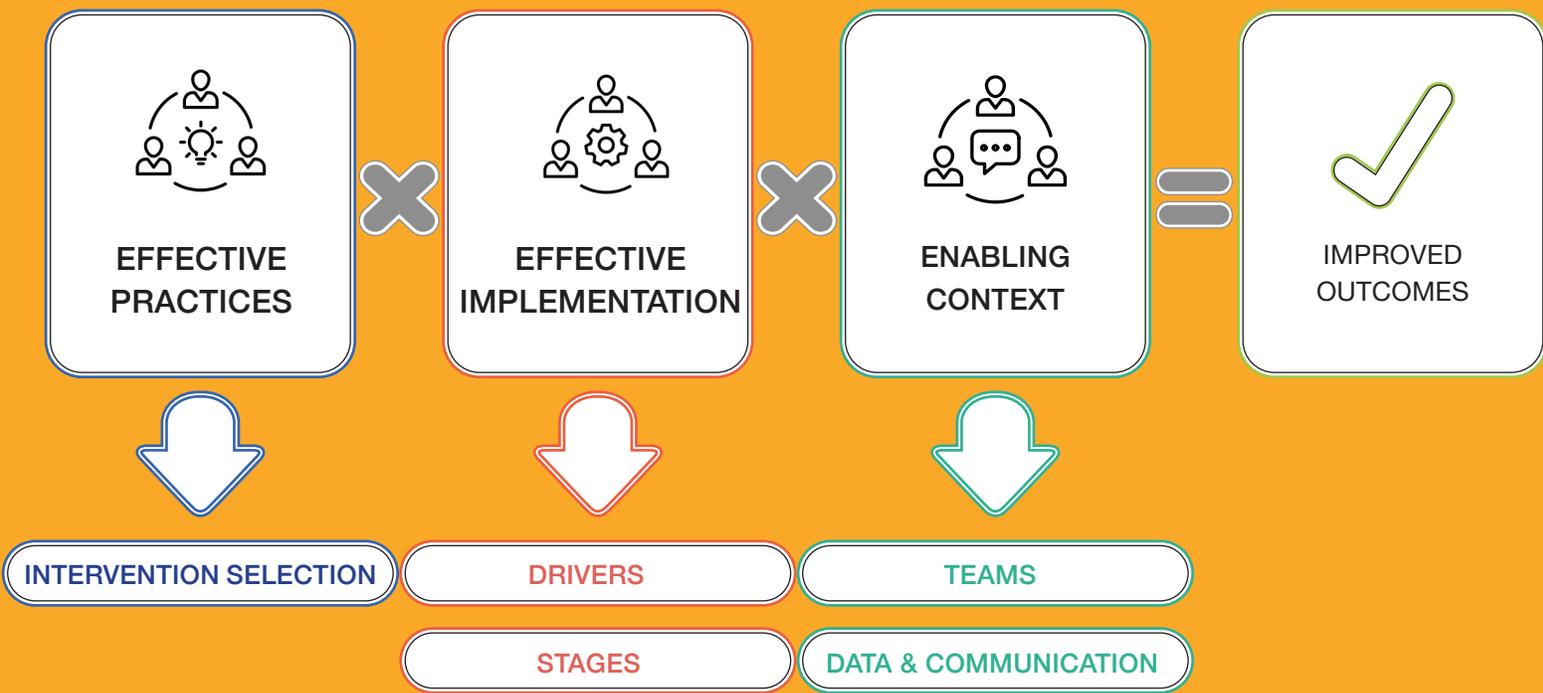


Figure 1. Implementation defined.  
Reprinted with permission from  
[nirn.fpg.unc.edu/learn-implementation/implementation-defined](http://nirn.fpg.unc.edu/learn-implementation/implementation-defined).  
The National Implementation Research Network,  
University of North Carolina Chapel Hill.

**TABLE 1**  
Workshop Recommendations Summary Table

RECOMMENDATION FOCUS  
DCF AND SYSTEM PARTNERS

INTERVENTION SELECTION	IMPLEMENTATION TEAMS	IMPLEMENTATION INFRASTRUCTURE	DATA USE AND COMMUNICATION
<p><b>1.1</b> DCF can explore using procurement processes to support the improvement of contextual fit between potential interventions and the local service delivery context. <sup>1</sup></p> 	<p><b>2.1</b> Form a state-level implementation team to support providers in high-quality implementation of EBP/EIPs.</p> 	<p><b>3.1</b> Assess DCF and system infrastructure strengths and gaps and prioritize areas of infrastructure development.</p> 	<p><b>4.1</b> Ensure ongoing data use and communication of service providers by supporting the necessary infrastructure.</p> 
<p><b>1.3</b> DCF can support providers' selection methods by exploring the possibility of working with systems partners to provide guidance and technical assistance to providers on how to use needs assessment data to make informed choices related to interventions.</p> 	<p><b>2.3</b> Explore how DCF infrastructure (e.g., contracts, training, program leads) could support effective implementation and allocate resources to provide TA and coaching to provider teams.</p> 	<p><b>3.2</b> Develop and refine the infrastructure through collaborative teaming structures with DCF, service providers, and system stakeholders.</p> 	

RECOMMENDATION FOCUS  
SERVICE PROVIDERS & PRACTITIONERS

<p><b>1.2</b> Consider strategies to conduct internal fit and feasibility assessments using data to inform intervention selection decisions.</p> 	<p><b>2.2</b> Formalize implementation team infrastructure with diverse representation and clear accountability.</p> 	<p><b>3.3</b> Embed implementation best practices using tools and resources developed and supported by DCF.</p> 	<p><b>4.2</b> Apply best practices of data use and communication by instituting data use and communication at the practice and agency levels.</p> 
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<sup>1</sup> For example, in cases where DCF is seeking to support the use of selected interventions based on population needs, DCF might structure requests for proposals around key dimensions of contextual fit—including feasibility and readiness for implementation—and developing aligned criteria to evaluate answers. In cases where DCF seeks innovative solutions to identified problems, DCF can support providers in using available needs assessment data to identify potential interventions. RFPs can also be structured to provide phased funding that allows for selection and capacity-building processes.

The Blueprint sections are based on the workshop series and summarize relevant research related to each topic, key findings from data and feedback from the provider workshop participants and Advisory Group participants, and systems-level and provider-level recommendations based on implementation science best practices and the current state of practice in New Jersey as shared by participants. The primary intended audience for the Blueprint includes state child welfare leadership, as well as private providers and systems partner leaders and practitioners interested in integrating evidence-based and evidence-informed programming using best practices of implementation science. Recommendations are organized into three thematic areas that provide a framework for aligning the public child welfare system's activities and priorities with the development of a sustainable infrastructure to support the use of research evidence. Further information on each of these recommendations and thematic areas is described in the respective Blueprint chapters.

Developing *An Implementation Science and Service Provider-Informed Blueprint for the Integration of Evidence-Based/Evidence-Informed Practices into New Jersey's Child Welfare System* involved multiple steps, voices, and perspectives to integrate both research and practice into a practical and useful guide for both New Jersey's Department of Children and Families, private provider agencies serving vulnerable children and families, and the field of child welfare generally. These efforts will require a focus on strengthening public and private partnerships, organizing and promoting capacity within and across the child welfare system, and supporting the ongoing quality improvement of services. With this investment and information, New Jersey is particularly well positioned to apply these recommendations in order to promote the sustainable use of research evidence within their service system array and be a leader in national efforts to integrate evidence-based programs effectively so that vulnerable children and families to benefit.

**The thematic areas include (See Recommendations Summary Table 1):**



**1 Strengthening Public and Private Partnerships**



**2 Organizing and Promoting Capacity**



**3 Supporting Quality Improvement**

# Background and Context



# Research Evidence in Child Welfare

Despite the growing emphasis on the use of evidence-based practices and programs to improve outcomes, the mobilization of research evidence on the frontlines of child welfare has been quite limited, especially in public agencies serving the vast majority of children, youth, and families.\*

Even when service systems make the investment in evidence-based programs, sustaining the potential of these programs over the long term has continued to be a challenge across the United States and the globe (Ghate, 2016; Chambers, Glasgow, & Stange, 2013). Saldana (2015) found that only 37% of widely disseminated evidence-based models are sustained in the long term. Indeed, in many jurisdictions, “services as usual” remain untouched by research evidence.

Integrating evidence-based practices into the delivery of child welfare services goes beyond simply making a list of preferred models (Berliner et al., 2015). It is a complex process that involves the selection of appropriate evidence-based practices, the development of an infrastructure to support high-quality implementation of the practices, and systems changes that will ensure the practices are sustainable beyond the first 18 to 24 months of implementation. The integration of child welfare services requires sound assessments that support the identification of specific, measurable intervention goals, and the selection of evidence-based interventions that will support the family in meeting these specific goals. Integration, therefore, requires the development of skills and competencies for both the practitioners delivering the evidence-based interventions, and the practitioners conducting assessments and making referrals to these interventions (Saunders, 2015).

Child welfare systems present unique challenges to the implementation of evidence-based practices, in terms of the structure, processes, practitioners, and service population. For example, public child welfare agencies often rely on a network of private service providers to deliver evidence-based practices. Further, many of the treatments are delivered through the behavioral or mental health systems, requiring collaboration between complicated service systems that have different funding streams, priorities, and standards of practice. The complexity of family problems and situations can limit the appropriateness and effectiveness of evidence-based practices. Finally, the extent to which evidence-based practices are perceived by practitioners to fit with usual tasks and duties can influence the uptake and sustainability of evidence-based practices in child welfare systems (Aarons & Palinkas, 2007).

\* Saldana, 2014; Durlak & Dupree, 2008; Aarons & Palinkas, 2007

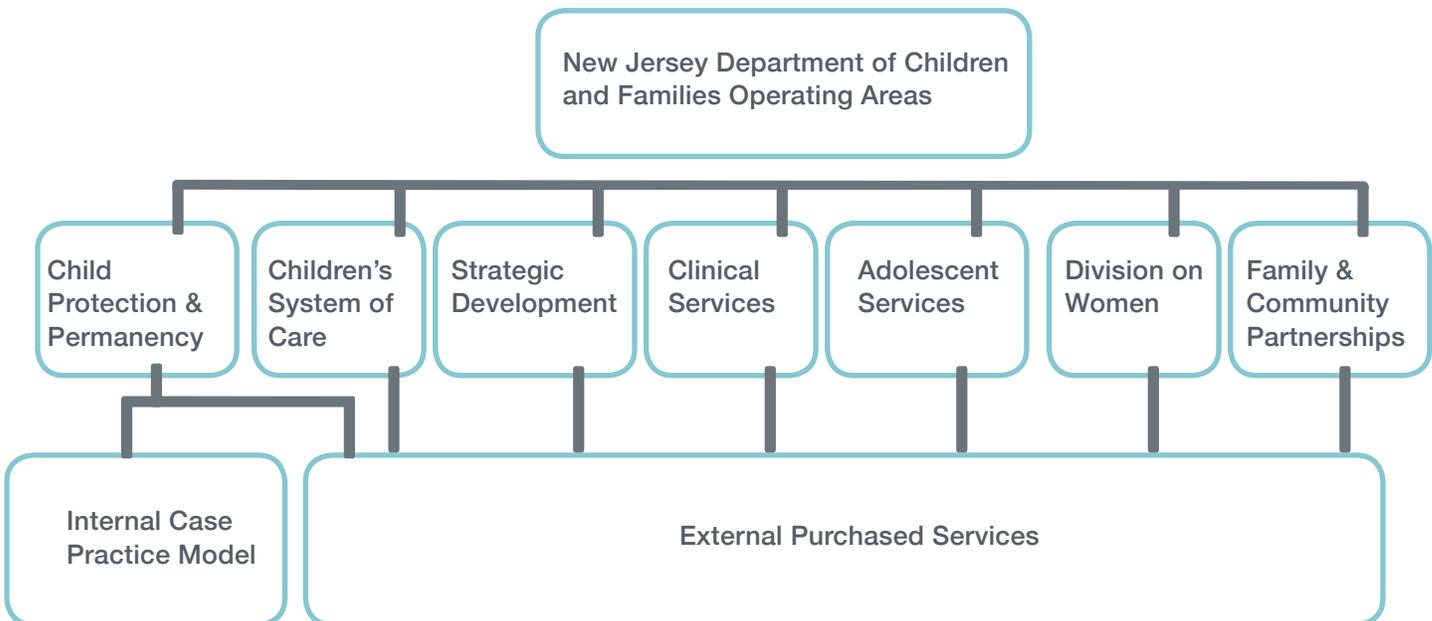
# Evidence-Based Practices in New Jersey’s Child Welfare System

Formed in 2006, the New Jersey Department of Children and Families is the state’s first comprehensive agency dedicated to ensuring the safety, well-being, and success of children, youth, families, and communities.

DCF’s vision is “to ensure a better today and even a greater tomorrow for every individual we serve.” DCF administers Child Welfare through one of its seven operating areas, the Division of Child Protection & Permanency, where it provide services to children and families using both an internal case practice model and external purchased services. Annually, services are purchased from more than 850 providers across the state, through thousands of contracts, to deliver a broad range of services including, but not limited to, family preservation, visitation services, mental health, substance abuse, and psychological evaluation.

In their 2016-2018 Strategic Plan, DCF identified “continuing to transition the service array to research and evidence supported service models using an implementation science framework approach” as a key priority for meeting the strategic goal of “ensuring the integrity and quality of DCF’s system of care” (DCF, 2016). While DCF has a history of supporting and implementing a range of evidence-based programming, the Department sees a compelling need to improve their position—as well as the position of their private service provider partners—to adopt and implement evidence-based programming that can be implemented with integrity in order to meet the needs and improve outcomes for the diverse families served across all 21 counties in New Jersey.

**FIGURE 2**  
Blueprint Project Focus within New Jersey Child Welfare System Structure



DCF is committed to realigning their service dollars to purchase programming that holds promise to achieve outcomes with some of New Jersey's most vulnerable children and families. The Blueprint provides a compass for DCF and provider partners to guide how to approach selection, adoption, and implementation of evidence-based/evidence-informed programming for the clients and communities they serve. DCF seeks to align the child welfare system to take on the work of integrating evidence-based/evidence-informed programming in a more informed and intentional manner while still leveraging successes and some important groundwork that has taken place within New Jersey's child welfare system and by service providers.

The Blueprint identifies and defines strategies to support the integration and scaling of evidence-based and evidence-informed interventions. For the purpose of this Blueprint, evidence-based (EB) is defined as a manualized program/practice/intervention, which is included in a national clearinghouse or registry of evidence-based interventions, has documented evidence of effectiveness based on at least two rigorous, external research studies, and has demonstrated sustained effects at least one year post treatment. Evidence-informed (EI) interventions have demonstrated effectiveness with one rigorous research study. Promising practices (PP) show some evidence of effectiveness through less rigorous research studies. Rigorous research designs include experimental or quasi-experimental designs. Experimental designs use random assignment and quasi-experimental designs used matched control groups. Less rigorous designs include pre-post and case studies.

The Blueprint will function as a compass in a complex web of decision points and implementation challenges for internal and external stakeholders as DCF works toward increasing the access and appropriate utilization of evidence-based/evidence-informed treatment and programming and influencing the uptake of evidence-based/evidence-informed programming by DCF's 864 provider partners and other systems partners. The purpose of the Blueprint is to assist DCF in identifying strengths and gaps in using evidence-based interventions from a provider perspective, and to support DCF in developing:

- » Clear definitions for levels of evidence for evidence-based, evidence-informed, and promising practices
- » Guidelines for the selection evidence-based practices and programs (EBPs), evidence-informed practices (EIPs), and promising practices
- » Guidelines for quality implementation, evaluation, and quality improvement practices
- » Guidelines for developing enabling context for evidence-based interventions

# Supporting the Use of Evidence and Implementation Science

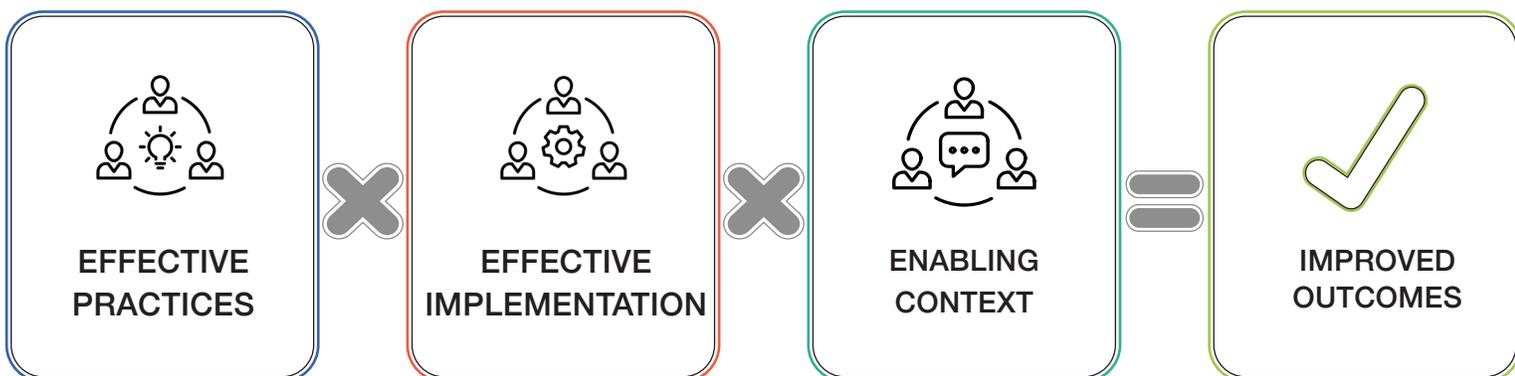
Many of the challenges faced when implementing EBPs/EIPs are well documented in the literature, and “despite a robust body of evidence of effectiveness of social programs, few evidence-based programs have been scaled for population-level improvements in social problems.”\*

There is a risk of compromised outcomes for children and families when an evidence-based program is not intentionally designed for scaling, if it is not disseminated effectively, and/or if implementation is not supported (Haskins & Baron, 2011). In order to plan for effective implementation of evidence-based programs, strategies must be developed for engaging a diverse set of stakeholders from the start; conducting a comprehensive needs assessment; identifying EB programs that have evidence of effectiveness, can meet community needs, and fit local context; developing capacity at organizational and systems levels; clarifying stakeholders roles and functions; ensuring communication and feedback loops; and supporting data-driven decision making (Supplee & Metz, 2015).

The use of evidence has tended to rely on “a unidirectional flow from research to practice” (Cabassa, 2016) without a clear understanding of how context, community needs, and resources shape the use of research in practice. Collaboration and information exchange among practitioners and leaders in the child welfare system and private service providers is key to the successful sustainability of evidence-based practices (Green et. al., 2016). Engaging diverse stakeholders in decisions related to evidence-based programming can enhance the acceptability and applicability of evidence-based practices (Proctor, 2003).

The field of implementation science can help determine the conditions and activities that undergird the successful use and sustainability of evidence-based practices in public child welfare systems. Implementation science refers to the “methods or techniques used to enhance the adoption, implementation, and sustainability” of an intervention (Powell et al., 2015). **The National Implementation Research Network has summarized implementation science through the formula:**

**FIGURE 3**  
Active Implementation Formula



\* Supplee & Metz, 2015

The three factors on the left hand-side of the equation refer to **what** is implemented, **how** it is implemented and **where and with whom** it is implemented. In order to achieve socially significant impact, the intervention needs to be research-based and matched to the goals of the organization, implemented in a deliberate and adaptive manner, and supported by a hospitable environment and intentional learning processes. The three components include:



» **EFFECTIVE PRACTICES**

Strategies or interventions that are supported by evidence, feasible to implement, fit the needs of the community, and are well defined



» **EFFECTIVE IMPLEMENTATION**

Intentional and visible infrastructure to support effective practices



» **ENABLING CONTEXT**

Collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to support effective practices

The Blueprint uses this formula as an organizing framework. Specific strategies that undergird each formula component are explored within the context of New Jersey's child welfare system, while providing specific recommendations for supporting evidence-based interventions.

These strategies include:

- » Selecting evidence-based interventions
- » Establishing and sustaining implementation teams
- » Developing and aligning an implementation infrastructure
- » Supporting communication and data use for continuous quality improvement (CQI)

Within each of these areas, best practices of implementation science are described; the state of practice for New Jersey's child welfare system from the providers' perspective was synthesized; and recommendations for DCF, providers, and system stakeholders to support the implementation of evidence-based interventions are provided.

# Methodology

A collaborative mixed-methods design was used to customize and prioritize implementation science best practices to the specific context of New Jersey's child welfare system.

Although this was not a research endeavor, the collaborative and multi-method design of this project was guided by implementation research mixed-methods best practices to increase participation, enhance diverse representation, and promote sustained systems change (Collins-Camargo, Shackelford, Kelly, & Martin-Galijatovic, 2012). NIRN conducted a stakeholder engagement and data collection process with ten service providers implementing evidence-based/evidence-informed and promising programs and participating Advisory Group members.<sup>2</sup>



# Sample

## SERVICE PROVIDERS

NIRN and DCF selected a stratified sample from among DCF provider partners who have experience implementing evidence-based, evidence-informed, and/or evidence-supported/promising programs, using an open Call for Participation process conducted by DCF. Ten providers were selected out of 24 applicants to include a stratified sample with representation of:

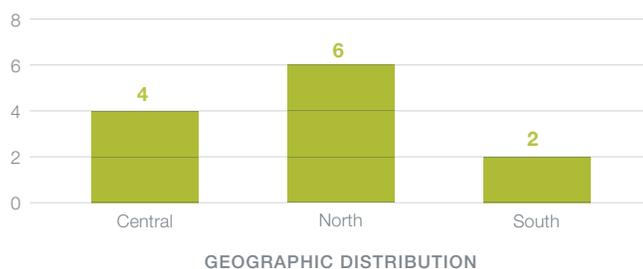
- » **Varying levels of evidence** for the intervention(s) used, including evidence-based, evidence-informed, and promising practices<sup>3</sup>
- » **Geographical distribution** across the state, including counties in central, north, and south New Jersey
- » **A range of organizational and programmatic capacity**, including proxy indicators such as length of time delivering the intervention and number of families served annually

In addition, the sample included representation from three levels of staffing—a practitioner, supervisor, and executive leader—for each provider as a requirement of participation, for a total of 30 provider participants in the workshops. See **Appendix A** for a list of selected service provider organizations and interventions.

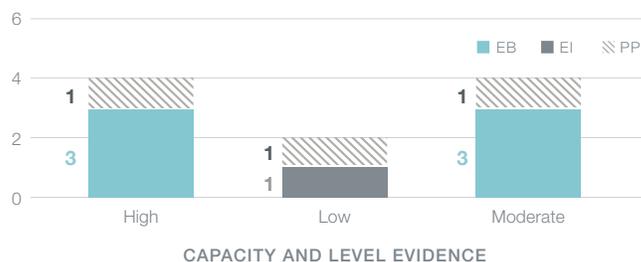
## COMMISSIONER’S ADVISORY GROUP ON INTEGRATION OF EVIDENCE-BASED PRACTICES

DCF invited individuals to participate on the Commissioner’s Advisory Group on Integration of Evidence-Based Practices to provide expert input on the project. The Advisory Group (n = 16) included DCF leadership, EBP/EIP model developers, systems partners, researchers, and service providers.

**FIGURE 4**  
Service Provider Sample by Geographical Service Areas<sup>4</sup>



**FIGURE 5**  
Service Provider Sample by Level of Evidence and Capacity



<sup>2</sup> Not all members were available to participate and debrief each provider workshop  
<sup>3</sup> DCF and NIRN provided definitions for each level of evidence in the Call for Participation  
<sup>4</sup> Some providers serve more than one geographic area

# Data Collection through Mixed-Methods Stakeholder Engagement

## SERVICE PROVIDERS

NIRN collected data from providers through a series of four interactive workshops. Workshops were structured around the “Active Implementation Formula” (National Implementation Research Network, 2016). As a quick reminder, the formula provides a high-level overview of the factors required to achieve socially significant outcomes. The three components include:



### » EFFECTIVE PRACTICES

Strategies or interventions that are supported by evidence, feasible to implement, fit the needs of the community, and are well defined



### » EFFECTIVE IMPLEMENTATION

Intentional and visible infrastructure to support effective practices



### » ENABLING CONTEXT

Collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to support effective practices

Each of the workshops focused primarily on one formula component, taking a deeper dive on a relevant implementation science framework and set of best practices. The focus areas for each workshop are outlined below.

#### » WORKSHOP 1

Centered on the “Effective Practices” component of the formula, with a deeper focus on “intervention selection.”

#### » WORKSHOP 2

Centered on the “Enabling Context” component of the formula, with a deeper focus on “implementation teams”

#### » WORKSHOP 3

Centered on the “Effective Implementation” component of the formula, with a deeper focus on “implementation drivers.”

#### » WORKSHOP 4

Centered on the “Enabling Context” component of the formula, with a deeper focus on “data use and communication.” It also considered data use as it related to the “implementation stages” framework under “effective implementation.”

For each workshop, NIRN used mixed methods to gather information from a variety of sources and perspectives. Data collection activities and sources across workshops included:

- » Disseminated a pre-workshop survey, including both closed and open-ended questions, to assess each organization's use of best practices relative to the workshop focus area and to identify best practices providers were most interested in learning more about in the workshop and future
- » Presented best practices for each workshop focus area to service providers and the participating of Advisory Group individuals in attendance
- » Guided providers in reflecting on pre-workshop survey findings relative to best practices
- » Conducted a series of additional interactive on-site data collection activities focused on barriers, opportunities, and systems supports needed to build capacity regarding best practices

Together, data collection and reflection activities were designed to answer the following questions:

- » To what extent are service providers currently using best practices?
- » What are key barriers to using best practices?
- » What opportunities exist for service providers to strengthen current practice by implementing best practices?
- » What resources and supports are needed beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen use of best practices?

## COMMISSIONER'S ADVISORY GROUP ON INTEGRATION OF EVIDENCE- BASED PRACTICES

NIRN also collected input at each provider workshop from participating Advisory Group members that were in attendance. See **Appendix B** for a list of Advisory Group members.

- » From all Advisory Group members, NIRN collected input on the service provider data collection approach through an introductory workshop as well as feedback on drafts of the Blueprint.
- » From a voluntary subset of Advisory Group members who attend workshops, NIRN collected additional contextual information through one-hour, post-service provider workshop debrief sessions. The debrief protocol focused reflections on service provider use of best practices, opportunities to strengthen use of best practices, and systems supports needed to build capacity.

## MIXED-METHODS ANALYSIS

For each workshop, there was a variety of quantitative and qualitative data gathered and shared through a multi-step process. The use of mixed methods and collaborative participant involvement is supported by best practices in implementation science (Aarons et al., 2012; Green et al., 2014) and child welfare (Collins-Camargo et al., 2011; Landsverk et al., 2011).

Steps to analyze data and integrate best practices are described below:

- » **Pre-workshop data** were gathered through a survey prior to each workshop. Multi-method data analysis strategies were conducted to summarize frequencies or means of the quantitative data, and emerging themes in the open-ended qualitative data. The preliminary data were used to guide workshop material development and were shared during each workshop for discussion. Additionally, the information gathered through the pre-workshop survey was used to inform the State of Practice development.
- » **Workshop data** were gathered through participant activities and discussions. During each workshop, activities were chosen based on the pre-workshop survey information collected prior to each workshop, as well as best practices in implementation science. Pre-survey information helped to tailor workshops to participant interests, while also allowing for the collection of information related to the current use of best practices, opportunities for development, and supports needed. Providers completed the interactive activities and shared their information regarding specific workshop questions via Qualtrics and worksheets. NIRN collated and synthesized the data gathered through the activities, as well as combined it with the pre-workshop survey data, to develop themes for the State of Practice (SOP) on each workshop topic.

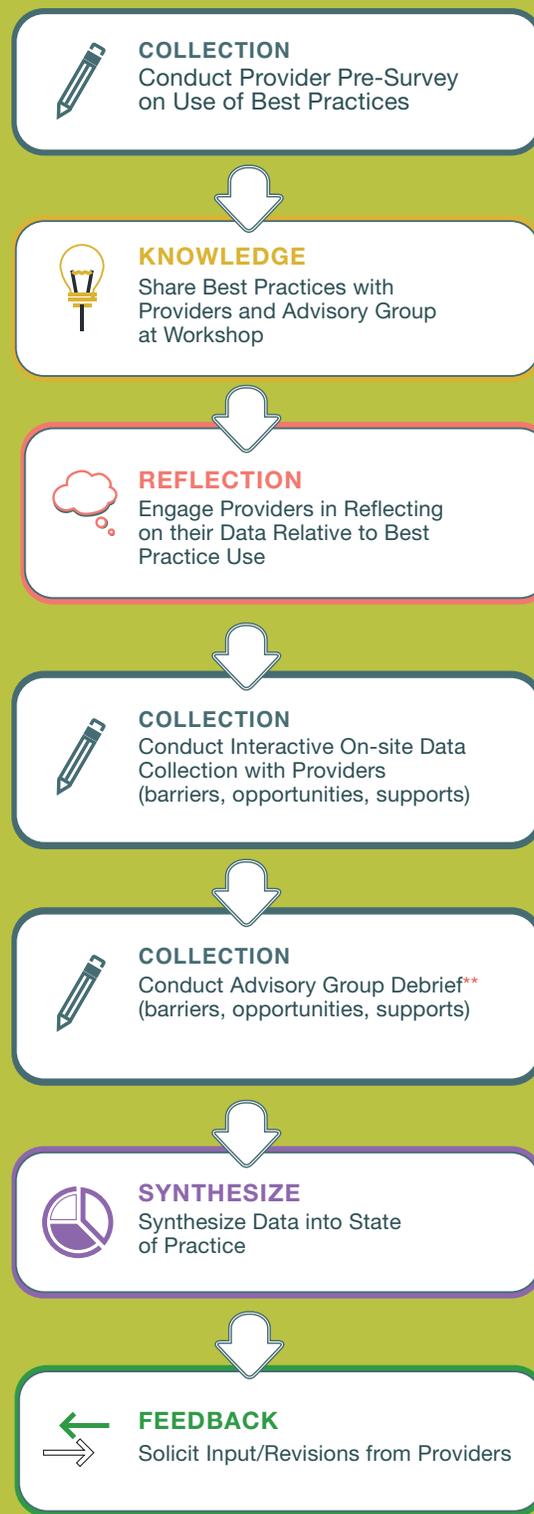
» **The SOPs** triangulated data sources to outline cross-cutting themes addressing:

- 1 the extent to which providers perceive their organizations as using best practices
- 2 barriers to use of best practices
- 3 opportunities to improve their use of best practices
- 4 systems supports needed

» **Feedback on SOPs** was gathered during the subsequent provider workshop through an interactive activity at the start of each workshop. This was a critical step in verifying and member checking the information gathered and synthesized from the pre-workshop survey and in-workshop activities. Feedback was solicited using a “chalk talk” method, which allowed providers to provide written input on which concepts resonate most, on whether or not findings are representative of the data they provided, if any information is confusing and should be represented more clearly, and if any information was missing. Provider feedback was collated and revisions were integrated into the SOP. See **Appendices C, D, E, and F** for full SOP analysis and findings for each of the four workshops.

» **SOP findings** were integrated into each section of the Blueprint and used to inform the recommendations developed for each workshop component.

**FIGURE 6**  
Data Collection, Reflection, and Synthesis Process



\*\*Subset of voluntary participants

# Assessing and Selecting Interventions



# Best Practices

Achieving positive child and family outcomes in child welfare starts with good intervention selection. Intervention selection is the systematic process of choosing an EBP/EIP to improve outcomes.

Using practices or interventions with a good base of evidence, such as EBPs/EIPs, is important—but simply choosing to use a model with a strong evidence base is not enough to ensure a goodness of fit with population needs, quality of implementation, program impact, or sustainability. Research indicates that the intervention selected must also be well-aligned with the organization, community, and systems in which it is situated—the local implementation context. This alignment is described as “contextual fit,” or the “match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources available in a setting” (Horner, Blitz, & Ross, 2014, p.3). Aarons, Hurlburt, and Horowitz (2011) elaborate on this concept by noting “implementation of an innovation will be successful to the degree that the innovation matches the mission, values, and service provider tasks and duties of the organization” (p.14).

If there is misalignment between a contextual factor and the chosen intervention, there is high likelihood that it will not be implemented with quality and achieve desired outcomes (Fixsen et al., 2010). Challenges with contextual fit are considered to be an issue with sustainability of evidence-based practices. Even when service systems make the investment in research evidence, sustaining the potential of research evidence over the long term has continued to be a challenge (Ghate, 2016; Chambers, Glasgow, & Stange, 2013). For example, Saldana (2015) found that only one third of widely disseminated evidence-based models are sustained in the long term. In contrast, programs that are a good fit with communities are more likely to be sustained over time (Dearing, 2009; Racine, 2006).

Conceptual models for guiding adaptation (Aarons et al., 2012) shed some light on how to tailor systems, organizations, and programs to meet the needs of local communities and target populations. The dynamic interplay between characteristics of the service system, service delivery organization, and children and families calls for early and ongoing assessments of these multi-level characteristics to first determine whether a “good enough fit” exists between a potential evidence-based program and local context, and then to optimize that “fit” over time. Systems-level characteristics that impact successful implementation include funding, policy, and regulations. Organizational characteristics include leadership, culture, and climate. At the provider level, key factors for successful use of evidence-based programs include staff attitudes about evidence and innovation and child and family characteristics such as culture, treatment history, and co-occurring diagnoses. Jurisdictions seeking to implement evidence-based programs need guidance on how to assess these key characteristics and how results should inform decisions to tailor aspects of the system or the intervention for positive effects.

Implementation science has identified a number of best practices for ensuring strong fit and feasibility of interventions with organizations, communities, and systems. Key best practices, including using data to support selection of interventions, conducting assessments of contextual fit, and identifying systems supports, are outlined below.

# 1 / Data Collection and Use

To increase the likelihood of strong contextual alignment, the selecting entity—whether a service provider or public agency—should engage in a “feasibility assessment” (Metz & Albers, 2014; Dymnicki et al., 2014; Racine, 2006) that includes the collection, analysis, and collaborative reflection on fit and feasibility data (described in detail below) to make an intentional decision about which intervention to use. The reflection and decision-making process should be done in the context of implementation teams to fully leverage the diverse perspectives of multiple stakeholders. Because contextual fit is defined, in part, by the perceptions of those who implement, support, and receive the intervention (Horner, Blitz, & Ross, 2014) it is important to engage and solicit input from those stakeholder groups (Metz & Albers, 2014; Fixsen et al., 2005) as part of the data collection and decision-making process. Finally, the decision-making process itself should be deliberative and consensus based.

# 2 / Assessment of Need, Fit, & Replicability

In the assessment of contextual fit, researchers have identified many dimensions of contextual fit. For the purposes of the Blueprint, we are focusing on the three areas of alignment: need, fit, and replicability.

## NEED

For an intervention to be effective, it is critical that it is designed to meet the needs of the target population. Key aspects of a robust needs assessment include selecting and refining target populations, identifying and confirming barriers to care, establishing a theory of change, examining the evidence base, engaging opinion leaders, and selecting an evidence-based program (Bryson, Akin, Blase, McDonald, & Walker, 2014). Best practices in assessing for need include:

- » **Collecting data on the needs of the population.** It is essential to comprehensively assess the needs of the target population. At base, this includes

securing and analyzing data on the scope of the at-risk population within the community or jurisdiction, demographic characteristics, and relevant risk factors and child outcomes—often through state administrative data, local child welfare data, and agency case data. Ideally, data will be examined longitudinally and consider nuances such as geographical differences and disproportionate representation. But the selecting entity should also consider broader, more systemic factors, or “root causes” of the problem. For example, Akin et al. (2012) argue that assessing target population needs in child welfare also encompasses understanding barriers faced by parents—such as poverty and social supports, parental clinical needs, parenting, and home and environmental stressors, as well as systems barriers—such as staffing capacity and turnover, siloed child and parent service systems, or barriers with the legal system, —that may impede permanency.

- » **Securing community and beneficiary input on perception of need.**

While it is essential to use formal, quantitative data sources to map the needs in a community, it is not adequate. Communities—and service beneficiaries in particular—provide important insight into the challenges they contend with and the resources they need to be successful. Engaging community stakeholders directly helps to “verify” need, deepen understanding of barriers they face, and select the interventions that may be most effective to address need.

- » **Ensuring intervention outcomes align with needs.**

Once needs have been verified using both formal data sources and direct stakeholder engagement, those needs should be cross-walked with the outcomes the intervention is designed to impact, to ensure they are well matched.

- » **Mapping the services available to identify gaps.**

Finally, selecting entities should map the already-existing landscape of services available to the population. This includes identifying what interventions are already being administered by the organizations in the community—to ensure there is unmet need that the proposed intervention addresses.

## FIT

For an intervention to be effective, it must fit the organizational, community, and systems context in which it will be implemented. Best practices in assessing for fit include:

» **Ensuring alignment of intervention with community, regional, and state priorities and initiatives.**

Selecting entities should examine the extent to which the intervention(s) under consideration align with larger community, regional, and state priorities. Interventions are more successful when they align with the context, policy priorities, and community perceptions of need. These have been found to be critical in determining whether a community supports and buys-in to an intervention (Racine, 2006).

» **Ensuring alignment of the intervention with organizational culture and structure.**

Practice change is only possible with accompanying organizational and systems change. Research has identified several characteristics at organizational and systems levels that can “make or break” the successful implementation of evidence-based programs. Organizational characteristics that are especially important to the uptake and sustainability of evidence-based programs include: structural characteristics, such as the age and size of an organization; networks and communication within an organization; the culture and climate of the organization; and the organization’s readiness for implementation, such as leadership engagement, available resources, and access to information and knowledge (Damschroder et al., 2009). System characteristics include funding, policies and regulations, and inter-organizational networks (Damschroder et al., 2009; Aarons, Hurlburt, & Horowitz, 2011). According to Racine (2006), “an innovation may have a better shot at effective implementation and reliable performance when it is adopted by organizations that specialize in the particular area or problem it addresses” (p. 371).

» **Assessing alignment with community values, including those of diverse cultural groups.**

Selecting entities should also consider how the intervention fits with the cultural values, norms, and language of the community and of the target population. Fit must encompass the type of

intervention, the methods by which it is implemented, and the intended outcomes. The importance of cultural fit applies not only to beneficiaries, but also to those who will implement the intervention and manage and support the intervention (Horner, Blitz, & Ross, 2014). If the intervention and intended outcomes do not resonate culturally—are not considered legitimate—for beneficiaries, practitioners, or managers, there will be low uptake (Racine, 2006).

## USABILITY OF INTERVENTION

For an intervention to be effective, it must be adequately defined to be implemented with integrity. Best practices in assessing for the usability of an intervention include:

» **Ensuring the model is well defined and operationalized.**

An intervention that is not adequately defined cannot be measured and improved upon. Teams should review intervention manuals for the intervention(s) under consideration and ensure each meets the following criteria:

- The philosophy, values, and principles that undergird the intervention are robust enough to guide the practitioner’s decisions and support consistency and integrity.
- The core components of the model include a clear description of features that must be present to observe the model is being used appropriately.
- Operational definitions of essential functions adequately allow the intervention to be teachable, learnable, doable, and assessable.
- The model must include valid and reliable fidelity assessments to improve practitioner competency (Metz, 2016).

» **Examining the settings and conditions in which the model been implemented and tested.**

While some interventions have been tested in different settings with multiple target populations, many have not. Selecting entities should carefully examine the research literature to determine if the research conditions are well-enough aligned with the target population to be considered effective. In following, it is also important to understand what environmental factors have contributed to the success or lack of success in achieving outcomes.

» **Identifying the types of expert support available.**

Implementing a new intervention (or improving current practices) requires building capacity in a number of areas, including learning the new model and using data for improvement in implementation. Those selecting interventions should assess the availability of expert support needed to build model competency, such as training and coaching, as well as using data for improvement.

## 3 / Systems Supports

Best practices also indicate that systems can play an important role in supporting good intervention selection.

» **Funding and Procurement:**

Systems change to support evidence-based programs occurs when jurisdictional leadership makes changes to the status quo in support of evidence-based practice. Examples of such changes include altering funding streams, modifying staff certification standards, shifting accountability measures to include implementation benchmarks as well as outcomes, addressing resource issues, and renegotiating salaries (Fixsen et al., 2013). Organizational and systems changes must be designed to better support work at the practice level so expected benefits can be realized by communities. Policymakers and funders should support the selection process by structuring request for proposal (RFP) processes around key dimensions of contextual fit and readiness, and develop aligned criteria to evaluate answers (Dymnicki et al., 2014; Horner, 2014; Metz & Albers, 2014). This may require adaptations to standard ways of doing business, such as providing funding for fit and feasibility assessment processes and extending the length of time that requests for proposals are open—allowing for adequate assessment processes (Horner, Blitz, &

Ross, 2014). Related to this, jurisdictions need support and guidance on conducting comprehensive needs assessments that substantiate needs through multi-method, multi-source iterative methods (Supplee & Metz, 2015).

» **Provision of Technical Assistance:**

Once data has been collected through the readiness-informed procurement process, data on service provider capacity can be used to design the technical assistance provided at the systems level in order to strengthen contextual fit (Horner et al, 2014; Dymnicki et al., 2014) and to “right size” the level of intensity needed (Horner, Blitz, & Ross, 2014). For example, if the RFP process reveals grantee gaps in capacity relative to staff training resources, a TA provider will know to focus efforts there in order to cultivate readiness for the installation stage. By customizing technical assistance to the grantee, grantees will be able to more efficiently and effectively build capacity, ultimately resulting in faster, and ideally, higher-quality implementation.

# State of Practice

## METHODS DETAIL

To understand the current state of practice for intervention selection among ten service providers implementing EBP/EIPS in New Jersey, NIRN collected data from the ten participating service providers. Data collection was designed to answer four central questions:

- 1 To what extent are service providers currently using best practices for intervention selection?
- 2 What are key barriers to using best practices in intervention selection?
- 3 What opportunities exist for service providers to strengthen current practice?
- 4 What resources and supports are needed beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen use of best practices in intervention selection?

**In order to answer these questions, NIRN used the following tools:**

- » A pre-workshop survey, including open-ended and multiple-choice questions, focused on tools, assessments, resources, and technical assistance used for intervention selection; methods for determining fit of an intervention with population needs; and methods for determining fit of an intervention with organizational resources and capacity.
- » A series of on-site, interactive data collection activities, including:
  - An activity in which providers described if and how their respective organizations assessed six domains for fit and feasibility (need, fit, resources, evidence, readiness, and capacity) and the processes they used to do so
  - A survey focused on opportunities and improvements to current practice and systems supports needed to build capacity

The pre-survey data assessed the current state of practice among providers PRIOR to sharing knowledge about best practices relative to the topic area and the on-site data collection activities assessed the state of practice AFTER best practices had been shared. NIRN analyzed each data source individually and then cumulatively, to develop cross-cutting themes.

## FINDINGS

Service providers are conducting thoughtful, data and stakeholder-informed intervention selection, but few service providers report having systematic and/or codified processes in place for intervention selection. Through these processes, service providers are most commonly assessing population need, resource availability, and level of evidence to determine if the program is a good fit for their respective organizations and service populations. They reported assessing capacity (e.g., internal staffing availability, internal staffing expertise, etc.), usability of the intervention, and contextual fit less frequently and/or less comprehensively. In conducting these processes, service providers are engaging many key internal and external

stakeholders with relevant expertise, experience, and perspectives in the selection, but are doing so on an ad hoc basis rather than through formalized teaming.

Having reflected on current practices relative to best practices, service providers identified the following key opportunities and supports needed:<sup>5</sup>

<sup>5</sup> See **Appendix C** for more detailed results

**TABLE 2**  
**Key Opportunities and Supports Needed**  
**Assessing and Selecting Interventions**

**OPPORTUNITY**

**Assess and determine critical population needs**

The majority of service providers reported they could strengthen their EBP/EIP selection practices by more systematically collecting and analyzing data on the needs of the target population. Once needs are well understood, service providers reported the need for concrete strategies and supports for assessing contextual fit and availability of resources.

**SUPPORT NEEDED**

DCF could support providers in gathering data to inform intervention selection.

Develop, or increase access to, data sources that could help provider agencies define need, possibly a centralized database.

Develop strategies to gather feedback and share information between service providers and DCF regarding the needs of their communities and the families they serve.

**OPPORTUNITY**

**Increase engagement of stakeholders, including staff, clients, and systems partners**

The majority of service providers indicated an opportunity to engage and solicit input from key stakeholder groups (service beneficiaries, staff, and DCF and systems stakeholders) in the selection of potential EBPs/EIPs.

**SUPPORT NEEDED**

Facilitate cross-agency collaboration to engage stakeholders and facilitate communication regarding the needs of children and families served by DCF. Consider providing for cross-agency collaboration.

Facilitate opportunities to gather information from families (e.g., parent cafes) by providing concrete supports (e.g., transportation, child care) and language assistance for families to provide feedback on the intervention selection.

**OPPORTUNITY**

**Build information technology (it) infrastructure, data collection, and capacity to use data**

A few service providers indicated that they assessed IT resources available to support the implementation an intervention. Service providers and Advisory Group members saw increasing IT capacity as a significant opportunity to gather information on needs, program fidelity, and child and family outcomes

**SUPPORT NEEDED**

Support to build IT infrastructure and systematize data collection to support needs assessment, continuous quality improvement and outcomes analysis (e.g., consistent data elements, common outcomes, system-wide data sharing/portals).

Ongoing funding to support the IT infrastructure and ongoing IT capacity to support needs assessments (e.g., staffing, training, ongoing supervision, and fidelity consultation) within provider agencies.

# Recommendations

Based on best practices for intervention selection, the current state of practice for intervention selection among the sample of New Jersey’s ten service providers, and provider identification of opportunities and supports needed, NIRN is advancing the recommendations outlined below.

## RECOMMENDATION 1.1

DCF can explore using procurement processes to support the improvement of contextual fit between potential interventions and the local service delivery context. For example, in cases where DCF is seeking to support the use of selected interventions based on population needs, DCF might structure requests for proposals around key dimensions of contextual fit—including feasibility and readiness for implementation—and developing aligned criteria to evaluate answers. In cases where DCF seeks innovative solutions to identified problems, DCF can support providers in using available needs assessment data to identify potential interventions. RFPs can also be structured to provide phased funding that allows for selection and capacity-building processes.

## RECOMMENDATION 1.2

Service providers can consider strategies to conduct internal fit and feasibility assessments using data to inform intervention selection decisions.

- » Gathering relevant population data to match need to interventions.
- » Strengthening stakeholder engagement with key stakeholder groups that may include representation from service beneficiaries, implementing staff, community members, and systems partners to systematically solicit in the selection of potential EBPs/EIPs. Increased stakeholder engagement will help to ensure cultural fit and anticipate any barriers that may impact successful implementation
- » Assessing internal capacity and infrastructure to collect and use data required by the specific intervention.

## RECOMMENDATION 1.3

DCF can support providers’ selection methods by exploring the possibility of working with staff from DCF (e.g., Office of Strategic Development) and/or systems partners (e.g., university partners, DCF Office of Training and Professional Development (OTPD) at the Professional Center, consultants) to provide guidance and tools to service providers on how make informed choices related to interventions. To date, little has been published on how jurisdictions might choose an appropriate evidence-based program. Key aspects of a robust needs assessment include selecting and refining target populations, identifying and confirming barriers to care, establishing a theory of change, examining the evidence base, engaging opinion leaders, and selecting an evidence-based program (Bryson et al., 2014). The combination of a comprehensive needs assessment and fit analysis provides a strong foundation for making decisions related to effectively tailoring interventions and systems for improving outcomes. For example, providers can assess factors that may affect the fit of the intervention in the local context, such as collaborative partnerships, staff turnover, or subpopulation characteristics. Additional data infrastructure and technology resources may be needed to ensure assessments are reliable, relevant and actionable and data are accessible.

# Establishing and Sustaining Implementation Teams



# Best Practices

Teams are the foundation of effective implementation, collectively leveraging members' diverse skills and perspectives to build an enabling context for child welfare interventions.

An implementation team is a group of stakeholders that oversees, attends to, and is accountable for, performing key functions in the selection, implementation, and continuous improvement of an intervention. As the formal implementation structure, teams systematically move an intervention through stages of implementation by ensuring families and community members are engaged, the practice is well-defined and a good fit with the context and setting, implementation supports are in place, fidelity is measured and improved, and outcomes are achieved and sustained. Without teams, an implementation effort ends up relying on individual leaders who, without a team, are unable to influence multiple stakeholders. This “solo hero” model of implementation has been demonstrated to fall short on key issues related to successful implementation such as stakeholder buy-in, integration and alignment of the new practice within the system, and sustainability to achieve population outcomes. This is particularly important in child welfare, as structured collaboration between public and private partners has been shown to significantly increase the sustainment of EBPs in child welfare service systems (Green et al., 2016).

In a review of implementation frameworks, 68% of 25 frameworks identified the creation and use of an implementation team as a critical component of the implementation infrastructure to ensure quality implementation (Meyers, Durlak, & Wandersman, 2012). Research has shown that using implementation teams to actively and intentionally make changes produced higher rates of success more quickly than traditional methods of implementation that do not take such an active approach (Metz, Naoom, Halle, & Bartley, 2015). For example, a randomized control trial study testing the Community Development Team (CDT) model—one model of implementation teams—to support the implementation of Multidimensional Treatment Foster Care across 60 sites in California and Ohio (randomized to CDT or no implementation team) found that CDT sites

had more effective and efficient implementation compared to sites without implementation teams. Specifically, “CDT appeared to increase the number of [foster care] placements, the quality of implementation once implementation began, and resulted in more robust... programs as indicated by having significantly more youth placed in care during the study period among counties that began placements, and by having completed more implementation activities” (Brown et al., 2014, p. 11).

As another example, Chaffin and colleagues (2015) found that implementation teams produced sustained, high-fidelity implementation of the SafeCare evidence-based practice in child welfare. The study used the Interdisciplinary Collaborative Team (ICT) model to test whether seed teams designed to provide ongoing support, quality improvement, and sustainability of SafeCare could build the capacity of later cohorts to implement the model with fidelity. The study found that it was possible to build the capacity of seed teams to subsequently build the capacity of additional teams to implement SafeCare with fidelity, leading to sustainability and scale of SafeCare. ICTs consisted of diverse membership with practice, coaching, and policy expertise. In another systematic review of teams in health care, 72.7% of 88 studies reported significant results in positive impacts on patient or practitioner outcomes and changes in practice, knowledge, and economic outcomes, attributed to the use of teams (Medves et al., 2010).

The fields of implementation and team science have identified several best practices for establishing, using, and sustaining implementation teams.

**Key best practices for teaming structure, processes, and functions are outlined below.**

## 1 / Structure

### Creating a Sustainable Teaming Structure

#### » **Size and Composition**

An implementation team should “be as small as possible, given the work to be accomplished” (Wageman, Hackman, & Lehman, 2005, p. 4), typically including between six and ten members. It is common that an implementation team may report to an Advisory Board or Design Team that has more members (15 to 20 members), but if an implementation team is to remain nimble, it is recommended that membership not exceed ten people. Members should collectively bring expertise in the intervention or practice; implementation supports, such as training, supervision, coaching, and continuous quality improvement; and collaboration and systems change priorities, such as regulatory, policy, and funding environments (Metz et al., 2015). Implementation team members must have an adequate proportion of full-time equivalent (FTE) dedicated to actively participate as full members. This is often accomplished by including team participation in job descriptions and identifying team meetings as part of everyday duties.

#### » **Diversity of Perspective**

Teams should have a diversity of perspectives, including members from all organizational levels (Saldana & Chamberlain, 2012), such as administrative and fiscal representation, practitioners, policy staff, supervisors, and community members (Metz, Naom, Halle, & Bartley, 2015). Purposefully including a diversity of representation on teams has several important benefits. Diversity in perspective helps to produce a full range of complementary skills and knowledge (Wageman, Hackman, & Lehman, 2005) to effectively plan, anticipate, and diagnose problems that emerge, and to meet the team’s purpose. Moreover, inclusion of a diversity of staff roles has been found to strengthen learning among team members—a critical characteristic for engaging staff and ensuring their sustainability in rapidly changing systems environments. Finally, change in complex systems requires buy-in from diverse stakeholders. Without diverse team membership, gaining buy-in will be an ongoing challenge.

#### » **Terms of Reference**

Once formed, teams need clear guidelines establishing their scope of work and how they will achieve it. These guidelines are best established through the development of “terms of reference,” a documented memorandum of understanding that carefully outlines the vision and purpose of the group, the scope of work and deliverables for which the group will be held accountable, roles and responsibilities for all members, communication protocols, operational processes, and decision-making authority (Metz, Naom, Halle, & Bartley, 2015). Terms of reference not only provide clarity on ways of work, they also help to cultivate basic norms for member behavior that helps to facilitate the work (Wageman, Hackman, & Lehman, 2005). Terms of reference clarify team processes such as decision making and accountability to leadership,

and specify how the implementation team relates to other groups supporting implementation (e.g., advisory boards and leadership teams). Without such clarity, implementation teams often derail early in the process.

» **Leadership**

In addition to terms of reference, teams need leadership, which includes several different elements. First, implementation teams need the support of organizational leadership. Installation of new interventions, or improvement of those already being utilized, especially EBP/EIPs, require new ways of work. Implementation teams need the support of leadership to make changes in context to support the intervention, such as the allocation of resources or policy changes. For example, the strength and commitment of leadership to provide implementation supports has been identified as a key variable influencing the early stages of implementation (Aarons, 2006; Edmondson, 2004; Klein, Conn, & Sorra, 2001). In following, implementation teams also need participation of, or direct access to, departmental or organizational leadership who have the formal authority to make those resource and policy decisions. Finally, the team itself needs co-leadership among members. In the context of complex systems change efforts, single leaders who function as “charismatic saviors”

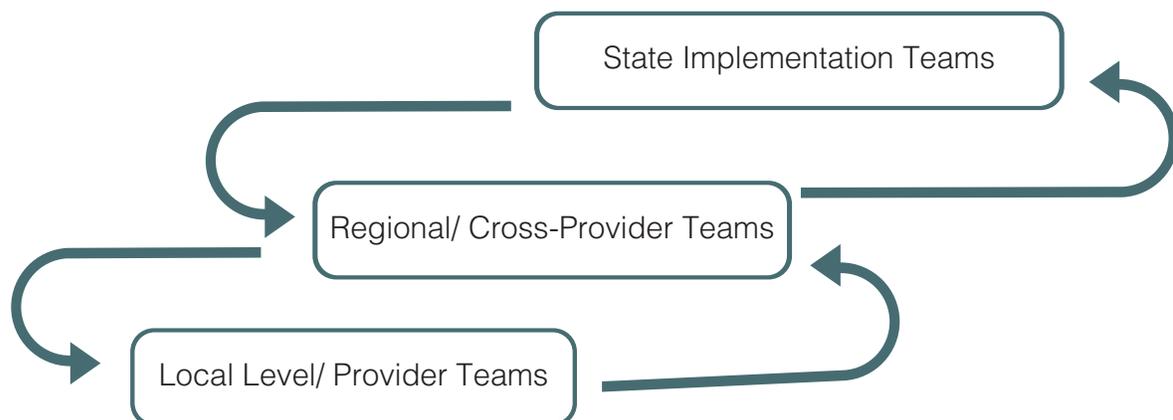
(Khurana, 2002 as cited in Higgins et al., 2009) are proving less and less effective. Instead, scholars and practitioners are focusing on models of leadership that utilize collaboration and co-leadership of a team to drive organizational and systems change (Higgins et al., 2009). Leadership that is empowering of teams leads to higher levels of team learning, coordination, empowerment, and mental-model development over time compared to directive leaders (Lorinkova, Pearsall, & Sims, 2013).

» **Linked Teams**

For large-scale, complex initiatives, like DCF’s child welfare services purchasing, implementation teams should be built at every level of the system. Child welfare service providers need well-functioning teams at the program-level to cultivate enabling contexts for high-quality implementation of their EBP/EIP. To cultivate an enabling context across those levels of the system, state implementation teams should be formed that directly link to the local provider teams and ensure ongoing communication. Linking across systems levels helps to reduce silos and encourages integration and coherence.

**FIGURE 7**  
**Linked Teams**

Linking across systems levels helps to reduce silos and encourages integration and coherence.



## 2 / Processes

### Ensuring Effective Team Coordination and Communication

» **Meeting Processes**

Implementation teams should have regular, consistent meeting times and follow collaboratively developed meeting procedures that enable members to utilize meetings effectively and achieve planned objectives (Permanency Innovations Initiative Training and Technical Assistance Project, 2016).

» **Communication Processes**

Implementation teams should have in place clear protocols for stakeholder communications that specify the various stakeholders with which the team should communicate (including other linked teams), in what circumstances the team should communicate, the type of information being shared, and the specific method. Communication protocols should include both vertical and horizontal stakeholder groups. They should also consider bidirectional communication and how to build feedback loops so the team is not simply “reporting out.” Teams should communicate at every phase of implementation about what is working, what is not working, and how those conclusions were drawn.

Communication has been demonstrated to be crucial to successful implementation, so much so that frequent and inclusive communication has been established as a key factor of successful implementation, while limited and exclusive communication has been shown to negatively impact implementation efforts (Hurlburt et al., 2014). For example, frequent communication can help to diminish power imbalances that can occur through informal

discussions and sidebar conversations that are not transparent or inclusive of all stakeholders. Further, stakeholders are more likely to persevere in the face of implementation challenges (Aarons et al., 2014) when early implementation successes are shared, making communication regarding the achievement of implementation milestones especially important with cross-sector partner

» **Data Reflection Processes**

Because a core function of the team is using data to make decisions and improve (outlined in detail in the “Functions” section below), teams should also have clearly defined continuous quality improvement processes, such as “Plan-Do-Study-Act,” explored in detail in the “Data Use and Communication” section.

» **Member Engagement Processes**

Research suggests that team members are more likely to stay committed to team participation if they experience opportunities of growth and learning. These findings suggest that for teams to produce the greatest learning and growth for members, teams should provide opportunities for co-leadership and peer-to-peer coaching, as well as task-related learning (Higgins et al., 2009).

FIGURE 8

## Communication Processes



### **WHO** SHOULD BE COMMUNICATING?

- » Your team
- » Vertical team connections
- » Horizontal team connections



### ABOUT **WHAT** SHOULD WE BE COMMUNICATING?

- » What is working
- » What is not working
- » What we know and what we don't
- » And how we know that



### **HOW OFTEN** SHOULD WE BE COMMUNICATING?

- » Regularly
- » Using formal process
- » Opportunities for change

## 3 / Functions

### Establishing and Promoting Team Capacity to Support and Improve the Evidence-Based Practices

As the “instrument for change” (Higgins, Weiner, & Young, 2012), and as the central body accountable for advancing implementation of an intervention, implementation teams serve a number of important core functions.

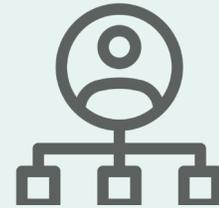
**These include Core Practice, Improvement Cycles, Infrastructure, and Systems Connection.**

**FIGURE 9**  
Implementation Team Core Functions



#### CORE PRACTICE

Select, operationalize, adapt, and tailor interventions; ensure fidelity assessments are completed and used.



#### INFRASTRUCTURE

Develop operational guiding documents and processes; garner needed resources for build staff competency; create data use and communication plans.

#### » Practice Selection and Implementation

Implementation teams are responsible for all aspects of intervention selection, implementation, adaptation, and sustainability. This includes collecting data on specific interventions (e.g., expected outcomes, training requirements, staffing needs) and engaging stakeholders in an education and selection process (Hurlburt et al., 2015; Saldana & Chamberlain, 2012). Once selected, it also includes “preparing” relevant stakeholders by building innovation-specific capacity, putting the intervention into practice, and assessing fidelity to continuously improve the intervention and its supports (Saldana & Chamberlain, 2012). Implementation teams also make data-informed decisions about productive adaptations to EBP/ EIPs, including culturally specific adaptations. This process can include engaging model developers for support in using data for continuous improvement and optimization of practices. All of these activities help lead to the sustainability of an intervention, which is achieved when there are “autonomous model-adherent programs” in operation (Saldana & Chamberlain, 2012).

#### » Infrastructure Development

Implementation teams are responsible for assessing, building, and improving the implementation supports needed to build practitioner, organization, and systems capacity. Often called “implementation drivers,” implementation supports include competency drivers—the factors that build staff competency in the intervention, including staffing, coaching, training, and fidelity assessment; organizational drivers—the factors that build organizational capacity to support the intervention, including decision-support data systems, facilitative administration, and systems connections; and leadership—the use of appropriate strategies to address different types of implementation challenges. As team members support implementation of a new or refined practice, they are responsible for identifying gaps in the infrastructure necessary to support practice, organizational, and systems change, and for resolving those gaps by marshaling necessary resources for capacity building (Hurlburt et al., 2015). Once infrastructure is in place, the team must continue to use data to ensure sustainability and create efficiencies.



## IMPROVEMENT CYCLES

Collect, monitor, and engage leadership in using data to support implementation capacity, intervention fidelity, and child and family outcomes.

### » Improvement Cycles

Implementation teams are responsible for all aspects of designing and executing processes for the regular use of data for decision making and continuous improvement. This includes systematizing the ongoing use of programmatic, fidelity, and outcome data to inform improvement. Different types of data are needed to answer different types of questions. For example, programmatic data provides information on administrative and fiscal information (e.g., enrollment, referrals, service costs); fidelity data provides information on whether the intervention is being implemented as intended (e.g., dosage, content); and outcome data provides information on short-term and interim family outcomes (engagement, cohesion, functioning) and long-term impact (e.g., permanency, recidivism). See the “Data Use and Communication” section for more information. Operational learning should be a core value of the implementation setting (Chambers, Glasgow, & Stange, 2013). Dedicating time for reflecting or debriefing before, during, and after implementation is one way to promote shared learning and improvements along the way (Damschroder et al., 2009).



## SYSTEMS

Build cross-sector collaboration to ensure referral sources and service partners are aligned with new ways of work.

### » Systems Connections

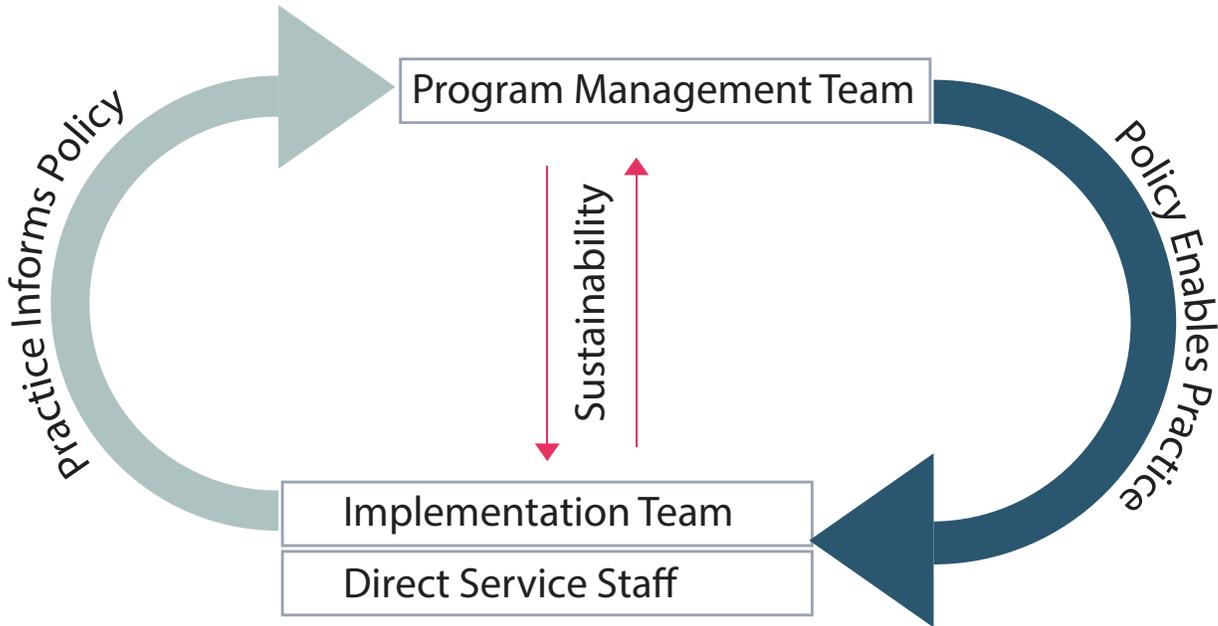
Implementation teams are responsible for building connections across the system with multiple relevant stakeholder groups, including government agencies, model developers, community partners, beneficiaries, and potentially, with other systems. By serving as a systems liaison, teams can connect horizontally—to improve referral systems; coordinate use of resources, particularly model-specific resources such as training; and promote learning across service providers (Saldana & Chamberlain, 2012). They can also liaise vertically, with communities and beneficiaries, as well as with policymakers, to communicate important information up the system using policy-practice feedback loops to strengthen systems alignment and remove systems barriers. The policy-practice communication loops are a key aspect of successful efforts to implement evidence-based programs and innovations on a scale significant enough to impact child outcomes.

In successful system change efforts, leadership teams frequently receive information about what is helping or hindering their efforts to make full and effective use of evidence at the practice level (Supplee & Metz, 2015).

The information may consist of descriptions of practitioner experiences or more precise data (e.g., administrative, fidelity, survey, or focus group data). Regardless of the form of the data, based on regular feedback from the practice level, implementation teams have data that can drive their decision making to change the service system to accommodate for new ways of work. Based on the information from practitioners, leadership can reduce systems barriers

to implementation and strengthen the facilitators to achieve the desired outcomes for children and families (Fixsen, Blase, Metz, & Van Dyke, 2012). Teams can also play an important role in liaising with model developers—co-creating adaptations (Hurlburt et al., 2015)—and with researchers to support translation research (Aarons as cited in Saldana & Chamberlain, 2012, p.3).

**FIGURE 10**  
Policy-Practice Feedback Loops



# State of Practice

## METHODS DETAIL

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To understand the current state of practice for use of implementation teams among child welfare service providers in New Jersey, NIRN collected data from the ten participating service providers. Data collection was designed to answer four central questions:

- 1 To what extent are service providers currently using best practices for implementation teams?
- 2 What are key barriers to using implementation teams?
- 3 What opportunities exist for service providers to strengthen practice?
- 4 What resources and supports are needed beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen use of implementation teams?

The following sources were used to answer the provider implementation team questions:

- » A pre-workshop survey, including open-ended and multiple-choice questions, focused on providers' use of teams, team size and composition, functions of teams, and operational processes of teams, including roles and responsibilities, communication, and decision making.

- » A series of on-site, interactive data collection activities, including:

- An assessment of teaming benefits and barriers
- An implementation team exploration tool focused on how to strengthen team functions, including EBP/EIP infrastructure assessment, leadership, and communication
- A survey focused on opportunities and improvements and systems supports needed to build capacity

The pre-workshop survey data assessed the current state of practice among providers PRIOR to sharing knowledge about best practices relative to the topic area, and the on-site data collection activities helped to assess the state of practice AFTER best practices had been shared. NIRN analyzed each data source individually and then cumulatively to develop cross-cutting themes.

## FINDINGS

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Nearly all service providers are using teams, and teams include representation of some key staff. About half of providers indicated a need for additional staff and stakeholder membership to better align with best practices. Within those teams, most service providers identified opportunities to strengthen team infrastructure through the development of a formalized team agreement, or terms of reference, and communication processes. Service providers appear to be conducting some activities related to the key functions of core practice and improvement cycles, while infrastructure and systems functions appear to be more significant gaps in implementation teaming practices. Service providers reported that more formalized implementation teams will

result in higher fidelity and better outcomes. All service providers indicated that time and space was a barrier to using implementation teams. Challenges with time and space included contractual requirements for provision of direct service hours, high workloads, distance between sites, and staff situated at multiple locations. Providers also cited capacity as a barrier, describing additional staffing challenges and constraints of funding to deliver services versus actual costs.

**TABLE 3**

## Key Opportunities and Supports Needed Establishing and Sustaining Implementation Teams

Having reflected on current practices relative to best practices, service providers identified the following key opportunities and supports needed:

**OPPORTUNITY**

**Formalizing and integrating implementation team infrastructure**

Service providers identified a clear opportunity for strengthening their implementation teams.

**POTENTIAL SUPPORT**

**Technical assistance for implementation team capacity building:**

Service providers recommended the provision of training and technical assistance to build capacity to use teams well. In particular, they cited support for:

- » Developing terms of reference
- » Formalizing meeting structures and establishing regular meeting schedules
- » Building in adequate time for meetings

**OPPORTUNITY**

**Ensuring support for teams**

Service providers indicated the need for formalized supports to enable functional teaming structures within and connected to their agency work.

**POTENTIAL SUPPORT**

**Contracts that include time for, and cover costs of, implementation team activities:**

Contracts should provide adequate funding to implement the full scope of work required to implement EBPs/EIPs with fidelity, including implementing team activities.

**Support for team integration:**

Service providers also suggested that they could benefit from organized support from DCF to ensure teaming structures are in place within their organizations and connected to DCF.

**OPPORTUNITY**

**Using data to strengthen teaming practices**

Service providers identified data use as the primary opportunity for strengthening their implementation team practice.

**POTENTIAL SUPPORT**

**Technical assistance for implementation team capacity building:**

Service providers recommended the provision of training and technical assistance to build team capacity to use data well. In particular, they cited support for:

- » Collecting, managing, and using data to achieve fidelity and improve quality
- » Strategies for making decisions based on data and communicating data results

# Recommendations

Based on best practices of implementation teams and implementation science, the current state of practice for use of implementation teams among the sample service providers, and provider identification of opportunities and supports needed, NIRN is advancing the recommendations outlined below.

## RECOMMENDATION 2.1

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DCF can form an implementation team at the state level to oversee, build infrastructure for, and support providers in, ensuring high-quality implementation, developing staff and organizational capacity, and cultivating sustainability of the evidence-based and evidence-informed child welfare services it funds.

» **Membership**

The state-level child welfare implementation team should include, at base, representation from the Office of Strategic Development, the Office of Contract Administration, the DCF OTPD at the Professional Center, evaluation partners (internal to DCF and university or external evaluation partners when appropriate and available), a subset of program leads within DCF, and other Department leadership in order to support all required team functions.

» **Function**

The state-level child welfare implementation team could focus on leveraging and brokering key implementation activities. For example, the team could focus on coordinating with partners to promote the general capacity development of provider-level implementation teams. The state-level team could gather and use information to prioritize areas of focus for general capacity development with providers. These areas might include developing agendas and communication protocols, gaining commitment for team participation, and using data to inform team

activities and decision making. Data from the provider workshop series suggested providers could benefit from assistance on developing terms of reference and ongoing coaching for team development. These could be primary areas of focus for the state team. Additionally, the team could focus on key areas of infrastructure development related to data use and bidirectional communication pathways with providers and other systems stakeholders.

» **Linked Teaming Structure**

The state-level implementation team can be formally linked to local service providers through meeting participation, data sharing, and regular communication. Linkages between state and local teams ensure a stable and reliable feedback loop between the system and provider. As part of the linked teaming structure, providers may want to consider developing peer teams, organized by intervention type or modality, to formally connect to the state-level team. To support bidirectional feedback loops, state-level team members would participate regularly in provider team meetings.

## RECOMMENDATION 2.2

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Service providers can work to formalize their use of implementation teams within their respective organizations. In particular, providers should:

- » Ensuring current teams have comprehensive representation in membership including administrative and fiscal representation, practitioners, policy staff, supervisors, and community members
- » Developing terms of reference, focusing in particular on strengthening clarity of roles and responsibilities of team members
- » Designing and implementing clearer bi-directional communications processes that include staff and stakeholder perspectives
- » Institutionalizing regular meeting times and locations
- » Strengthening capacity in using data for decision-making and improvement

Service provider leadership can support these efforts by examining organizational policy, practice, and resources to ensure that staff have adequate time and space for implementation team meetings.

## RECOMMENDATION 2.3

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The state-level child welfare implementation team might consider how DCF infrastructure (e.g., contracts, training, program leads) could strengthen provider-level teaming:

- » **Explore how contracts could establish deliverables and performance metrics that allow for staff to participate in implementation team activities.** To implement an EBP/EIP with fidelity, it takes more than just service delivery time. Good implementation requires dedicated teaming time to build infrastructure and to use data for improvement. Data indicators should be focused on implementation progress and could be co-identified by the state-level and provider implementation teams as metrics to inform team assessment and improvement processes. Contracts should reflect the full scope of work it takes to implement with quality. One option is to develop a workload formula that includes not only service delivery hours, but also teaming hours.
- » **Allocate resources to support teams in building team capacity through coaching.** As service providers work to formalize their teams, they will need technical support on developing terms of reference, developing communication processes, using data more effectively, and developing functional policy-practice feedback loops with the state. Coaching through coordinated efforts between DCF and systems partners could help providers support the capacity they need to be effective.

# Developing and Aligning Implementation Infrastructure



## Best Practices

It is widely recognized that robust infrastructure supports are required to effectively implement EBPs/EIPs. In fact, over 90% of 25 published implementation frameworks include capacity-building strategies and infrastructure development as critical components of successful implementation (Meyers, Durlak, & Wandersman, 2012).

Implementation infrastructure includes supports of practice, organizational, and systems change (Metz & Bartley, 2012). Additionally, organizational supports have been identified as a critical factor for successful EBP/EIP integration by child welfare service providers (Aarons & Palinkas, 2007). In a systematic review of the factors that influenced uptake of EBPs/EIP in child and adolescent mental health, fidelity monitoring, supervision, training, and the use of specific technologies were most associated with successful implementation (Novins, Green, Legha, & Aarons, 2013). Other studies have found that the development of these infrastructure components in child welfare promotes high-fidelity implementation, improved EBP/EIP integration within the organization, increased number of families who complete treatment, and improved child and family outcomes (Metz et al., 2014; Ogden et al., 2012).

The field of implementation science has identified several practices for building, improving, and sustaining the infrastructure needed for high-quality implementation. These practices can be called factors (Aarons & Palinkas, 2007), strategies (Powell et al., 2015), and drivers (Fixsen et al., 2005; Fixsen, Blase, Duda, Naoom, & Wallace, 2009).

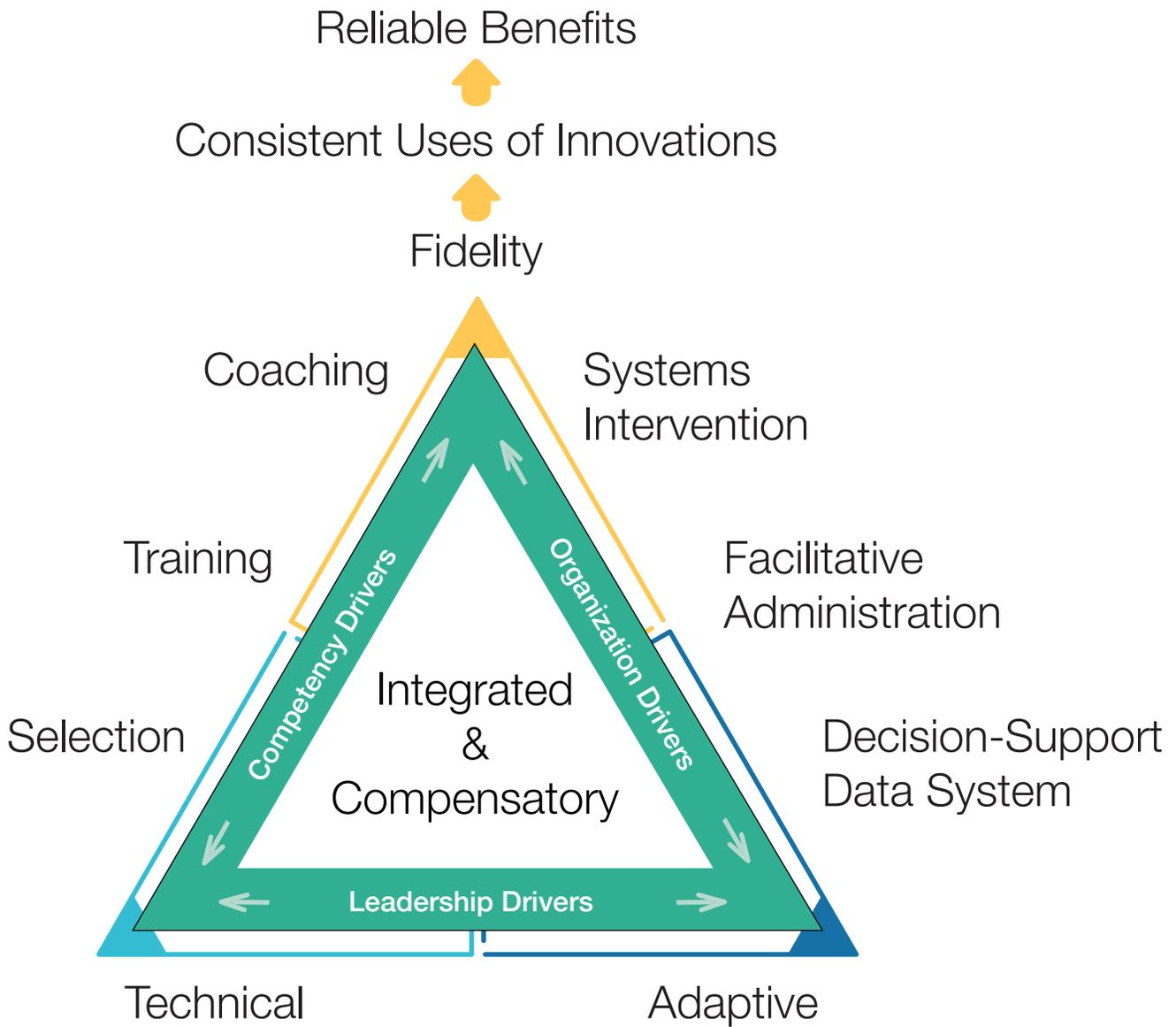
For the purpose of this Blueprint the implementation infrastructure is defined through implementation drivers—the core components or building blocks of the infrastructure needed to support practice, organizational, and systems change (**Figure 11**, Metz & Bartley, 2012).<sup>6</sup> The drivers emerged based on the commonalities among successfully implemented programs and practices (Fixsen et al., 2005; Fixsen, Blase, Duda, Naoom, & Wallace, 2009), and the structural components and activities that make up each implementation driver contribute to the successful and sustainable implementation of EBPs/EIPs.

Competency drivers (e.g., selection, training, coaching, and fidelity assessment) develop and improve staff's competencies to implement the EBP/EIP well.

Organization drivers (decision-support data systems, facilitative administration, and systems interventions) create the hospitable organization and systems environments needed for the EBP/EIP to be implemented with fidelity and achieve expected outputs and outcomes. Below, a description of each implementation driver is provided.

<sup>6</sup> More detail and lessons on the Implementation Drivers can be found on the Active Implementation Hub <http://implementation.fpg.unc.edu/>

**FIGURE 11**  
Implementation Drivers



# 1 / Competency

## Building Practitioner Competency to Use Evidence-Based Practices with Integrity

As noted, competency drivers are mechanisms to develop, improve, and sustain practitioners' and supervisors' ability to implement an EBP/EIP to benefit children and families (Metz et al., 2015; Fixsen et al., 2005, Fixsen et al., 2009). Competency drivers include selection of staff with the required skills, abilities, and other EBP/EIP-specific prerequisite characteristics; training of staff and others involved at the agency that provides knowledge related to the theory and underlying values of the EBP/EIP, opportunities to practice new skills to meet fidelity criteria, and feedback in a safe and supportive training environment; on-the-job coaching to support staff in practicing and mastering newly learned skills; and fidelity assessments to evaluate the extent to which practices are implemented as intended. Ideally, agencies should identify, develop and implement transparent fidelity assessments that promote positive recognition of staff and use multiple sources of data to assess implementation and improve performance.

## 2 / Organization

### Securing and Aligning Administrative, System, and Data Supports to Promote a Hospitable Environment for Evidence-Based Practices

Organization drivers are the components that intentionally develop the organizational supports and systems interventions needed to ensure that practitioners and staff carrying out the EBP/EIP are effectively supported and that data are used for continuous improvement (Fixsen et al., 2005; Metz & Bartley, 2012). To provide this hospitable environment, data systems need to be set up to support data-driven decision making, including the collection and use of programmatic data, fidelity data, and outcome data. In addition, the organization's leadership and administration need to develop strategies that are facilitative of the new practice. Examples of these strategies include:

- 1 Providing the necessary leadership to address challenges and create solutions
- 2 Developing clear communication and feedback loops within the organization
- 3 Adjusting and developing policies and procedures (as necessary) to support the new practice or innovation
- 4 Reducing administrative barriers at the institutional level

Finally, *systems interventions* need to be developed to ensure the availability of financial, organizational, and human resources required to support and sustain the EBP/EIP. Systems interventions can take the form of collaborative partnerships, data and resource sharing, policy, advocacy, and funding.

## 3 / Integrated and Compensatory Accountability

### Designing and Maintaining a Structure of Mutual Accountability among Systems Stakeholders to Support and Sustain Evidence-Based Practices

It is important to note that the implementation drivers are integrated and compensatory (Fixsen et al., 2005; Fixsen et al., 2009), signifying that strong infrastructure components can compensate for weak infrastructure components. For example, if training components are weak, staff competency can be strengthened through coaching, or if data systems require time to be developed to track important information, administrators can develop creative solutions for using already-existing data for improvement. Clarifying the accountability for developing and strengthening the infrastructure needed to deliver EBP/EIPs with integrity is particularly important to consider in child welfare systems that require coordination between public and private agencies to ensure positive outcomes for children and families. Specifically, public child welfare agencies often collaborate with private community-based organizations (Collins-Camargo, McBeath, & Ensign, 2011) or other mental health system partners (Hoagwood et al., 2014) to deliver EBPs/EIPs to families in need. Critical to the success and sustainability of the infrastructure to support EBPs/EIPs is the collaboration among these systems stakeholders.

In child welfare, agencies that had sustained high-integrity implementation of EBPs/EIP beyond initial start-up phases reported significantly greater levels of effective collaborations compared to non-sustaining sites (Green et al., 2016). These collaborations are facilitated through well-defined and functioning teaming structures that support and integrate the critical infrastructure components for EBPs/EIPs. Hoagwood and colleagues (2014) described how state-supported infrastructures are promoted through successful collaboration and teaming structures inclusive of university partners and researchers, policymakers, service providers, training institute partners, and practitioners. Green and colleagues (2016) noted that successful collaboration included developing a shared vision and mutual accountability, building on existing relationships, developing practice-research partnerships, promoting joint problem solving and resource sharing, and maintaining collaboration over time. It is critical for the success of EBPs/EIPs and positive outcomes for children and families that the integration and shared responsibilities of EBP/EIP infrastructure span the system so that general capacity is sustained to improve the lives of children and families (Flaspohler et al., 2012).

# State of Practice

## METHODS DETAIL

To understand the current state of practice for use of implementation drivers among child welfare service providers in New Jersey, NIRN collected data from the ten participating service providers. Data collection was designed to answer four central questions:

- 1 To what extent are service providers currently using best practices for implementation drivers?
- 2 What are key barriers to using implementation drivers best practices?
- 3 What opportunities exist for service providers to strengthen practices?
- 4 What resources and supports are needed beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen use of implementation drivers?

The following sources were used to answer the provider implementation drivers questions:

- » A pre-workshop survey on current use of implementation driver best practices
- » An on-site “data walk” in which providers interpreted the pre-workshop survey data
- » An on-site survey that addressed opportunities to strengthen current practices and supports needed to be successful in doing so

The pre-workshop survey data assessed the current state of practice among providers PRIOR to sharing knowledge about best practices relative to the topic area, and the on-site data collection activities helped to assess the state of practice after best practices had been shared. NIRN analyzed each data source individually and then cumulatively to develop cross-cutting themes.

## FINDINGS

Our analysis illuminates that most providers appear to be using some elements of best practices in each of the implementation drivers, but need additional capacity building to ensure they are fully operational.

Strengths and improvement needs are highlighted for each driver below:

### » Staff Selection

Providers appear to be assessing for skills needed to implement an EBP/EIP, but report they could improve formalization in selection practices, including using EBP/EIP-informed interview protocols and job descriptions.

### » Training

Providers appear to prioritize and provide EBP/EIP training opportunities for staff, but report they could improve use of data in determining training needs and learning about staff gains in knowledge and skills through training.

### » Coaching

Providers appear to be providing coaching to staff, but they also report some confusion about what constitutes coaching practice, including the observational element of coaching and the logistics and resources needed to fully implement it.

### » Fidelity Assessment

Some providers appear to be partially assessing fidelity and using data for improvement, but nearly all providers report they could strengthen their understanding of how to systematically and regularly collect and use fidelity data to increase staff competency.

### » Decision-Support Data System

Providers appear to be collecting and using EBP/EIP outcome data, but report they could strengthen capacity-building in collection and use of intervention data and implementation data for decision making and continuous quality improvement.

### » Facilitative Administration

Providers appear to be working in environments that support data and communication loops between programs and administration, but report they could improve the formalization of feedback loops and diversity of stakeholders engaged to ensure policy and procedure of facilitative of EBPs/EIPs.

### » Systems Intervention

Providers appear to be engaging systems stakeholders, but report they could improve the clarity, consistency, and communication of systems-engagement processes.

**TABLE 4**  
**Key Opportunities and Supports**  
**Needed: Competency Drivers**

Having reflected on current practices relative to best practices, service providers identified the following key opportunities and supports needed:

DRIVER	OPPORTUNITY	POTENTIAL SUPPORT
<b>STAFF SELECTION</b>	Increase the development and use of job descriptions and hiring best practices that integrate EBP/EIP competencies into interview protocols.	Training, resources, and tools to create job descriptions and hiring protocols for staff using EBPs/EIPs, including guidance or criteria from model developers on skills and characteristics.
<b>TRAINING</b>	Increase the use of data in determining the ongoing training needs and interests of staff and to assess gains in knowledge and skills based on EBP/EIP training. Use training data to inform future training provided.	Resources (time and financial support) for staff to attend ongoing trainings. Available and knowledgeable trainers who can adapt trainings for agency needs. Increase “train the trainer” opportunities. Coordinate training efforts across providers using same EBPs/EIPs.
<b>COACHING</b>	Establish plans that address logistics of coaching (e.g., scheduling), identify strategies to support observation of practice (including tools, such as videotaping), and provide strategies for clarifying the coaching role within the organization, particularly if coaching is part of a supervisor’s role or performed by an alternative staff person.	Resources to build the competency of coaching staff (or supervisors serving as coaches), equipment needed for direct observation, and ongoing training and support of supervisors and coaches.
<b>FIDELITY ASSESSMENT</b>	Develop or use feasible processes and procedures, such as checklists and observations, to assess fidelity. Use fidelity data for feedback and improvement of practice.	Technical assistance and cross-agency consultation to learn how to support the development, collection, and use of fidelity data for improvement, including how to use coaching for improvement. Resources to support data systems to capture and use fidelity data.

**TABLE 5**  
Key Opportunities and Supports  
Needed: Organization Drivers

DRIVER	OPPORTUNITY	POTENTIAL SUPPORT
<b>DECISION-SUPPORT DATA SYSTEM</b>	Increase agency capacity, understanding, and communication of how to identify, interpret, and use relevant data for improvement. Ensure data infrastructure is in place to collect and use data. Enhance tracking and monitoring of program fidelity, child and family outcomes, and analysis of costs and cost effectiveness to improve implementation quality and population impact.	Training and ongoing support on strategies for collecting and using data for continuous improvement, including resources and ongoing support for additional staff to perform these functions. Funding for critical IT and data infrastructure.
<b>FACILITATIVE ADMINISTRATION</b>	Formalize meetings, including use of regular times, standing agendas, and processes for data use and communication. Strengthen bidirectional feedback loops with staff and stakeholders regarding program implementation and supports needed.	Technical assistance and inter- and cross-agency consultation to learn how to use data and feedback for continuous improvement. Support in ensuring functioning bi-directional communication pathways with staff and stakeholders.
<b>SYSTEMS INTERVENTION</b>	Increase collaboration with other service provider agencies to cultivate relationships, strengthen referral networks, engage in case conferencing, and incorporate cross-agency learning on specific EBP/EIPs. Increase collaboration with the state and federal agencies to increase their understanding of the EBP/EIP, reduce systems barriers, and encourage investment in the work.	Clearly defined leadership of systems coordination efforts, coordination capacity (e.g., dedicated staffing), and regular, established meetings for systems collaboration activities, such as engaging key stakeholders. Incentivize activities (e.g., cross-sector meetings) that support systems changes (e.g., funding, regulatory, policy) in service to sustaining EBP/EIP implementation.

# Recommendations

Based on best practices in implementation drivers, the current state of practice for use of implementation drivers among the sample service providers, and provider identification of opportunities and supports needed, NIRN is advancing the recommendations outlined below.

## RECOMMENDATION 3.1

---

**DCF and provider agencies can explore ways to assess infrastructure strengths and gaps (e.g., staff competency and organizational support drivers) and prioritize areas for infrastructure development.**

» Based on the findings from this process, DCF could work with provider agencies to prioritize opportunities for infrastructure development and work with systems partners to coordinate infrastructure development. For example, if assessment data indicate an infrastructure gap for supporting fidelity assessments, DCF could coordinate with the DCF OTPD at the Professional Center to develop training and ongoing professional development for provider organizations on how to use fidelity data for improvement. In this prioritization process, it would be important to understand what supports are currently in place, and their current level of functioning and effectiveness. Building on existing capacity or infrastructure is recommended, when at all possible.

## RECOMMENDATION 3.2

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**Infrastructure can be developed and refined through collaborative teaming structures with DCF, service providers, and systems stakeholders**

» Aligned with recommendations 2.1 and 2.2 to develop state-level and provider-level implementation teams (see recommendations for full description of team development and composition), a focus of the state implementation team could be sustainable infrastructure development through collaboration with partners and resource sharing. Through formal communication processes, the state team could gather feedback on state and provider-level

infrastructure development. Feedback would be used to identify strategies to leverage the existing capacity and interests of various stakeholder groups to develop sustainable professional development and fidelity assessments, data systems, and administrative structures needed for successful EB/EIP integration. Through a Terms of Reference document, roles and responsibilities for supporting infrastructure development and improvement should be identified. For example, if a policy is misaligned for providers and hindering practice, DCF could take on the role of supporting policy alignment. Or, if additional supports are needed to promote provider capacity to use fidelity data for coaching and improvement, the DCF OTPD at the Professional Center might provide ongoing training and support to promote provider expertise in using fidelity data to support practice improvements.

## RECOMMENDATION 3.3

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**Once recommendation 3.1 is completed, service providers can capitalize on state-level supports for agency-level infrastructure development, and embed implementation best practices into their own agency teams.**

» Similar to the recommendation to gather feedback on infrastructure functioning, service providers can work with their staff and service beneficiaries to understand how implementation supports are functioning within their agency, and carry out improvement strategies through their provider-level implementation team. For children and families to benefit, effective implementation supports (e.g., professional development data systems, and administrative structures) need to occur at every level of the system.

# Supporting Data Use and Communication for Continuous Quality Improvement



## Best Practices

Child welfare administrators, researchers, and policymakers have advanced efforts to use data.

Over the last decade, there has been increased attention to child welfare outcomes, measurement, and the use of data (US DHHS, 2010; US DHHS, 2008). Yet, little is known about how data are used at frontline practice and within public and private child welfare agencies to instill and sustain change and promote continuous quality improvements (Collins-Camargo, Sullivan, & Murphy, 2010). Data can be used for a variety of reasons in child welfare. It can be used to inform needs assessments and select interventions, or to target geographic regions or catchment areas for specific service delivery models. Data can also aid in making decisions to allocate resources for families and support professional development. It can also be used to celebrate successes in implementation or outcomes. One of the most important reasons data can be used is to support improvement of services and outcomes. Careful analysis of data in child welfare is required to understand how well services are being delivered, whether services are meeting the needs of children and families, and if services result in desired outcomes for children and families (Chovil, 2009). Fidelity, infrastructure, monitoring, and feedback have been identified as essential components of successful and sustained EBP implementation (Aarons et al., 2009; Fixsen et al., 2005; Sedler et al., 2015).

Continuous quality improvement is one of the critical aspects of ongoing improvement of implementation efforts; however, it is not the only component of effective implementation. Effective implementation requires all of the formula components described in this Blueprint. CQI is the process of identifying, describing, and analyzing key data indicators and challenges, identifying and carrying out potential solutions, monitoring their effectiveness; and revising solutions based on results. Effective CQI requires an organizational culture and system that fosters continuous learning and improvement and is routinized in an agency's mission, vision, and organizational practices

(Lee, Bright, & Berlin, 2012). Critical to the success of CQI is the inclusion and participation of staff at all levels of the system. Children, youth, families, and should be engaged stakeholders in the entire process (National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs, 2005).

Traditional child welfare approaches to quality assurance have focused on case auditing and monitoring for compliance to meet state and federal procedural and standard requirements (National Child Welfare Resource Center for Organizational Improvement, 2002). However, in recent years, there has been a growing effort to develop continuous quality assurance systems in child welfare that attend to a broader array of practice and outcome components (Ahn, Carter, Reiman, & Hartzel, 2017), as well as the use of multiple evidence-based programs (Sedler et al, 2015). Research has indicated benefits resulting from effective CQI processes including increased staff retention (Aarons et al., 2009), increased involvement of staff in using data for improvement (Packard, McCrae, Phillips, & Scannapieco, 2015), improved referral processes (Sedler et al., 2015), and improved outcomes for children and families. Improved outcomes for children and families include reductions in the number of children placed in out-of-home care, increased percentages of children in family homes, decreased number of children in group homes, increased adoptions, improved placement stability, and increased number of investigations that are open less than 60 days (Ahn et al., 2017).

There are several best practices for establishing, using, and sustaining CQI efforts in child welfare. Key best practices are outlined below.

## 1 / Structure

### Creating a Sustainable CQI Process

#### » **Clear Accountability for CQI**

Effective CQI requires the transparent and organized capacity of a child welfare agency to support ongoing improvement. Most importantly, quality is achieved through participation of all members of a team that represent diverse perspectives in an organization or system, not just leaders or experts (Lees, 2005). One of the primary benefits of having an Implementation Team is that the team is committed to conducting improvement cycles and CQI processes (Higgins et al., 2009). A CQI plan should be developed, vetted, and shared across an organization that details who is responsible for the CQI process, as well as how information is gathered, used, and shared within the organization for improvement. The CQI process should be proactive and transparent for all staff and families served by the organization (Petr, 2009).

#### » **Support for Those Accountable for CQI**

Those responsible for CQI, ideally the implementation team, need direct and consistent support from organizational leadership to lead CQI efforts. This means that they need the authority and resources through clear and consistent policies to implement CQI efforts. They also need reliable and accurate data (US DHHS, 2012). When leadership empowers an implementation team's efforts, teams experience higher levels of learning, coordination, and mental-model development over time, compared to when leaders provide directives to teams without supporting their ongoing learning and capacity development (Lorinkova, Pearsall, & Sims, 2013). Additionally, an organizational culture built on learning and improvement is conducive to and supportive of high-quality CQI efforts.

» **CQI Activities Built into Routine Practice**

For CQI to be effective, it must be routinized into an agency's organizational practices and culture. Strategies focused on increasing staff buy-in to, participation in, understanding of, and acceptance of CQI processes are ways to ensure a supportive culture for improvement efforts (APHSAs, 2014). Additionally, when an accountable infrastructure for CQI resides with an implementation team, CQI efforts can be routinized into the team's ongoing activities. This suggests that during weekly or bi-weekly meetings, an implementation team should have a scheduled process for reviewing key CQI questions and data points, and communicating information to staff within and across the service system to support ongoing improvement efforts. Although the team may lead the CQI efforts, they do not carry out CQI processes in isolation. The implementation team has formalized connections with agency staff, supervisors and leadership to ensure that staff have access to and support in using data and information for improvement.

» **CQI for Data-Driven Decision Making & Improvement**

The crux of an effective CQI system is that decisions are made based on data at every step of the CQI process (Wulczyn, Alpert, Orlebeke, & Haight, 2014). It is critical that data are relevant and reliable for interpretation and improvement planning (US DHHS, 2012). Additionally, multiple sources and types of data can be useful in the analysis and interpretation of CQI questions (Chovil, 2009). This may include programmatic quantitative data, or qualitative feedback from staff or participants on relevant CQI questions. Using multiple sources and multiple perspectives to interpret and drive decision making for improvement enriches the interpretation of data and creates an opportunity for shared decision making in the CQI process (National Child Welfare Resource Center for Organizational Improvement, 2002).

## 2 / Process

### Carrying Out Meaningful CQI Efforts

The act of using information and data systematically for ongoing improvement requires a well-defined process (Wulczyn et al., 2014). There are a variety of frameworks for CQI processes (e.g., National Child Welfare Resource Center for Organizational Improvement, 2002; Wulczyn et al., 2014; US DHHS, 2012) and many are based on the traditional “Plan-Do-Study-Act” model (Deming, 1986). For example, processes include a multi-step process that starts with identifying the problem or questions to answer; selecting the data to answer the question and the simplest way to gather this data (Plan); ensuring systems and structures are in place to collect the data (Do); analyzing the data to answer the question (Study); and supporting ongoing improvement based on the findings (Act).

This PDSA process is broken out further into five key steps that represent a well-defined CQI process. Best practices for these five steps are described below.

#### » **Determine Your Question**

The first step in the CQI process is identifying what questions you want to answer. Areas of inquiry should be guided by a theory of change or logic model that connects the question with possible contributors to the challenge and desired improvements (Wulczyn et al., 2014). Often, CQI efforts are based on available data and potential discrepancies in the data, which is a more reactive way to carry out improvements. Alternatively, starting the CQI process with well-developed questions enables a proactive process in which data sources are matched based on the questions at hand (Chapin Hall, 2012), and diverse stakeholders are included in the formation of the questions and selection of data sources. Areas of inquiry and questions for the CQI process often must be prioritized. Prioritization of CQI processes requires Implementation Teams to work together to rank key questions that guide the CQI process. As part of the process, the team can revisit the guiding questions and adjust based on progress in efforts to use evidence-based practices.

» **Determine What Data Will Help Answer Questions**

Secondary to determining the CQI questions is the identification of data indicators and sources that will assist in answering the questions. Frequently, programmatic and administrative data are used to guide the CQI process. However, there are two other types of data to consider: fidelity data and outcome data (see Figure 12). Fidelity data are data that measure the extent to which the EBP/EIP has been implemented as intended. Outcome data represent changes in attitudes, behaviors, and knowledge of EBP/EIP program participants. Outcome data measures the impact of the EBP/EIP. In addition to considering alternative types of data to understand CQI questions, implementation teams should also consider different sources of data. Beyond data captured through established measures or compliance efforts, information from staff, stakeholders, and children and families can provide a rich perspective on a range of CQI questions. If not already established, teams should consider developing consistent methods for gathering and sharing information with key systems stakeholders and families.

» **Determine the Simplest Way to Gather the Data**

For CQI efforts to be useful and sustainable, they need to be feasible. Public and private child welfare organizations are often under a large amount of pressure, are understaffed, and can experience challenges related to consistently using data to drive improvement (Carrilio, Packard, & Clapp, 2003). Teams should consider and prioritize data sources that are available and feasible to collect.

**FIGURE 12**  
Types of Data for CQI Process



### PROGRAM

Data that are relevant to administration of the EBP/ EIP

#### EXAMPLES

- Referrals
- Enrollment
- Retention
- Reason for enrollment
- Cost of participation
- Staffing



### FIDELITY

Data that measures the extent to which the EBP/EIP has been implemented as intended

#### EXAMPLES

- Context  
Structural aspects such as supervisor/staff ratio/client; place of service delivery; and inclusion/exclusion criteria
- Compliance  
Core components such as frequency of service; intensity of service; service duration, delivery of content)
- Competence  
Skills such as engagement practices; relational work; and participant responsiveness



### OUTCOME

Results data. Measures the impact of the EBP/EIP

#### EXAMPLES

- Increased knowledge
- Improved skills or behavior
- Changes in beliefs
- Changes in attitudes or perceptions

» **Put Systems and Structures in Place to Collect Data**

Ideally, implementation teams should facilitate the development of structures to support CQI. Most importantly though, the process for gathering information must be systematized so that CQI efforts are built into routine agency practices. Structured CQI processes articulate who is responsible for gathering, synthesizing, and sharing data, and with whom. Additionally, developing a learning culture within an organization is essential for ensuring the functioning of the CQI process. A learning culture is facilitated by the inclusion and participation of multiple perspectives in the CQI process (Chovil, 2009), which is why implementation teams with diverse perspectives can have major benefits at the center of CQI efforts.

» **Analyze Data to Answer Questions**

The final step is the analysis of data. This requires that the data are synthesized and assessed through multiple perspectives. As Wulczyn et al. (2014) describe:

- Analysis is a mirror that we hold up to the child welfare system to observe the system's status. "To make correct observation, that mirror must reflect an accurate image. For instance, if I want to decrease the length of stay of children in foster care and I rely on baseline observation, that does not accurately represent how long children stay in my system of care" (p.6).
- One of the essential aspects of analyzing data for CQI is to look for trends and variation in the data. These can indicate areas to further explore or focus on for the improvement strategy. Improvement efforts can focus on a variety of relevant aspects of child welfare, including clinical interventions, casework practice enhancements, fiscal refinements, or administrative adaptations (Wulczyn et al., 2014). It is important to note that improvements are not always focused on the intervention itself; rather the competency, organizational, or systems supports necessary to ensure effective practice and improved outcomes for children and families must also be considered.



## 3 / Communication

### Sharing and Learning for Improvement

For effective CQI efforts to resonate with agency staff and systems stakeholders, strong communication pathways are required. This is particularly important in child welfare, where there is a partnership between public and private agencies for the provision of services (Embry, Buddenhagen, & Bolles, 2000; Barth, 2008). First, for CQI efforts to be sustained, CQI efforts should be localized (Hogue, Ozechowski, Robbin, & Waldron, 2013)—meaning that private providers and the public child welfare system must develop localized CQI procedures within their units, agencies, regions, counties, etc. Subsequently, there must be bidirectional feedback mechanisms to promote alignment and improvement between policymakers, program administrators, leaders, and practitioners. These feedback loops are best organized and led through a collaborative and organized structure like implementation teams (Green et al., 2016). Therefore, both private providers and the public child welfare system should have robust teaming structures with horizontal connections with other provider organizations or units, and vertical connections with funders or other stakeholders and DCF. Communication should focus on strategies for improvement. The feedback loops should occur on a regular basis and have formal structures to ensure effectiveness and efficiency.

# State of Practice

## METHODS DETAIL

To understand the current state of practice for data use and communication among child welfare service providers in New Jersey, NIRN collected data from ten participating service providers and the Advisory Group. Data collection was designed to answer four central questions:

- 1 What approaches are service providers currently using for data use and communication?
- 2 What opportunities exist for implementing agencies to strengthen current approaches informed by implementation science best practices?
- 3 What are barriers to using data and communication effectively?
- 4 What resources and supports are needed beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen data use and communication practices?

### The following sources were used to answer the provider data use and communication questions:

- » A pre-workshop survey, including open-ended and multiple-choice questions, focused on providers' use of data, types of data most frequently used for continuous quality improvement, how data is used for decision-making, and approaches used to communicate about decisions made within agencies.
- » During the workshop, providers participated in a group activity in which they identified questions they wanted to answer with data, potential data sources, staff positions responsible for data collection and synthesis, and barriers and potential supports to ensure effective data use and communication.

The pre-survey data assessed the current state of practice among providers prior to sharing knowledge about best practices relative to the topic area and the on-site data collection activities helped to assess the state of practice after best practices had been shared. NIRN analyzed each data source individually and then cumulatively, to develop cross-cutting themes.

## FINDINGS

Providers reported regularly collecting and using program data—and a clear need to strengthen collection and use of fidelity and outcome data. Most respondents reported that their agencies have a CQI process in place and that they understand it, but few described its formalization, including frequency of the practice or the use of specific methods or approaches. Respondents largely report that data are reviewed for CQI among teams, but teams appear to lack representation of key staff positions. Decisions are often communicated in non-standardized or *ad hoc* methods.

Having reflected on current practices relative to best practices, service providers identified the following key opportunities and supports needed (see **Appendix F** for more detail):

**TABLE 6**

**Key Opportunities and Supports Needed  
Supporting Data Use and Communication for Continuous  
Quality Improvement**

**OPPORTUNITY**

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**Strengthen the use of fidelity and outcome measures**

Service providers identified an opportunity to strengthen the development and consistent collection and use of fidelity and outcome measures.

**POTENTIAL SUPPORT**

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**Support from model developers and content experts for fidelity and outcome measure development and integration:**

Providers need support to coordinate with model developers and other experts to develop and integrate fidelity assessments

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**Support from state partners to align fidelity criteria with standards of practice:**

DCF and providers need support from model developers and experts to align model and practice requirements and expectations.

**OPPORTUNITY**

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**Formalize the use of CQI methods in implementation teams**

Service providers identified an opportunity to engage a full team, including clinical staff, in CQI processes and communication as well as to establish more formal CQI processes.

**POTENTIAL SUPPORT**

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**Support for capacity building:**

Providers need ongoing support and technical assistance regarding data and communication activities.

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**Support for and formalization of CQI**

Providers noted capacity needs related to strengthening collection, synthesis, analysis, and sharing of data in formalizing their CQI processes.

**OPPORTUNITY**

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**Ensure staff have adequate time, capacity, buy-in, and the tools for data collection and CQI**

Providers identified an opportunity to ensure implementation team members have adequate staffing capacity, buy-in, and technology and data systems to conduct data activities.

**POTENTIAL SUPPORT**

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**Contracts that cover costs of data collection and use:**

Providers need funds to cover the full costs required to gather, synthesize, and use information for improvement.

.....

**Contracts that cover costs of data collection and use:**

Providers need funds to cover costs of technology and tools.

# Recommendations

Based on best practices of data use, communication, and implementation science; the current state of practice for data use among the sample service providers; and provider identification of opportunities and supports needed, NIRN is advancing the recommendations outlined below.

## RECOMMENDATION 4.1

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DCF can identify strategies to support provider data use and effective communication. DCF can leverage teaming structures and partners to coordinate training and ongoing support strategies to support data use and ensure communication. For example, DCF could use the Implementation Drivers framework to assess infrastructure components that would support data use and communication by provider agencies.

Guiding questions include:

### **Selection**

What staff characteristics and qualifications are needed to effectively use data for improvement and communication?

### **Training**

Who needs training on how to use data for improvement and developing effective communication strategies? For what purpose? What training is available? What training might need to be developed?

### **Coaching**

How will the child welfare system ensure that provider agencies receive coaching to support their ongoing use of data and communication in practice settings?

### **Fidelity**

How will the child welfare system know that data use and communication strategies are used as intended?

### **Decision-Support Data System**

How will the child welfare system know that data use and communication efforts are having the intended benefit? What currently available data sources might shed light on the effectiveness of continuous quality improvement strategies? How can DCF gather feedback from providers more efficiently?

### **Facilitative Administration**

What policies, procedures, and processes need to be put in place to support the consistent use of data and communication within provider and public agencies?

### **Systems Interventions**

How can we create a policy, regulatory, and funding environment that is hospitable for data use and communication? What systems partners must be engaged in building capacity for data use (e.g., DCF OTPD at the Professional Center, university partners)?

## RECOMMENDATION 4.2

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Service providers can work to instill and apply best practices for data use and communication within their organizations. For children and families to benefit from effective data use, data must be used and shared at the frontline of practice. Therefore, providers can consider how to:

Ensure current implementation teams have the skills, resources, time, and capacity to apply best practices in data use and communication.

Ensure the implementation team has access to a variety of data sources, including feedback from staff.

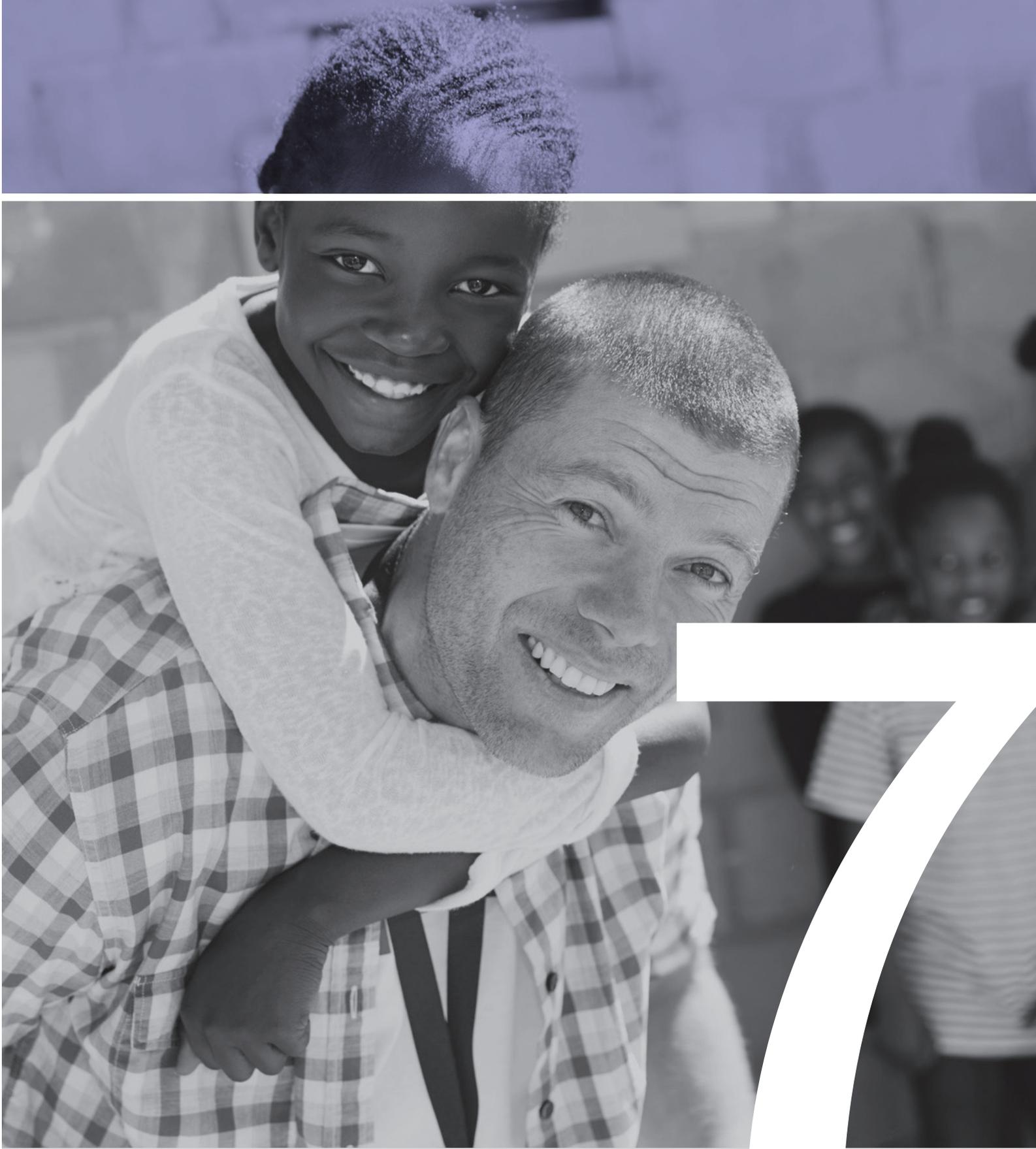
Coordinate data use and communication efforts with activities already conducted by DCF.

Ensure that frontline practitioners are involved in data use and decision-making efforts.

Enable effective feedback loops that gather and share data among agency staff. These efforts are most efficiently directed by the implementation team.

Continually assess CQI practices for effectiveness and efficiencies.

# Recommendations



This chapter summarizes the recommendations across focus areas to identify action steps for DCF and state-funded child welfare service providers interested in supporting the sustainable use of research evidence to improve child and family outcomes.

Recommendations are grounded in best practices supported by implementation science and are informed by feedback from practitioners, supervisors, leaders representing service provider organizations, and systems stakeholders representing the public agency and research community. Recommendations are organized into three thematic areas that provide a framework for aligning the public child welfare system's activities and priorities with the development of a sustainable infrastructure to support the use of research evidence.

**The thematic areas include (See Recommendations Summary Table 7):**



**1 Strengthening Public and Private Partnerships**



**2 Organizing and Promoting Capacity**



**3 Supporting Quality Improvement**

**TABLE 7**  
Workshop Recommendations Summary Table

	INTERVENTION SELECTION	IMPLEMENTATION TEAMS	IMPLEMENTATION INFRASTRUCTURE	DATA USE AND COMMUNICATION
RECOMMENDATION FOCUS DCF AND SYSTEM PARTNERS	<p><b>1.1</b> DCF can explore using procurement processes to support the improvement of contextual fit between potential interventions and the local service delivery context.</p> 	<p><b>2.1</b> Form a state-level implementation team to support providers in high-quality implementation of EBP/EIPs.</p> 	<p><b>3.1</b> Assess DCF and system infrastructure strengths and gaps and prioritize areas of infrastructure development.</p> 	<p><b>4.1</b> Ensure ongoing data use and communication of service providers by supporting the necessary infrastructure.</p> 
	<p><b>1.3</b> DCF can support providers' selection methods by exploring the possibility of working with systems partners to provide guidance and technical assistance to providers on how to use needs assessment data to make informed choices related to interventions.</p> 	<p><b>2.3</b> Explore how DCF infrastructure (e.g., contracts, training, program leads) could support effective implementation and allocate resources to provide TA and coaching to provider teams.</p> 	<p><b>3.2</b> Develop and refine the infrastructure through collaborative teaming structures with DCF, service providers, and system stakeholders.</p> 	
	<p><b>1.2</b> Consider strategies to conduct internal fit and feasibility assessments using data to inform intervention selection decisions.</p> 	<p><b>2.2</b> Formalize implementation team infrastructure with diverse representation and clear accountability.</p> 	<p><b>3.3</b> Embed implementation best practices using tools and resources developed and supported by DCF.</p> 	<p><b>4.2</b> Apply best practices of data use and communication by instituting data use and communication at the practice and agency levels.</p> 

<sup>1</sup> For example, in cases where DCF is seeking to support the use of selected interventions based on population needs, DCF might structure requests for proposals around key dimensions of contextual fit—including feasibility and readiness for implementation—and developing aligned criteria to evaluate answers. In cases where DCF seeks innovative solutions to identified problems, DCF can support providers in using available needs assessment data to identify potential interventions. RFPs can also be structured to provide phased funding that allows for selection and capacity-building processes.



## / Strengthening Public and Private Partnerships

Child welfare systems present unique challenges to the implementation of evidence-based practices, in terms of the structure, processes, practitioners, and service population. For example, public child welfare services are often delivered through community-based organizations. Public child welfare agencies frequently rely on a network of private service providers to deliver evidence-based practices. Further, many of the treatments are delivered through the behavioral or mental health systems, requiring collaboration between complicated service systems that have different funding streams, priorities, and standards of practice. Balancing the priorities of various stakeholders involved in funding, contracting, delivering, and evaluating evidence-based programs can be challenging. The complexity of family problems and situations can limit the appropriateness and effectiveness of evidence-based practices. Further, the extent to which evidence-based practices are perceived by practitioners to fit with usual tasks and duties can influence the uptake and sustainability of evidence-based practices in child welfare systems (Aarons & Palinkas, 2007).

For effective integration and sustainability of research evidence in child welfare to occur, strong partnerships and connections between the public child welfare organizations and private providers is required. Such partnerships are not risk-free and the reliance on public-

private collaboration to facilitate the sustainable use of evidence-based programs can sometimes impede or hinder successful implementation. Effective partnerships are formalized through strong teaming structures that facilitate bi-directional and routine feedback loops between practice and policy levels. Therefore, both private providers and the public child welfare system should have robust teaming structures with horizontal connections with other provider organizations or units, and vertical connections with funders or other stakeholders and DCF.

### **ACTION STEPS**

To strengthen public and private partnerships to support the sustainable use of research evidence in child welfare, the following recommendations are highlighted as steps for building strong connections between DCF and private providers. In applying these recommendations, DCF should consider a process to target one area or division within DCF to test and improve best practices to strengthen collaboration. The following recommendations are advanced as key steps for strengthening the public and private partnership between DCF and private provider agencies:

### RECOMMENDATION 1.1

DCF can explore using procurement processes to support the improvement of contextual fit between potential interventions and the local service delivery context. For example, in cases where DCF is seeking to support the use of selected interventions based on population needs, DCF might structure requests for proposals around key dimensions of contextual fit—including feasibility and readiness for implementation—and developing aligned criteria to evaluate answers. In cases where DCF seeks innovative solutions to identified problems, DCF can support providers in using available needs assessment data to identify potential interventions. RFPs can also be structured to provide phased funding that allows for selection and capacity-building processes.

### RECOMMENDATION 2.3

The state-level child welfare implementation team might consider how DCF infrastructure (e.g., contracts, training, program leads) could strengthen provider-level teaming.

» **Explore how contracts could establish deliverables and performance metrics that allow for staff to participate in implementation team activities.** To implement an EBP/EIP with fidelity, it takes more than just service delivery time. Good implementation requires dedicated teaming time to build infrastructure and to use data for improvement. Data indicators should be focused on implementation progress and could be co-identified by the state-level and provider implementation teams as metrics to inform team assessment and improvement process. Contracts should reflect the full scope of work it takes to implement with quality. One option is to develop a workload formula that includes not only service delivery hours, but also teaming hours.

» **Allocate resources to support teams in building team capacity through coaching.** As service providers work to formalize their teams, they will need technical support on developing terms of reference, developing communication processes, using data more effectively, and developing functional policy-practice feedback loops with the state. Coaching through coordinated efforts between DCF and systems partners could help providers support the capacity they need to be effective.

By applying **recommendation 1.1**, DCF can increase the likelihood that providers will select interventions that are a good fit, feasible to implement, and will meet the identified needs of children and families. Building in such contracting supports will also build the readiness of providers to proactively attend to potential issues of misalignment early in the selection process, and will provide DCF with critical information needed to target additional supports to providers to enhance fit and sustainability.

By applying **recommendation 2.3**, DCF will support the development of linked teaming structures between the public agency and private service network. The team structure will provide the infrastructure needed for regular meetings, bidirectional communication, collaborative problem-solving and resource sharing between DCF and provider agencies, which are key strategies for building strong partnerships in service to sustaining delivery of evidence-based practices.

### RECOMMENDATION 3.2

Infrastructure can be developed and refined through collaborative teaming structures with DCF, service providers, and systems stakeholders.

» Aligned with recommendations 2.1 and 2.2 to develop state-level and provider-level implementation teams (see recommendations for full description of team development and composition), a focus of the state implementation team could be sustainable infrastructure development through collaboration with partners and resource sharing. Through formal communication processes, the state team could gather feedback on state and provider-level infrastructure development. Feedback would be used to identify strategies to leverage the existing capacity and interests of various stakeholder groups to develop sustainable professional development and fidelity assessments, data systems, and administrative structures needed for successful EBP integration. Through a Terms of Reference document, roles and responsibilities for supporting infrastructure development and improvement should be identified. For example, if a policy is misaligned for providers and hindering practice, DCF could take on the role of supporting policy alignment. Or, if additional supports are needed to promote provider capacity to use fidelity data for coaching and improvement, the DCF OTPD at the Professional Center might provide ongoing training and support to promote provider expertise in using fidelity data to support practice improvements.

By applying **recommendation 3.2**, DCF and private provider agencies will focus efforts on aligning infrastructure supports for evidence-based practices (e.g., data use, coaching, training, and fidelity assessments) across the public agency and private provider agencies to ensure coordination of efforts and mutual accountability for the supports needed to sustain the use of research in practice.

### RECOMMENDATION 3.3

Once recommendation 3.1 is completed, service providers can capitalize on state-level supports for agency-level infrastructure development, and embed implementation best practices into their own agency teams.

» Like the recommendation to gather feedback on infrastructure functioning, service providers can work with their staff and service beneficiaries to understand how implementation supports are functioning within their agency, and carry out improvement strategies through their provider level implementation team. For children and families to benefit, effective implementation supports (e.g., professional development data systems and administrative structures) need to occur at every level of the system.

By applying **recommendation 3.3**, DCF and private provider agencies will ensure that implementation supports are in place and fully supporting practitioners who implement evidence-based practices, and children and families who receive EBP/EIPs.

## RECOMMENDATION 4.1

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DCF can identify strategies to support provider data use and effective communication. DCF can leverage teaming structures and partners to coordinate training and ongoing support strategies to support data use and ensure communication. For example, DCF could use the Implementation Drivers framework to assess infrastructure components that would support data use and communication by provider agencies. Guiding questions include:

### Selection

What staff characteristics and qualifications are needed to effectively use data for improvement and communication?

### Training

Who needs training on how to use data for improvement and developing effective communication strategies? For what purpose? What training is available? What training might need to be developed?

### Coaching

How will the child welfare system ensure that provider agencies receive coaching to support their ongoing use of data and communication in practice settings?

### Fidelity

How will the child welfare system know that data use and communication strategies are used as intended?

### Decision-Support Data System

How will the child welfare system know that data use and communication efforts are having the intended benefit? What currently available data sources might shed light on the effectiveness of continuous quality improvement strategies? How can DCF gather feedback from providers more efficiently?

### Facilitative Administration

What policies, procedures, and processes need to be put in place to support the consistent use of data and communication within provider and public agencies?

### Systems Interventions

How can we create a policy, regulatory and funding environment that is hospitable for data use and communication? What systems partners must be engaged in building capacity for data use (e.g., DCF OTPD at the Professional Center, university partners)?

By applying **recommendation 4.1**, DCF and private provider agencies will ensure that data is being used to improve practice and the implementation supports needed to use evidence-based practices with fidelity. This recommendation will ensure that bi-directional communication is occurring on purpose to develop a shared vision of “what it takes” to implement evidence-based practice, communicate openly about work strategies, and build on existing relationships to minimize potential conflict.



## / Organizing and Promoting Capacity

Capacity is required at every level of the child welfare system to achieve positive outcomes for children and families. Best practices identified by implementation science describe capacity building and infrastructure development as key ingredients for the successful implementation and scaling of evidence-based programs (Damschroder et al., 2009; Durlak & Dupre, 2008; Flaspohler et al., 2008; Fixsen et al., 2005; Fixsen et al., 2009; Greenhalgh, MacFarlane, Bate & Kyriakidou, 2004; Metz & Bartley, 2012; Wandersman et al., 2008). The implementation infrastructure includes the building blocks needed to support practice, organizational, and systems change (Metz & Bartley, 2012). Flaspohler and colleagues (2008) discuss the implementation infrastructure in terms of general capacity and innovation-specific capacity. *General capacity* refers to skills or characteristics (at the individual level) and the overall functioning (at the organizational and community levels) that are associated with the ability to implement or improve any intervention. *Innovation-specific capacity* refers to the necessary knowledge, skills, and motivation which are required for effective use of a specific innovation or evidence-based model (Flaspohler et al., 2008). Public child welfare systems can support implementation of evidence-based programs, especially in under-resourced areas, by supporting the development of general capacity such as such as foundational skills, organizational structures, partnerships, technology, and leadership, as well as innovation-specific capacity such as coaching and supervision.

Research confirms that capacity development and the creation of a visible infrastructure, in terms of both the skills and characteristics of individuals and the overall functioning of the organization, are necessary for the use of research evidence to achieve positive outcomes for children and families. However, intentional coordination and resource allocation is required to develop and sustain capacity at multiple levels of the system. Therefore, this section focuses on the necessary steps to develop capacity at DCF, within private provider organizations, and across system partners.

### ACTION STEPS

To support the sustainable use of research evidence in New Jersey's child welfare system, the following recommendations are highlighted as steps for cultivating the capacity within DCF and across private providers. As noted in the previous section, it would be ideal for DCF to use a process to target one area or division within DCF to test and improve best practices for capacity development. Starting in a targeted area will allow DCF and providers to learn and improve, thus allowing other units to benefit from DCF's application of these recommendations. The following recommendations are advanced as key steps for organizing and promoting capacity within DCF and private provider agencies:

### RECOMMENDATION 1.3

DCF can support providers' selection methods by exploring the possibility of working with staff from DCF (e.g., Office of Strategic Development) and/or systems partners (e.g., university partners, DCF OTPD at the Professional Center, consultants) to provide guidance and tools to service providers on how make informed choices related to interventions. To date, little has been published on how jurisdictions might choose an appropriate evidence-based program. Key aspects of a robust needs assessment include selecting and refining target populations, identifying and confirming barriers to care, establishing a theory of change, examining the evidence base, engaging opinion leaders, and selecting an evidence-based program (Bryson et al., 2014). The combination of a comprehensive needs assessment and fit analysis provides a strong foundation for making decisions related to effectively tailoring interventions and systems for improving outcomes. For example, providers can assess factors that may affect the fit of the intervention in the local context, such as collaborative partnerships, staff turnover, or subpopulation characteristics. Additional data infrastructure and technology resources may be needed to ensure assessments are reliable, relevant and actionable and data are accessible.

By applying **recommendation 1.3**, DCF will promote private provider agencies' use of data to assess and select interventions based on both need and fit. Data-driven, comprehensive assessments will provide DCF with information that can promote honest, neutral feedback to provider agencies on the potential use of certain interventions to achieve outcomes.

### RECOMMENDATION 2.1

DCF can form an implementation team at the state level to oversee, build infrastructure for, and support providers in, ensuring high-quality implementation, developing staff and organizational capacity, and cultivating sustainability of the evidence-based and evidence-informed child welfare services it funds.

#### » **Membership**

The state-level child welfare implementation team should include, at base, representation from the Office of Strategic Development, the Office of Contract Administration, the DCF OTPD at the Professional Center, evaluation partners (internal to DCF and university or external evaluation partners when appropriate and available), a subset of program leads within DCF, and other Department leadership in order to support all required team functions.

#### » **Function**

The state-level child welfare implementation team could focus on leveraging and brokering key implementation activities. For example, the team could focus on coordinating with partners to promote the general capacity development of provider-level implementation teams. The state-level team could gather and use information to prioritize areas of focus for general capacity development with providers. These areas might include developing agendas and communication protocols, gaining commitment for

team participation, and using data to inform team activities and decision making. Data from the provider workshop series suggested providers could benefit from assistance on developing terms of reference and ongoing coaching for team development. These could be primary areas of focus for the state team. Additionally, the team could focus on key areas of infrastructure development related to data and bidirectional communication pathways with providers and other systems stakeholders.

» **Linked Teaming Structure**

The state-level implementation team can be formally linked to local service providers through meeting participation, data sharing, and regular communication. Linkages between state and local teams ensure a stable and reliable feedback loop between the system and provider. As part of the linked teaming structure, providers may want to consider developing peer teams, organized by intervention type or modality, to formally connect to the state-level team. To support bidirectional feedback loops, state-level team members would participate regularly in provider team meetings.

**RECOMMENDATION 2.2**

Service providers can work to formalize their use of implementation teams within their respective organizations. In particular, providers should:

- » Ensure current teams have comprehensive representation in membership including administrative and fiscal representation, practitioners, policy staff, supervisors, and community members
- » Develop terms of reference, focusing in particular on strengthening clarity of roles and responsibilities of team members
- » Design and implement clearer bidirectional communications processes that include staff and stakeholder perspectives
- » Institutionalize regular meeting times and locations
- » Strengthen capacity in using data for decision making and improvement

Service provider leadership can support these efforts by examining organizational policy, practice, and resources to ensure that staff have adequate time and space for implementation team meetings.

By applying **recommendation 2.1**, DCF will develop the architecture needed to support change. Teams will provide an accountable structure for assessing and selecting interventions, developing a visible infrastructure, using data for continuous improvement, and engaging key stakeholders.

By applying **recommendation 2.2**, private providers will have the localized capacity to support the ongoing implementation and improvement of evidence-based practices in order to sustain interventions and improve outcomes for children and families. These localized teams are essential in ensuring frontline staff have the necessary resources and supports required for high-fidelity implementation.

 / Supporting Quality Improvement

Traditional child welfare approaches to quality assurance and improvement have focused on case auditing and monitoring for compliance to meet state and federal procedural and standard requirements (National Child Welfare Resource Center for Organizational Improvement, 2002). However, in recent years, there has been a growing effort to develop continuous quality assurance systems in child welfare that attend to a broader array of practice and outcome components (Ahn, Carter, Reiman, & Hartzel, 2017), as well as the use of multiple evidence-based programs (Sedler et al., 2015). Research has indicated a variety of benefits resulting from effective CQI processes, such as increased staff retention (Aarons et al., 2009), increased involvement of staff in using data for improvement (Packard, McCrae, Phillips, & Scannapieco, 2015), improved referral processes (Sedler et al., 2015), and improved outcomes for children and families. Improved outcomes for children and families include reductions in the number of children placed in out-of-home care, increased percentages of children in family homes, decreased number of children in group homes, increased adoptions, improved placement stability, and increased number of investigations that are open less than 60 days (Ahn et al., 2017).

Continuous quality improvement is the process of identifying, describing, and analyzing key data indicators and challenges; identifying and carrying out potential solutions; monitoring their effectiveness; and revising solutions based on results. Effective CQI requires an organizational culture and system that foster continuous learning and improvement and is routinized in an agency's mission, vision, and organizational practices (Lee, Bright, & Berlin, 2012).

### ACTION STEPS

To support quality improvement in New Jersey's child welfare system to sustain the use of research evidence, the following recommendations are highlighted as steps for using data and information for improvement. As noted

in the previous sections, it is recommended that DCF target one area or division within DCF to test and improve best practices for quality improvement in order to test and improve these CQI practices before rolling out statewide. The following recommendations are advanced as key steps for supporting quality improvement within DCF and private provider agencies:

### RECOMMENDATION 1.2

Service providers can consider strategies to conduct internal fit and feasibility assessments using data to inform intervention selection decisions.

- » Gathering relevant population data to match need to interventions.
- » Strengthening stakeholder engagement with key stakeholder groups that may include representation from service beneficiaries, implementing staff, community members, and systems partners to systematically solicit in the selection of potential EBPs/EIPs. Increased stakeholder engagement will help to ensure cultural fit and anticipate any barriers that may impact successful implementation
- » Assessing internal capacity and infrastructure to collect and use data required by the specific intervention.

By applying **recommendation 1.2**, private providers will have a thorough understanding of resources available to support an intervention's implementation and can proactively coordinate the infrastructure supports needed to ensure sustainable and effective implementation.

### RECOMMENDATION 3.1

DCF and provider agencies can explore ways to assess infrastructure strengths and gaps (e.g., staff competency and organizational support drivers) and prioritize areas for infrastructure development.

- » Based on the findings from this process, DCF could work with provider agencies to prioritize opportunities for infrastructure development and work with systems partners to coordinate infrastructure development. For example, if assessment data indicate an infrastructure gap for supporting fidelity assessments, DCF could coordinate with the DCF OTPD at the Professional Center to develop training and ongoing professional development for provider organizations on how to use fidelity data for improvement. In this prioritization process, it would be important to understand what supports are currently in place, and their current level of functioning and effectiveness. Building on existing capacity or infrastructure is recommended, when at all possible.

By applying **recommendation 3.1**, DCF and private providers will have a thorough understanding of infrastructure needs. Additionally, data collected through fit and feasibility assessments can identify key areas for collaboration and resource sharing among DCF, private providers, and systems stakeholder to fill infrastructure gaps and promote continuous quality improvement. This intentional analysis and coordination will reduce duplicative or competing efforts across DCF and systems partners to build capacity for evidence-based programs.

### RECOMMENDATION 4.2

Service providers can work to instill and apply best practices for data use and communication within their organizations. For children and families to benefit from effective data use, data must be used and shared at the frontline of practice. Therefore, providers can consider how to:

- » Ensure current implementation teams have the skills, resources, time, and capacity to apply best practices in data use and communication.
- » Ensure the implementation team has access to a variety of data sources, including feedback from staff.
- » Coordinate data use and communication efforts with activities already conducted by DCF.
- » Enable effective feedback loops that gather and share data among agency staff. These efforts are most efficiently directed by the implementation team.
- » Continually assess CQI practices for effectiveness and efficiencies.

By applying **recommendation 4.2**, private providers will localize using data for improvement and communication at the practice level, as well as coordinate communication with frontline staff and key stakeholders. The involvement of multiple perspectives, particularly frontline staff, families, and systems stakeholders, is essential to understanding and interpreting data and targeting relevant strategies for meaningful improvement. This must happen at the level of service delivery; thus, this is a critical role of private providers in supporting effective quality improvement.

# Conclusion



*Developing An Implementation Science and Service Provider-Informed Blueprint for the Integration of Evidence-Based/Evidence-Informed Practices into New Jersey's Child Welfare System* has involved multiple steps, voices, and perspectives to integrate both research and practice into a practical and expectantly useful guide for New Jersey's Department of Children and Families, private provider agencies serving vulnerable children and families, and the child welfare field generally. Applying findings and recommendations from this

process will require a focus on strengthening public and private partnerships, organizing and promoting capacity development within and across the child welfare system, and supporting the ongoing quality improvement of services. With this investment and information, New Jersey is well poised to apply these recommendations in order to promote the sustainable use of research evidence within their service system array and be a leader in national efforts to integrate evidence-based programs effectively so that vulnerable children and families benefit.



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# Appendix / A

## Service Provider Organizations and Interventions

**TABLE 08**  
Service Provider Organizations and Interventions

ORGANIZATION PRACTICE	<b>RWJ Barnabas Health Institute</b> Strengthening Families Program
ORGANIZATION PRACTICE	<b>Catholic Charities, Diocese of Trenton</b> Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
ORGANIZATION PRACTICE	<b>Care Plus New Jersey</b> Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
ORGANIZATION PRACTICE	<b>Center for Evaluation and Counseling Inc.</b> Trauma-Focused Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing (EMDR)
ORGANIZATION PRACTICE	<b>Trinitas Regional Medical Center, Child/Adolescent Outpatient Department</b> Dialectical Behavior Therapy for Adolescents
ORGANIZATION PRACTICE	<b>United Way of Central Jersey</b> Nurse family Partnership (NFP)
ORGANIZATION PRACTICE	<b>Multicultural Community Services, Inc.</b> Nurturing Parenting
ORGANIZATION PRACTICE	<b>Robin's Nest</b> Attachment, Regulation and Competency Model (ARC)
ORGANIZATION PRACTICE	<b>Family Connections</b> Attachment, Regulation and Competency Model (ARC)
ORGANIZATION PRACTICE	<b>Daytop Village of New Jersey Inc.</b> Nurtured Heart Approach

# Appendix / B

## Commissioner's Advisory Group on Integration of Evidence-Based Practices Members

The role of the Commissioner's Advisory Group on Integration of Evidence-Based Practices is to provide recommendations on the approach and to comment on the draft Evidence-Based Blueprint. NIRN recommended selection criteria to include internal DCF Division/Office leaders and external stakeholders with multidisciplinary expertise and oversight of:

- » Evidence-based programs and practices
- » Systems and policy change
- » Training and supervision
- » Research and evaluation
- » Data systems for data-driven decision making for CQI
- » EBP Implementation in an agency

**TABLE 09**

### Commissioner's Advisory Group on Integration of Evidence-Based Practices Advisory Group Members

#### EXTERNAL TO DCF

**MaryLouise Kerwin, Ph.D.**

Department Head and Professor | *Department of Psychology, Rowan University*

**Susan Furrer, PsyD.**

Executive Director | *Rutgers University: Center for Applied Psychology, Graduate School of Applied and Professional Psychology*

**Janet Cahill, Ph.D.**

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**Gerry Costa, Ph.D.**

Director | *Montclair State: Center for Autism and Early Childhood Mental Health*

**Suzanne Barnard**

EBPG Director | *Annie E Casey Foundation: Evidence Based Practice Group*

**Beadsie Woo**

Senior Associate | *Annie E Casey Foundation: Evidence Based Practice Group*

**Esther Deblinger, Ph.D.**

Co-Director | *CARES Institute (Trauma-Focused Cognitive Behavioral Therapy)*

**Anthony DiFabio, Psy.D.**

Chief Executive Officer | *Robins' Nest, Inc.*

**Alison Reynolds**

Program Director | *The Bridge, Inc. (Family Preservation Services)*

**Krista Zuccheri**

Chief Operating Officer | *FAMILY Connections*

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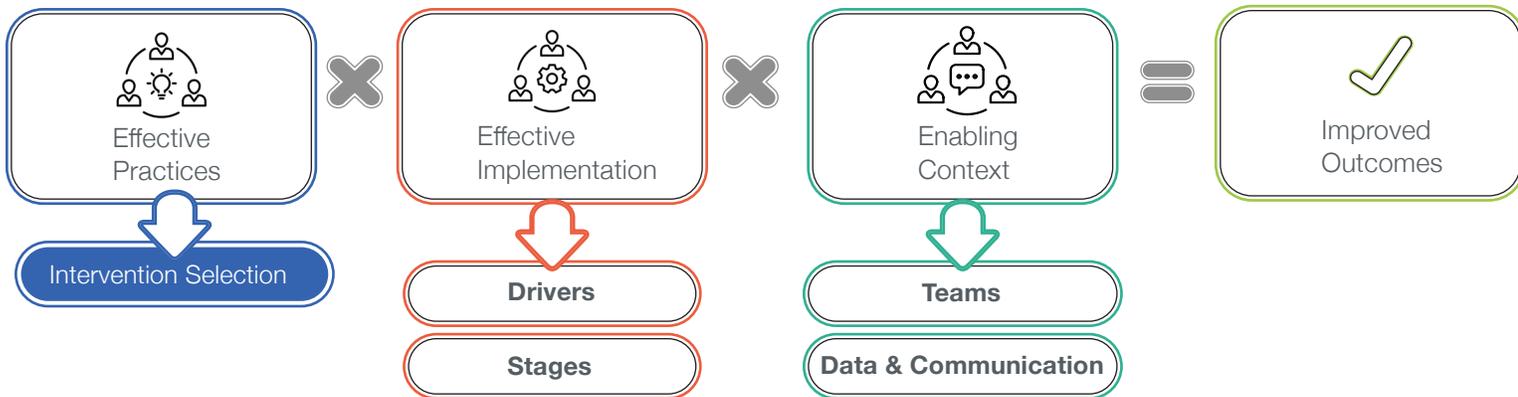
Assistant Commissioner | *DCF Child Protection and Permanency*

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# Appendix / C

## State of Practice: INTERVENTION SELECTION



## BACKGROUND

### PROJECT OVERVIEW

The National Implementation Research Network (NIRN), in partnership with the New Jersey Department of Children and Families (NJDCF), was awarded funds from the Annie E. Casey Foundation (AECF) to develop a blueprint for integrating evidence-based, evidence-informed, and promising practices (EBP/EIPs) into New Jersey's child welfare service array. The final blueprint will draw upon

- 1 implementation science (IS) frameworks—methods used to ensure the effective adoption, implementation, and sustainability of an intervention—and
- 2 data collected from ten NJ service provider agencies with experience implementing EBP/EIPs as well as NJDCF staff and an Advisory Group of multidisciplinary model developers, systems partners, researchers, and service providers.

This approach will provide the organizing structure to map the current state of NJ EBP/EIPs practice and capture and advance a set of recommendations for strengthening the use of EBPs in the child welfare system.

### IMPLEMENTATION SCIENCE FRAMEWORK FORMULA FOR SUCCESS

Blueprint data collection and recommendations are structured by the “formula for success,” which provides a high-level overview of the factors required for achievement of socially significant outcomes. The three components include:



#### Effective Practices

Programs or approaches put into place that are feasible, supported by research, fit the needs of the target community, and are replicable.



#### Effective Implementation

Intentional strategies put into place to support effective practices.



#### Enabling Context

Creating the conditions that are supportive of new practices and implementation supports.

**EFFECTIVE PRACTICES ↔ DATA COLLECTION FOR INTERVENTION SELECTION**

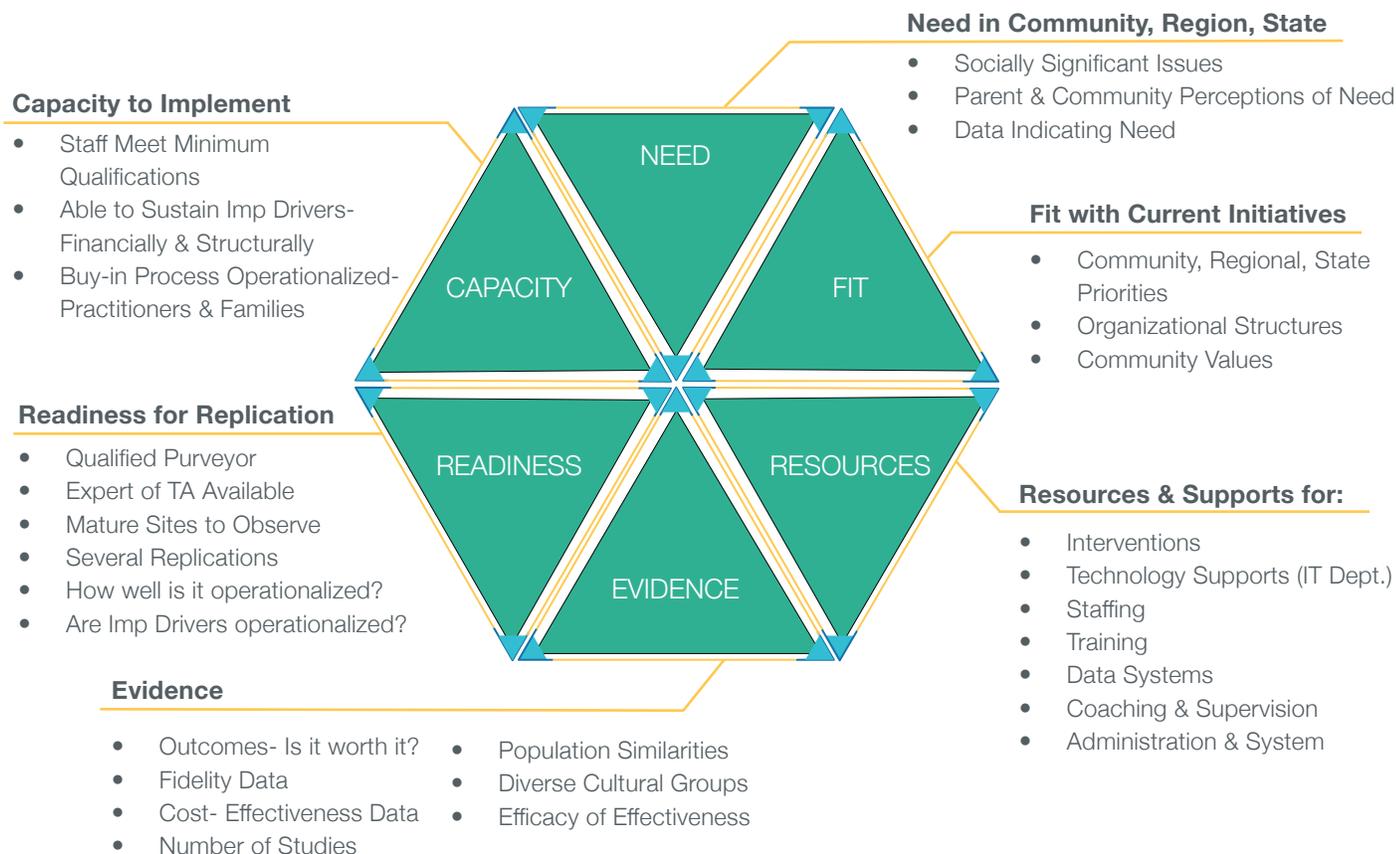
The commonly accepted starting point to improve outcomes is selecting an effective practice—the EBP/ EIP intervention to implement. To understand the current state of practice for intervention selection among service providers, NIRN collected data from ten NJ participating service providers using a pre-survey and on-site data collection activity as well as through a debrief with the Advisory Group. Data collection was designed to answer three central questions:

» What **approaches** are service providers currently using to select interventions?

» What **opportunities** exist for implementing agencies to strengthen current approaches informed by IS best practices?

» What **resources and supports are needed** beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen intervention selection approaches?

To understand what approaches are currently being used, NIRN structured data collection around the hexagon tool, pictured to the right, which is designed to systematically assess the fit and feasibility of an intervention with the local context. **Domains include: Need, Fit, Resources, Evidence, Readiness, and Capacity.**



## SUMMARY OF FINDINGS ↻ INTERVENTION SELECTION

### INTRODUCTION

Through collection and analysis of NJ EBP/EIP service provider and Advisory Group data, NIRN identified a number of findings about the processes, participants, and data utilized in intervention selection, strengths and opportunities for improvement relative to each specific best practices domain area of the hexagon tool, and opportunities to strengthen current approaches as well as the external supports needed to do so.

At a high level, our analysis illuminates that service providers are conducting thoughtful, data and stakeholder-informed intervention selection, but that few service providers report having systematic and/or codified processes in place for intervention selection. Through these processes, they are commonly assessing the domains of need, resource availability and evidence of effectiveness to determine if the program is a good fit for their respective organizations and service populations, and less frequently and/or comprehensively reported assessing capacity, readiness for replication, and fit. In conducting these processes, service providers are engaging many key internal and external stakeholders with relevant expertise, experience, and perspectives in the selection, but are doing so on an ad hoc basis rather than through formalized teaming. Given these high-level findings, this document first reviews cross-cutting themes service provider and Advisory Group members advanced for opportunities to strengthen current approaches to intervention selection. It also includes some examples of external supports identified by NJ EBP/EIP service providers and Advisory Group members that may be potentially aligned with those opportunities. Cross-cutting analysis of opportunities and needed supports is then followed by detailed analysis of the strengths and opportunities for improvement by domain area.

**OPPORTUNITY****Assess and Determine Critical Population Needs**

The majority of service providers reported that they could strengthen their EBP/EIP selection practices by more systematically collecting and analyzing data on the needs of the target population. Such processes would involve the identification of data sources, data collection methods, analysis plans, and the involvement of diverse stakeholders in interpreting findings to determine needs. Once needs are well understood, service providers reported the need for concrete strategies and supports for assessing potential EBP/EIPs fit with needs, and availability of implementation supports provided by potential EBPs/EIPs.

**POTENTIAL SUPPORTS NEEDED**

- » Train and provide ongoing support from DCF to service providers regarding feasible ways to gather and analyze data regarding population needs and potential EBPs/EIP
- » Develop, or increase access to, data sources that could help provider agencies define need, possibly a centralized database
- » Develop strategies to gather feedback and share information between service providers and DCF regarding the needs of their communities and the families they serve through linked

**OPPORTUNITY****Increase Engagement of Stakeholders, including Staff, Clients, and Systems Partners**

The majority of service providers indicated an opportunity to engage and solicit input from key stakeholder groups in the selection of potential EBPs/EIPs process. In particular, providers indicated a desire to engage:

- 1 service beneficiaries in order to understand impact;
- 2 staff implementing services to secure buy in;
- 3 community stakeholders to understand their perception of need and potential EBPs/EIPs, and
- 4 systems partners including the New Jersey Departments of Health, Education, and Families, foundations, courts and legal entities to ensure policy-practice alignment and sustainability of EBP/EIPs.

**POTENTIAL SUPPORTS NEEDED**

- » Facilitate cross-agency collaboration through linked teaming structures in order to engage stakeholders and facilitate bi-directional communication regarding the needs of children and families served by DCF. Consider providing financial and contractual incentives for organizations leading the organization and facilitation of ongoing cross-agency collaboration
- » Provide opportunities (i.e., parent cafes), financial support (i.e., transportation, child care), and language assistance for families to provide feedback in the intervention selection process

**OPPORTUNITY****Build IT Infrastructure, Data Collection, and Capacity to Use Data**

A few service providers indicated that they assessed IT infrastructure resources available to support an intervention. Service providers and Advisory Group members saw increasing IT capacity as a significant opportunity to gather information on needs, enhance tracking and monitoring of program fidelity, child and family outcomes, and analysis of costs and cost effectiveness to improve implementation quality and population impact. In building capacity to support data collection and management, service providers described the importance of leveraging already-existing measurement instruments and data systems/portals to prevent duplication.

**POTENTIAL SUPPORTS NEEDED**

- » Support to build IT infrastructure and systematize data collection to support CQI and outcomes analysis (i.e., consistent data elements, common outcomes, system-wide data sharing/portals)
- » Ongoing funding to support the IT infrastructure needs and ongoing IT capacity (i.e., staffing, training, ongoing supervision, and fidelity consultation) within provider agencies

## FINDINGS DETAIL

Domain Detail: Data collection findings by domain are outlined in the tables below.

### Need

#### Best Practices

- » Data demonstrating the needs of the population
- » Parent and community member perception of needs
- » Service or system gaps
- » How the intervention meets the needs of the children, youth, and families in your community

#### Strengths

When exploring NEED, NJ EBP/EIP service providers described using a number of best practices gathering information from multiple data sources using multiple methods to determine need. Examples include collecting data on community needs using needs assessment tools, analyzing already-existing state and local needs data, soliciting input from current clients on their perceptions of community need, and engaging other local service providers.

#### Opportunities for Improvement

While NJ EBP/EIP service providers were generally strong in assessing NEED, few had formal protocols or procedures that were routinely used to ensure all best practice areas are addressed to assess need and few considered need relative to already existing service provision. One provider described conducting a gap analysis of the current services offered by their agency, and no providers described considering service availability relative to the larger system of child welfare services.

### FIT

#### Best Practices

- » Alignment of intervention with community, regional, and state priorities and initiatives
- » Impact of implementation and outcomes of the proposed intervention on other relevant interventions
- » Fit of the intervention with organizational policy and practice
- » Alignment with community values, including those of diverse cultural groups

#### Strengths

When assessing FIT for intervention selection, nearly all NJ EBP/EIP service providers reported considering alignment of the intervention with the organization's mission and values, and many with the organization's service array. In some cases, providers assessed alignment with organizational structures. Many also cited the importance of avoiding duplication and filling service gaps.

#### Opportunities for Improvement

A few NJ EBP/EIP service providers described how implementing a new EBP/EIP may impact the delivery of other interventions by the provider agency and a very small number of providers reported consideration of the intervention in the ecosystem of community, regional, and state priorities and initiatives or of alignment of the values with diverse cultural groups.

## RESOURCES

### Best Practices

- » Start-up and ongoing costs to deliver services—as well as potential revenue sources
- » Organization and community resources to hire and train qualified staff and provide coaching
- » Resources & supports available for:
  - » Developing organizational and systems readiness
  - » Engaging key stakeholders in the system
  - » Decision-support data systems

### Strengths

When assessing RESOURCES for intervention selection, NJ EBP/EIP service providers reported using a number of practices to assess the availability of fiscal, training, and technology resources. Key among these were conducting financial analyses, including both existing and potential revenue and new costs of the practice, and exploring staffing and training resources available. With regard to staffing, service providers reported evaluating internal competencies and credentials of current staff to gauge their ability to implement the model with fidelity. When assessing the training resources available for the intervention, many service providers reported directly engaging the model developer. Several providers also reported assessing additional infrastructure resources, including data systems and technology supports, though did not describe systematic readiness assessments.

### Opportunities for Improvement

While NJ EBP/EIP service providers were using some practices to assess resources, no providers reported using formal protocols or procedures to routinely assess organizational and systems resources within the agency or beyond in the community. Providers did not report exploring existing staff RESOURCES externally or within the larger community if additional hires were needed for implementation or scaling. Although service provider agencies assessed many important elements of resource fit, they could benefit from a more systematic analysis of organizational and systems readiness as well as more intentional stakeholder engagement.

## EVIDENCE

### Best Practices

- » Strength of the evidence—under what conditions and with what target populations
- » Expected outcomes when intervention is implemented as intended
- » How much of a change can be expected? (effect size)
- » Have cost-effectiveness data been collected

### Strengths

When assessing EVIDENCE for intervention selection, most NJ EBP/EIP service providers reported considering the strength of evidence of program effectiveness as reported by clearinghouses. Some reported analysis of model outcomes. To facilitate consideration of evidence, providers relied heavily on clearinghouses for evidence-based practices. Though less common, a few providers reported consideration of cost-effectiveness data.

**Opportunities for Improvement**

While NJ EBP/EIP service providers considered EVIDENCE in selecting interventions, they less frequently reported routinely assessing when, under what conditions, and with what target populations evidence was initially demonstrated. No providers reported consideration of effect size.

**READINESS FOR REPLICATION**

**Best Practices**

- » Extent to which program is defined, including operationalization of core components
- » Key reasons for successful and unsuccessful replication efforts
- » Settings and conditions in which the model been implemented and tested
- » Types of expert EBP/EBI support available
- » Availability of valid and reliable performance assessment process or a fidelity instruments

**Strengths**

A few NJ EBP/EIP service providers reported considering how well the model or curriculum was defined or structured and whether or not a model manual existed. Additionally, a few providers described ensuring the existence of fidelity instruments and exploring external supports available, primarily focusing on training.

**Opportunities for Improvement**

Overall, best practices for readiness for replication were less commonly reported compared to other domains. Few reported assessing the settings and conditions in which the model had been replicated and no service providers reported exploring reasons for successful and unsuccessful replication efforts.

**CAPACITY**

**Best Practices**

- » Staffing requirements and training requirements for start-up and ongoing implementation
  - » Coaching needs to implement model effectively
- Availability of:
- » Fidelity instruments and training resources to use them
  - » Outcome measurement instruments
  - » Software for data input and analysis
  - » Impact on/alignment with administrative practices

**Strengths**

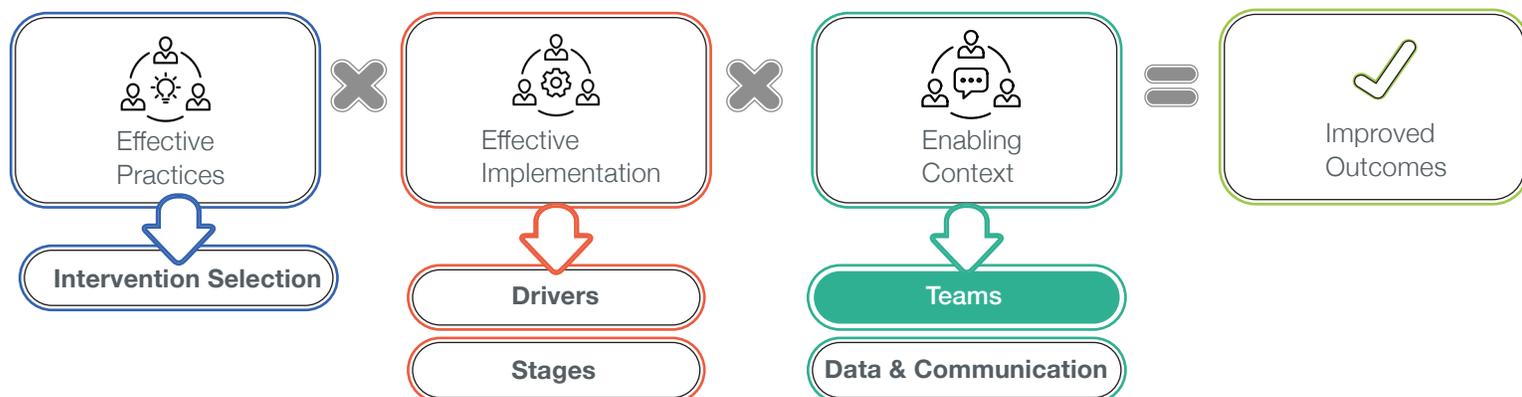
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While NJ EBP/EIP service providers were generally strong in assessing NEED, few had formal protocols or procedures that were routinely used to ensure all best practice areas are addressed to assess need and few considered need relative to already existing service provision. One provider described conducting a gap analysis of the current services offered by their agency, and no providers described considering service availability relative to the larger system of child welfare services.

# Appendix / D

## State of Practice: IMPLEMENTATION TEAMS



## BACKGROUND

### PROJECT OVERVIEW

The National Implementation Research Network (NIRN), in partnership with the New Jersey Department of Children and Families (NJDCF), was awarded funds from the Annie E. Casey Foundation (AECF) to develop a blueprint for integrating evidence-based, evidence-informed, and promising practices (EBP/EIPs) into New Jersey's child welfare service array. The final blueprint will draw upon 1) implementation science (IS) frameworks—methods used to ensure the effective adoption, implementation, and sustainability of an intervention—and 2) data collected from ten NJ service provider agencies with experience implementing EBP/EIPs as well as NJDCF staff and an Advisory Group of multidisciplinary model developers, systems partners, researchers, and service providers. This approach will provide the organizing structure to map the current state of NJ EBP/EIPs practice and capture and advance a set of recommendations for strengthening the use of EBPs in the child welfare system.

### IMPLEMENTATION SCIENCE FRAMEWORK FORMULA FOR SUCCESS

Blueprint data collection and recommendations are structured by the “formula for success,” which provides a high-level overview of the factors required for achievement of socially significant outcomes. The three components include:



#### Effective Practices

Programs or approaches put into place that are feasible, supported by research, fit the needs of the target community, and are replicable.



#### Effective Implementation

Intentional strategies put into place to support effective practices.



#### Enabling Context

Creating the conditions that are supportive of new practices and implementation supports.

## ENABLING CONTEXT ↔ IMPLEMENTATION TEAMS OVERVIEW

Implementation Teams provide a critical foundation for establishing and maintaining contexts that are supportive of the implementation of effective practices. An implementation team is a group of stakeholders that oversees, attends to, and is held accountable for, key functions in the selection and implementation of an intervention by ensuring:

- 1 Families and community members are engaged
- 2 The practice is defined and operationalized
- 3 Implementation supports are in place
- 4 Implementation is measured and monitored
- 5 Outcomes are achieved and sustained

Research shows that use of implementation teams helps to achieve fidelity more quickly. NIRN, and the IS field more broadly, have developed a number of best practices for the development and use of teams, including size; composition; leadership; guiding documents; communication, including horizontally and vertically linked communication; and key functions.

To understand the current state of practice regarding the use of implementation teams among service providers, NIRN collected data from ten NJ participating service providers and the Advisory Group. Data collection was designed to answer four central questions:

- » What **approaches** are service providers currently using for implementation teams?
- » What **opportunities** exist for implementing agencies to strengthen current approaches to be better informed by IS best practices?
- » What are **barriers** to building and using implementation teams?
- » What **resources and supports are needed** beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen implementation teams?

## SUMMARY OF FINDINGS – IMPLEMENTATION TEAMS

NIRN collected service provider data to answer the four questions—current state of practice, opportunity to strengthen current approaches, barriers to capacity building, and systems supports needed—using a pre-workshop survey that included open-ended and multiple-choice questions, and on-site interactive data collection activities, including an assessment of teaming “Benefits and Barriers” and an “Implementation Team Exploration Tool.”

**The pre-survey data assessed the current state of practice among providers PRIOR to sharing knowledge about best practices relative to the topic area, and the on-site data collection activities helped to reassess the state of practice AFTER best practices had been shared.**

NIRN completed analysis on each individual data source and across data sources to develop a number of cross-cutting themes. According to this analysis, nearly all service providers are using teams—and their teams include representation of some key staff. About half of providers indicated a need for additional staff and stakeholder membership to better align with best practices. Within those teams, most service providers identified opportunities to strengthen team infrastructure through the development of a formalized team agreement and communication processes. In addition, service providers appear to be conducting some activities related to the functions of key practice and improvement cycles, while infrastructure and systems functions appear to be more significant gaps in implementation teaming practices. Service providers reported that more formalized implementation teams will result in higher fidelity and better outcomes. All service providers indicated that time and space was a barrier to using implementation teams. Challenges with time and space included contractual requirements for provision of direct service hours, high workloads, distance between sites, and staff situated at multiple locations. Providers also cited capacity as a barrier, describing additional staffing challenges and constraints of funding to deliver services versus actual costs. This document first outlines the cross-cutting themes and then provides data analysis detail for the state of practice.

**OPPORTUNITY** →**FORMALIZING AND INTEGRATING IMPLEMENTATION TEAM INFRASTRUCTURE**

Many service providers identified a clear opportunity for strengthening the formalization of their implementation teams.

**POTENTIAL SUPPORTS NEEDED****TECHNICAL ASSISTANCE FOR IMPLEMENTATION TEAM CAPACITY BUILDING**

Service providers recommended the provision of training and technical assistance to build capacity to use teams well. In particular, they cited support for:

- » Developing terms of reference
- » Formalizing meeting structures and establishing regular meeting schedules
- » Building in adequate time for meetings

**OPPORTUNITY** →**ENSURING SUPPORT FOR TEAMS**

Service providers indicated the need for formalized supports to enable functional teaming structures within and connected to their agency work.

**POTENTIAL SUPPORTS NEEDED****CONTRACTS THAT INCLUDE TIME FOR, AND COVER COSTS OF, IMPLEMENTATION TEAM ACTIVITIES**

Contracts must provide adequate funding to implement the full scope of work required to implement EBPs with fidelity, including implementing team activities. Service providers referred specifically to DCF contracts, as well as insurance reimbursement rates, and funding generally.

**SUPPORT FOR TEAM INTEGRATION**

Service providers also suggested that they could benefit from organized support from DCF to ensure vertical and horizontal teaming structures are in place within their organization, and connected to DCF.

**OPPORTUNITY** →**USING DATA TO STRENGTHEN TEAMING PRACTICES**

Service providers identified data use as the primary opportunity for strengthening their implementation team practice.

**POTENTIAL SUPPORTS NEEDED****TECHNICAL ASSISTANCE FOR IMPLEMENTATION TEAM CAPACITY BUILDING**

Service providers recommended the provision of training and technical assistance to build team capacity to use data well. In particular, they cited support for:

- » Collecting, managing, and using data to achieve fidelity and improve quality
- » Strategies for making decisions based on data and communicating data results

## FINDINGS DETAIL

### STATE OF PRACTICE

Data Sources: Pre-Survey, Benefits and Barriers, Exploration Tool

#### TEAM USE AND COMPOSITION

##### (TEAM USE, SIZE, COMPOSITION)

Nearly all service providers are using teams—and those teams include representation of some key staff. About half of providers indicated a need for additional staff and stakeholder membership to better align with best practices.

##### Best Practices

Between 3 and 12 members

Composition includes:

- » Administrative & fiscal leadership
- » Supervision
- » Practice
- » Family
- » Community
- » Policy

#### TEAM INFRASTRUCTURE

##### (CO-LEADERSHIP, TERMS OF REFERENCE, COMMUNICATION)

Most service providers identified opportunities to strengthen team infrastructure through the development of a formalized team agreement and communication processes.

##### Best Practices

- » Co-leadership

Terms of Reference that define:

- » Goals and objectives of the team
- » Roles and responsibilities for key functions
- » Scope and timeframes
- » Decision-making authority and protocols
- » Values and ways of work
- » Outcomes and deliverables
- » Communication protocols and mechanisms

##### Data

###### IN THE PRE-SURVEY DATA COLLECTION:

- » Nearly all service providers indicated that they work in teams.
- » Nearly half of agencies are using large teams that include more than 10 staff.
- » Teams most commonly include representation from practitioners, supervisors, managers, and leadership.

###### IN ON-SITE DATA COLLECTION ACTIVITIES:

- » Most service providers indicated that they have existing teams and team meetings that currently serve or could serve as implementation team meetings. Four service providers have an existing team and meeting schedule that can be leveraged; four service providers have an existing team, but the meeting would need to be restructured and include additional participants; and one was unsure.
- » All service providers indicated that time and space was a barrier to using implementation teams and performing core team functions.

##### Data

###### IN THE PRE-SURVEY DATA COLLECTION:

###### Role Clarity

The majority (68%) of agencies indicated they had clearly defined roles and responsibilities. Examples include direct service provision, supervision, provision of clinical feedback and guidance, and agency goal setting. A few implementation-specific activities were also described including EBP selection, facilitation of the implementation process, and identifying and addressing implementation challenges at the practice and management levels.

###### Decision-Making Authority

Approximately half of service providers indicated decisions were made by the team, and about half indicated they were made by leadership. NIRN did not inquire about service providers' protocols for decision making.

###### Meetings

Providers indicated that teams meet on a weekly (47%) or monthly (37%) basis.

###### Communication

When asked about how team members communicate, 95% selected meetings, 68% email, and 68% phone. NIRN did not inquire about communication protocols.

**IN ON-SITE DATA COLLECTION ACTIVITIES:****Meetings**

Service providers indicated they have existing team meetings or could re-purpose team meetings. They also indicated that increasing funding or reducing contractual direct service hours would facilitate the participation of direct services staff.

Communication: Service providers overwhelmingly indicated they would share information in meetings, either face-to-face or virtually. Service providers also identified a number of other communication mechanisms, such as email and intranet.

## CORE FUNCTIONS

Service providers appear to be conducting some activities related to the core functions of core practice and improvement cycles. Infrastructure and systems functions appear to be more significant gaps in implementation teaming practices.

**Best Practices****Core Practice**

Select, operationalize, adapt, and tailor interventions; ensure fidelity assessments are used.

**Improvement Cycles**

Collect, monitor, and engage leadership in using data to support implementation capacity, intervention fidelity, and child and family outcomes.

**Infrastructure**

Develop operational guiding documents and processes; garner needed resources for building staff competency; create data use and communication plans.

**Systems**

Build cross-sector collaboration to ensure referral sources and service partners are aligned with new ways of work.

**Data****IN THE PRE-SURVEY DATA COLLECTION:**

- » Service providers indicated they performed a wide range of functions and activities within the context of teams.
- » Several providers indicated their teams worked to provide effective services to families but did not describe how.
- » Some providers indicated the team was used to provide supervision and discuss treatment.
- » A few described reviewing data to ensure fidelity in implementation and to resolve barriers and implementation issues.

**IN ON-SITE DATA COLLECTION ACTIVITIES:**

Relative to the key functions of an implementation team, NIRN collected data only on the infrastructure function, using the Exploration Tool. When asked how the team would assess infrastructure strengths, service providers most frequently indicated they would use feedback from clinicians and clients as well as outcome data. Two provider agencies indicated they would need to conduct an organizational assessment.

## PERCEPTION OF IMPLEMENTATION TEAM BENEFITS

Service providers reported formalized implementation teams will result in higher fidelity and better outcomes.

### IN ON-SITE DATA COLLECTION ACTIVITIES:

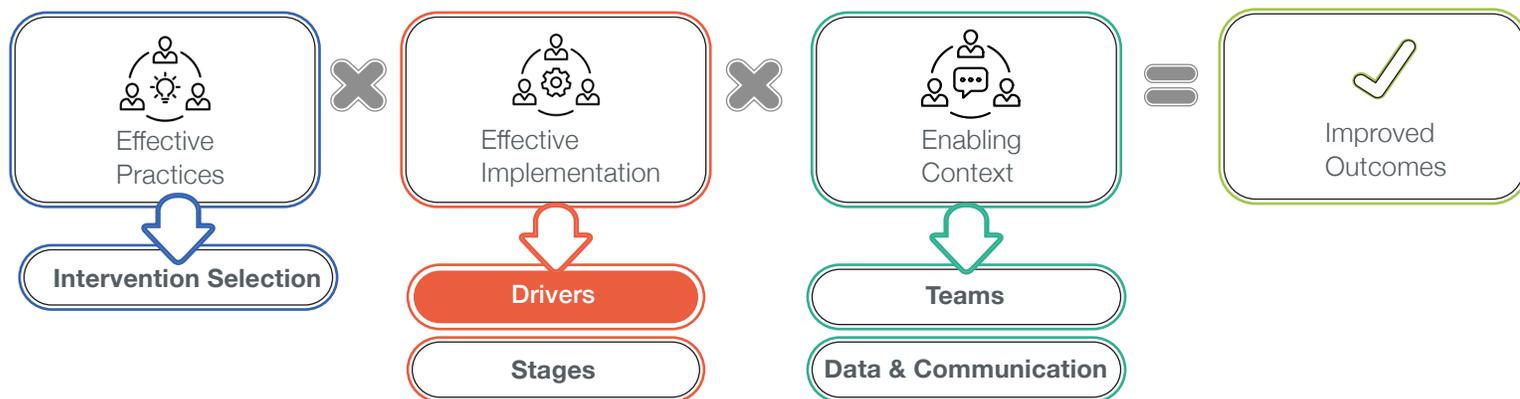
- » Service providers indicated that formalized implementation teams will result in higher fidelity and better outcomes.
- » Service providers also described a number of benefits at the process level, including stronger structures for addressing implementation challenges and building implementation capacity, as well as improved communication.

### Potential Benefits of Implementation Teams FREQUENCY OF MENTION

Fidelity	7
Provides Structured Supports	4
Sustainability	2
Increases Effectiveness/ Improved Outcomes	6
Addresses/ Reduces Barriers	7
Increases Staff Buy-in	1
Increased Referral Resource Reach	1
Diverse Perspectives/ Multiple Levels of Staff	2
Increased Accountability	3
Responsibility/ Leadership is distributed	7
Better Communication/ Feedback Loops	7
Increased Skill Development	1

# Appendix / E

## State of Practice: IMPLEMENTATION DRIVERS



## BACKGROUND

### PROJECT OVERVIEW

The National Implementation Research Network (NIRN), in partnership with the New Jersey Department of Children and Families (NJDCF), was awarded funds from the Annie E. Casey Foundation (AECF) to develop a blueprint for integrating evidence-based, evidence-informed, and promising practices (EBP/EIPs) into New Jersey’s child welfare service array. The final blueprint will draw upon 1) implementation science (IS) frameworks—methods used to ensure the effective adoption, implementation, and sustainability of an intervention—and 2) data collected from ten NJ service provider agencies with experience implementing EBP/EIPs as well as NJDCF staff and an Advisory Group of multidisciplinary model developers, systems partners, researchers, and service providers. This approach will provide the organizing structure to map the current state of NJ EBP/EIPs practice and capture and advance a set of recommendations for strengthening the use of EBP in the child welfare system.

### IMPLEMENTATION SCIENCE FRAMEWORK ⇔ FORMULA FOR SUCCESS

Blueprint data collection and recommendations are structured by the “formula for success,” which provides a high-level overview of the factors required for achievement of socially significant outcomes. The three components include:



#### Effective Practices

Strategies or interventions that are supported by evidence, feasible to implement, fit the needs of the community, and are well defined.



#### Effective Implementation

Intentional and visible infrastructure to support effective practices.



#### Enabling Context

Collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to support effective practices

**EFFECTIVE IMPLEMENTATION** ⇌  
**IMPLEMENTATION DRIVERS OVERVIEW**

Effective implementation of interventions relies on the installation and improvement of infrastructure components that have been proven to contribute to program success. We call these components implementation drivers, and there are three categories of drivers.

**Competency drivers**—staff selection, coaching, training and fidelity —promote staff competency and confidence to implement an intervention as intended.

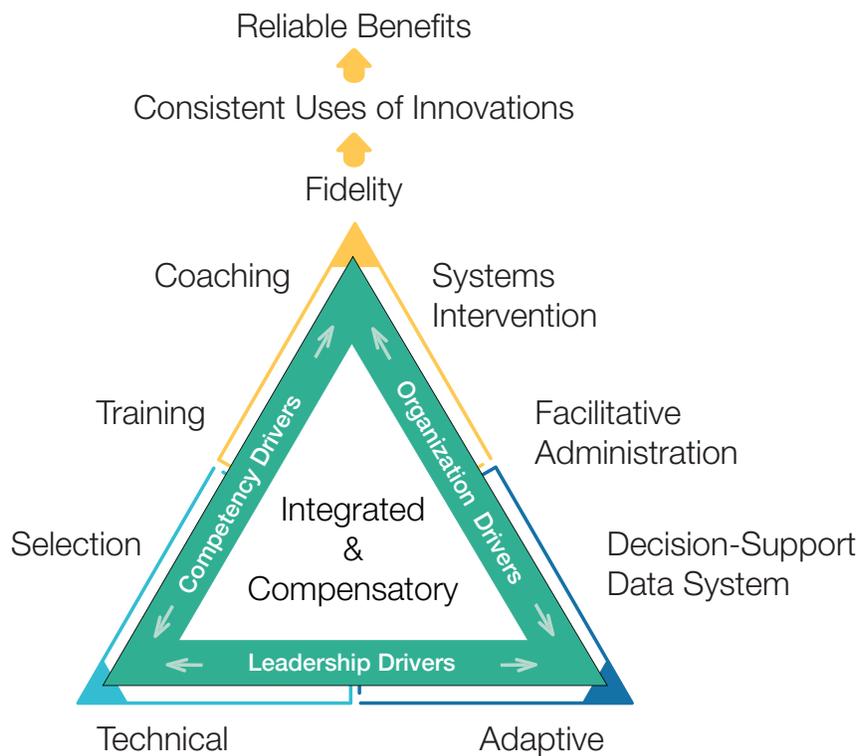
**Organization drivers**—decision-support data systems, facilitative administration, and systems intervention—create a hospitable environment for implementation.

**Leadership drivers** focus on providing responsive leadership strategies for different challenges.

To understand the current state of practice for use of implementation drivers among service providers, NIRN collected data from ten participating service providers and the Advisory Group.

Data collection was designed to answer four central questions:

- » What implementation **practices** are service providers currently using relative to each implementation driver?
- » What are key **barriers** to using implementation drivers best practices?
- » What **opportunities** exist for service providers to strengthen current practices?
- » What **resources and supports are needed** beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen use of implementation drivers?



## SUMMARY OF FINDINGS – IMPLEMENTATION DRIVERS

### PROJECT OVERVIEW

NIRN collected service provider data to answer the four key questions—current state of practice, barriers to use of implementation science best practices, opportunity to strengthen current approaches, and systems supports needed to strengthen current approaches—using a number of tools and methods. These included a pre-workshop survey on current use of implementation driver best practices, an on-site “data walk” in which providers interpreted pre-survey data, and an on-site survey that addressed opportunities to strengthen current practices and supports needed to be successful in doing so. The pre-survey data assesses the current state of practice among providers PRIOR to sharing knowledge about best practices relative to the topic area and the on-site data collection activities help to assess the state of practice AFTER best practices have been shared. NIRN analyzed each data source and then synthesized the results across the sources to develop a number of cross-cutting themes. Our analysis illuminates that most providers appear to be using some elements of best practices in each of the implementation drivers, but need additional capacity building to ensure they are fully operational. Strengths and improvement needs are highlighted for each driver below:

#### Staff Selection

Providers appear to be assessing for skills needed to implement an EBP/EIP, but report they could improve formalization in selection practices, including using EBP-informed interview protocols and job descriptions.

#### Training

Providers appear to prioritize and provide EBP training opportunities for staff, but report they could improve use of data in determining training needs and learning about staff gains in knowledge and skills through training.

#### Coaching

Providers appear to be providing coaching to staff, but they also report some confusion about what constitutes coaching practice, including the observational element of coaching and the logistics and resources needed to fully implement it.

#### Fidelity Assessment

Some providers appear to be partially assessing fidelity and using data for improvement, but nearly all providers report they could strengthen their understanding of how to systematically and regularly collect and use fidelity data to increase staff competency.

#### Decision-Support Data System

Providers appear to be collecting and using EBP outcome data, but report they could strengthen capacity-building in collection and use of data intervention and implementation data for decision making and CQI.

#### Facilitative Administration

Providers appear to be working in environments that support data and communication loops between programs and administration, but report they could improve the formalization of feedback loops and diversity of stakeholders engage to ensure policy and procedure of facilitative of EBPs.

#### Systems Intervention

Providers appear to be engaging systems stakeholders, but report they could improve the clarity, consistency, and communication of systems-engagement processes.

This document first outlines the cross-cutting themes and then provides data analysis detail for the state of practice.

**Table 4**  
**Key Opportunities and Supports**  
**Needed: Competency Drivers**

<b>DRIVER</b>	<b>OPPORTUNITY</b>	<b>POTENTIAL SUPPORT</b>
<b>STAFF SELECTION</b>	Increase the development and use of job descriptions and hiring best practices that integrate EBP/EIP competencies into interview protocols.	Training, resources, and tools to create job descriptions and hiring protocols for staff using EBPs/EIPs, including guidance or criteria from model developers on skills and characteristics.
<b>TRAINING</b>	Increase the use of data in determining the ongoing training needs and interests of staff and to assess gains in knowledge and skills based on EBP/EIP training. Use training data to inform future training provided.	Resources (time and financial support) for staff to attend ongoing trainings. Available and knowledgeable trainers who can adapt trainings for agency needs. Increase “train the trainer” opportunities. Coordinate training efforts across providers using same EBPs/EIPs.
<b>COACHING</b>	Establish plans that address logistics of coaching (e.g., scheduling), identify strategies to support observation of practice (including tools, such as videotaping), and provide strategies for clarifying the coaching role within the organization, particularly if coaching is part of a supervisor’s role or performed by an alternative staff person.	Resources to build the competency of coaching staff (or supervisors serving as coaches), equipment needed for direct observation, and ongoing training and support of supervisors and coaches.
<b>FIDELITY ASSESSMENT</b>	Develop or use feasible processes and procedures, such as checklists and observations, to assess fidelity. Use fidelity data for feedback and improvement of practice.	Technical assistance and cross-agency consultation to learn how to support the development, collection, and use of fidelity data for improvement, including how to use coaching for improvement. Resources to support data systems to capture and use fidelity data.

Table 5  
Key Opportunities and Supports  
Needed: Organization Drivers

DRIVER	OPPORTUNITY	POTENTIAL SUPPORT
<b>DECISION-SUPPORT DATA SYSTEM</b>	Increase agency capacity, understanding, and communication of how to identify, interpret, and use relevant data for improvement. Ensure data infrastructure is in place to collect and use data. Enhance tracking and monitoring of program fidelity, child and family outcomes, and analysis of costs and cost effectiveness to improve implementation quality and population impact.	Training and ongoing support on strategies for collecting and using data for continuous improvement, including resources <u>and ongoing support</u> for additional staff to perform these functions. Funding for critical IT and <u>data infrastructure</u> .
<b>FACILITATIVE ADMINISTRATION</b>	Formalize meetings, including use of regular times, standing agendas, and processes for data use and communication. Strengthen bidirectional feedback loops with staff and stakeholders regarding program implementation and supports needed.	Technical assistance and inter- and cross-agency consultation to learn how to use data and feedback for continuous improvement. Support in ensuring functioning bidirectional communication pathways with staff and stakeholders.
<b>SYSTEMS INTERVENTION</b>	Increase collaboration with other service provider agencies to cultivate relationships, strengthen referral networks, engage in case conferencing, and incorporate cross-agency learning on specific EBP/EIPs. Increase collaboration with the state and federal agencies to increase their understanding of the EBP/EIP, reduce systems barriers, and encourage investment in the work.	Clearly defined leadership of systems coordination efforts, coordination capacity (e.g., dedicated staffing), and regular, established meetings for systems collaboration activities, such as engaging key stakeholders. Incentivize activities (e.g., cross-sector meetings) that support systems changes (e.g., funding, regulatory, policy) in service to sustaining EBP/EIP implementation.

## FINDINGS DETAIL

### STATE OF PRACTICE

Data Sources: Pre-Workshop Survey (n=23; 9 of 10 agencies), Data Walk Activity; Note: The best practices highlighted in bold were assessed in the pre-workshop survey

#### STAFF SELECTION

Providers appear to be assessing for skills needed to implement an EBP/EIP, but reported they could improve formalization in selection practices, including using EBP-informed interview protocols and job descriptions.

##### Best Practices

- » Select for “tough to teach traits”
- » Set expectations for new staff improve retention
- » Interviewers understand and assess the skills and abilities needed to implement the EBP
- » Written job descriptions
- » Interview protocols are in place
- » Interview processes regularly reviewed

##### Data

###### IN THE PRE-SURVEY DATA COLLECTION:

The majority of providers are using hiring practices designed to assess skills needed for EBP/EIP implementation, while only a third are fully using written job descriptions as a standard part of practice. When asked to indicate if they would like to learn more about selection best practices, only 35% indicated an interest.

###### IN ON-SITE DATA COLLECTION ACTIVITIES:

###### Provider Analysis

Best practices appear to be used for hiring practices, but not for job descriptions.

###### Barriers

Providers indicated that barriers to use of best practices included lack of information, funding of salaries for well-qualified staff, infrastructure, and buy-in as well as organizational restrictions.

###### Opportunities for Improvement

Providers saw a need to improve current interview practices by incorporating additional questions related to EBP competencies and increasing the use of clear job descriptions.

#### TRAINING

Providers appear to prioritize and provide EBP training opportunities for staff, but reported they could improve use of data in determining training needs and learning about staff gains in knowledge and skills through training.

##### Best Practices

- » Continue ‘buy-in’
- » Acquire knowledge
- » Skill development
- » Build community
- » Skill-based training
- » Training data are used to develop competency and improve training

##### Data

###### IN THE PRE-SURVEY DATA COLLECTION:

All service providers are fully or partially providing EBP training to staff that includes the opportunity to try new skills, but few are gathering or using data to develop, shape, or improve training. Only 22% of providers were interested in learning more about training, the lowest level of interest expressed among all drivers.

###### IN ON-SITE DATA COLLECTION ACTIVITIES:

###### Provider Analysis

Data shows that even organizations using training need more information, that few are using fidelity assessment, and that half of providers want more guidance on using data to inform training.

###### Barriers

Providers indicated that training barriers included cost, trainer availability, and difficulty releasing staff from client work to participate in training. Barriers to using training data included trainers not sharing training data and skewing data collection for positive responses.

###### Opportunities for Improvement

Providers saw a need to increase data use in determining the ongoing training needs and interests of staff, to assess skills and knowledge gains in model developer trainings, and to use training data to inform future training.

## COACHING

Providers appear to be providing coaching to staff, but they also reported some confusion about what constitutes coaching practice, including the observational element and logistics and resources needed to fully implement coaching.

### Best Practices

- » Ensure Implementation
- » Generalize Skills
- » Include direct observation & feedback
- » Competency development
- » Coaching service delivery plan
- » Assessments of coaching effectiveness

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

The majority of providers report routinely providing coaching to staff, but only half report using coaching models that include direct observation.

#### IN ON-SITE DATA COLLECTION ACTIVITIES:

##### Provider Analysis

There appears to be an inconsistency. 70% report providing coaching, but only 45% includes directly observing staff.

##### Opportunities for Improvement

Providers saw an opportunity establish plans that address logistics of coaching, secure equipment to support observation, and clarify the coaching role within the organization and key practices, especially as distinct from supervision.

##### Barriers

Providers indicated that barriers to observation-based coaching are technology and equipment, time, funding, and confusion about how to separate supervisory and coaching functions.

##### Opportunities for Improvement

Providers saw a need to establish plans that address logistics of coaching, to secure equipment to support observation, and to clarify the coaching definition and role within the organization, especially as distinct from supervision.

## FIDELITY ASSESSMENT

Some providers appear to be partially assessing fidelity and using data for improvement, but nearly all providers reported they could strengthen their understanding of how to systematically and regularly collect and use fidelity data to increase staff competency.

### Best Practices

- » Motivate implementation
- » Reinforce staff and build on strengths
- » Interpret Outcome Data
- » **Consistent fidelity measure**
- » Protocol for fidelity assessments
- » Fidelity assessment data used to improve outcomes and implementation supports

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

Approximately one quarter of providers report fully assessing EBP fidelity, and nearly half, partially assessing. Nearly one quarter of providers report fully using fidelity assessment data to improve staff competency, and nearly half, partially using data. Providers expressed the highest level of interest in learning more about fidelity assessment, with 57% expressing interest.

#### IN ON-SITE DATA COLLECTION ACTIVITIES:

##### Provider Analysis

Data shows that ongoing fidelity assessment is used partially to improve staff competency.

##### Barriers

Providers indicated that capacity, time, data collection, and lack of direct supervision of implementation were all barriers to use of best practices.

##### Opportunities for Improvement

Providers saw an opportunity to pilot new, or intentionally formalize already existing, fidelity assessment processes and tools including check lists, observation, and data use processes.

## DECISION-SUPPORT DATA SYSTEM

Providers appear to be collecting and using EBP outcome data, but reported they could strengthen capacity-building in collection and use of data intervention and implementation data for decision making and CQI.

### Best Practices

- » Monitor and improve child and family outcomes
- » Engage in continuous quality improvement
- » Celebrate success
- » Data are useful and usable
- » Access to relevant data for making decisions
- » Process for using data for decision-making

## FACILITATIVE ADMINISTRATION

Providers appear to be working in environments that support data and communication loops between programs and administration, but reported they could improve the formalization of feedback loops and diversity of stakeholders engage to ensure policy and procedure of facilitative of EBPs.

### Best Practices

- » Support to make the work of staff more effective and less burdensome

Leaders and managers...

- » **Actively facilitate use of implementation supports for programs and practices**
- » Use an effective meeting processes
- » **Actively seek and use feedback from staff, families, and stakeholders**

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

Most providers reported fully collecting data on child and family outcomes to improve practice, while half reported fully collecting data on the intervention, and a quarter reported collecting data on implementation. One third of providers are fully using data to make decisions and almost two thirds are partially doing so. Thirty-nine percent of providers indicated an interest in learning more about decision-support data systems.

#### IN ON-SITE DATA COLLECTION ACTIVITIES:

##### Provider Analysis

Providers are strong at collecting outcome data, but score lower on continuous improvement.

##### Barriers

Providers indicated that barriers to use of best practices include a lack of knowledge about how to measure implementation and the money and time to assess and review.

##### Opportunities for Improvement

Providers saw a need to learn more about about how to use data for decision making.

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

Nearly three quarters of providers report working in environments that support data use for decision making while just over half are fully using processes to collect feedback from staff and improve programs and align organizational policy and procedures.

#### IN ON-SITE DATA COLLECTION ACTIVITIES:

##### Provider Analysis

Approximately three quarters of agencies support the use of data to improve implementation, but only two thirds use staff feedback to align agency policy and procedure to support implementation, and only half have routine processes for asking for staff feedback and barriers to implementation.

##### Barriers

Providers indicated that barriers to use of best practices included overburdening staff, getting the right people at the table, organization leadership not having familiarity with the EBP.

##### Opportunities for Improvement

Providers saw an opportunity to formalize meetings, including use of regular times and processes for data use, to address barriers, program development, model buy-in, and staff morale. They also saw an opportunity to collect more data from key stakeholders, especially multiple levels of staff.

## SYSTEMS INTERVENTION

Providers appear to be engaging systems stakeholders, but could improve the clarity, consistency, and communication of systems-engagement processes.

### Best Practices

- » Identify and “lift up” systemic barriers and facilitators to the next level
- » Develop key partnerships to ensure resources to support implementation
- » Leaders and managers engage with system partners to create improved regulatory and funding environment
- » Engage with key stakeholders and partners to support effective practice

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

The majority of providers report that their agency leadership engages with systems partners to support the EBP; fewer report formal systems for stakeholder engagement processes. Forty-six percent of providers wanted to learn more about systems intervention, the second largest indication of interest among providers.

#### IN ON-SITE DATA COLLECTION ACTIVITIES:

##### Provider Analysis

Over half of respondents partially use a formal process for engaging multiple stakeholders and about half want more information. Forty-eight percent of respondents engage with external partners and 43% want more information.

##### Barriers

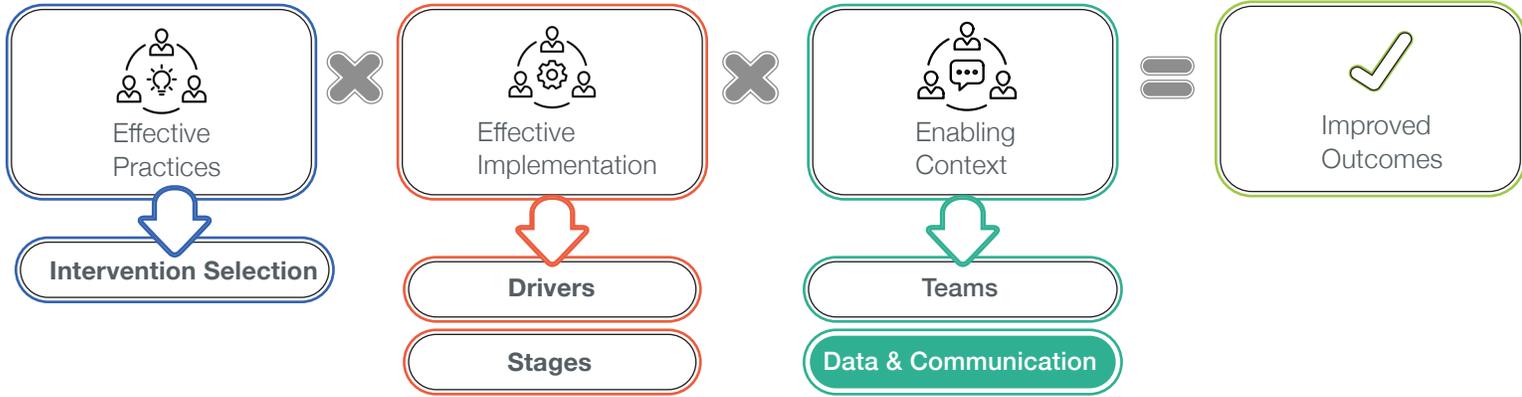
Providers indicated that barriers to use of best practices include lack of understanding of their respective organization’s processes and funding challenges.

##### Opportunities for Improvement

Providers saw a need to increase collaboration with other service provider agencies to cultivate relationships, strengthen referral networks, engage in case conferencing, and cross-agency learning on specific EBP/EIPs and to increase collaboration with the state and federal agencies to increase their understanding of the EBP/EIP, reduce systems barriers, and encourage continued or increased investment in the work.

# Appendix / F

## State of Practice: DATA USE & COMMUNICATION



## BACKGROUND

### PROJECT OVERVIEW

The National Implementation Research Network (NIRN), in partnership with the New Jersey Department of Children and Families (NJDCF), was awarded funds from the Annie E. Casey Foundation (AECF) to develop a blueprint for integrating evidence-based, evidence-informed, and promising practices (EBP/EIPs) into New Jersey’s child welfare service array. The final blueprint will draw upon 1) implementation science (IS) frameworks—methods used to ensure the effective adoption, implementation, and sustainability of an intervention—and 2) data collected from ten NJ service provider agencies with experience implementing EBP/EIPs as well as NJDCF staff and an Advisory Group of multidisciplinary model developers, systems partners, researchers, and service providers. This approach will provide the organizing structure to map the current state of NJ EBP/EIPs practice and capture and advance a set of recommendations for strengthening the use of EBPs in the child welfare system.

### IMPLEMENTATION SCIENCE FRAMEWORK ↔ FORMULA FOR SUCCESS

Blueprint data collection and recommendations are structured by the “formula for success,” which provides a high-level overview of the factors required for achievement of socially significant outcomes. The three components include:



#### Effective Practices

Strategies or interventions that are supported by evidence, feasible to implement, fit the needs of the community, and are well defined.



#### Effective Implementation

Intentional and visible infrastructure to support effective practices.



#### Enabling Context

Collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to support effective practices.

## SUMMARY OF FINDINGS – DATA USE & COMMUNICATION

### ENABLING CONTEXT ⇄ DATA USE & COMMUNICATION OVERVIEW

Using data in child welfare is critical to understanding how well services are being delivered, whether services are meeting the needs of children and families, and if services result in desired outcomes for children and families (Chovil, 2009). To effectively use data, implementation teams should utilize Continuous Quality Improvement (CQI) methods that include an ongoing process of identifying, collecting, and analyzing data to make decisions on improvement. (CQI) is the process of identifying, describing, and analyzing key data indicators and challenges; identifying and carrying out potential solutions; monitoring their effectiveness, and revising solutions based on results.

To understand the current state of practice for data use and communication among service providers, NIRN collected data from ten NJ participating service providers and the Advisory Group. Data collection was designed to answer four central questions:

- » What **approaches** are service providers currently using for data use and communication?
- » What **opportunities** exist for implementing agencies to strengthen current approaches informed by IS best practices?
- » What are **barriers** to using data and communication effectively?
- » What **resources and supports are needed** beyond the scope of individual agencies—including model developers, funders, and systems partners—to strengthen data use and communication practices?

### INTRODUCTION

NIRN collected service provider data to answer the four questions—current state of practice, opportunity to strengthen current approaches, barriers to capacity building, and systems supports needed—using a pre-workshop survey that included open-ended and multiple-choice questions, and an on-site data collection activity. For the on-site data collection activity, providers were asked to identify a key question they wanted to answer with regard to their EBP/EIP, identify the data sources needed to answer that question, and the processes they would use to collect, analyze, and communicate about the data—as well as the potential barriers and systems supports needed. The pre-survey data assesses the current state of practice among providers PRIOR to sharing knowledge about best practices relative to the topic area and the on-site data collection activities help to assess the state of practice AFTER best practices have been shared. NIRN analyzed each individual data source and then across data sources to develop a number of cross-cutting themes. Our analysis illuminates that providers reported regularly collecting and using program data—and a clear need to strengthen collection and use of fidelity and outcome data. Most respondents reported that their agencies have in place a CQI process and that they understand it, but few described its formalization, including frequency of the practice or the use of specific methods or approaches. Respondents largely report that data is reviewed for CQI among teams, but teams appear to lack representation of key staff positions. Decisions appear to be communicated in non-standardized or ad hoc methods. This document first outlines the cross-cutting themes and then provides data analysis detail for the state of practice.

**OPPORTUNITY****STRENGTHEN USE OF FIDELITY AND OUTCOME MEASURES**

Service providers identified an opportunity to strengthen the development and consistent collection and use of fidelity and outcome measures.

**POTENTIAL SUPPORTS NEEDED****SUPPORT FROM MODEL DEVELOPERS AND CONTENT EXPERTS FOR FIDELITY AND OUTCOME MEASURE DEVELOPMENT AND INTEGRATION**

Providers need support to partner with model developers and other experts to develop and integrate fidelity assessment tools aligned with the EBP/EIP, to design and implement fidelity monitoring systems, and to develop and use outcome indicators and measures that assess short-term, long-term and long-term changes for families engaged in treatment.

**SUPPORT FROM STATE PARTNERS (DCF) TO ALIGN FIDELITY CRITERIA WITH STANDARDS OF PRACTICE**

DCF and providers need support from model developers and experts to align criteria with state child welfare quality and compliance practice standards and performance outcomes.

**OPPORTUNITY****FORMALIZE USE OF CQI METHODS IN IMPLEMENTATION TEAMS**

Service providers identified an opportunity to engage a full team, including clinical staff, in CQI processes and communication as well as to establish more formal CQI processes.

**POTENTIAL SUPPORTS NEEDED****SUPPORT FOR CAPACITY BUILDING**

Providers need technical assistance to help structure teams so that they have adequate representation to conduct data and communication activities and to build the capacity of individual team members to analyze and use data for improvement and gathering feedback. Capacity building related to developing bi-directional feedback loops to communicate improvement strategies was also noted.

**SUPPORT FOR AND FORMALIZATION OF CQI**

Providers need technical assistance to strengthen CQI processes, methods, and communication. Specifically, providers noted capacity needs related to strengthening the collection, synthesis, analysis, and sharing of data in formalizing their CQI processes.

**OPPORTUNITY****ENSURE STAFF HAVE ADEQUATE TIME, CAPACITY, BUY-IN, AND TOOLS FOR DATA COLLECTION AND CQI**

Providers identified an opportunity to ensure implementation team members have adequate staffing capacity, buy-in, and technology and data systems to conduct data activities.

**POTENTIAL SUPPORTS NEEDED****CONTRACTS THAT COVER COSTS OF DATA COLLECTION AND USE**

Providers need funds to cover the full costs of the staff required to collect data, analyze information, and apply regular CQI processes with quality to improve practice.

**CONTRACTS THAT COVER COSTS OF DATA COLLECTION AND USE**

Providers need funds to cover costs of technology and tools, including electronic data systems, to support data collection, analysis, and CQI processes.

Both of these contractual revisions should not diminish funding for service delivery; rather, they should be additional line items to support provider best practices of data collection and use.

**FINDINGS DETAIL****STATE OF PRACTICE**

Data Sources: Pre-Survey, Data Use and Communication Activity

**DATA TYPES COLLECTED AND USED**

Providers reported regularly collecting and using program data—and a need to strengthen collection and use of fidelity and outcome data.

**Best Practices**

Programs should regularly collect and use:

- » Program data
- » Fidelity data
- » Outcome data

**Data****IN THE PRE-SURVEY DATA COLLECTION:**

- » Most service providers reported collecting program, fidelity, and outcome data and using those data for CQI
- » When asked to select only one choice from among program, fidelity, and outcome data, most frequently used for CQI, providers were about equally split between program and outcome data, with only one participant selecting fidelity data
- » Service providers mostly commonly reported wanting to use fidelity data with greater frequency, following by outcome data
- » Most service providers reported that fidelity data and outcomes data were most challenging to collect
- » Most service providers reported that fidelity data is most challenging to use, followed by outcome data
- » Service providers overwhelmingly indicated greater interest in learning about fidelity data
- » When asked to share thoughts on how the different types of data are used, most respondents reported collecting and using program data, and slightly fewer reported collecting and using outcome data.
- » When fidelity data was mentioned, it was most often described as an area that needed improvement.

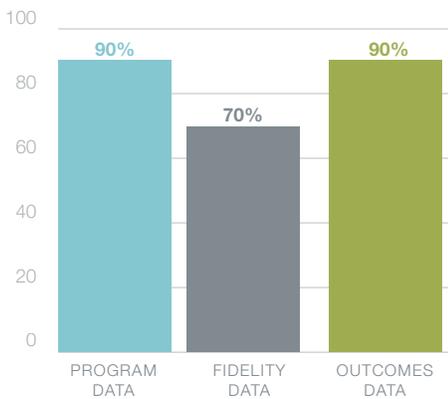
**IN ON-SITE DATA COLLECTION ACTIVITIES:**

» Providers most frequently posed questions about fidelity, including the extent to which they are implementing the model with fidelity, what factors contribute to achieving fidelity, and the relationship between fidelity and achieving outcomes. Providers second most commonly raised questions about outcomes, including achieving permanency.

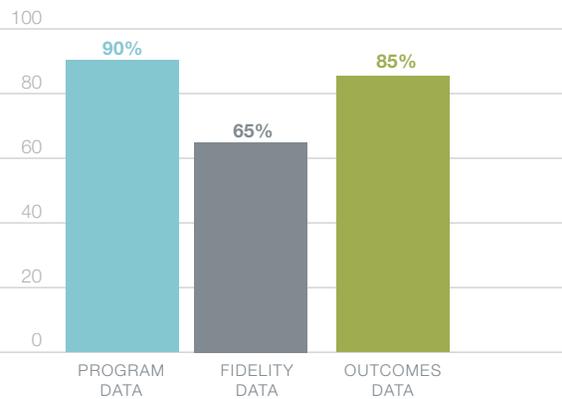
» Providers most commonly indicated that they had program data available to answer questions, but lacked fidelity data. They also identified a need to develop fidelity instruments, such as check lists.

■ PROGRAM DATA ■ FIDELITY DATA ■ OUTCOMES DATA

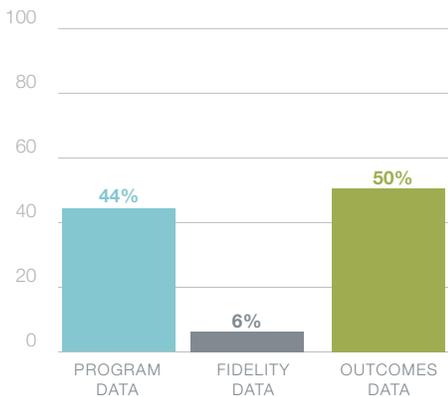
**IN YOUR AGENCY, WHAT TYPE OF DATA DO YOU COLLECT?**  
(SELECT ALL THAT APPLY) N= 20



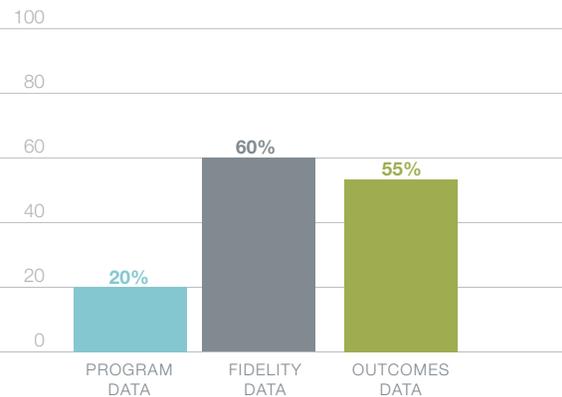
**WHAT TYPE OF DATA DO YOU USE FOR CONTINUOUS IMPROVEMENT?**  
(SELECT ALL THAT APPLY) N= 20



**WHAT DATA DO YOU USE MOST FREQUENTLY FOR CONTINUOUS IMPROVEMENT?**  
(SELECT ALL THAT APPLY) N= 20



**WHAT TYPE(S) OF DATA WOULD YOU LIKE TO BE MORE AVAILABLE TO YOUR AGENCY?**  
(SELECT ALL THAT APPLY) N= 20



## DATA USE PROCESS CLARITY

Most respondents reported that their agencies have in place a CQI process and that they understand it, but few described its formalization including frequency and the use of specific methods or approaches for using data.

### Best Practices

- » CQI activities built into regular practice routines
- » CQI used to support data-driven decision-making for the purpose of improvement

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

- » 85% of respondents indicated that they understood the process of data collection for CQI and about two third of respondents indicated the organization has a clear process in place for CQI
- » 65% of respondents reported understanding how the data are used for CQI
- » 65% strongly agreed or agreed that CQI works well within their respective agencies, and 35% were neutral.

When asked to describe their agency's formal CQI processes:

- » Few respondents described a clear method or approach
- » Few described the frequency or structure of meetings

#### IN ON-SITE DATA COLLECTION ACTIVITIES:

- » Clinicians and supervisors are most often responsible for gathering data.
- » Providers overwhelmingly identified staff time and capacity as the key barriers to regularly collecting and using, data. They also indicated that buy in, or a value for using the data was a barrier.

## TEAMING AND COMMUNICATION

Respondents largely report that data is reviewed for CQI among teams, but teams appear to lack representation of key staff positions. Decisions appear to be communicated in non-standardized or ad hoc methods.

### Best Practices

- » Clear accountability for CQI
- » Support for those accountable for CQI
- » Regular communication using a formal process

### Data

#### IN THE PRE-SURVEY DATA COLLECTION:

- » 45% of respondents strongly agreed or agreed that the CQI process was lead by the implementation team and 60% were neutral, disagreed, or did not know
- » 65% of respondents indicated that they understood how CQI decisions are communicated across the agency and 35% were neutral or disagreed
- » When asked to describe their agency's formal CQI processes, respondents described a range of teaming approaches. Some indicated that CQI processes were housed primarily within a CQI team, and others within a primarily practitioner team.
- » A number of respondents indicated that CQI primarily took place at the leadership or management level, with few practitioners being systematically engaged or communicated with.
- » Respondents identified staff capacity and time to collect and enter data as a key barrier. A few also described data quality issues resulting from self-report data.

**IN ON-SITE DATA COLLECTION ACTIVITIES:**

» Nearly half indicated that analysis would be conducted by a staff (often a Director) person and then data would be shared with a team; 2 described using teams; 2 described leadership or management driving the process; and one indicated work would be lead by an external consultant.

» Most providers indicated that communication about decisions would be communicated through "dissemination" strategies such as meetings, report outs, and email, rather than through bi-directional approaches. Most communication approaches appeared to be ad hoc.

**Thank you.**