

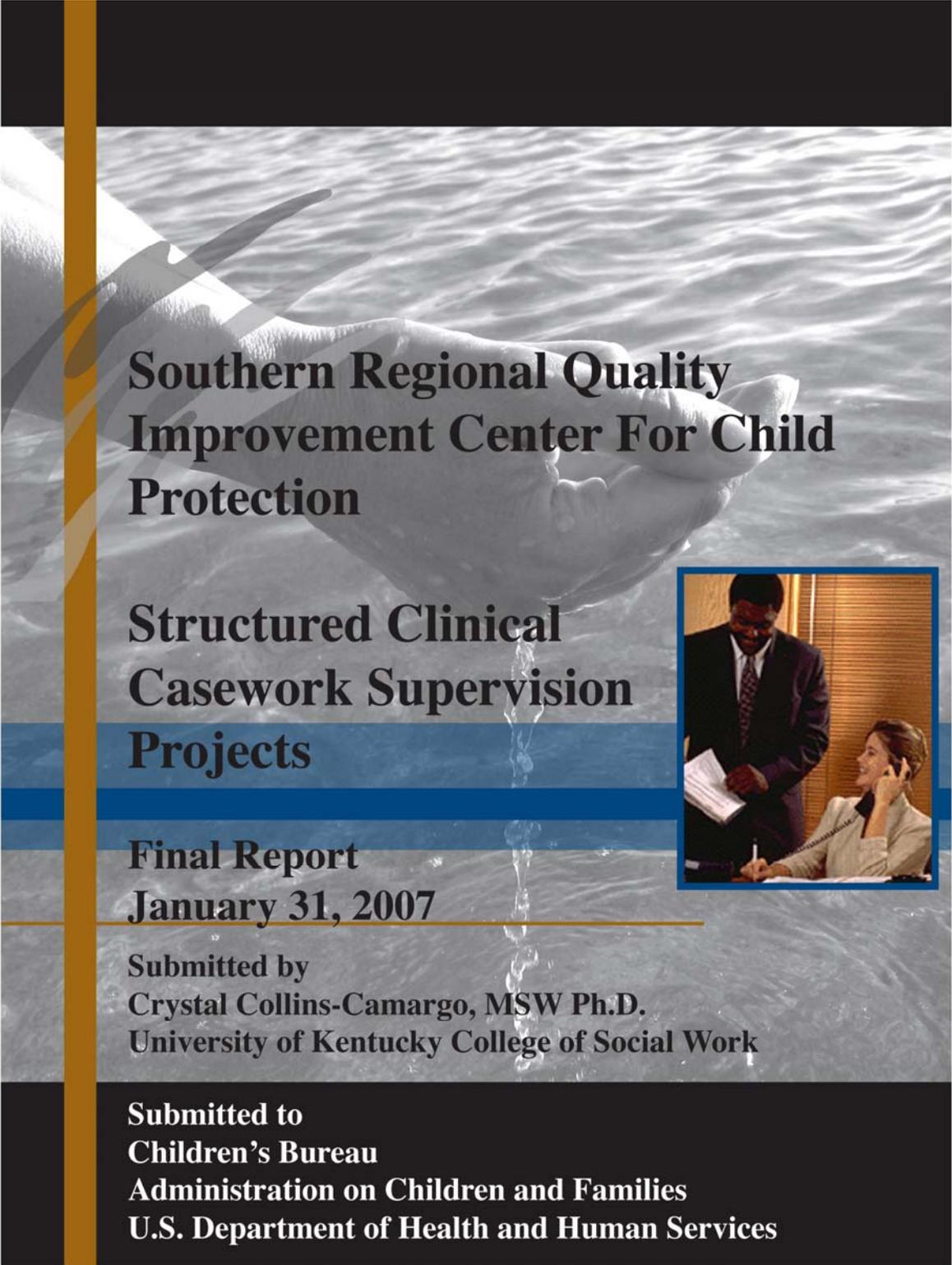
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

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**Southern Regional Quality
Improvement Center For Child
Protection**

**Structured Clinical
Casework Supervision
Projects**

**Final Report
January 31, 2007**

**Submitted by
Crystal Collins-Camargo, MSW Ph.D.
University of Kentucky College of Social Work**

**Submitted to
Children's Bureau
Administration on Children and Families
U.S. Department of Health and Human Services**





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With the assistance of

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INTRODUCTION

Description of the SR QIC

Overview

The quality improvement centers were funded by the Children’s Bureau for a five year period to promote knowledge development within a selected region. The region selected by the SR QIC was large and diverse, encompassing ten states: Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, Missouri, South Carolina, Tennessee and West Virginia. These states are plagued with numerous challenges, both in the needs of the families the public child welfare system must serve as well as in the service delivery systems. In addition to serving as a region from which projects were selected for testing by the SR QIC, an overarching vision was the establishment of a network of child welfare agencies, university social work programs and community organizations that would establish a partnership in addressing the challenges facing public child welfare.

Grounded in this vision, the SR QIC established the following goals and objectives:

- 1. To create regional learning laboratories that will promote collaborative problem-solving, program evaluation and practice improvement through public agency, university and community partnerships.*
- 2. To promote evidence-based practice and an outcomes orientation in child welfare delivery systems.*
- 3. To build lasting capacity in the public system by expanding university and community partnerships which yield reinvigorated research and community support for ongoing work, educate future practitioners in state-of-the-art practice, and solidify training partnerships that allow for expanded use of state and federal funding.*

The heart of the SR QIC approach was the establishment of *learning laboratories*. Funded projects were required to establish or enhance a partnership between the public child welfare agency, university and community. This partnership—rather than individual agencies—planned, implemented, and evaluated the intervention. Within the learning lab, social work educators, researchers, students, frontline practitioners and community participants are, in concept, all simultaneously teachers and learners, so that practice is informed by research and education, and professional education and research are, in turn, informed by practice. This was not always easy, but was certainly a worthwhile goal. The growing authenticity of the partnership was as important as the target intervention, because the experience of this partnership-in-action can later be applied to any of the significant challenges facing public child welfare today.

During the first year of SR QIC work, a knowledge gaps analysis/needs assessment and literature review were conducted to identify the knowledge gap that would be the focus of

funded research and demonstration projects. The details of the findings from these efforts can be found under separate cover. It was clear from a convergent analysis of the results of the needs assessment and from the review of the literature on social work supervision that the field would benefit from research into the impact of structured methods of clinical casework supervision on child protection practice. Current supervision practice in public child welfare has become focused on administrative aspects of supervision due largely to the complexities of reporting and accountability requirements. This comes at a great cost of which agencies are very aware in staff turnover, worker competence and skill, and potentially in adverse outcomes for the families being served. Most casework supervision practice is characterized as triage, in which workers come to the supervisor with a crisis or complex casework problem and the supervisor directs what they should do. This approach, along with many aspects of the traditional child welfare system, promotes a less clinical and perhaps less effective approach to child protection casework—one that focuses on case management and the documentation of activities, not treatment outcomes.

Agency administrators, supervisors and workers alike have expressed a desire for quality casework supervision and specifically techniques focused on the educational and supportive roles of supervision. Projects funded by the SR QIC were asked to encompass the following supervisory emphases and activities in the clinical casework supervision models they tested:

- Scheduled individual or group supervision conferences;
- Promoting enhanced worker critical thinking skills;
- Opportunities for workers to engage in self-reflection, to examine and consider ways to improve their practice;
- Identification of important casework questions that get to the heart of issues related to the family maltreatment and apply the knowledge gained in assessment and treatment;
- Worker skill and focus on evidence-based practice, both in looking to the professional literature for guidance in casework and in the implementation of program evaluation which promote an outcomes orientation to their work with families;
- The establishment of an organizational culture in which support, learning, and clinical supervision and consultation are encouraged; and,
- The use of case review, observation, and similar methods by supervisors to assess worker skill and gauge progress.

Description of the Program Model

Based on the needs assessment and literature review conducted in Year 1, a conceptual model was developed to guide the research to be conducted in the projects and on a cross-site basis (see Appendix 1). After projects were selected, the SR QIC worked closely with them to explicate the program logic model (see Appendix 2). All projects tested the impact of structured, clinical casework supervision on a number of outcomes at the worker retention, practice and service/client outcome levels. For the purposes of these research projects, structured clinical casework supervision was defined as: *A well-defined series of activities purposefully conducted in the supervision of CPS workers designed to enhance workers' ability to think critically and make good decisions regarding the assessment of their cases and application of information gained in their intervention, and to promote empirically-based practice.*

The underlying assumptions on which our work was based are as follows. Supervisor practice in public child welfare agencies that is focused on enhancing workers' clinical skills, self-reflective and evidence-based practice will contribute to a more positive organizational culture, increase worker satisfaction, reduce preventable turnover, improve worker practice and, by extension, improve outcomes for children and families. This comes in stark contrast to supervision focused on compliance and administrative tasks. As workers feel supported in their work, competent in the skill necessary to work with families, and instilled with hope that they can have a positive impact on these families, the workers will be willing to remain on the job, engaged in strong clinical practice and promoting optimal outcomes. Collaboration between the public agency, university and community partners in the planning, implementation and evaluation of learning laboratory projects will enhance capacity to achieve these outcomes and address other issues critical to child welfare.

Projects, in collaboration with SR QIC staff, completed the following implementation activities, in two categories. The first relates to the development of the inter-organizational partnership, while the second relates to the clinical supervision intervention itself.

Partnership Activities

- Establish/enhance partnerships between each project and the SR QIC
- Facilitate peer consultation and learning among projects and SR QIC

Project Intervention Activities

- Educate supervisors on clinical supervision techniques and evidence-based practice (*and middle managers)
- Learning reinforcement activities in the field
- Supervisors provide clinical casework supervision to workers using project-specific models

It should be noted that supplemental funding was successfully received for Project Year 2 (QIC Year 3) to conduct a brief study and intervention related to the role of middle managers in promoting organizational change in frontline practice in child welfare. While all projects were making progress in their primary implementation, one of the important lessons being learned was that agency middle management can prove to be a significant challenge to their efforts. Middle managers have many roles and responsibilities directly impacting the ability of supervisors to be more clinical in their approach and to focus on educational and supportive supervision, which are not a part of traditional practice in these agencies. Although generally supportive of the projects, these managers did not have the knowledge or skills required to promote this particular innovation in practice or to create the environment necessary to support an organizational culture based on learning within their own day-to-day work.

This supplemental project focused on providing and researching an additional targeted intervention in funded projects, which promoted such learning and implementation of needed skills in these middle managers. These interventions were state-specific, and designed to be appropriate to the particular model of clinical supervision in each project.

The SR QIC, at a minimum, tracked the following outputs.

Partnership Outputs

- # and type of direct and technology-enhanced communication events
- # Collaborative Products

Project Intervention Outputs

- # and type of supervisors and middle managers participating
- # educational/ learning reinforcement hours
- project-specific detail on the supervision provided

Outcomes for the SR QIC initiative fall into short, medium and long term categories.

Partnership Short- and Medium-term Outcomes:

- Improved collaborative problem-solving regarding implementation and evaluation challenges

Indicator or Data Source: Data from narrative analysis, key informant interviews

- Documentation and application of lessons learned in collaborative learning laboratories at project and SR QIC level

Indicator or Data Source: Data from narrative analysis, key informant interviews

- Enhanced capacity for collaborative, applied research efforts, and evidence-based practice methods in public CW

Indicator or Data Source: Qualitative data from key informant interviews and focus groups

Short-term Outcomes: Project Intervention

- Increased supervisor competency in providing clinical casework supervision

Indicator or Data Source: % achievement of individualized learning objectives according to project-specific model

- Middle manager practice supports clinical supervision and evidence-based frontline practice

Indicator or Data Source: Qualitative data from focus groups

- Improved organizational culture and worker satisfaction with supervision

Indicator or Data Source: Scores on organizational culture scales

Medium-term Outcomes: Project Intervention

- Reduction in preventable worker turnover rates

Indicator: Rates of turnover and retention using APHSA definition or intent to remain employed

- Improved worker practice in assessment and treatment

Indicators: Improved scores on worker self efficacy and efficacy outcomes; 3rd party case review identifies increase in desired worker practice

Long-term Outcomes

- Stable, clinically competent child welfare workforce
- Enhanced safety, permanency and well-being of children and their families, with the following indicators being measured (not all projects are measuring all of these do to state-specific idiosyncrasies in which agency performs specific aspects of the service array):
 - ↑% of initial contact with families within 24 hours (Domain: safety)
 - ↑% of cases with subsequent substantiated maltreatment reports within 6 months of first substantiated report (Domain: safety)
 - ↓% of intact families with open ongoing protection cases over 12 months (Domain: well being)
 - ↑% Reports completed within 30 days (Domain: safety)
 - ↓% of intact family cases with substantiated child abuse/neglect report (Domain: safety).

Because some of the states have contracted out on-going services to other organizations, not all outcomes selected by some could be tracked by all. In addition, the public child welfare agency in Tennessee reported poor data quality as a rationale for not sharing client level data on these indicators with project evaluators, despite agreement to do so within a prior administration.

SECTION 1

Overview of the Sub-Grantees

Introduction

Four projects, involving five states, were originally funded based on a competitive review process. Early in project year two, Alabama withdrew, and the project was assumed by its partnering state, Mississippi. These projects implemented and evaluated techniques for enhancing clinical casework supervision in their public child welfare agencies. Each project researched the effects of their implementation model, and a comparative analysis of the four evaluations was completed to identify overall themes about how supervision can impact worker retention, practice and overall child and family outcomes in public child welfare. Perhaps as important within the cross-site evaluation is the analysis of implementation and research factors impacting these projects which also serve as lessons learned of benefit to the field. Each project is summarized below.

Arkansas Supervisors Mentoring Project

Arkansas Division of Children and Family Services (DCFS) developed a model of supervision that incorporated the interactional and educational components reflecting the parallel process between worker-supervisor and worker-client relationships. Area Managers were offered the opportunity to volunteer to participate in the intervention, which is how the three intervention regions were selected (20 supervisors and 91 workers from 14 counties). Three additional areas became the comparison group (30 supervisors and 105 workers from 23 counties). Supervisors with at least a year experience in each of the intervention regions became project participants.

While early on in the project the supervisors participated in classroom-style educational experiences, autotutorials were developed so that they could learn clinical supervision skills from their office, and refer to them as needed. While training was the first step of the intervention, it was funded through the Title IVE contract with the universities. The focus of the intervention, however, was the use of one-on-one mentoring by experienced clinical supervisors. Two mentors were hired, each being assigned a portion of the intervention group in three of the ten state designated service areas. In addition to one-on-one mentoring, the mentors facilitated group meetings amongst the supervisors. In addition, quarterly all project meetings were held which included area and executive staff, university partners, and the intervention supervisors. The project model was based on the five key functions of supervision established by Carlton Munson: structure, regularity, consistency, case-oriented, and evaluation.

Specific techniques were implemented with the goal of improving the supervisor's knowledge and ability to teach supervisees accurate assessment skills. More accurate assessment was believed to result in better case plans and improved client outcomes related to permanency,

safety and well being. Supervisees benefited from regular, structured, supportive contact with the supervisor. The enhanced relationship would result in greater job satisfaction and a corresponding decrease in worker turnover. To aid in this process, mentors, supervisors and workers used a case review tool, which guided their clinical assessment of families, and promoted targeted interventions. By receiving one-to-one mentorship from a university-employed mentor, and receiving on-line tutorials on model-related topics and peer-to-peer consultation and support activities, supervisors not only were taught clinical supervision techniques, but had support and assistance in implementing them in their day-to-day practice.

During individual and group sessions, the mentors were expected to engage in the following activities:

1. Demonstrate/model an individual supervisory session;
2. Reflect a strengths-based supervisory process (parallel to the approach to clients espoused in the Division's mission statement);
3. Assist supervisors to identify mutually satisfactory goals, objectives, tasks for supervision (parallel to case planning with families);
4. Develop and use a standard case review format;
5. Model/teach the practice skills of tuning in to workers, empathic responding and active listening;
6. Periodically review supervisor's progress;
7. Demonstrate/model techniques designed to develop the supervisor's critical thinking skills and assist the supervisor to use these techniques with supervisees (as opposed to just giving the answer), with specific techniques to enhance critical thinking skills including Socratic questioning, generating multiple hypotheses and encouraging a broad view of assessment and risk; and
8. Critique performance of the skill/task, making suggestions for improvement.

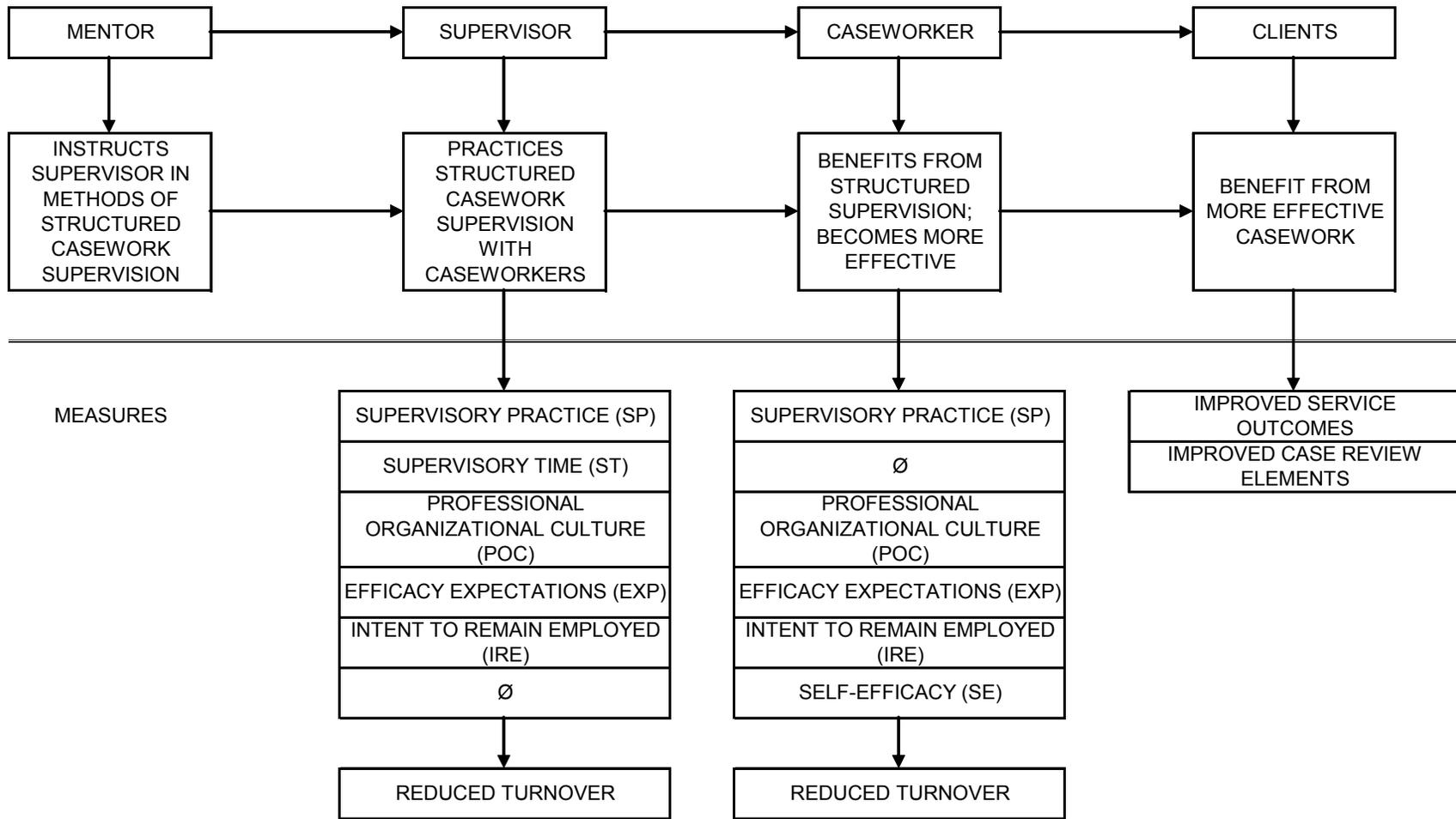
Supervisors, in turn, were expected to demonstrate the following behaviors:

- Conduct formal, regularly scheduled, face-to-face individual supervisory sessions with protective service workers. The preferred frequency was weekly, but time and distance in rural areas may necessitate that the frequency is every other week.
- Review every case on the worker's caseload, not just cases in crisis. This review utilized a uniform instrument or outline to increase the likelihood of consistency in the approach and tone of supervision.
- Keep the focus of the session on the specifics of the case(s), while modeling the techniques and skills that the supervisor would expect the worker to demonstrate in work with CPS families.
- Make an opportunity to observe workers in their interactions with clients, in order to be able to offer feedback and suggestions.
- Receive periodic feedback from supervisees on the supervisory techniques.
- Participate in on-line learning opportunities and group supervisory session.

The Figure below represents the conceptual model for the implementation and evaluation of the Arkansas project, and is applicable to all four projects, with the exception that only in the

Arkansas and Tennessee projects were mentors used to be the primary instrument of supervisory instruction (and even in Tennessee, the role of the mentors were significantly lesser). In other projects, learning laboratory sessions, and other learning reinforcement activities conducted in the field should be considered the primary vehicle for instruction.

FIGURE 1: LOGIC MODEL AND MEASURES FOR SUPERVISOR MENTORING PROJECT



∅ INDICATES MEASURE NOT INCLUDED IN SURVEY

Mississippi Child Protective Services Casework Supervision Project

Originally the University of Alabama School of Social Work and The University of Mississippi Department of Social Work worked together to develop and implement a model program for child protective services supervision, based on knowledge gained through a cultural consensus analysis of child welfare staff's beliefs about effective supervision, and their identification of what they needed in order to enhance frontline practice. After the first 15 months of project implementation Alabama dropped out, and Mississippi assumed full responsibility for implementing the project, doubling the size of their intervention and control groups. In Mississippi, two administrative regions were selected for the intervention group (19 supervisors in 21 counties, with approximately 70-80 workers), and were matched with two regions (19 supervisors from 23 counties, with approximately 70-80 workers) which acted as comparisons. The ten supervisors in each region, their respective regional directors, and training unit staff composed each of the intervention groups. This is the only project that chose to include their middle managers in the intervention from the beginning, which became an important feature of the intervention. This program was a collaborative effort with the public child welfare agency, social work students, community service agencies, and child advocates focusing on best practice outcomes in social work service delivery. Learning laboratories were developed at the university to work intensively with child welfare agency supervisors on promoting clinical supervision.

The purpose of the *Structured Clinical Casework Supervision Demonstration Project* was:

- to create an organizational culture in the child welfare agency in which support, learning, clinical supervision, teamwork, professional best practice and consultation are the norm.
- to create an environment in the child welfare agency that promotes lifelong learning, self-education, and recognition that application of ideas learned in training and other educational experiences is important for positive change in practice to occur.
- to determine the elements of supportive supervision.
- to determine the competencies needed to be a supportive supervisor in the field of child protection.
- to determine a model of structured clinical casework to be used in the field of child protection.
- to allow participants to develop needed skills and to grow professionally in the area of child welfare supervision.
- to promote a positive learning environment for the individuals involved.
- to add to the body of knowledge regarding good child welfare supervisory practice.

The key element of this intervention model was the learning lab. Area Social Work Supervisors from two regions participated in learning labs offered in each region. A unique element of this model was the use of a cultural consensus process, an ethnographic technique that enabled the supervisors to determine the topics of the learning labs through a participatory democratic process. As topics were brought up in a lab, research and planning was done for future labs to discuss and study the new area of interest and needed knowledge and skills. The goal of this process was to achieve buy-in from the supervisors and to allow for relevant and useful topics to the supervisors.

The topics all focused on improvement of clinical casework supervision in the child welfare agency. The labs were a mixture of information from research, skill development and discussion of ethics and values. Empirical articles from the professional literature were used to promote evidence-based practice. Attitudes, beliefs and feelings were also discussed. The supervisors offered true case

scenarios from their own supervisory units for the application of theory and practice skills as well as the application of problem solving and decision making processes. The learning labs also resulted in the development of supervisory tools that can be shared with other child welfare supervisors. The supervisors developed the tools, and it was determined by group participants that future learning lab group members need to participate in the development of tools as the process was as important as the finished product. Central to the clinical supervision model taught in this project was Lawrence Shulman's Interactional Supervision Model (1993), and supervisors were given the opportunity to learn and interact directly with Dr. Shulman during their final learning laboratory. Similar to the Arkansas model, this is largely based on the concept of the parallel process of worker to supervisor, and worker to client.

The design of the model included the use of the participatory democracy to encourage work and information sharing among supervisors to be done between the learning labs. One of the elements of the model was to encourage the use of research in child welfare practice by field supervisors and social workers. The intervention groups included articles and book chapters on empirically based practice and supervisory skills in regular supervisory staff meetings. Supervisors have reported that they are sharing information that they have read or learned in their own staff meetings with social workers. Another element of the program was to encourage the supervisors and social workers to be life-long learners with the goal of continual improvement of practice. The supervisors are using the learning lab model with social work staff. This element of the model is important regarding the continuation of empirically based practice among all staff members after the demonstration project ends.

Use of data to improve practice was also an important element of the project. Supervisors brought data generated from MACWIS and Quality Assurance reports, and discussed the data in relationship to client outcomes and in regards to their own clinical casework supervision. In addition, a concerted effort was made in the project to use empirically-based articles from the professional literature to inform supervisory practice.

Teambuilding was a crucial element of the learning labs. The learning labs have improved working relationships among supervisors. Purposeful teambuilding has allowed a high level of trust among the members of each group that has resulted in honest sharing of needs and thoughts in the labs. The trust, genuineness and belief that the supervisors need to help each other has allowed for risk-taking in the sharing of new ideas and also with the sharing of supervisor's feelings about the difficult issues that arise in the field of child welfare. Resource sharing occurred between counties and supervisors and began to occur between the two intervention regions as a result of this effort.

Missouri Role Demonstration Model of Child Protective Services Supervision Project

The Missouri CPS training project was predicated on the role demonstration model of instruction in which appropriate real or simulated behaviors are carried out by the supervisor-instructor before being adopted by the worker-learner. This approach is grounded both in learning/modeling (social learning) theory and upon the empirical needs assessment evidence generated by the SR-QIC survey of Missouri child welfare staff with a concurrent analysis performed as a component of the Children's Division COA self-study. The operational definition of the model employed in this project is as follows:

The supervisor begins as primary actor in both actual and simulated interventions and the employee assumes by successive approximation the tasks flowing from the natural course of intervention. Techniques are modeled by the supervisor and then performed by the worker under observation. The model is characterized by mutual investment, responsibility and accountability for task. Authority of competence arises from the supervisor's display of the knowledge and skills appropriate to the interventive tasks required for practice with the specific clientele in the specific environment.

Based on the combination of internal and external evaluation processes and in light of the conditions laid out by the funding agency, two primary objectives were agreed upon to be the guides in developing the intervention and evaluation components. They were:

1. *Improving the clinical competence of front-line CPS supervisors and their workers.*
2. *Changing the organizational culture to refocus on a client treatment orientation.*

To achieve these objectives, three broad but essential steps were conceptualized. The first was to create a leaning community with a clinical focus, that was professional-development oriented and that relied on systematic and verifiable data and feedback. The second was to make specific recognition of the essential role of the supervisor in establishing the culture for clinical work and in setting appropriate standards. And, the final step was assisting management in understanding the primacy of the teaching role of the supervisor and making necessary organizational accommodations to support this priority.

The training curriculum was designed to be progressive and developmental, focusing on professionalization of practice through self-awareness, strength-based family collaboration and specific supervisory technique development. A unique aspect of this initiative was the emphasis on organizational cultural change and the use of data in decision making as a major goal and the object of assessment. The model also depended upon regular feedback and assessment against progress and outcome measures from instruments currently in use by the agency. For example, the Survey of Organizational Excellence (SOE) is annually administered to all employees of the division. This instrument was included as the cultural change measure and is now being employed by the Children's Division in local administrative unit self-assessments. Their overall implementation methodology including the following four components:

1. Direct didactic and experiential teaching in classroom and laboratory setting.
2. Practice consultation as situations arose uses e-mail and WATS systems.
3. Individual professional development including individualized assistance in assessment of feedback and design of action plans.
4. Organizational advocacy as issues impeding good clinical practice and/or professional supervisory practice arose from regular interactions.

The formal content of the regular supervisor training component was divided in the following manner:

- 21% Basic principles of supervisory practice with emphasis on the teaching and role modeling aspects of performance.
- 52% Techniques of clinical supervision including individual and group case consultation, developmental and remedial planning, and working contracts.

- 27% Clinical practice strategies and methodology including intensive review of basic casework principles and emphasis on solution-focused therapy techniques.

This material yielded thirty content modules. The process concluded with supervisors participating in development and presentation to regional and central management of a strategic plan to address an identified barrier to clinical practice within their region. Due to the quality of these plans, agency funding was allocated for their implementation, as a real-life exercise in facilitating organizational change.

The intervention process involved supervisors participating in two separate groups which received a number of learning modules. While the topics covered originally were identified by the RDM Project Policy Board, over time, the supervisors were given the opportunity to direct the topics they would cover. Role demonstration techniques were blended with instruction in a specific model of case intervention, solution-focused brief therapy. This choice was predicated on the agency commitment to a strengths-based and family centered perspective. Since the project is focused on establishing an overall learning environment, supervisors participated in 360 Degree Assessments of their supervisory skills, in which their supervisors, peers and managers' perceptions were analyzed to develop profiles based on which the individuals worked with their teaching cadre to develop individualized learning plans. This process was repeated throughout the project.

Tennessee Child Protective Services Supervisors Development Project

The Tennessee Department of Children's Services and the University of Tennessee School of Social Work developed, and delivered skill competency training to CPS supervisors. This training was designed to extend beyond the classroom to reach the practice of front-line supervision through trainers co-acting as mentors and coaches. A focus on interactional and educative supervision was conceptualized as impacting the established outcomes for the project. Four modules addressing Educative Supervision, Ethical Decision-Making, Evidence Based Clinical Practice, and Cultural Competency were developed to be delivered in learning laboratories (additional proposed modules on Organizational Culture and Use of Data were never developed). The project used adult learning theory and the concept of development of learning communities on which to base their intervention, and included both didactic and experiential teaching methods. An early activity included administration of the four quadrant DISC inventory with supervisors, trainers and mentors, as developed by William Marston, to assess individual behavior within a given environment. The objectives for each of the educational modules are detailed below:

- Module I: Educative Supervision. Objective: To build on the educative supervision framework that looks at adult learning theory, learning styles, and assesses worker/supervisor needs for learning. Assist supervisor in developing skills to support training philosophy. Introduction of and application of critical thinking skills and self-reflective practice was used in the education and skill development role with supervisors.
- Module II: Ethics . Objective: To introduce ethical decision-making in clinical practice, which focuses on how values and ethics shape practice approaches, and how supervisory techniques enhance problem solving around ethical conflict
- Module III: Cultural Competency. Objective: To introduce a framework for working with different cultural groups. A learning module based on cultural competency techniques was used to identify cultural norms of minority groups and facilitate an understanding of those differences among children and families served by the department.
- Module IV: Evidenced Based-Clinical Practice. Objective: To use evidenced-based practice techniques (theory and research) demonstrated through individual and group supervision, case conferences, etc., ultimately increasing worker's clinical skills, contributing to their practice knowledge, and increasing analytical skills. To further the use of evidenced based practice techniques, on-going scheduled case conferences were included to assist workers in managing boundary issues and identify next steps.

The field learning was operationalized through mentorship activities that were designed to support and coach the learning participants as they progressed in proficiency. Mentors assigned individually to supervisors were either DCS employees in upper or middle management in the agency, university employees or subcontractors who acted also as trainers in the classroom component. It was intended that participants would learn the art of mentoring as demonstrated to them for transference to their supervisor relationships with assigned staff. The purpose was to reinforce the knowledge gained during each session and allow for hands-on learning, including modeling, direct observation, and feedback through the use of actual case activity, as well as mentoring/training supervisors to become mentors to newly hired supervisors. Mentors worked with supervisors on structuring a supervisory session, how to provide support to case managers, and how to teach case managers skills needed to work with families. The expected competencies that experienced supervisors were to master are as follows: enhanced knowledge of the importance of the supervisory roles of education and support, and an understanding and demonstration of clinical practice methods and ability to model the supportive

functions. This project also offered an on-line tutorial process based on material developed in the Arkansas project. Participants were to complete six tutorials, and the material in the tutorials was to be reinforced during mentoring.

SECTION 2

Process Evaluation

Grantee Implementation Activities

Following the close of project implementation, a SR QIC mentor facilitated a process with project staff at a project meeting to compare and contrast each of the projects based on their implementation process, clinical supervision models and behaviors emphasized, and reflections on factors impacting their work. The product of this valuable process is a series of tables which follow this section regarding project-specific implementation.

Arkansas

Status of Grantee's Implementation

The implementation of the project is complete and their final report submitted (see Appendix for their Executive Summary). The project supervisors received initial training regarding the following topics: structuring supervisory sessions, leadership styles, time management and organizational skills, the supportive role of the supervisor, conflict resolution strategies, and the educational role of the supervisor. Then the planned autotutorials, based on theory and research specific to child protection practice and clinical supervision, were completed: The Administrative Role, The Supportive Role, The Educational Role, Structured Case Review, Conflict Resolution, Understanding the Components of Job Satisfaction and Burnout, Strategies to Prevent Burnout in Your Staff, and Yourself Promoting Self-Actualization. These autotutorials were of high quality and were shared with the other projects and actively used in at least one.

Supervisors participated in field education and mentoring in their own work setting. Mentors generally met one-on-one with supervisors at least every other week and in some cases weekly for one to three hours each session. In addition peer group meetings were held approximately monthly facilitated by the mentors. For half of the group, these peer meetings originally occurred in part using interactive television to address distance issues. However, the group decided to meet face-to-face despite the distance to make the process more effective. The mentors, in conjunction with the participants, developed a structured case review tool that they used during supervisory and mentoring sessions, in addition to a mentoring contact form which included the content discussed, goals/objectives, assessment and plan. During the individual mentoring sessions, the mentor had a planned topic or skill to work on with the supervisor, such as modeling critical thinking or understanding parallel process. Mentors sometimes observed the supervisors interact with workers, and then processed what occurred during the session. The implementation was well received.

In regards to the middle manager project conducted through supplemental funding in FY 2004, this state conducted the pre- and post- intervention focus groups regarding the role of middle managers in promoting clinical practice in the field. Intervention was offered to the managers based on the

results of the initial focus groups regarding the role of the middle manager in affecting organizational change in frontline practice. This equated to two training retreats using leadership based textbooks. Three themes emerged from this work: team building, leadership and continuous quality improvement. Funding was made available for middle managers to work with their supervisors around these themes.

Did Implementation Occur as Planned?

In general, the intervention occurred as planned with the exception of timeframes early on in the project. Both the primary and middle manager interventions were delayed when compared to the planned outline. The primary intervention was delayed due to issues in completing the subcontracting process with the two universities involved in the project and the subsequent hiring process for mentors. As soon as this was completed, however, the mentors began intervening on a consistent basis. Despite delays, the actual intervention occurred generally on schedule. Quarterly all-project meetings, involving agency executive staff, key division program staff, the community partner, the two universities, area managers and the intervention supervisors, have occurred which promoted interaction between the intervention group supervisors and agency administration and was reported as a very positive outcome of the project in focus groups conducted with supervisors. This component was added after the initial intervention began. The community partnership component remained somewhat undeveloped in this project, but the Commission on Rape, Domestic Violence and Child Abuse, their partner, was very supportive of the project, and their representative regularly attended quarterly project meetings.

The Arkansas project was plagued with attrition from their intervention group. Only 10 of the 20 supervisors completed the project, as the others left the agency for various reasons. Similar attrition did not occur in the comparison group. Trend data analysis suggests that much of this may have been seriously impacted by the original selection of counties. Qualitative data has suggested that supervisory attrition from the agency is a function of other influences in the agency, and availability of job in the area. The counties in the intervention group have historically documented much higher rates of turnover as well as other issues, while the control group areas have historically been more stable. The original RFP and start up information provided by the SR QIC regarding selection of groups and matching characteristics to allow for later comparison apparently was not heeded in this project.

In addition, this project experienced problems in their evaluation until the last year. Over the course of the project, they changed researchers four times. The university with whom the evaluation contract was made was seemingly hesitant to see this as a research project. That being the case, the multifaceted nature of the evaluation design was not appreciated or appropriately implemented until the final evaluator was assigned, despite significant effort on the part of the child welfare agency folks. One of the SR QIC mentors was assigned to work very closely with the agency and university on this aspect. Technical assistance was provided to the state agency on providing very specific outcomes and requirements in their contract and the work plan regarding the evaluation. At the close of project year 2, the decision was made to terminate the evaluation contract with the university and subcontract with an outside evaluation firm to take over the research. Both universities remained involved in the intervention itself.

The evaluation firm that took over since the fall of 2004 made great strides in catching up with analysis of data for this project as well as setting in motion survey data collection that was long overdue. This researcher took the evaluation responsibilities very seriously and demonstrated great

professionalism and creativity in solving research challenges. The child welfare agency was confident in the ability of this firm to complete the evaluation of the project well, taking into consideration data collection issues associated with the work of the university with the original contract which of course cannot be corrected. Problems with the original response rate, paired with attrition, reduced the number of supervisors with data from baseline to the latter measurement periods to a size that impairs functional statistical analysis (see Table below). Therefore the researcher worked with the SR QIC to develop a new instrument that was used to collect the final round of data to attempt to document quantitatively the positive change being documented qualitatively.

**TABLE 1:
RESPONSE RATES IN FIRST AND THIRD WAVES OF SURVEY
(AUGUST, 2003 AND MARCH, 2005)**

	AUGUST, 2003			MARCH, 2005		
	N IN SAMPLER	N RESPONDING	RATE (%)	N IN SAMPLER	N RESPONDING	RATE (%)
INTERVENTION	20	15	75.0	7	7	100.0
CONTROL	30	18	60.0	12	12	100.0
TOTAL	50	33	66.0	19	19	100.0

	AUGUST, 2003			MARCH, 2005		
	N IN SAMPLER	N RESPONDING	RATE (%)	N IN SAMPLER	N RESPONDING	RATE (%)
INTERVENTION	91	33	36.3	14	14	100.0
CONTROL	105	45	42.9	30	30	100.0
TOTAL	196	78	39.8	44	44	100.0

Important Lessons from the Arkansas Project Experience

A review of the Arkansas project’s experience yielded some important lessons that may impact others implementing practice change initiatives in the public agency.

- **University commitment to and involvement in child welfare-based research activities cannot be assumed.** The SR QIC projects were required to incorporate a university into their implementation and evaluation team with the anticipation that university research expertise would yield a more rigorous research design and an engaged partnership in child welfare practice research. While this project was successful in engaging their existing university training partnership in developing the training curricula and implementing the mentoring component, they were repeatedly unsuccessful in obtaining competent research expertise from the university. Their school of social work seemed convinced this was a training project rather than a research project. The individual assigned as researcher was changed repeatedly—to individuals more and more distal from the university research enterprise. Finally, in order to “save” the evaluation, the implementation of the evaluation had to be shifted to a private firm.

This important lesson was echoed in the Tennessee project in which the university administration did not support the initiative and presented major barriers.

- **Adequate FTE within the public agency must be committed to the project.** In order to implement this project, the public agency passed all of the funding through to the universities. Although a project director was named in the agency and this individual was very committed and worked hard to keep up with project activities, a proportion of staff time was not officially assigned to this project. The agency staff underestimated the work that would be required in association with the project and struggled as a result.
- **Contrary administrative decisions and circumstances in the agency clearly confound promising initiatives and data.** The administration of this agency was committed to this project from day one, and compared to the other three states experienced less high level administrative turnover. However, the project was clearly negatively impacted by administrative decisions that were either beyond the control of the Division, or unable to be prevented, such as hiring freezes and reassignment of supervisors. Other circumstances such as an adverse situation totally unrelated to the project occurring in one of the intervention regions also had clear impact on the ability of the supervisors to implement what they learned. The evaluator was able to clearly demonstrate the negative impact of administrative decisions, and the qualitative data collected by the QIC supported this. This lesson can also be reframed, however, to demonstrate the power of data in demonstrating the impact of administrative decisions, as the agency responded to what was learned from this. It is the opinion of this author that the Arkansas project model has great potential but the impact of it was masked by inconsistent implementation of clinical supervision within an adverse practice environment.
- **There is no substitute for learning reinforcement in the field to promote practice change.** Although the quantitative data does not fully support it, the qualitative data certainly documented the power of one-on-one mentoring in the field to promote practice change. Unlike the Tennessee project, the Arkansas mentors had consistent face-to-face interaction with their protégés and the characteristics of the individuals chosen seem to have enabled the development of a positive learning relationship. The supervisors involved in this project were clear that meeting with their mentor was very positive and indicated they would have been better able to implement clinical supervision were they not faced with staff vacancies and being assigned to cover additional counties.

Mississippi

Status of Grantee's Implementation

The Mississippi project implementation is complete, and their final report submitted (see Appendix for their Executive Summary). As was previously stated, the original project involved both Mississippi and Alabama. Prior to the departure of the latter from the project, the baseline cultural consensus analysis was completed and intervention model developed. Twenty-four modules were developed. Two of the planned learning laboratory sessions were conducted, using interactive television to join the two groups. In January of project year 2, a closure or wrap-up session was completed between the two states.

After Mississippi took over the project, the learning labs were conducted face-to-face. This project began including middle managers in their learning labs at the supervisors' request. The individualized learning plans participants developed all included improving their relationship with outside partners. Representatives of their community partners began attending as well, developing a

culture of mutual respect and support. In the early stages of the project the learning labs were held for 3 days every other month, and gradually became one day every other month, to help participants build rapport, and then transition toward the end of the project into using their individual regional staff meetings as a learning lab after the intervention ended.

Mississippi began “catch up” intervention in January of project year 2 for a new set of ten supervisors, so that the original requirement of 20 intervention and 20 comparison supervisors was fulfilled. These supervisors received the two learning labs the rest of the group had already received prior to all 20 of them being brought together in September of 2004. Each of the regions had individual learning labs, and then held some joint staff meetings together sometimes with the project director present. In addition to the learning labs in which the group meets together, the participants had one-on-one consultation with the project director on a fairly regular but informal basis. In year 2, the project hired a well respected, retired supervisor from the child welfare agency to provide one-on-one consultation and learning reinforcement. They have emphasized a peer support component. An overall undergirding approach to this process was participatory democracy, which provided to be a critical factor in the success of this project.

Did Implementation Occur as Planned?

Prior to the departure of Alabama, significant delays were experienced, as they were unable to begin intervention until IRB approval was obtained. Significant problems occurred in this process. Although approval was obtained during the summer for part of the research protocol, Alabama never was able to secure total approval, which contributed to their de-funding.

Obviously, the implementation was originally planned to test a two state collaboration, which was abandoned. However, the intervention model remained true to that proposed, with one exception. Plans originally involved using web-based strategies for peer-to-peer collaboration activities. However, the Mississippi public child welfare agency removed Internet access from computers used by staff early on in the project.

This project had to work hard on the involvement of the community partners, but was able to engage them in participating in the learning labs which appeared to promoted local communication and collaboration. Throughout the process the supervisors developed and implemented both professional development plans and community development plans. Because of the success in using a 360 Degree Evaluation process with supervisors in the Missouri project, the Mississippi projected added this component near the end of the first year. Overall, twelve modules were delivered to the supervisors, based on the development of topics by the supervisors themselves.

During the last eighteen months of intervention, this project was plagued with the impact of serious problems within the child welfare agency itself. The implementation continued as planned to the extent possible, but the supervisors and middle managers receiving the intervention were seriously impacted by pressure imposed from the agency administration, loss of staff and funding in the agency, as well as competing priorities that took away from the clinical model. On several occasions planned learning labs were cancelled by the agency. The state was the subject of a lawsuit filed in the final year of implementation in conjunction with its child welfare system. At the time it was filed it was reported that the state’s frontline workers had an average of 48 child protection cases each. This apparently did not improve. This impacted the quantitative evaluation data. Despite this, worker and supervisory turnover was not as much of a problem in this project as in Arkansas or Tennessee. The

supervisors struggled with attempting to influence the organizational culture of their unit, while the culture in the agency itself was going in the opposite direction. The public agency had a new agency director and three Division of Family and Children's Services directors during the implementation of the project. In addition, philosophical change within the Department regarding training and meetings has seriously impacted the project, as they were viewed as "time off task."

Similarly, the state abandoned the case review system being used in the evaluation on a statewide basis. At first, agreement was reached to continue the process for the intervention and comparison groups, but then the staff member was reassigned, and no case review data was collected during the final summer. In addition, turnover measurement was hampered by movement of "PINS" (position numbers) to address workload distribution, and making positions difficult to track. Collaborative problem-solving amongst project evaluators has been a significant facilitator in helping to address these and other research problems. Because of neutral interim findings regarding the organizational culture and self-efficacy scales, and concerns about perceptual issues associated with early measurement, the final administration of the survey included a retrospective component.

Despite the tremendous administrative challenges, the supervisors and middle managers kept themselves motivated to learn, and reported positive outcomes in their social workers, which promoted continued interest and the desire to learn more. The supervisors assumed the role of motivators of each others' progress, following up with colleagues who had agreed to try individual techniques to determine what happened. Subsequently the director of the agency noted improvement for the intervention groups in client outcomes.

As Mississippi's primary implementation was moving so smoothly, they were offered the opportunity to work with the middle managers through the supplemental funding process late in the year. They were able to conduct their focus groups with supervisors and managers in July and early August, and begin planning their implementation. Approval was obtained from the Children's Bureau to carry over the remainder of funds allocated to the middle manager project into the next fiscal year, as it was not possible for Mississippi to complete it in the original funding year.

They were able to engage the agency in planning for this, conduct initial focus groups, and attempted intervention with their middle managers. The middle managers agreed to participate in learning labs one day a month. The plan was to devote 6 hours of time each month during regular middle manager meetings. The learning labs were conducted through May 2005 at which time a new Director of Family and Children's Services was named. During the transition period time was not allotted by the agency for the learning labs. Therefore the last learning lab for the middle managers was held in May 2005. The facilitators of the project were asked to serve as consultants to several task forces regarding the performance improvement plan for the Division of Family and Children's Services. One of the task force/work group assignments was to develop supervisory training/professional development opportunities for Area Social Work Supervisors throughout the state. The Regional Directors are developing regional plans for the performance improvement plan and have incorporated the work being done in learning labs. Part of the sustainability plan for this project was to work through these and other mechanisms to move this form of supervisory practice to the other parts of the state.

The Mississippi project planned a large celebration meeting to mark the end of the intervention. This was to include participation of supervisors from the comparison group, as well as those from the Arkansas project. Unfortunately, Hurricane Katrina and organizational issues in both Mississippi and Arkansas negatively impacted the event. The day before the meeting was to begin (2.5 weeks after the

hurricane), the Mississippi child welfare director cancelled the event. Negotiation led to his approving the attendance of only the intervention supervisors. Organizational issues in Arkansas led to only two representatives from that state attending. Nevertheless, a very positive event was held. The community partners attended and reported a positive growth in their partnership with the agency due to the learning labs. During that time, the supervisors and regional directors made detailed plans for how to continue promoting the positive outcomes of the project within their units, and to promote expansion of the model beyond the intervention group.

Important Lessons from the Mississippi Project Experience

A review of the Mississippi project's experience yielded some important lessons that may impact others implementing practice change initiatives in the public agency.

- **There is significant value in supervisors having input into directing their own learning.** An aspect that set this project apart was the use of a cultural consensus approach at the beginning of the process to identify the topics to be covered and the order in which it was to be delivered. Although the content of the learning closely mirrored that of the Missouri project which began with a curriculum developed by their policy board, by going through a self-assessment process and examination of the supervisory role, tremendous foundation was laid and supervisory buy in was assured. This reinforced the entire concept of the learning laboratory and promoted a professional development approach. The supervisory commitment proved very important as high level administrators changed amidst the implementation and managerial commitment waned.
- **Change in high level administration can significantly impact project implementation, but progress can remain on track with sufficient participant buy in.** The first two rounds of central office management were very supportive of this project, but when the personnel changed a third time the project experienced faltering support and administrative decisions that impeded the goals of the project. Were the project director less experienced in the child welfare field within the state and less connected to individuals at various levels in the child welfare system, this could have been devastating (as was a factor in the Tennessee project). The other mediating factor was the high level commitment of the supervisors and middle managers in the project that kept it on course, and ensured the project finished with positive outcomes that are even more impressive given the challenges the Central Office administration presented. The Missouri project, which also demonstrated very strong positive outcomes, also experienced several changes in child welfare administrators but was able to maintain a high level of commitment from management throughout.
- **The selection and characteristics of the project director can have a significant impact on the success of practice change initiatives.** The supervisors in the Mississippi project agreed that a significant factor in their projects success was the quality of their project director. There are several aspects of this worth noting. This individual had prior experience in the child welfare agency as a worker, supervisor and trainer. Because of this she had tremendous insight into the supervisors job as well as their respect from the beginning. Because of her work history she had connections across the state both within and outside the child welfare agency that enabled her to

address challenges. Finally her personality is one that truly promotes a culture of group and individually-driven learning rather than an “expert approach”.

Missouri

Status of the Grantee’s Implementation

The Missouri project is complete and the final report has been submitted (see Appendix for their Executive Summary). The state moved quickly to roll out an abbreviated version of the intervention statewide. Two organizational units were originally chosen for intervention (36 supervisors), the Southeast Region comprising eight judicial circuits (24 counties) and the 21st Circuit (St. Louis Co.), with a passive comparison group constructed using comparable supervisory positions in the Southwestern Region and the 16th Circuit (Jackson Co.). The two areas provide striking contrast and sample most of the social and demographic variables of the state. Missouri provided their planned intervention very close to schedule, making very steady progress through their educational modules, under the direction of their interagency policy board.

They provided 149 contact days of training with their two intervention regions. In addition, they had approximately 52 individual reinforcement contacts including 360 Degree evaluation debriefing and Individualized Development Plan development work sessions. The project staff completed the process of working with supervisors on their 360 performance assessments twice during the intervention, in which the supervisors’ subordinates, supervisors and peers provide feedback on his/her performance, which is a part of both their intervention and their evaluation. From this process, individualized development plans were created by supervisors in consultation with the project staff and the participants’ managers approved these plans. This was found to be a very useful and revealing process. They documented the infusion of desired behaviors into these plans, which is an indicator that participants internalized aspects of the intervention. Participants asked for additional training on topics generated by the curriculum, such as critical incident stress debriefing, which was indicative of their recognition of the importance of their supportive role with staff. In reinforcement of the overall learning environment, participating supervisors were offered the opportunity to receive some graduate credit for participating in the project, and nine supervisors who did not already have masters degrees availed themselves of this opportunity.

The project manager resigned in the middle of implementation to accept an opportunity in another agency, and this loss was significant for the project, although the individual remained active on the Policy Board. They were unable to find a qualified replacement given the short term nature of the project, and so the workload for the project director and evaluator increased significantly. They both were highly committed to the project.

This project completed the middle manager project. Based on the themes identified, an intervention was developed by their policy board that involves ten contact days of intervention. In addition, the middle managers participated in the 360 degree performance assessment process and have developed action plans. In September of 2004, the SR QIC staff attended the second to the last middle manager meeting and conducted a workshop on facilitating organizational change, and its relationship to organizational culture, evidence-based practice and renewal. They then developed on strategic plans to address issues identified impeding frontline practice in their region, which will then be presented to upper management. See the final middle manager project report for more detail.

An aspect of the Missouri project implementation that stands out is the extremely effective operationalization of the university/public agency/community partnership. This required aspect of all SR QIC Learning Laboratory projects was embodied in their joint policy oversight board that included from the public agency a regional administrator, two area managers, the management information system director, staff training/development director, regional staff training manager and the QA director. From the School the director, two senior child welfare faculty, the P.I. and the primary evaluator served on this body. The executive director of Prevent Child Abuse Missouri and the director of training and quality assurance for the Missouri Alliance for Children and Families represented community interests. This group was formed during the development of the original proposal and remained active throughout implementation and since, guiding the development of training modules, reviewing evaluation data, developing strategies to address implementation challenges, and planning for the sustainability of the project. This was truly an engaged group of individuals, who bear a tremendous amount of responsibility for the success of this project.

Did Implementation Occur as Planned?

In general, implementation occurred as planned in this project. Onset of the intervention was delayed in Year One due to delays in obtaining Institutional Review Board approval of their research, however, they moved steadily forward after approval was obtained. Their implementation was consistent with their proposed intervention. Although administrative changes in the agency have affected the project without question, it appears that this project continued in steady course. As has been true for all projects, the clinical model being implemented had to be interpreted within the context of a child welfare agency in significant flux and under tremendous external and internal pressure.

A large celebration was held in September 2005 to mark the end of the intervention. This was a very well-planned event. The Child Welfare agency director attended and addressed the group, after refusing to alter his schedule to attend another meeting out-of-state. This was strongly indicative of agency support. Work groups from the intervention supervisors presented action plans to continue to promote their progress in clinical supervision both within and beyond their regions. The agency developed an administrative group working on the role of the frontline supervisor, in which the project director participated in conjunction with consultation from a National Resource Center, and aspects of the project were provided statewide.

Important Lessons Learned from the Missouri Project Experience

A review of the Missouri project's experience yielded some important lessons that may impact others implementing practice change initiatives in the public agency.

- **There is tremendous value in the early establishment of a planning/decision-making group with representation from the university, public agency and community partners.** In Missouri, this “policy board” was constituted during the application decision-making process, and was built on prior existing relationships and collaborative projects. By having this in place from the beginning, significant buy-in was assured from each of the partners. Problem-solving occurred within this group that was realistic and engaged. Follow up on decisions made was ensured because individuals were accountable to each other. Struggles that the other projects experienced in the working relationship between the university and agency—as well as administrative decisions made in the child welfare agency that negatively impacted

the projects—were not experienced in this state. It is highly likely that the effective functioning of the policy board was instrumental in this.

- **A theory-based conceptual model driving the practice change intervention holds together well and is easily communicated.** This project was firmly grounded in a carefully selected conceptual model from the point of application. Implementing the role demonstration model and using solution-focused brief therapy as the emphasis in their clinical practice model provided a very strong foundation for the development and articulation of the curriculum. The site-specific evaluation was developed with the conceptual model and anticipated impacts in mind. The qualitative data collected from project participants suggested they understood and embraced this practice model.
- **Emphasis on organizational improvement within the context of the changing child welfare environment was a successful approach to the practice change initiative.** Part of the conceptual model providing foundation for the project was the overall emphasis on organizational improvement and professional development within this context. When the middle manager project was funded, their implementation was consistent with this. As such, the entire project was viewed positively within the agency administration as they worked to move through organizational change driven by the Child and Family Services Review process and accreditation. Related to this was that as an unplanned outcome, the number of MSWs in the intervention group jumped tremendously during the course of the project. This may be seen as related to the focus on professional development that was embraced by the agency and the flexibility the university could bring to bear in making this possible.

Tennessee

Status of the Grantee's Implementation

The Tennessee project implementation ended as planned, the final report was received, albeit after the agreed upon due date. As has been characteristic of the implementation of this project, the evaluator experienced significant delays in obtaining the agreed upon data from the public child welfare agency to complete their outcome analysis. During the project's final site visit, SR QIC strongly advocated for the cooperation of the agency with high level administrators, and their agreement was secured. Significant concerns regarding the reliability and quality of the data for the aggregate case outcomes were shared during this meeting that had not been formerly raised, so the treatment of that data will reflect its limitations. The data was finally received, well after the deadline for submittal of the report.

The Tennessee Project completed four of their educational modules: educative supervision, ethical decision-making, cultural competency, clinical decision-making (in three parts). In addition, many intervention group members had interaction with their assigned mentor. The goal was for them to have face-to-face contact monthly, but this varied significantly and data collected by the SR QIC indicated that a number of supervisors never had a successful mentoring relationship. Mentors also had telephone and email contact with the supervisors they are working with. Mentors were to complete a contact sheet related to their individual mentoring activities. Originally, half of the mentors were Department of Children's Services employees and the other half were connected to the University of Tennessee in some way, often being subcontracted trainers in the program. Due to workload, role conflict, and other issues the project had significant changes in their mentors. The original cadre that was largely made up of central office staff was problematic, and the use of outside mentors has been problematic due to the distance between mentors and supervisors. The project budgeted to hire part-

time mentors to attempt to address this problem later in the intervention period but this was unsuccessful. The middle manager project focus groups were completed and an intervention provided based on the results.

The project added an on-line component to the mentoring aspect of the program using materials developed in the Arkansas project. The on-line component included web-based tutorials of the classroom training curriculums, however the evaluation data suggested these were infrequently used. The idea behind combining these various components was to instill best practices within the child welfare agency. Each includes a tutorial, a case application, sample goals specific to the tutorial, and a pre- and post-test. Mentors were also to incorporate these modules into their monthly meetings with participants.

Did Implementation Occur as Planned?

This project departed significantly from planned implementation due to the challenges experienced. However, it should be noted that the project staff kept the SR QIC well informed of this as the project proceeded, and frequently consulted with the Director regarding decisions needing to be made. Perhaps the most significant factors impacting the inability of the project to be implemented as planned rested in three areas: the lack of a functional working relationship between the University of Tennessee College of Social Work at least in regards to this project; the repeated changes both in high level administration and in lead staff for the project within the Department of Children's Services; and finally, the selection and background of mentors assigned to work with supervisors. Other troublesome factors, including the resistance of participating supervisors and the lack of support for the project within the administration of the College of Social Work, were a function of these three primary factors.

This project underwent significant transformation, both in the number, order and timing of their educational modules and in the mentoring. The university project directors and agency principal staff negotiated changes to respond to concerns from participants, to meet the needs of the agency and the challenges they were experiencing in the administration, as well as issues related to those originally selected as mentors. For example, minor modifications were made in the delivery of the clinical decision-making module. Supervisors and middle managers participated in these sessions spread out over three months, rather than the originally planned 1 ½ days on this topic. Many of these refinements have proved to be beneficial. The agency would not permit the project to actually deliver a module on organizational culture, nor was the use of data module completed. The final learning lab was held in July of 2005, with a significant proportion of the time devoted to the SR QIC focus groups. The project director did not attend due to recuperation from foot surgery, and an individual largely unknown to the group facilitated the meeting which was largely a review of the modules completed throughout the project.

During this final year, on-line tutorials were adapted for use from the Arkansas project. However, the project director reports that supervisors were unable to utilize them in the way the project would have desired. The web-based technician calculated a total of ten logins by supervisors for the year. In addition, in the final period of the intervention, the project supervisors completed the 360 evaluation process and subsequent learning plans. Since this process was initiated so late in the intervention, it is unknown what the longterm impact of it may be.

The mentoring aspect of the intervention was planned to be the component in which skills learned could be modeled and practiced in the real world environment. However, the project staff report that a total of 456 mentoring contacts were held over the course of the intervention, over half of which occurred through email. Much of the content of these contacts involved attempting to schedule mentoring meetings or in discussion of the supervisors expectations regarding the project. The plan was for mentors to develop individualized learning plans based on goals established and to monitor progress during mentoring, although the project final report indicates this proved problematic for many of the supervisors. In only 55% of the mentoring contacts did documentation reflect that goals were discussed. Observation of on-the-job training was also an intended focus of the mentoring but 64% of contacts did not include this.

Inconsistency in the mentoring intervention itself occurred, as did problems with the selection of appropriate mentors. The project received technical assistance from an SR QIC mentor in an attempt to resolve this. However, in general, technical assistance provided went unheeded. Qualitative data collected by the SR QIC indicates that those supervisors who actually did receive consistent mentoring could report limited positive outcomes for the overall project and the use of clinical supervision. However, the majority of supervisors reported either not being matched with a mentor, or not having a positive experience with mentoring.

The project implementation experienced some delays and challenges that were attributable to problems with coordination between the two primary agencies and significant organizational change occurring in the Department of Children's Services. The project underwent several changes in principal investigator. It was believed that the final change would be a positive change for the project, however the workload of this individual kept her from becoming engaged in the project at the necessary level to promote success. While the project contract was with the child welfare agency, the project was actually implemented by the university with increasingly less participation and commitment from the agency.

Perception regarding the project within the agency was an additional problem. Initially supervisors were quite resistant and the planned intervention had to be revised as a result. Qualitative data collected by the SR QIC in focus groups suggested this was never successfully resolved. The project director has indicated that more and earlier involvement of middle managers may have led to greater receptivity to the project.

In addition, implementation was impeded by on-going problems with subcontracting between the university and agency. Despite extensive technical assistance and direction from SR QIC staff, these problems were never totally resolved. Problems in negotiation of the master contract between the public child welfare agency and the university led to the contract terminating in mid-August the final two implementation years so that the university could commit to meeting the billing deadline necessary for closing out the last fiscal year. This required additional efforts to avoid a break in service delivery. In addition, major problems in getting subcontractors paid due to problems in obtaining necessary approval from the agency provided additional barriers and nearly led to the university shutting down the project during project year 2. The final year, the dean of the College of Social Work had to be forced to pay a project staff person for work done early in the year prior to finalization of contracts. In the process, the employee decided to not continue in the face of these problems, leaving the project without a staff person primarily assigned to the project. Therefore, planned progress on implementation was further impeded. While administrative in nature, the project's potential to be successfully implemented was significantly impeded by these factors. The

university and the agency tended to blame each other for the challenges experienced by the project, and both verbalized a sense of lost opportunity after the project intervention ended.

The final year of the project was also plagued by significant turmoil internal to the child welfare agency. Focus group data collected suggested morale may have been the worst in agency history and anecdotal reports since that time suggested no difference. This project began to experience serious attrition in their intervention group the final year. The department was the frequent subject of bad press. The project itself was touched by a tremendous tragedy when one of the supervisors in the intervention group committed suicide following a public scandal and media reports regarding the injury of a child. This supervisor was well respected as competent in the agency, and media reports in which the agency administration has blamed her for alleged mishandling of the case has led to an impact on all supervisors in the state and undoubtedly affected the project as well.

Important Lessons Learned from the Tennessee Project Experience

A review of the Tennessee project's experience yielded some important lessons that may impact others implementing practice change initiatives in the public agency. In truth, the challenges experienced in this project may have yielded as many important lessons as the other more effective interventions.

- **Project leadership is a key factor in project implementation.** This state chose to have the public agency as the primary applicant and then subcontract the majority of the funding—and the responsibility—to the university. Shortly thereafter, the SR QIC board member who was very committed and had a vision for the project retired, and the public agency never really assigned a lead with the required buy-in and clout with which to guide the implementation. The original agency lead was a training director who although committed was not in a position within the agency to facilitate the necessary communication and decision-making. This also contributed to a perception that this project was a training project not a practice change initiative. The second came into the project articulating it as a project doomed for failure, and the third, while supportive, was balancing way too many responsibilities to provide the necessary leadership. In the midst of this were an array of personality conflicts between the university project director and agency staff that regularly brought to the attention of the SR QIC and James Bell Associates staff, and inhibited the ability to work through challenges that presented themselves.
- **Selection of mentors who are to work with supervisors is a critical decision.** At the time of the initial site visits to this project, SR QIC staff attempted unsuccessfully to convince project staff that critical errors were being made in the type of individuals selected as mentors. A number of issues came into play. First, mentors were at first either central office staff from the child welfare agency or members of the project training team that were not connected to the agency and in some cases not even living in the same state. This introduced issues of role conflict, trust and accessibility. Secondly, at least some of the mentors were assigned to participate and were resistant which adversely affected their approach to the project. The qualitative data collected by the SR QIC (see the outcome section of this report) revealed that the majority of the supervisors participating in the project were dissatisfied with the mentors assigned to them and/or the fact that they did not in fact receive mentoring. There were a couple of supervisors, assigned to one particular mentor, who were positive about the project and seemed to embrace the clinical practice model. They attributed this to the knowledge, skills and personality of their mentor. Much of the mentoring literature, and traditionally the concept

of mentoring, would suggest that the mentoring relationship should be chosen by mentor and mentee/protégé. However, formalized mentoring programs have recognized that this is not practical in an organized practice change initiative, and it would seem that the careful selection of mentors (in terms of their knowledge, skills and personality as well as the role they play in addition to mentorship and proximity to the mentee) would be critical in attempting to address the issues associated with lack of choice. The Arkansas project certainly demonstrated that this is possible.

- **Perception of the project's purpose and impetus can present an ongoing barrier to implementation and outcomes.** Many of the supervisors in this project maintained a very negative perception of the project and the reason for their being enrolled. SR QIC staff were not present during the initial meetings between project staff and supervisors but the latter reported that they were given the clear impression that this project was initiated because they were a problem. Many focus group participants expressed anger and resentment for being forced to participate even three years after this point. While a few were able to move on and embrace the project as was mentioned above, it appears the majority were not. This was likely made worse by poor communication with the supervisors, and scheduling and organizational problems in the early stages (e.g. very late notice of meetings and confusion in room set up for training sessions). The Arkansas project also struggled in the beginning with the supervisors questioning why they were selected, but the project leadership within the agency and the mentors were able to overcome this quickly and effectively through the way the communicated the purpose of the program and the purposeful steps they took to communicate respect for the supervisors. Clearly messages regarding the impetus and purpose for practice change initiatives must be crafted carefully and communicated effectively and regularly to promote environment where the project can be viewed positively.
- **Organizational culture within the child welfare agency can negatively impact initiatives that were intended to be supportive.** This state underwent rapid and repeated change in philosophy and management throughout the implementation of the project. During focus groups and in interaction with project staff, a punitive culture was described and a lack of trust was implied. The planned project curriculum originally developed by the agency/university team included a module on promoting a positive organizational culture that for some reason management at the time would not permit to be implemented. The fact that this project was initiated under prior management may have been a factor in the failure of the agency administration in power for the latter stages of the project to engage in the program. Other factors previously mentioned may have contributed as well. In addition, the agency was engaged in implementation of numerous other initiatives and a culture of accountability was promoted, but it appeared that this initiative was never successfully integrated with the other changes being implemented. In fact, individuals were pulled from this project to participate in other agency priorities.

SR QIC Projects in Contrast

While each testing the impact of structured casework clinical supervision on the same outcomes, the four SR QIC projects were unique in their emphasis, the activities they undertook to impart clinical supervision skills to the participants, to reinforce that learning in the field, and in what was generated as a result. What follows is a series of tables that contrasts the projects in a number of ways. Table A provides an overview of the individual project interventions. Table B compares the clinical supervision models, their emphasis, and the factors/entities contributing to them. Table C

includes key components of the project implementation process, while Table D outlines the key implementation activities. In addition to the planned products or impact of the supervision implementation, each project identified additional project projects or implications, which are listed in Table E. Table F describes how each project used learning reinforcement to promote clinical knowledge. Finally, Table G is a list of products and tools developed. Appendix 3 contains tables that provide a more detailed comparison of curricular strengths across projects.

Table A. Overview of Individual Project Interventions

Arkansas	Subject	Comments
Project introduction classroom training	<ul style="list-style-type: none"> • Structuring the supervisory sessions • Leadership styles • Time management and organizational skills • The supportive role of the supervisor • Conflict resolution strategies • The educational role of the supervisor 	
Weekly 1-2 hr meeting w/ supervisor 4 hours contact per month	Structured On-the-Job Training and learning reinforcement focused on topics from the classroom training and autotutorials	Distance issues <ul style="list-style-type: none"> • Longer visits • Every other week or every other month • 3 DCFS Areas
4 hours per month peer group meetings	See above	
Quarterly project wide meetings <ul style="list-style-type: none"> • Conference calls • 5 hrs per supervisor and upper mgmt • Area managers, DCFS executive staff, university staff, deputy and CFO 		Conducted with mentors, university partners and PI to discuss status of evaluation and agenda items for project meetings Supervisors expressed that they liked sharing of information and discussions about issues with executive staff and other central office staff Information sharing, guests speakers etc. Shared materials with mentors
1.5 day retreats (2)		Conducted off site with mentors and supervisors
Online tutorials	<ul style="list-style-type: none"> • The Supportive Role of the Supervisor or “Why Your Staff Might Stay” • The Educational Role of the Supervisor or “Is Training My Job Too” • The Administrative Role of the Supervisor or “Why You Were Hired” • Conflict Styles Research • Leadership Styles • Structuring the Supervisory Session 	Each tutorial includes a pre-assessment on the topic, as well as case application exercise

<p><i>Leadership Challenge</i> Text Materials shared during project meetings i.e. NRC newsletters.</p>		
Mississippi	Subject	Comments
<p>12 Modules</p> <ul style="list-style-type: none"> • Module 1-3 = 3 days each • Module 4-6 = 1 day each • Module 7 = 1.5 days • Module 8-12 = 1 day each • Conference = 1.5 days 	<ul style="list-style-type: none"> • Attitudes, beliefs and values • Supervisory competencies • Leadership and management • Professional development plans • Supervision in a culturally diverse workplace • Development of community partnerships • Multigenerational supervision • Working with difficult staff members • Giving and receiving feedback • Coordination and improving casework by working together • Defining clinical supervision • Differences between clinical supervision and supervising for compliance • Critical moments in the life of a case: identifying critical questions for clinical intervention • Clinical casework decision-making • Leadership styles • Interactional supervision • Achieving balance: becoming more effective as a supervisor • Strength-based and family-centered practice • Using data to promote effective practice • Supervisor vicarious liability • Ethical decision-making 	<ul style="list-style-type: none"> • Felt needs • Ed. Progression • TX modality focused on cultural consensus
<p><i>Leadership Challenge, Changing Hats from Social Work Practice to Administration, and Interactional Supervision</i> texts</p>		<p>Supervisors worked extensively with the <i>Interactional Supervision</i> text and were able to participate in an interactional skills-based workshop with its author at the close of the implementation.</p>

Missouri	Subject	Comment
<i>3 days/ 4 times per year</i>		Training
<i>Varying # of topics</i>	<ul style="list-style-type: none"> • Legal and ethical aspects of supervision • Fundamentals of clinical supervision • Models of individual clinical supervision • Detailed baseline worker and unit assessment tool • Boundary concepts and issues in supervision • Conducting and analyzing worker clinical competence assessments • Individual development plans • Human resource/labor relations issues • Review and analysis of worker pre-service curriculum • Solution-focused brief therapy • 360 Evaluation—introduction to philosophy • 360 outcome analysis—group profile and implications • Crisis supervision • Clinical case assessment • Case consultation process and techniques • Group processes and team building • Basic conflict resolution training for child welfare supervisors • Formal mediation in child welfare supervision • Teaching through performance contracting • Clinical case treatment contracts • Treatment issues in child abuse and neglect • Time management for child welfare supervisors • 360 evaluation and personal development planning • Differential patterns of worker motivation and role of the supervisor in promoting job satisfaction • Cultural diversity for Children’s Division supervisors • Worker motivation and managerial leadership • Resiliency base for CPS practice • Joint supervisor/administrators strategic planning conference • Content review and celebrating a success • (supplementary) Critical incident stress management and CISM team development 	2 sites <ul style="list-style-type: none"> • St. Louis • SE Missouri
<i>156 contact hours = 10 graduate credit hours</i>		3-day elements (participation required by contract) <ul style="list-style-type: none"> • 6 hour • 8 hour • 6 hour
Tennessee	Subject	Comments

<p>Monthly 1-2 hours mentoring meetings with supervisors</p>	<p>Review of information received at training—ways to integrate in daily practice</p>	<p>Time constraints: not enough time to use information...constantly putting out fires</p>
<p>4 Modules</p> <ul style="list-style-type: none"> • Module 1 2 days; each delivered in two locations • Module 2 1 ½ days; each delivered in two locations • Module 3 2 days; each delivered in 2 locations • Module 4 3 parts: 1 ½ days for first part and 1 day for last two parts; First part delivered for combined group in Nashville; Parts 2/3 delivered in two locations 	<p>Educational Supervision</p> <p>Ethical Decision Making</p> <p>Cultural Competency</p> <p>Clinical Decision Making (I, II, III)</p>	<p>Regional</p> <ul style="list-style-type: none"> • Nashville • West/Jackson • Supervisors expressed mixed feelings about involvement in the overall project • All training material well received • Time management major issue/Supervisors over extended due to new and changing policies as well as changes in administration
<p>20 days total</p>		<p>Middle Management</p>
<p>12 times group met</p>		<p>Leadership Turnover</p>
<p>Online tutorials</p> <p><i>Leadership Challenge</i> Text Materials shared during project meetings</p>	<p>Used tutorials developed by AR project</p>	<p>Tutorials not extensively used.</p> <p>6 DCS Regions across the state</p>

Table B. Comparison of Clinical Supervision Models and Emphasis, and Factors/Entities Contributing to Them

Missouri	Tennessee	Mississippi	Arkansas
<i>Supervision as role demonstrator</i> , emphasis on professional development and organizational improvement	<i>Supervisor as decision maker</i> (ethical/clinical practice), <i>decision mentor and role model</i>	<i>Supervisor as interpreter of organizational culture</i> ; Supervision competencies identified through cultural consensus	<i>Supervisor as mentor</i> ; as supervisors treat workers, workers treat families
Focus groups yielded perceived barriers to clinical practice in frontline child welfare, and model emphasized supervisors' ability to impact them	Supervisors' individual professional development, regarding enhancing and imparting best practice	Individual professional development, and group	Supervision individual professional development, enhance and impart best practice
Policy Advisory Board (decision makers & needs assessment) directed development OJT demonstrate competencies	Trainer identified focus on evidenced- based, parallel process – supervisor: mentor: client Mentors as role models	Research-based felt need of supervisors	Agency and trainer decision makers Evidence based and outcomes of what happens to children and families and workers they supervise, parallel process – supervisor: mentor: client
Advanced clinical teaching	Advanced clinical training through outside professionals	Learning organizational culture, and supervisor's role in effective practice with families	Content from autotutorials reinforced through one-on-one mentoring
Supplemental training (i.e. supervisor crisis management)	Discussions of leadership styles, utilization of DISC personal profiles to understand personalities and each other; interpersonal skills building	Discussions of leadership styles, use of data, group process and use of peer consultation/support to enhance culture.	Discussions of leadership styles, utilization of Meyers/Briggs to understand personalities and each other

Table C. Key Components of Project Implement Process

	Tennessee	Mississippi	Arkansas	Missouri
Factors impacting buy in	<ul style="list-style-type: none"> • Had to develop credibility • Out of state people (faculty) • Participants thought they had been singled out as bad supervisor • No prior relationship with academic side of the College 	<ul style="list-style-type: none"> • Project lead came from DHS formerly • Cultural consensus approach 	<ul style="list-style-type: none"> • Project lead within the system • Executive staff and university partners committed • Agency lacks trust of upper management/ understanding the constraints that upper management must adhere accountability, COA, funding, legislative approvals or not approval of agency budgets to hire more staff 	<ul style="list-style-type: none"> • Required by administration/Assured credibility • Active involvement of policy board
Staff morale at start	<ul style="list-style-type: none"> • Victims • Resistance/ some acting out • Non-cooperation 	<ul style="list-style-type: none"> • Clinically depressed • Passive aggressive • Stifled • Apathetic • Oppressed 	<ul style="list-style-type: none"> • Suspicious • Distrustful • Curious • Concern • Interested • Honored 	<ul style="list-style-type: none"> • Lack of professional identity • Passive Aggressive • Demoralized
Staff morale at end	<ul style="list-style-type: none"> • Minimal change due to significant turnover, change in org. culture, constant change in leadership 	<ul style="list-style-type: none"> • Empowered • Creative 	<ul style="list-style-type: none"> • Hopeful • Empowered • Meeting with other supervisors in the other areas to share ideas and suggestions 	<ul style="list-style-type: none"> • Professional identity • Empowered
Selection of participants	<ul style="list-style-type: none"> • Random selection by area • Matched groups based on geography of the state-six intervention regions/6 control regions, i.e., rural to rural, urban to urban • Supervisors maintained suspicion of problem-based reason for selection 	<ul style="list-style-type: none"> • Research-based based on ability to match to comparison groups • Matched groups for 2 comparison regions 	<ul style="list-style-type: none"> • Area manager volunteer • Experienced supervisors (≥ 1 year) • Metro/Rural • Comparison site matched 	<ul style="list-style-type: none"> • State wide competition • Metro/Rural site based on administrative units • Comparison site and rest of state as comparisons

Table D. Key Implementation Activities

	Missouri	Arkansas	Mississippi	Tennessee
Pre-Project/ Orientation	Two-level supervision and mid/upper managers 2 hr conference w/ each supervisor <ul style="list-style-type: none"> • Required participation • Rules/Regulations (negotiation) • Graduate level – LCSW, etc. • Telephone consultation • Ethics 	Upper mgmt mtgs. to discuss training needs, job functions of mentors, evaluation and surveying needs – what will the outcome of the project be? <ul style="list-style-type: none"> • 2-day initial training • online tutorials • leadership abilities and skills 	Series of face-to-face meetings with agency administrators, regional directors, community partners to plan intervention. Group meetings with supervisors and their regional directors for each intervention and comparison group.	Series of face to face meetings with w/ key agency personnel— Regional Administrators to discuss <ul style="list-style-type: none"> • Project • Barriers • Goals
Org. Change Measures	<ul style="list-style-type: none"> • State/region and local policy change • Clinical competency expectation • Statewide support/mgmt changes • Partnership w/ universities • Statewide taskforce to develop standards for supervisory practice 	<ul style="list-style-type: none"> • Mgmt change influenced staff change (termination) • Peer consultation • Peer support 	<ul style="list-style-type: none"> • Community development change • Strengths based approach to supervision • Better teamwork • Better communication and information • Policy changes w/ bottom-up/ frontline feedback • Interaction supervision • Resource sharing 	<ul style="list-style-type: none"> • Policy changes influenced by project participants • Feedback to direction from project • Resource sharing • Peer support
Oversight	Policy Advisory Board Regional: <ul style="list-style-type: none"> • Manager & supervisor meet to assess strengths • Court agency liaison & joint training • Selection process team for interviewing new supervisors 	Project meetings to discuss activities and progress Focus sessions by PI and LARP AD to identify barriers, what works and what didn't at 2 of the initial project meetings Executive staff involvement	<ul style="list-style-type: none"> • Phase I – Sr. Manager • Dean supportive within university 	Citizen Review Panel members served as peer reviewers of training modules as they were developed

Table E. Additional Project Products or Implications beyond Direct Application of Clinical Supervision

Missouri	Tennessee	Mississippi	Arkansas
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<ul style="list-style-type: none"> • Clinical competencies into performance appraisal • Change in morale • Problem solving activities • Development of group cohesion in intervention groups • Ability to deal w/ external forces (i.e. court) • Better respected outside agency • Development of strategic plans and policy recommendations • Identification of agency leaders from supervisor groups 	<ul style="list-style-type: none"> • Change in administration culture • Development of peer relationships among supervisors 	<ul style="list-style-type: none"> • Supervisors as advocates for organizational change • Chance to be heard • From oppression and powerlessness to empowered • Development of group cohesion in intervention groups • Improved collaboration with community partners • Enhanced inter-university collaboration opportunities • Identification of agency leaders from supervisor groups 	<ul style="list-style-type: none"> • Supervisor empowerment (+/-) • Issues related to middle mgmt illuminated • Identification of middle managers' support and training needs • Identification of training needs of supervisors • Inclusion in agency's CFSR PIP • Development of group cohesion in intervention groups • Improved relationship with courts • Identification of agency leaders from supervisor groups
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Table F. Use of Learning Reinforcement to Promote Clinical Knowledge

Tennessee	Arkansas	Mississippi	Missouri
<ul style="list-style-type: none"> • Mentoring • Learning plans • Follow-up email and phone calls • Replication in staff meeting • CD autotutorials from Arkansas project • 360 Evaluation • Mentors as advocates for mgmt accountability, examination of barriers to case practice 	<ul style="list-style-type: none"> • One-on-one weekly mentoring • Structured case review as a tool • On-site observation • Feedback to supervisor <ul style="list-style-type: none"> • Active listening • Reflection of feeling • Weekly scheduled mtg supervisor and worker • Practice activities built into autotutorials 	<ul style="list-style-type: none"> • Individual professional development plans • Community development plan • Cultural response plan • County action plan • 360 Evaluation • Report back by supervisors on individual supervisory assignments at meetings • Peer learning • Informal one-on-one mentoring 	<ul style="list-style-type: none"> • Little prescribed • Self-empowerment • Some homework assignment • 360 evaluation used repeatedly • Development and implementation of localized strategic plans to address barriers to clinical practice • Individualized Development Plans

Table G. Products and Tools Developed

Tennessee	Mississippi	Missouri	Arkansas
<ul style="list-style-type: none"> • Worksheets • Case examples • Leadership styles • 4 Curriculum Modules 	<ul style="list-style-type: none"> • 21-day curriculum • Supervisor competency tool (self-evaluation) • Flow chart of critical case moments and clinical questions to be asked • Training manual 	<ul style="list-style-type: none"> • Managers and Supervisors Together Strategic and Action Planning Process • Videotape being developed (recruitment selection) • Newsletter of recognition • 31 modules 	<ul style="list-style-type: none"> • 6 online tutorials (3 more being developed) • Structured case review forms • Online case review forms • Training manual

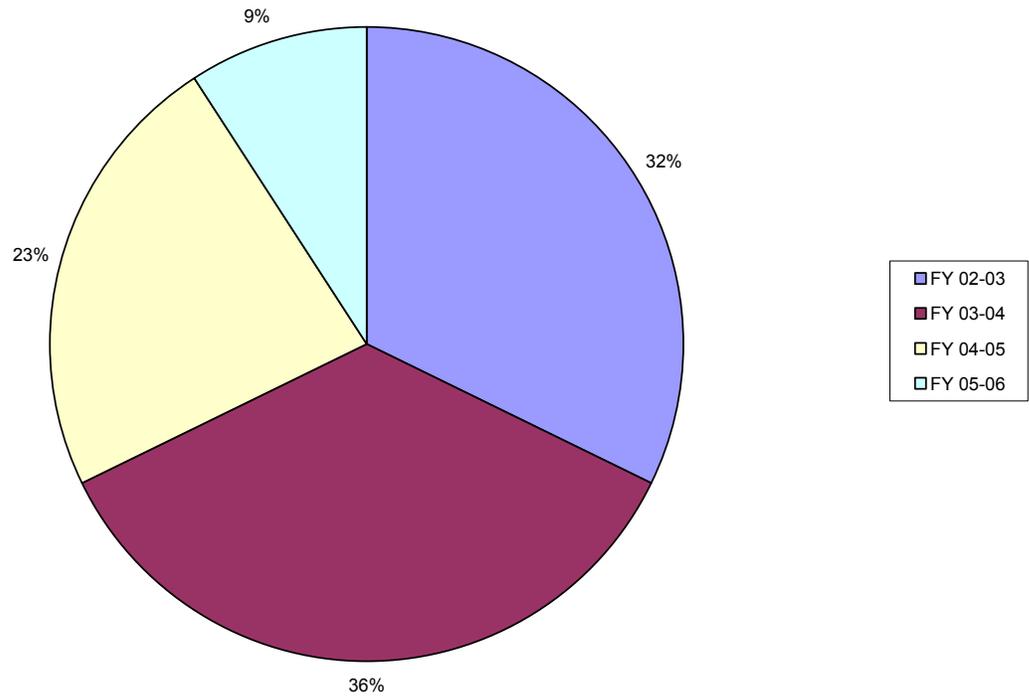
SR QIC Implementation Activities

The role of the SR QIC in supporting, monitoring and evaluating the implementation of the four supervision projects was afforded significant emphasis in this program overall. From the beginning a philosophical decision was made to work to create a learning laboratory atmosphere amongst the projects and the QIC (including the Advisory Board) that paralleled what the projects were being asked to implement in their own states. The emphasis of interactions, then, was focused on *learning* and *relationship*—the dual foci of the supervision models implemented in the frontline of the four child welfare agencies. Significant effort was put into building a network of learning in which implementation and evaluation challenges could be solved.

The SR QIC staff, included project mentors identified within the Advisory Board, engaged in an array of technical assistance and monitoring activities. Project staff and partners participated in a monthly conference call, which alternated between project sharing of successes and challenges, and brainstorming strategies to address common issues. Over time, the group decided to focus more on the latter. In general, these calls were very well attended, and participation vigorous. Two projects meetings were held in Project Year One, and again the final year, and one in Year Two. These meetings were often held in conjunction with other national meetings, such as OCAN conferences, to minimize cost and maximize participation. In addition, a joint Project/Advisory Board meeting was held annually. Representatives of the implementation and research teams of each project attended these meetings.

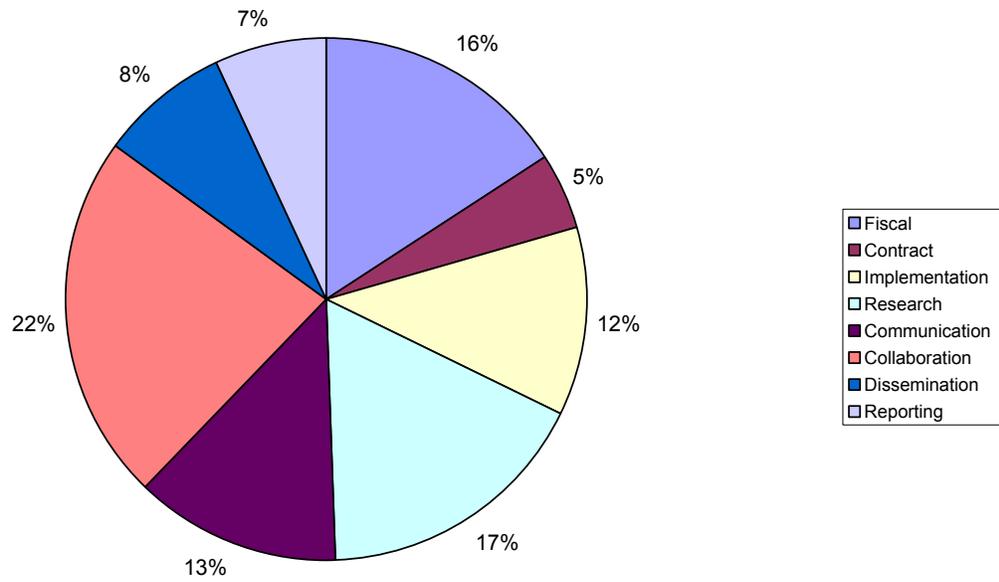
In addition, SR QIC staff provided a significant amount of one-on-one technical assistance to projects via email and telephone. Much of the contact with states occurs via email, although 306 direct contacts occurred. The amount of technical assistance required has been significantly more than had been anticipated throughout most of the process, until the final months of implementation. Over the course of the project intervention period 2737 contacts occurred. Project years one and two required approximately the same amount of technical assistance, with a slight reduction in year 3, and a steep reduction in the final year once the intervention was complete.

Proportion of Contacts By Year SR-QIC 2002-2006



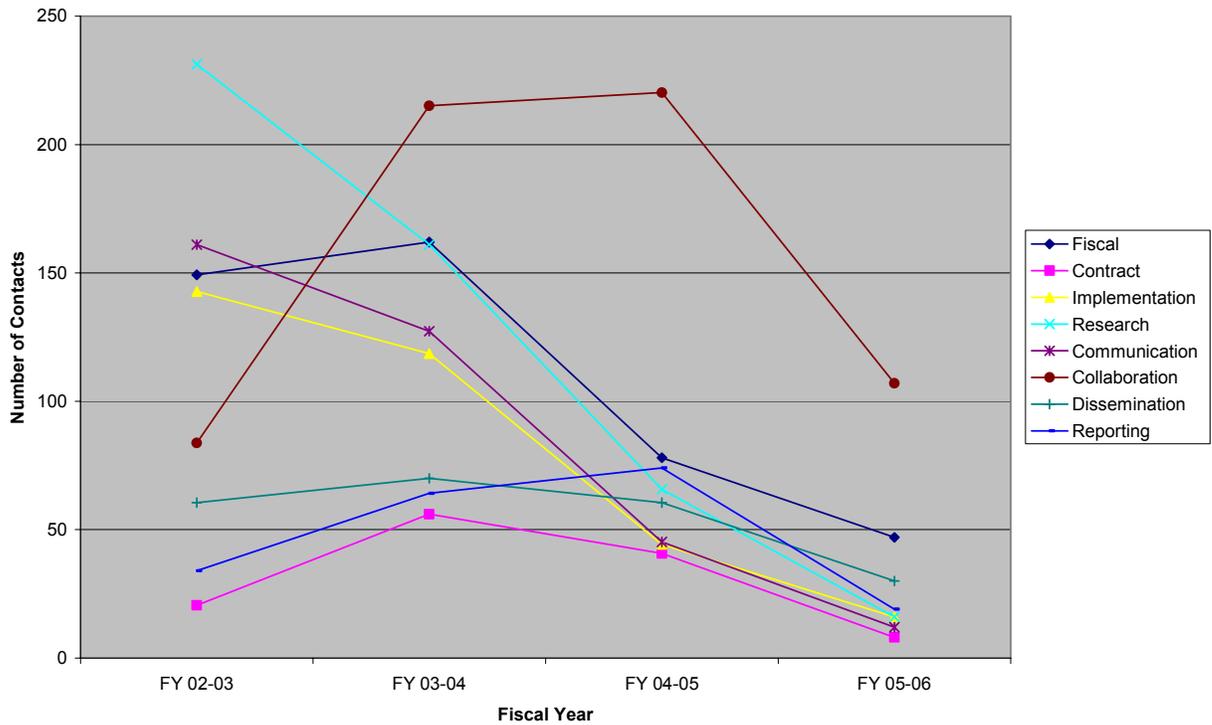
Analysis of this data reveals the topical focus of technical assistance provided, using the eight categories developed: fiscal, contract, implementation, research and collaboration issues, communication strategies, dissemination and public awareness, and reporting. Over the course of time collaboration remained the top proportion of emphasis (22%), with research being next in frequency (17%).

Proportion of Contacts by Subject SR-QIC 2002-2006



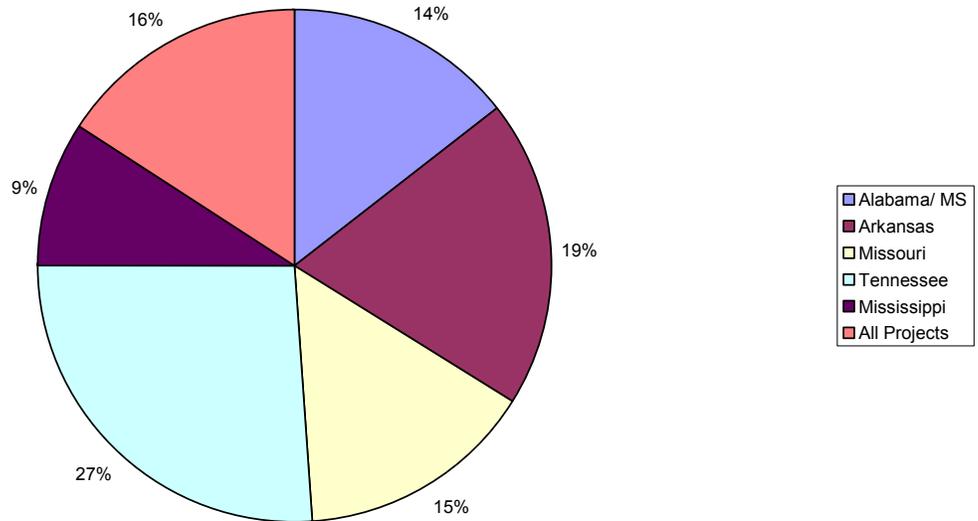
The figure below demonstrates the shift in emphasis of technical assistance over time.

Type of Technical Assistance Over Time



The next chart illustrates the proportion of technical assistance and monitoring contacts for each state. Tennessee remained the recipient of the largest proportion of contact (27%), which is not surprising as this project continued to struggle with fiscal issues, its intervention and evaluation, and the collaboration between the agency and university. The other projects became more even in their contact, and “All Project” contacts increased over time to 16% as they worked collaboratively and it was important to communicate consistently with all four projects.

Proportion of Contacts by State SR-QIC 2002-2006



It should be noted that not all projects required the same type of technical assistance. Review of a series of charts detailing the contacts for each state by topical focus demonstrated that the type of technical assistance certainly varied by state. The Appendix includes charts for each state. Notable differences include the fact that Tennessee required a significantly greater amount of TA regarding fiscal issues (27% of their total) than other projects, while they requested significantly less regarding research than the others (9%). This is particularly interesting given that the Tennessee project had the least favorable research findings. The Mississippi project required a significantly greater amount of TA on collaboration (28% of their total) which was largely related to changes in administrative staff in the child welfare agency and corresponding difficulties in project buy-in.

SR QIC staff/mentor teams have made site visits to each project, as planned during the three project years. Site visits included attending learning lab meetings with the intervention groups to observe process. During each visit during the summers of 2004 and 2005, focus groups were conducted with intervention group supervisors, which are discussed later. Final focus groups were conducted in November 2005 with the rural intervention group in Missouri. During this project period, final site visits were conducted with both the Tennessee and Missouri projects, and similar visits will take place during the final six months of the program.

Projects anecdotally reported receiving technical assistance from each other, and seem to have developed a real team approach based on the on-going contact they experience with each other. There was a noted increase in this inter-project collaboration over time. They shared tools, training materials and problem resolution strategies. For example, the Arkansas project shared their electronic autotutorials with all projects, and the Tennessee project adapted them for use in their own project. Because of the success of the use of the 360° Assessment in Missouri, the process was adopted in Mississippi and Tennessee. Three special editions of professional journals were published collaboratively.

In addition, our project mentors, Ken Millar and Randy Jenkins (who were also originally Advisory Board members), made independent site visits during project year 2, and Randy Jenkins made one in year 3 in response to project requests to provide specialized technical assistance. Dr. Millar also worked very closely with the research team in Arkansas to resolve issues they are having in fulfilling the research design as planned. Each has been a helpful resource both to projects as well as SR QIC staff, based on their expertise, their understanding of the big picture due to their participation on the advisory board since the beginning, and their unique role in being both internal and external to the day-to-day workings of the SR QIC. Both were also used in our attempt to resolve issues plaguing the Alabama project, and this contributed to the amiable mutual agreement to terminate that aspect of the project. Typical project site visits have been completed by a team of the SR QIC Director and a mentor.

The original technical assistance and communication plan had included the use of a discussion board to act as an on-going monitoring tool, and to promote free sharing of ideas and solutions among projects. Each project was to make a monthly entry regarding their progress and challenges and use this to request assistance with problems. This discussion board was significantly under-utilized by projects, despite repeated attempts by SR QIC staff to encourage its use. Project staff indicated interest in using it and an understanding of its potential. However, they did not follow through on a regular basis in using this medium. Overall, our plans for the use of technology to promote inter-project communication and consultation were overly optimistic. Rather than using electronic discussion boards, interactive television, satellite, or web-cams for the provision of technical assistance and inter-project communication, we relied primarily on telephone/conference call, and email/listserv.

Cross-Site Process Evaluation

Synthesis of Intervention Activities Conducted Across the Grantees

Implementation Activities

In general, the similarities and differences between and among projects have been discussed above, as have the outputs being tracked in these areas. All projects conducted an intervention that taught, reinforced and implemented a “model” of structured, clinical casework supervision on the front line in the public child welfare agency. The key components or techniques of clinical supervision that all projects are using have been listed previously. All four projects had some degree of congregate “training” of supervisors, but the projects differed in the proportion of classroom training in their model. In addition, each project intervention took a different approach to learning reinforcement of the “model”. Tennessee and Arkansas used formalized mentoring approaches, albeit differing ones. Missouri’s reinforcement was focused on interaction between the project staff and the supervisors one-on-one. Mississippi developed a peer consultation model, supplemented later by informal mentoring. Each of the projects measured the occurrence of these reinforcement “events.” In summary, all projects included the following implementation components:

- **Operationalization of a university social work program/public child welfare agency/community partnership** in the planning, implementation, monitoring and evaluation

of projects. Projects did vary in terms of the level of true involvement and the extent to which this group was formalized. This was particularly notable in the extent to which representatives of the other partners than the primary subgrantee were actively engaged in decision-making. Two had a formalized planning or policy group that met with regularity, one from the beginning. One project included implementation supervisors during portions of these “all project meetings.”

- **Use of entire administrative units or regions** in selection of the participants. Rather than selecting individual supervisors, in all projects a district/regional approach was used, so that all supervisors under the supervision of particular middle managers were in the intervention group. This was done for very well thought out reasons. Projects varied in terms of how these regions or units were selected, from one project conducting a clustered, random sample to two project generally using middle manager volunteers as the criteria.
- **Articulation of a clinical supervision model** was conducted by each project, and there a number of themes and techniques that were common across all, including use of planned and structured supervisory sessions, team meetings, promotion of self-reflective practice, strength-based orientation, use of parallel process, supervisory focus on case intervention and learning, promotion of a learning organizational culture, and use of objective or evidence-based methods of assessing worker skill and progress.
- **Training** for supervisors on clinical supervision techniques, leadership, and promoting a learning organizational culture. The length and format of the group training experiences varied significantly across projects. Based on materials submitted, it appears that the curricula contained a significant amount of common topics across projects.
- **Learning reinforcement** activities conducted within the supervisors worksite, whether face-to-face or via technology. All of the projects involved some form of mentoring as a reinforcement method, two formalized, while two developed more informally over time.
- **Development of peer support and consultation amongst supervisors** who, while working in the same agency, did not have a sense of cohesion with each other.
- **Evidence based practice techniques** were a focus of all projects, with varying methods being used to teach it. Three projects had supervisors bring in actual case scenarios or real life supervisory situations to use as examples when skills and processes were being taught and practiced. Some projects used the empirical professional literature. Others shared the evolving research findings related to the project with participants to some degree.
- **Dissemination activities** conducted beginning early on in the process. A significant emphasis in all project as been dissemination of information on the models being tested, implementation lessons learned, and interim findings, including articles in professional journals and presentations at local, state, regional, national and international conferences.

Implementation Challenges

As a part of the SR QIC process evaluation, the University of Kentucky conducted a key informant interview process during fiscal year 2004 by staff otherwise unrelated to the SR QIC to gather data on such challenges and strategies for resolution being used by projects. It was determined that these interviews should be conducted by an impartial individual so that those interviewed would feel comfortable identifying aspects of the SR QIC process which may have contributed. Semi-structured telephone surveys were conducted with individuals purposively selected to include individuals involved in the implementation of each project from each of the partner organizations. So as not to interfere with other outcome-related research strategies, no project participants (supervisors or

middle managers) were interviewed. Informed consent was obtained from all subjects. A total of twenty-three interviews were conducted. The objectives for the QIC partner telephone survey included:

1. Identify internal barriers that negatively impacted project implementation during the first year.
2. Identify external barriers that negatively impacted project implementation during the first year.
3. Identify strategies that facilitated successful implementation during the first year for each of the participating key partners within each of the project states.
4. Identify issues to be tracked and considered in interpreting research findings.

In summary, the following findings seem important. Although a few of the bullets apply to specific projects, but are listed because of the number of interviewees mentioning them, the vast majority seem to apply to all or most of the projects. Subjects reported the following perceived implementation successes for Year One:

- Meeting grant expectations,
- Meeting training needs of supervisors,
- Mentoring being successfully implemented,
- Change in attitude toward learning had occurred, and,
- Impact of training on direct practice was being observed. Good communication,
- Supportive environment,
- Organizational support,
- Mentoring training, and,
- Mentors with social work backgrounds. Increased strength of relationship between partners,
- Benefit of different perspectives was enjoyed in project implementation,
- Breaking down misconceptions regarding agency/professional roles in CPS cases,
- Focus of efforts in each organization on supporting field supervisors, and,
- Promoting community awareness.
- Differing leadership styles impacted communication and project support,
- Increasing local partnerships in addition to state level partnerships is harder to do, and,
- Working with a new community agency that is still establishing its own purpose. Limited resources,
- Political and administrative changes,
- Crisis-driven nature of child protective services,
- Poor morale within the public child welfare system,
- Project design issues,
- Poor communication, and,
- Geographic distance in rural areas. Increased/improved communication,
- Increasing emphasis on the partnership concept,
- Restructuring mentoring time,
- Restructuring the project, and
- “Identifying areas we have control over” and focusing on them. Lack of resources; particularly field staff,
- Supervisor turn-over rates in the intervention group,
- On-going changes in CW administration and policies at state/local level,

- Personality differences, and,
- Continued resistance in cases where supervisors see project as “one more responsibility.”
- Supportive of QIC model as an approach to research and demonstration granting,
- Mentoring was seen as a valuable component of intervention model,
- On-going project support was being observed in states,
- Desire to continue and expand project and/or incorporate into state level trainings was expressed,
- Positive/supportive communication with SR QIC staff was important,
- Concerns regarding resources for continuation were expressed, and
- There is a need to continue to identify and address barriers throughout the next year.

During the project/advisory board meeting, UK program evaluation staff conducted a focus group with project staff while board members were interviewed by James Bell Assoc. staff. Similar questions were asked as were used in the prior year’s interviews.

Summary of Findings from SR QIC Process Evaluation Focus Groups – August 2005

A focus group discussion was held with the twelve of the Southern Region Quality Improvement Project’s partners from the four project sites on 8/8/05. Focus group members consented to participate in the discussion, and were asked to reflect upon the past year’s successes in project implementation, strategies that proved successful, barriers to implementation, and strategies that were and were not helpful in overcoming barriers. Focus group discussants were also asked if they had any other pertinent comments. The discussion lasted an hour. The following provides a summary of the results of this discussion:

Successes

Focus group members emphasized the success achieved by collaborating with each other. They acknowledged the importance of preparing and publishing the special edition of *Journal of Evidence-Based Social Work*. Member partners from all projects worked together to develop the conceptual and theoretical narratives, and preliminary findings needed for the articles. Generally, collaboration this year across teams was credited with generating new ideas; improved communication of analytic findings through the teamwork accomplished by project evaluators; improved implementation of clinical techniques in the field; and development of uniformity of agreed-upon research design methodology. Focus group members agreed that they had successfully transcended any “silo” mentality through their group efforts on the project.

Also noted as successful was the effective communication across all levels of the project, which has not only resulted in the productive project member collaborations described above, but was also reported to have improved relationships in the field. Better communication was believed to have fostered increased unity among management and staff, opening up discussion between management and front-line supervisors, and as one focus group participant noted, this improved communication was acknowledged by a judge in court.

One focus group participant described how he had observed important professional growth in supervisor self-confidence since the project was implemented. He had witnessed other professionals in the court system deferring to the expertise of supervisors in a way not previously seen. He described

judges as listening more to recommendations of caseworkers and supervisors. He also related that a judge had identified the project as successfully improving the preparation, expertise, and even professional appearance of workers appearing before his bench. The perceived result is that the courts now have higher expectations of child welfare workers.

Tangible improvements in the field were also observed in the preparation of treatment plans. One focus group participant described these as “much more sophisticated than before the QIC project; not just cookie cutter plans, but including a better analysis of strengths which has actually caused the first reports to come late, because they are so well done.” Focus group members commented on a new emphasis being placed upon solution-focused practice, and improved consistency with how cases are evaluated.

Other comments regarding project successes were related to the larger aims of the project toward instituting systemic changes, while at the same time unifying the project’s goals with the needs of existing organizations and agencies. Participants observed that their work and desired outcomes were “tied into issues that cross boundaries,” affecting different stakeholder groups and agencies. It was noted that the aims of QIC overlap with the requirements of PIP, and therefore the project not only helps to facilitate accountability, but also extends beyond these concerns to improve what is delivered in front line practice. Participants credited the wealth of experience to draw from among the members across the project sites for planting seeds of change, indicating that the dissemination of knowledge from QIC project members has encouraged a defined focus upon empirically-based practice. A focus group participant stated, “By learning from each other, project members are drawing from each others’ experiences and developing ideas for their own regions.”

Strategies that Promoted Success

Focus group participants were asked what they believed helped them to achieve these outcomes. Regarding the improved reception in court, one focus group participant noted that this resulted from the development of more sophisticated treatment plans and better preparation of workers before court. Additionally, it was believed that supervisors’ self-recognition of expertise has encouraged this positive shift in perception, and that validation of the project’s worth by the court system was an important factor.

Another focus group member commented on the value of the university and social services partnership, which was believed to improve the overall credibility and legitimacy of the project’s aims. This has proven to be, as one focus group participant noted, a “catalyst for quality supervision.” Supervisors now play much larger role in training workers, and they are being recognized for their critical contribution. The alliance between research and practice has helped to communicate the message to stakeholders that this is “not a quick fix or a Band-aid, but a sophisticated model of social service supervision,” and that this is the change needed to improve the field of child welfare.

Others commented upon what factors contributed to the success of their collaborative efforts. “Flexibility,” “clear direction of purpose,” and “Sharing data-getting someone else to take a fresh look” were all mentioned as critical components of effective collaboration.

Barriers

Focus group participants were then asked what barriers they had encountered which impeded the implementation of their projects and the pursuit of project objectives. Participants first identified policy-related obstacles. One commented, “Competing priorities: Title IV-E, PIP, COA all demand different things.” Though it was noted that these regulations share some commonalities, they serve different purposes, which causes difficulty in meeting all requirements while tending to the aims of the project. This was described as a conflict between administrative compliance versus best practice.

Administrative changes, politics and policy shifts as administrations change were perceived as difficult to navigate. Another participant noted, “It’s hard to encourage people to focus on training and changes in supervisory practice when they’re worried about losing their job.”

Both general and specific concerns about time were also discussed. Time was identified as both a barrier for advisory board meetings and collaboration and also for casework supervisors. One participant described supervisors’ time as split between the competing demands of administrative control and teaching field workers. Judicial demands on supervisor time were also perceived as a barrier to project implementation; in one jurisdiction, a focus group participant reported that judges require supervisors to remain in court for every worker’s testimony, resulting in entire days lost to court work.

One focus group participant viewed some protestations from supervisors about a lack of time as an excuse. He stated, “Though supervisors say ‘If I only had the time to participate,’ it is really fear.” It was believed by participants that this is a fear of growing expectations, of change in practice, and a general fear that they *can’t* do better than what they already are doing in their work.

Another barrier that many believed had been overcome, but required much work, was issues related to trust. Supervisors in some cases were mistrustful of the project because “it was just another way to criticize their work- they want to know, ‘why me?’” Researchers affiliated with the project had to develop trust in order to work together and to begin to share needed resources, data, and information. Finally, stakeholders and policy administrators in these regions had to be convinced of the project’s worth. One participant commented, “In the past, we were throwing good money after bad. They needed to be convinced that the project was going to do something useful.”

Strategies to Overcome Barriers

Focus group participants then reflected on what strategies they employed to overcome barriers to project implementation. It was observed that project members provided “a neutral, trustworthy party who gives social workers a voice.” One commented, “We had to create a safe environment, no repercussions or consequences- where supervisors feel they have room to stumble and develop,” referring to the need for open communication and trust between mentors/trainers and supervisors. Another participant suggested that a strengths-based, resiliency model as opposed to the more typical deficits-based model needed to be used in the training approach with supervisors.

Other comments pertained to barriers that impacted the process of inter-project collaboration and group work. A participant noted that “resiliency and staying power of project members” was an essential factor in overcoming implementation problems across sites. Another noted that an “honest assessment of situation and willingness to compromise when necessary” promoted effective teamwork.

As the projects took hold in their regions, one participant noted that supervisors' advocacy efforts grew and developed as a force in overcoming barriers also. Supervisors began building coalitions to advocate for changes in policy and practice as their self-confidence grew.

A couple of participants offered as lessons learned what strategies they had attempted to use to overcome obstacles which did not work. One commented that their initial intent to utilize "inside" people, state employees, to fill the mentor role was unsuccessful due to a lack of trust. Another project site planned to implement tracking of case load planning and technology, but learned that "the state was just not ready for this," which again related to the need for honest appraisal of the environment and circumstances in which the projects operate.

Other Comments

Finally, focus group participants were asked for any other comments they would offer on this past year's experience. One mentioned in relation to the discussion about workers for the state and their appropriateness for mentoring work that she believed some supervisors would make good mentors, particularly those who were former state employees. Many agreed that former state workers should definitely be considered for mentoring positions. In further discussing the importance of this role, a couple of participants identified the need to institutionalize the role of mentor, by possibly creating separate, formal positions to fulfill this critical responsibility. One noted that having a "lead worker/mentor identified in every region who can share teaching responsibilities would help."

Another focus group participant commented on how the existence of the project has fostered a deeper awareness of the needs of child welfare frontline staff and supervisors. In his region, as project participants became familiarized with the QIC project and its aims, supervisors recommended the development of the Critical Incident Stress Management (CISM) program. Yet another commented that Quality Assurance staff are now directly collaborating with front line supervisors as a result of the project.

Others mentioned how the project's influence had affected other community efforts. In one region, supervisors were inspired to initiate other community interventions. Elsewhere, the group supervision model was transferred to other social work areas.

Lastly, others' thoughts turned to what would occur when the project period ended. One stated, "Sustainability planning is key," and described how a scaled-back version of the training project was being planned using existing resources and roles.

Another hoped for future opportunities for supervisors to move into institutionalized mentor positions and for the development of formal mentoring units to continue support of supervisors that was initiated through the QIC project.

Intervention Facilitators

See above description of the findings of the key informant interview process regarding facilitators of successful implementation. In addition to this data collection process, the following overall facilitators have been noted by SR QIC and project staff.

1. **Belief in the Intervention Being Implemented:** Without question and nearly without exception, everyone who has been involved in this program agreed that front line supervision is an aspect of practice greatly in need of intervention and enhancement, and worthy of research. People quickly relate to the need to re-focus on the clinical aspect of supervision in child welfare. Because of this, the willingness to address challenges was tremendous. In at least two of the projects unwavering support of the project by upper administration in the child welfare agency has been enjoyed, which has greatly facilitated project progress.
2. **Child and Family Services Reviews (CFSRs) and Program Improvement Plans (PIPs):** In a related area, child welfare agencies are under tremendous pressure to address the shortcomings identified in the federal CFSR's and implement comprehensive PIPs. All of our states used these projects as a strategy in process. Clearly, front line supervision is easily seen as an important issue for states as enhancement of supervision was very prominently noted in the cross-state PIP analysis conducted by the Children's Bureau. The ability of supervisors to act as instruments of practice change on the front line is obvious. Unfortunately, though, this is a double-edged sword, as other aspects of the PIPs are often driving agencies and supervisory practice in the opposite direction of our intervention—away from clinical and educational supervision and toward administrative supervision and a focus on oversight.
3. **Inter-project Collaboration:** We attempted to build an open, problem-solving and information-sharing network among projects. The focus was on what we can learn together, rather than on competition among projects. By all indications, this has proven successful. Projects shared openly with each other during monthly conference calls and project meetings, which are very well attended. They communicated with each other via our list serve. They agreed to collaborate on conducting professional presentations and writing articles. They easily identified challenges and strategized together, with SR QIC staff facilitating opportunities for this. Advisory board members remained an important part of this process, and a sharing network was built. Because of the relationships built, individuals were willing to work and make concessions to solve problems and hold each other accountable.
4. **Quality of Project Partners:** We were fortunate in the quality of individuals who have come to the table by and large. From both the university and agency sides, we had excellent individuals involved in most cases. In general, turnover in individuals has been to the benefit of the projects. We have experienced, enthusiastic researchers and experienced, enthusiastic agency administrators. The expertise and high level of respect enjoyed by project staff was noted by the supervisors in at least three of the projects to be a significant facilitator of progress. Together, a synergy was harnessed that is invigorating, and productive in promoting problem-solving. In addition, use of regular meetings and communication strategies to promote project planning and problem-solving have truly benefited the projects that have used this strategy well.

5. **Practical Decision-Making:** All of the projects worked hard to set their implementation up in a manageable way. For example, to address geographic factors as well as promote a meaningful peer network, each of the projects divided their intervention group into two sections and much of the congregate interaction occurred on this level. In some cases, this was done through their group selection, to minimize the threat of contamination beyond the intervention group. The projects did a good job in responding to the challenges they have faced with flexibility and thoughtful creativity.

Coordination/Collaboration

From the beginning, the SR QIC maintained an advisory board with representatives of each of the ten states in the region. These board members also mirror the triad of partners being asked to collaborate in projects: 5 university members, 4 public child welfare agency members, and 3 community/consumer members. During the first year of the SR QIC, these advisory board members were very involved in the development of needs assessment methodology, data collection, analysis of information gained, development of the Phase II plan, development of the RFP process, and identification of factors to consider in project selection.

Since projects began implementation, three board members assumed a project-mentoring role, two of which moved out of the region and became ex-officio members of the advisory board. During the second project year, this decreased to two, as the third individual retired. These mentors provided consultation and technical assistance in project conference calls and meetings, conducted project site visits and focus groups teamed with the SR QIC director, and provided individual technical assistance as needed, based on their expertise. In general this proved to be an excellent strategy for providing technical assistance and monitoring of projects, both in terms of the quality of the expertise accessible by projects and to maintain continued advisory board involvement and buy-in.

QIC staff provided informational updates to our advisory board on approximately on a quarterly basis. In addition, we held joint advisory board-project meetings in August of 2003, 2004 and 2005. We made a concerted effort to keep the entire network of ten states engaged, as we saw it as a vehicle for continued collaboration beyond the currently funded projects. Our process evaluation revealed that members consider the relationships they have built to be very useful as they work to solve other child welfare-related issues. States shared other strategies and materials with each other, and have discussed other joint grant-writing opportunities. It was largely in serving to keep non-funded states engaged that we attempted to provide small funding to two additional states to participate in our data collection regarding the middle manager project. Although Georgia, West Virginia, South Carolina and Louisiana each engaged in exploration of this—and the latter two entered into a subcontract with the SR QIC to do so, in the end it was determined that they were over-burdened with other priorities, and none could participate. However, representatives from these states remain active on the advisory board to varying degrees. In addition, some representatives from currently unfunded states were invited to participate in mid year project meetings.

As has been previously mentioned, projects were required to establish or enhance a three-legged collaboration to include the public child welfare agency, university social work program, and a community partner. It was up to the project what agency they would engage from the community, and they went in different directions:

- Arkansas: Commission Child Abuse, Neglect, Rape and Domestic Violence (who administers their multidisciplinary teams and citizen review panels)
- Mississippi: Family Crisis Services Agency and Project Homestead (two organizations that serve a significant portion of the state by providing ancillary services to families, and facilitate inter-agency communication)
- Missouri: Prevent Child Abuse Missouri (statewide prevention agency which is very involved in child welfare-related advocacy)
- Tennessee: Citizen Review Panels

The reason we required this collaboration is simple: in our view the only way to effectively tackle the challenges of public child welfare is to involve the community and higher education. The chasm between researchers/university faculty and practitioners is well documented. Researchers feel child welfare data is poor and that practitioners are not concerned with incorporating research findings into their practice, and practitioners believe researchers do not research practical questions that have the potential to impact their practice. Faculty criticize practice in child welfare, and practitioners say that universities do not adequately prepare social workers to practice. A similar phenomenon occurs with community organizations that criticize but often do not understand the challenges faced by public child welfare, while agency staff feel community agencies do not consider themselves as having a legitimate role in public child welfare. The only way we can realize evidence-based practice is to bring all to the table on an equal playing field as colleagues. To varying degrees our projects made progress in building the relationships necessary for authentic partnership, although the challenges associated with this have been noted.

Although previously mentioned, it should be reiterated that in the work of the SR QIC we emphasized inter-project communication and consultation. As we had to work around significant geographic barriers and limitations on funding available for face-to-face meetings, we used conference calls and a list serve to keep information flowing. The JBA process evaluation will reveal a significant amount of this occurred and it was seen as a benefit by subgrantees.

Service Outputs

The unique features of the four projects make it a bit difficult to compute aggregate service outputs. Each project collected such data appropriate to their own model. However, there are some categories, directly related to some of our implementation activities that are reported program-wide. The information below should be considered cumulative for the final year of implementation.

Data Element	Arkansas	Mississippi¹	Missouri	Tennessee
Number of supervisors receiving intervention	21 originally 10 at end	20 supervisors, 2 middle managers and 1 trainer, 1 special program sup. (originally 21 superv, 2 middle managers and 2 trainers)	35 originally 29 at the end	33 originally 17 at the end
Number of workers on units receiving intervention	92	75	248	167?

Number of supervisors in the comparison group	30	20 originally 18 currently	35 originally 30 currently	40?
Number of congregate training sessions/group meetings conducted	28 group sessions	17 days	149 contact days to date (cumulative)	4
Number of learning reinforcement activities	408.75 individual, mentoring hours	10/16 hours per week	52 contacts (approx. 3/supervisor)	? 10 logins to online tutorials
Number of middle managers receiving intervention	0	17	0	0
Number of congregate group meetings for middle manager project	0 (however they are continuing to use materials from last year's middle manager project in Area meetings and activities)	9 (plus 9 individual meetings to conduct 360 evaluations)	0	0
Number/type of intervention products developed*	-3 new on-line tutorials: understanding the Components of Job Satis. And Burnout; Strategies to Prevent Burnout; Promoting Self-Actualiz.	20 days total (12 modules) developed for project	-curriculum, including case studies and practice guides, Critical Incident Stress Management statewide policy and protocols; Individual development plans	- curriculum - on-line modules

* It should be noted that purpose of our projects was not to develop intervention “products,” however in order to facilitate the work of the learning laboratories, some tools and materials have been developed that could fall in this category.

**As anticipated, we have experienced attrition from our intervention group. We have lost participants from projects due to leaving the agency, promotion, extended sickness and retirement.

¹This does not include participants or activities conducted in Alabama prior to their terminating their portion of the project, but do include those done jointly between Alabama and Mississippi.

Lessons Learned from Implementation

The following “lessons” have been identified through the collaborative work of our projects. Projects have openly shared and learned from each other’s successes and challenges.

- **Sustainability:** This is a topic that must be addressed from the beginning of implementation. It is intimately tied, however, to the purpose of research and demonstration granting, in that programs should only be sustained if the evidence points to their value. This is a bit of a paradigm shift for child welfare. Sustainability is also important in terms of how it is impacted by limited funding. Public child welfare agencies are struggling with pressure toward greater accountability with decreased resources. Even very promising programs are at tremendous risk if they do not involve the direct provision of core services in a way that is impacting the outcomes on which the agency is directly being measured.

Even though the argument for supervision-related efforts in order to promote the level of practice change being required through the CFSR process seems an obvious ones, programs such as this is at serious competition with others, given that there is no mandate for supervisory enhancement.

- **Flexibility:** In all intervention models, a great deal of flexibility is required. In all cases, learning content and process must be driven by what the supervisors believe they need. Projects that started with a different approach had to back up and re-think how to better engage the supervisors in the development of the project they were participating in. Flexibility is also of paramount importance in the cross-site evaluation, as well as applied research in child welfare in general. This setting presents numerous challenges which must be solved along the way. Even a relatively tight research design needs to have flexibility built in. It was very helpful to allow room for building consensus amongst project researchers on use of instruments, indicators to be measured, etc. Even though all of this did not happen as planned, the process of building consensus and group problem-solving also builds buy in, and peer-to-peer accountability.
- **Integration with Agency Priorities:** Other priorities, such as accreditation initiatives and Program Improvement Plans, compete for time and effort. The only way such projects will be successful is for them to be closely connected to the goals and objectives of these other initiatives.
- **Importance of Team-building:** It is probably not possible to spend too much time on nurturing the relationship between individuals and agencies. This has been demonstrated both within the intervention groups, as well as in the project partnership teams and cross-project. True collaboration requires tremendous effort, and the power of it should not be underestimated. The ability to create these powerful relationships is a strength of the QIC model.
- **Marketing and Dissemination:** Given the political landscape in which public child welfare operates, it is necessary to have a coordinated strategy for marketing the project, the philosophy behind it and the importance of the research being conducted. This is a process that is on-going, due to both the change in agency leadership which is inherent in child welfare, and the evolving phases of implementation. The message changes as implementation moves forward into final analysis and roll out.
- **Supervisory Practice and Organizational Change:** It was critical to couch the work projects do in their intervention as supervisory practice change—not training. The group termed what they were doing as “management of learning experiences for improving outcomes in child welfare.” This is not a training program, and it requires on-going attention both from the projects and from the SR QIC to counter the categorization as such. Training is one of the first programs cut in times of budget reduction, and is often seen as a luxury. We must openly recognize we are attempting to alter organizational culture, which requires a very comprehensive approach agency-wide. Organizational change is very complex, and requires sustained administrative support on both the upper and middle management levels, and that the change is viewed as desirable and valued by the participants.

- **The Authenticity of the Partnership:** The process evaluation of our work at the SR QIC and in each of the projects continually reinforced one tenet on which our learning laboratory model was based: the partnership between the university, the public agency and the community is the key to successful research and demonstration projects. The impact of the community aspect has been lesser, but the nature of the relationship between the two primary organizations had tremendous impact on the quality of the research and the success of the implementation. Those projects with troublesome interagency relationships, continually required high levels of technical assistance, and faced implementation and research barriers.

SECTION 3

Cross-Site Outcome Evaluation

The conceptual model of for the research design can be found in Appendix 1. The research design may be described as quasi-experimental non-equivalent constructed comparison group design with pre-, intermediate and post-intervention measurement. Agencies administered instruments prior to initiation of intervention and at least annually to allow for identification of trends over the three-year implementation phase. The hypotheses being tested are as follows:

Research Hypotheses

1. Structured casework supervision approaches will positively affect *supervisor effectiveness and organizational culture*.
2. Structured casework supervision approaches will positively affect *child protection worker practice in assessment and intervention with families*.
3. Structured casework supervision approaches will positively affect *preventable worker turnover*.
4. Structured casework supervision approaches will positively affect *client outcomes*.

Research Questions for Comparative Analysis in the Cross-Site Evaluation

1. What models of structured casework supervision in child protection have the greatest impact on *supervisor effectiveness and organizational culture*?
2. What models of structured casework supervision in child protection have the greatest impact on *worker practice*?
3. What models of structured casework supervision in child protection have the greatest impact on *preventable worker turnover*?
4. What models of structured casework supervision in child protection have the greatest impact on *client outcomes*?

As a part of the overall cross-site evaluation, projects were required to have an intervention group of a minimum of twenty supervisors and a comparison group of twenty supervisors, as attrition over the three-year intervention period was expected and did in fact occur. Neither random selection nor assignment was required, although the Tennessee project chose to employ the former on a clustered basis. Projects were asked to match their groups on key variables in order to attempt to control for selection bias. In addition, a number of common elements were built into the research design that all projects were required to use.

The Appendix includes Executive Summaries for the three reports that have been completed, each of which provides an overview of project outcomes and impacts from project-specific evaluation activities. These Executive Summaries do not include findings from activities conducted by the SR QIC including focus groups with intervention supervisors on project outcomes which were very positive for AR, MS and MO.

The project-specific summaries are segmented directly from their final reports so as to accurately represent their methodology and findings. In some cases the text has been shortened or edited to condense the material for this purpose. Given that most graphs were created by the individual researcher and imported into MS Word, the labeling of graphs is not always consistent.

Outcome 1. Increased supervisor competency in providing clinical casework supervision

Although originally discussed amongst all projects not all collected data specific to this outcome. The outcome was measured in the focus groups conducted by SR QIC staff and will be reported in a later section. Data for Arkansas and Missouri specifically addressing this item follows.

Arkansas

One of the major data sources for this evaluation was a series of longitudinal surveys administered at three points during the intervention. The first administration was in August 2003, when the mentors were in place and mentoring had just begun. This initial survey constituted a “baseline” against which later surveys, conducted in March 2004 and again in March 2005, would be compared. The Arkansas survey included two sets of measures related to the effectiveness of supervision.

- 1) *Supervisory Practice (SP)*, a set of items that asked both supervisors and caseworkers to report on various aspects of current supervisory practice. These items can be used to assess the extent to which structured casework supervision is being practiced (e.g., “My case supervision meetings are held when originally scheduled,” “My supervisor follows a set structure for case supervision”).
- 2) *Supervisory Time Use (STU)*, a single item that asked supervisors to estimate the percentages of their work time that they spend on various supervisory activities, including:
 - a) Planning on individual cases,
 - b) Practicing skills,
 - c) Discussion of information from research that may be helpful to (caseworkers) on the job,
 - d) Their job performance,
 - e) How to meet administrative requirements of their job and
 - f) Other (phone calls, disruptions, personal issues, etc.).

The data on supervisory practice (SP) showed that the reported quality of supervisory practice varied significantly by treatment group. Participants in the intervention group gave higher assessments of the quality of their supervision than did their counterparts in the comparison group. However, this difference between the interventions existed at the beginning of the project, so it cannot be viewed as a consequence of the mentoring intervention. Indeed, there was no significant change in SP scores over the 19-month interval between the first and third waves. Nor did SP scores differ significantly between supervisors and caseworkers.

With respect to the question about supervisory time use (STU), the questions of interest here were, first, “Were there changes in the time-use patterns between the first and third waves of the survey?” and second, “Did these patterns of change differ between the treatment and comparison groups?” The changes that were observed here were observed only among supervisors in the intervention group, but even here, the changes were small and not statistically significant.

Among supervisors in the intervention group, there was an increase in the percentage of time spent “planning on individual cases” and corresponding decreases in the amount of time spent talking about supervisees’ “job performance” and “how to meet the administrative requirements of their job.” Although these changes did not appear to be statistically significant, they were consistent with the goals of the intervention to make supervision more “case-oriented” and less concerned with matters of job performance and administrative requirements.

To summarize, **supervisory practice** scores showed no significant change over the 19-month interval. Members of the treatment group gave higher ratings of supervisory practices than did members of the intervention group, but this difference also existed at the beginning of the intervention. The **supervisory time use** question showed slight but non-significant change among supervisors in the treatment group and no change at all among supervisors in the comparison group. Among intervention supervisors there appeared to be an increased emphasis on “planning on individual cases” and corresponding decreases in the amount of supervisory time spent talking to their supervisees about “their job performance” or “how to meet the administrative requirements of their job.” This particular pattern of change is consistent with the project goal of making supervision more case-oriented and clinical.

As the project proceeded and preliminary data analyses were conducted, it became increasingly apparent that the various data sources that had been specified for the evaluation still left some gaps in the understanding of the impacts of the mentoring intervention. The most important of these were some measures of the specific behaviors that were being targeted in the intervention. To fill these gaps, it was decided to conduct one last survey of project participants with a new instrument that would address these concerns directly. Conceptually, the survey instrument was built around three important forms of interaction between supervisors and caseworkers: formal case review sessions, direct observation of caseworkers in interaction with their clients, and informal, impromptu meetings. Within each of these domains, questions were asked about the frequency, regularity, and content of these various encounters, as well as respondents’ own assessments of the helpfulness of such interaction.

Perhaps the most significant finding to emerge from the analysis was a lack of significant differences between treatment groups in the various indicators of supervisory practice. Whether it be in case review sessions, direct observational sessions, or informal interaction between supervisors and supervisees, members of the control group were just as likely as members of the intervention group to give responses that were consistent with project goals.

At first glance, this observation was somewhat disconcerting. One might have thought that after two full years of the mentoring intervention, members of the intervention group would have been more likely to express compliance with the various goals of the intervention.

However, further consideration of the data led to a somewhat different conclusion. In general, the average response levels to the various items were relatively high, indicating a relatively high degree of conformity with the goals of the project. From this point of view, the question becomes,

“What was it that accounts for the relatively high degree of conformity with project goals in the control group?” rather than “Why is there not a higher degree of conformity with project goals in the intervention group?”

In point of fact, there were any number of processes going on in the Division at or around the same time as the mentoring intervention whereby messages about structured casework supervision could be filtering into the agency’s culture. In the first place, as the mentoring project began, the Division had just gone through its federal Child and Family Service Review and was involved in implementing its Program Improvement Plan. One outgrowth of the CFSR/PIP process was the development of an automated process to assist supervisors in the conduct of structured case reviews with caseworkers. Use of the structured supervisory case tool was promoted and advocated to all supervisors in the Division, regardless of their status in the mentoring project. These other initiatives could have served as a “contaminating factor” from the point of view of the mentoring project, but also as educational experiences from the point of view of the Division as a whole. The findings from this survey suggest that messages about good supervisory practice are getting through to DCFS staff and seem to have become an integral part of the agency’s culture. Supervisors seem to know what they should be doing and caseworkers seem to agree that these things are being done.

Missouri

Worker Satisfaction with Supervision

The SOE construct “supervisory effectiveness” is used to measure how workers judge the changes in supervision. Tables SE1 and SE2 compare supervision in the intervention and contrast areas. The titles ‘experiment’ and ‘control’ are used to simplify reading. In table SE1, the Rural circuits data shows that the intervention circuits started the baseline year (FY03) with a lower score than the control circuits but by the first intervention year (FY04) had significantly improved on this measure among themselves (their change within the rural circuits is significant at 5% level). The control circuits had also improved by FY04 (but not significantly within the circuits at the 5% level). While the intervention circuits did not score significantly higher statistically when compared to the control circuits, the improvement is clear.

Table SE1
Supervisory Effectiveness Reported by Workers in Rural Circuits

	Baseline 2003	After Year 1 (04)	After Year 2 (2005)
Rural Experimental	258	310	327
Rural Control	275	300	318
Difference (Exp- Cnt)	-17	10	9

Table SE2 shows the data for the Urban circuits. In these tables, a similar situation is seen. The urban intervention circuits scored lower than the control at the baseline but had improved dramatically by FY04 (the change within the urban circuits was significant at the 10% level). The control circuit changed far less between the baseline and FY04. However, the urban experimental circuits seem to have lost a good deal of their gain after the second intervention year. This could be due to the loss of supervisors some who remained in the project and some who departed. Reassignment of their workers to supervisors who had not been part of the intervention likely attenuated the effect seen in the first year.

Table SE2
Supervisory Effectiveness Reported by Workers in Urban Circuits

	Baseline 2003	After Year 1 (04)	After Year 2 (2005)
Urban Experimental	268	308	273
Urban Control	276	280	297
Difference (Exp- Cnt)	-8	28	-24

360 Degree Evaluation and Individual Development Plans

Each supervisor completed a “360” evaluation in which they were rated on five areas of supervision by their direct reports (Social Services Workers I and II), peers, and immediate supervisors. The instrument used contained thirty items keyed to five core supervisory functions (communicator, leader, manager, facilitator and professional) and also provided opportunity for open ended responses on strengths and areas for improvement. The completed individual reports were returned only to individual supervisors who then had an hour long debriefing session with the training team. The debriefing involved a focused discussion on the findings and a discussion of individual development plans (IDP) which each supervisor was to complete after thinking about the findings and the debriefing. The IDPs were then to be discussed with their immediate supervisors (rural circuit managers or metro unit managers) for “sign-off” on the proposed development activities which the supervisors were to pursue between formal training sessions.

This first application of the 360 constitutes the baseline information. In early PY3, the supervisors again did the “360” for comparison.

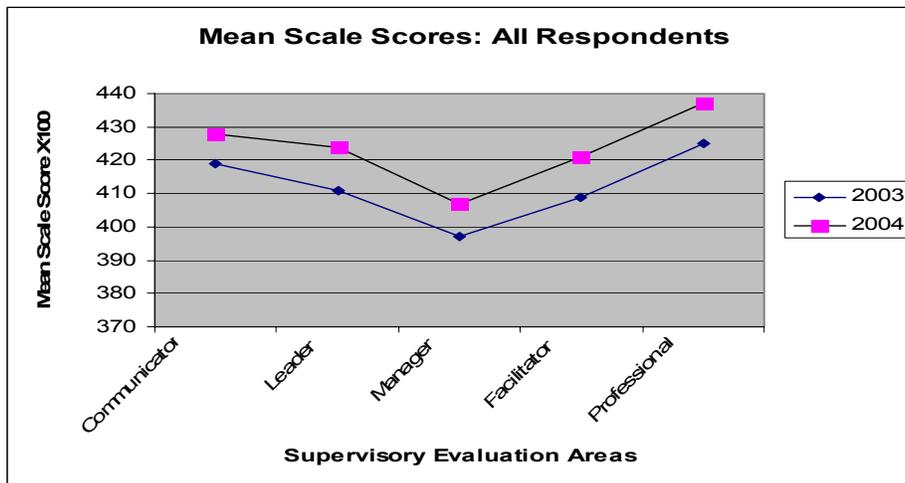
Synthesis of findings: The quantitative data was subjected to a comparison of means between the PY1 baseline and the PY2 one-year intervention data. The first analysis is of overall mean scores on all five scales for the entire group. By the second program year only 29 of the supervisors who started in the first year remained in the project due to advancements and retirements. Table 1 shows the comparisons of the PY1 and PY2 results.

Table 1
 Mean Scale Scores by Rating Category
 All Respondents PY1 VS PY2

	2003	2004	Difference
Communicator	419	428	9
Leader	411	424	13
Manager	397	407	10
Facilitator	409	421	12
Professional	425	437	12
Mean All Scales	412	423	11

Note: mean scores multiplied by 100 for clarity

Responses from all rating sources for all supervisors were subjected to a paired T-test analysis and differences were found to be statistically significant. The T-test value was 2.782 with 358 degrees of freedom, resulting in a significance of .006 (two tailed test with significance level of alpha =.05). Within the overall group, 19 supervisors' scores had improved while 10 had declined. This clearly show a mixed pattern of growth for some supervisors while others had declined in terms of the scores provided by all respondents – supervisors, peers and direct reports. The “Gap Analysis’ displays graphically (see figure 1) the pattern.



When overall scores are compared to the external baseline data, the profile is exactly the same with manager and facilitator functions rating the lowest and communicator and professional the highest. The Missouri supervisors' scores on all items are significantly higher than those reported for the national baseline of comparable positions in like agencies.

As noted in the opening, the intervention model being tested here is concerned with how first line supervisors pass clinical skill and knowledge along to their subordinates; therefore the data provided by ‘direct reports’ would be of particular interest. Table 2 provides the group means scores by direct reports.

Table 2 Mean Scale Scores by Rating Category

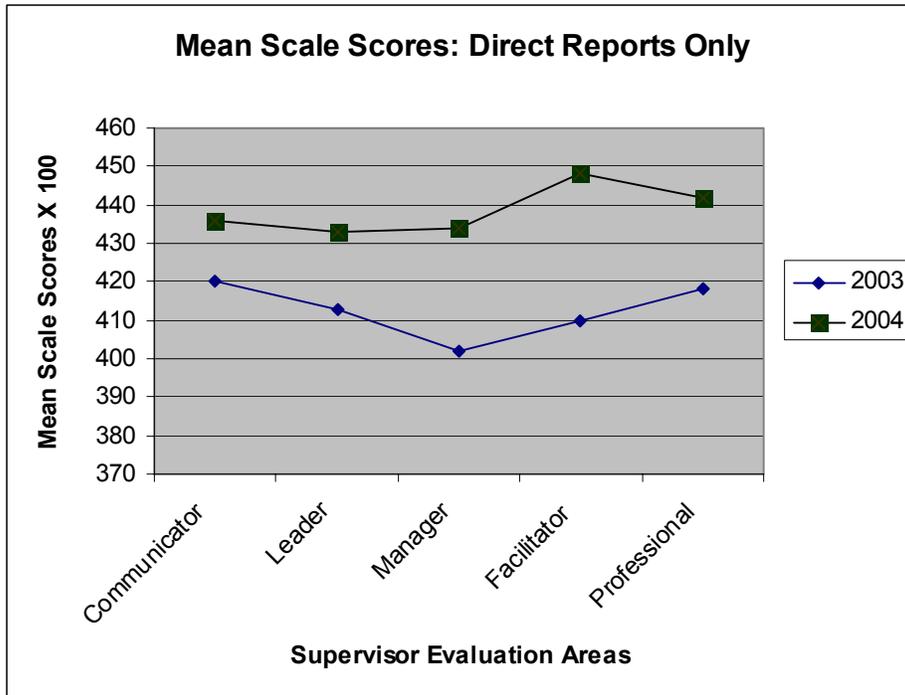
Direct Report Respondents Only: PY1 VS PY2

	2003	2004	Difference
Communicator	420	436	16
Leader	413	433	20
Manager	402	434	32
Facilitator	410	448	38
Professional	418	442	24

Note: Mean scale scores are multiplied by 100 for clarity

Again all the differences show improvement on each scale from PY1 to PY2. All direct report responses for all supervisors were subjected to a paired T-test analysis and differences were found to be statistically significant. (T-test values was 3.5666 with 138 degrees of freedom, significance >.000, two tailed test with alpha =.05). The gap analysis (see Figure 2) besides significant growth on all five measures shows a very different pattern for PY2 than for PY1.

Figure 2: Gap Analysis Direct Report Respondents



The PY1 line for direct reports is remarkably similar to the pattern shown for all respondents in PY1; however, PY2 scores show a different pattern with pronounced growth in the manager and facilitator roles and some growth in the professional roles. Clearly the direct reports are scoring their supervisors higher in these areas. The overall pattern shows 22 supervisors to have gained in the views of their workers. However, the overall improvement in scores from all respondents and the differing pattern from direct reports suggests that the supervisors had changed their supervisory practice and were showing different behavior patterns.

Individual Development Plan Results

The entire process of input, evaluation, feedback and interpretation of results that forms the core of the 360 process would be pointless unless it were coupled with an action phase building upon those data. As noted previously, the Individual Development Plan (IDP) is a critical aspect of employing this tool to produce behavioral and organizational change and the results further reinforce the comparative score data described above.

At the conclusion of the year 2003 feedback sessions, each supervisor developed an IDP that specified from one to four behavioral goals to be accomplished during the coming year along with action steps and resources required for achieving the objectives. The thirty-two participants and their managers together identified and agreed on 108 goals ($m = 3.38$) and the attendant steps, resources and timelines. A supervisor/manager countersigned copy of each IDP was filed with research team. The goals determined by the participants were closely geared to the content of the adopted instrument but latitude was also provided for them to specify arenas of professional concern not addressed by this 30 items SOE form.

By the time of the second administration of the instrument the number of participants had decreased to twenty-nine though promotions and resignation. During the 2004 debriefing sessions, the

IDP document was individually reviewed with each supervisor and their subjective assessment recorded. Subsequently an item comparison analysis linking the goals with instrument items was conducted. The mean score of the keyed items for the 2003 iteration of the 360 was 3.97 and that number increased to 4.17 in 2004. Twenty-one of the 29 remaining supervisors had an increased mean score on their particular constellation of behavioral aims. Scores ranged up to .78 higher while the range of lower scores was considerably lower. Interviews with participants who did not fare as well in the second administration pointed to a consistent pattern of staff unrest and labor-management problems in those offices and again illustrate the environmental sensitivity of 360 instruments. Seventy-two percent of the unique behaviors targeted among all the supervisors showed improvement from the year one to the year two ratings. The following table lists the most commonly specified goals and the 360 scoring on those items in the first and second rating periods:

Table 3 Individual Development Plan Goals

Most Common IDP Goals			
Item	2003 score	2004 score	change +/-
Model practice for workers (14)	3.91	4.20	+.29
Provide structured feedback (12)	4.00	4.27	+.27
Sense of community/morale (12)	3.87	4.19	+.32
Better control of emotions (10)	4.21	4.00	-.21
Improved unit communication (10)	4.05	4.28	+.23
Work organization/time management (10)	3.93	4.07	+.14

The first item in table 3 (above) is of particular interest in the overall evaluation of this project since the model of supervision being tested is “role demonstration” which requires the superiors to demonstrate techniques to their subordinates as part of the teaching process. Associated with this element is the structured feedback which, in these sites, was principally through regularly scheduled case conferences, a departure from the former practice of case consultation on an ad hoc basis. Organizational morale shows the greatest gain among the top six goals and this might be expected for an item that is actually an aggregate of many behavioral changes in an organization. The one goal in which respondent raters did not see growth among these supervisors was in the area of appropriate control of emotional response. Although the composite rating does not meet the standard for an “area of concern,” the slippage is notable as a departure from an otherwise positive trend. Better work organization and time management may be linked to the perceived improvement in unit communications. Since the inception of this process most of the supervisors report that they have instituted regular group meetings within their units both for administrative purposes and as a medium for teaching clinical practice skills.

Comparison of the 360 scores, IDP item analysis and qualitative data from the final focus group (discussed below) show a strong triangulation. This type of correspondence offers strong support of the supervisors not only changed their professional behavior but, by taking more leadership at the unit level, established new patterns of organizational culture which support and encourage clinical decision making. Thus, the popularity of the 360 process with the intervention group supervisors, the 360's quantified measure of change in supervisory roles particularly as seen by the workers, and the qualitative information from the final focus groups, all strongly support the intervention as successful in meeting the first two goals of the project.

Cross-Site Data: Focus Groups to Measure Outcomes in the Intervention Groups

SR QIC staff conducted focus groups with supervisors in the intervention groups during the summer of 2004 and conducted a second round at the end of Project Year 3. In general it can be said that for the most part, themes identified in focus groups at the close of the implementation echoed, yet built on those collected in the first round. Some themes did not surface originally but were raised in the final round of focus groups and may reflect the developmental nature of the learning taking place.

Eighty individuals participated in the seven focus groups during the summer of 2004, and 57 participated eight focus groups in the summer and fall of 2005 (Tennessee 11, Missouri, 18, Mississippi 19, Arkansas 9). In the final round of focus groups, the average years of experience of participants was 8.1, with 17.1 years experience in the agency. Fifty-nine percent possessed a bachelors degree and the majority of the remainder with a masters degree. The emphasis in these focus group was on intervention outcomes—changes in supervisor practice, worker practice and client outcomes—and identification of those aspects of each intervention that was most effective in promoting these outcomes. A summary of the findings is provided below. Although many of the themes identified relate to worker and client change, they are reported in this section of the report so the findings of this methodology can be seen as a cohesive whole.

It should be noted that although a number of the positive themes were raised in Tennessee focus groups, these positive perceptions were restricted to two supervisors, with the others being primarily negative or silent regarding the impact of the project. In the other three projects the answers offered by supervisors and the themes identified were overwhelmingly positive and were frequently agreed upon by the majority of participants based on their responses and observed body language.

What follows is a list of themes that were identified in the focus groups related to changes experienced that were attributed to the project. They are in order of those the number of states in which the theme was present. For most themes, a salient quote is offered to illustrate the point. If one state showed significantly greater strength in the perception of the theme as gauged by the number of times the theme was raised, this is signified with an asterisk (*). Some themes were present in both rounds of focus groups, but others did not appear until the final round, suggesting that these may be more advanced themes, requiring more time to develop.

Changes in Changes in participant perception of their role as a supervisor in the Child Welfare Agency as a result of the project

Themes identified in multiple states:

- Focus on being a supervisor, not a worker [MS*, AR, MO]
 - “I often wondered why I had to be both the supervisor and direct social services for social worker and now ... I can focus on supervision. ... I want things to run a certain way. I have always micromanaged. I have learned to let go of some of my control. I want them to make the best decisions and focus on the client and help them make the best decisions in all areas. I had a tendency to miss that part.”—Mississippi Supervisor
 - “I see myself as coming out of a caseworker role into a supervisor. Whereas I always used to do the case worker’s work to make sure that the paper work would be turned in on time and everything now I can actually do the supervisor duties that I need to do. I see a big change in that.”—Arkansas Supervisor
 - “I think one thing that changed for me as an individual is that I had in the beginning seen myself more as a worker than a supervisor. I found it difficult to make some of the personal decisions that I needed to make.”--Missouri Supervisor
- Focus on the educational role [AR, MO]
 - “It gave me my strategy for being a supervisor and teacher at the same time. That is the only way that I know to supervise and I think part of it is because of the training.”—Missouri

Themes that arose in individual states:

- Using a more planful, less crisis-driven approach [AR]
- Focus on being a supervisor, not a manager [MS]
 - “I think that I have become more focused on being a supervisor rather than just being a manager. I focus more on how my actions affect the workers and therefore affects the work.” –Mississippi Supervisor
- Buffer and interpreter of administrative decisions [MS]
 - “I have always struggled with the administration directly telling me to do this and ...that wasn’t the best thing for the kid, and through this it has made me realize that all the supervisors have that same impulse. We are the person that has to [respond to] what the administration says and does. We ... still have to do what we are told but we can consider some areas and work in other areas to get a good program regardless of whether the administration above us understands the impact on the children or not. I think that is something that has really come out. That is such a key role for us as supervisors on the front line”. –Mississippi Supervisor
- Team leader/facilitator of group consultation [MS]
- Clinical focus [MO*]
- Hands on/active supervision, including intervening with clients [MO*]
 - “The training focused on hands on, clinical work and that is the most I followed through on. Actively being there with my workers [on] home visits with them and meeting with them on a regular basis and being more hands on and not just sitting behind a desk dictating work.” —Missouri Supervisor
- Integrator of theory and practice [MO].
 - “I look at our role as a bridge to get social work theory out and practicing in the field...The shape of the bridge [determines] how the flow is.”—Missouri Supervisor

Aspects of Clinical Practice Participants Are Using

Themes identified in multiple states:

- Promoting evidence-based practice [AR, MS, MO, TN] (Note: This theme was not present in the first round of focus groups, but was stronger in the final round)
 - “The project in general helped me to be more motivated to study, to research things, to make sure I am practicing things that there are evidence for. The statistics shows that drug exposed children what are the actual facts based on drug exposed children. I think after going and having those lectures I am really motivated to look those things up.”—Tennessee supervisor
 - “There are so many things I have learned about myself and certain areas I have changed in the way I handle things. How do you measure what we are providing to the children? Numbers mean a lot and there are certain areas of what we do as supervisors that we need to be accountable for [such as] Individual Service Plans.”—Mississippi Supervisor
- Assessment of workers’ approach, skills, group dynamics [MS, MO, AR, TN] (Note: This theme was not present in the first round of focus groups, but was stronger in the final round)
 - It helped me. If you see that personality type you have to deal with them differently. I think I thought before you could treat everybody the same way and although you have to be fair with the different personality types you have to treat them differently in the way you approach them with things. --Mississippi
 - In staff meetings, looking more closely at the dynamics and how my staff interacts with each other. In our meetings, individual personality and learning styles has caused me to rethink instead of just saying this worker does not know how. --Tennessee
- Supervisory accountability and openness to feedback [AR, MO, MS]
 - “[The workers] see us willing to make a change and if you ask them to make a change they will remember.”—Missouri Supervisor
- Developing tools for workers to use to promote better work and reframing forms as clinical tools [MS, MO*, AR]
 - “You see how it can be a living tool that you can use those and go back and review them or change them. They are meant to be changed. You can tell your workers this is not just a form to fill out. This will help you.” –Missouri Supervisor
- Use and development of peer network with other Teams/Supervisors—“one agency” [MO, MS*, AR]
 - “It made us take a team approach. It is not just your county. There are other counties that surround you.”—Mississippi Supervisor
- Focus on “the why”—in depth assessment and analysis [MS, MO*, TN] (Note: This theme was not present in the first round of focus groups, but was stronger in the final round)
 - “I think that explaining the “whys” behind things. I think we have learned it helps the workers. Giving back to them and saying this is why so let’s look a little deeper. Let’s ask more questions.”—Missouri Supervisor
- Active listening [AR, MO]
 - “I guess the different ways to communicate ... someone sitting there reinforcing you to try ...to do some other active listening skills... makes you do it more often. We all knew it before. It kind of gets us to think about how we are interacting with our staff...Just to have someone reinforcing that so you are being more active in your role, I think.” –Arkansas Supervisor
- Focus on what is possible/realistic change [AR, MS]
 - “I have also learned a lot on ...focusing on the things that we can change and not worry about the things that we can’t change. There are a lot of things that are above the level

that we are on—helping the workers to realize that and be focused on the things that we can help with. Do the best with the case we are on. That is all we can do. I have learned to that it is okay to tell the staff that you can only do what you can do.”—Arkansas Supervisor

- “I think this has allowed us to focus on the important part. It has shown us what we need to do and it has made us focus on those things.”—Mississippi Supervisor
- Educational focus/creating a learning environment [AR, MS]
 - “Always remembering that you are teaching, coaching, and supporting everyday.”—Arkansas Supervisor
 - “One of the things that I have realized is that it has all been a learning experience for both the supervisor and the worker, even if they are an experienced worker. That you can take any situation and learn from it and help them and us by concentrating on using this as a learning experience. I realize that is a role that I need to take on as a supervisor, to make sure that they learn from each one of those experiences and that they share that will fellow staff.”—Mississippi Supervisor

Themes that arose in individual states:

- Professional and ethical practice focus [AR]
- Consistency [AR]
- Establishing appropriate boundaries with workers [MS]
- Empowerment [MS]
- Establish just and equitable supervisory practice across workers [MS]
- Demonstrating clinical techniques with clients [MO]
 - “I go out with my workers a lot more now. In the past I supervised from my seat but now it is part of our performance appraisals to go out and demonstrate some of the principals in clinical supervision practice to our workers. I found out it helps them build assessments.”—Missouri Supervisor
- Creative use of time/activities for clinical purposes [MO]
- Promoting family engagement/empowerment [MO]
 - “I have been trying to teach my workers to look at [assessment] a little differently. It is not their assessment it is the family’s assessment. Let the family take ownership. Let the family state what their strengths are.”—Missouri Supervisor
- Individualized, innovative approach to families [MO]
 - “We were used to putting families in cookie cutters counseling and parenting classes and now we have to be more resourceful.”—Missouri Supervisor
- Solution-focused approach [MO]
- Providing protected time to enable workers to catch up [MO]
- Role modeling [MO]

Examples of changes in interaction with staff:

Themes that were identified in multiple states:

- Facilitating workers self-reflective practice, learning to ask the right questions, and make case decisions themselves [TN, MS*, AR, MO*]

- “I also have to step back some and really try to focus them on getting them to understand how to think critically about their cases. I would just ask them questions to get them to think. I have one that really appreciates that and ...I think that has really helped her learn to process things.”—Tennessee Supervisor
- “I think it helps the workers to see what are the real issues in the case and not get bogged down in all the little things. Also, because we are reviewing [cases] with them more frequently we can actually make sure that they are providing the services that they need.”—Arkansas Supervisor
- “I try to get them to look at the stress and focus on the family and break it down in more detail to the point that they are able to make the decision. When I say, what are the positives? What are the stresses of the family? What role does so and so play? When they start to open up that way they actually realize that they have solved and answered without me really saying what to do. It is a matter of asking the questions to get them to think more of what was going on with the family.”—Mississippi Supervisor
- “When my workers cannot think clinically I tell them you can give me some potatoes but I need some beef. Where is the measurable problem with this family that concerns the safety of this child? Instead of working on the surface doing that cookie cutter type written agreement. You need to get down there and find out what this family really needs.”—Missouri Supervisor
- Use of peer casework consultation [TN, MS, MO*, AR]
 - “When we go to have our meetings and everybody else starts talking it would be more driven by the workers than by me. Instead of having a unit meeting and me talking about this and this I would start saying tell me about an interesting case you had this week. Then it was like it was not just me but others and I was sitting back just listening to everything.”—Missouri Supervisor
- Using clinical skills to assess staff/ Maximizing worker strengths [MO, MS, TN]
 - “I think also we have learned how to assess our workers and what their strengths are, what their improvements need to be. We were able to look at all the workers’ strengths and what they would be good at, what cases would they be good at, and I kind of directed them that way. I think helping me look at a lot of different ways to assess them as well as their cultural diversity and all of that, that’s the first training session I remember that I still come back to almost weekly or monthly.”—Missouri Supervisor
- Regularly scheduled supervisory conferences [MS, MO, TN] (Note: This theme was not present in the first round of focus groups, but was stronger in the final round)
 - “I have learned to focus more one-on-one meetings with the individual worker. [It] lets you focus more on their particular needs or questions. It allows me to learn more about the worker, their skills and what they can and cannot do.”—Mississippi Supervisor
- Integrating theory, research and practice [AR, MO, TN]
 - “I am at least attempting to bring the theory to the field and I can see the wheels turning now.”—Missouri Supervisor
- Asking for desired work/clarity of expectations [MO, MS, TN] (Note: This theme was not present in the first round of focus groups, but was stronger in the final round)
 - “I have one staff person that I have definitely changed my interaction with from this. She is a very experienced worker who came to me pretty much knowing what she was to do up front. [but...] she did not want to do her work. My interaction with her has totally changed from listening to her chaotic conversations ... to being very specific and very direct. On this particular case at what point are you going to have that to me? Then

- I follow up with a note to her that says I expect you to have this to me by this date and I appreciate your work.”—Mississippi Supervisor
- “Ways to approach your staff, and the way that I ask them when I need something to be done. I have learned ways of asking for it without demanding it and getting a good response from them.”—Tennessee Supervisor
 - Modeling clinical techniques and tools [MS, MO] (Note: This theme was not present in the first round of focus groups, but was stronger in the final round)
 - “I think the modeling has been helpful...With this group I am seeing that living by example is the only way to teach them.”—Mississippi Supervisor
 - Modeling a more strength-based/less punitive approach [MS, MO]
 - “The more you can model that to your staff even when they are acting hateful, rude or ugly, the more you can model just being positive back to them. If you think about it, that’s how their clients talk to them lots of times. If you can model to them that they are being disrespectful or whatever to you, but, not that you’re just going to tolerate it but if you can use humor, if you can use different ways to deal with that depending on what it is, maybe they can turn around and do that with their client when they’re the same way with them.”—Mississippi Supervisor
 - “An employee sat down because of the individual development plan, and there were some performance issues. There was one point that she was a very good worker but if the problems continued we would probably have to terminate her. We go through [the plan] and ...by building on her strengths, at the end of it; she was thanking us and has put forth a strong effort to improve. But to be able to work with an individual and basically tell them they’re not doing a good job, and then they thank you--I think that was a very positive outcome.”—Missouri Supervisor
 - Identifying parallel process [AR, MS]
 - “I think the way that we communicate—[using] the parallel process. Identifying it... Even though in my mind I know of ways to communicate these things, that’s one thing that I didn’t do before. I actually I have worked on that.”—Arkansas Supervisor
 - “One worker said, ‘you don’t treat us that way, so I’m not going to treat my clients that way.’”—Mississippi Supervisor

Themes that arose in individual states:

- Addressing inappropriate behavior with workers productively [MS]
 - “I wait until I calm down before I go in there. I try to redirect and she is one of these that is going to mouth off at first and then sit for a few minutes and then later come back and say, “Now about that--You will do this right”? “Yes I will do it. I have thought about it and I know it is the right thing to do.”—Mississippi Supervisor
- De-escalation techniques with clients and workers [MS]
 - “Focus on what they say. Be concerned about what they say and they offer some kind of solution or your opinion. Usually if they are really, really upset you can calm them down. It is your tone. It is all in the way you act to them when they come in whether it is the worker or the client. Your tone or your body language or whatever you have can determine the outcome of the situation.”—Mississippi Supervisor
- Proactive approach to cases through supervisory case review [AR]
 - “When we use the supervisory case reviews...it helps to talk about things before they become a crisis. We are not just ... putting out fires, we are thinking about it ahead of

time—What could potentially become an issue instead of just waiting until it is already there and having to deal with the crisis. It has helped me as a supervisor to know more about what is going on in the case ongoing.”—Arkansas Supervisor

- Promoting worker action rather than referral [MO]
- More global approach [MO]
 - “What this program started me thinking was more of a global aspect, working at the macro instead the micro of what is happening and seeing it is not just or units or our circuits it is our community, it is the world itself and taking a look at all that and so by expanding my horizons I am able to expand theirs as well.”—Missouri Supervisor

Examples of Changes in Worker Practice that Participants Attribute to Changes in Their Supervisory Practice

Themes identified in multiple states:

- Greater independence/Making decisions themselves [MS, MO, TN, AR]
 - “The workers are speaking for themselves now instead of always relying on me to make the decision. They are thinking of different options ... and taking the initiative to go out there and do it where as before it was kind of like “can I do this”? A ‘tell me what to do’ kind of thing. They are really thinking about their own solutions to the problems as opposed to always coming to me to give them the answer.”—Arkansas Supervisor
 - “I will say I know what I think but you tell me what you think ...now they tell me and that is exactly what I would do to.”—Mississippi Supervisor
- Philosophical change in approach as evidenced in interaction with families, narratives, and assessment of families (partnership with families/client-centered/strength-based) [MS*, AR, MO]
 - The workers are realizing that they need to be involving the families in what the plan is for them. To be able to assess what their needs are and work on them. Previously we just had the worker to dictate to the client what needed to be done. We ask the client, what do you think needs to be done?”—Mississippi Supervisor
 - “It makes them focus on trying to find solutions instead of just focusing on what the problem is; finding the positive things that you can work with instead of just focusing on the negative. I think the clinical aspect allows me to see that some of these things that we actually thought were negative could actually turn out to be a strength for them.”—Missouri Supervisor
- Enhanced self confidence and empowerment [TN, MS, MO, AR]
 - “I think the other thing this project has done is it has empowered us and empowered our workers instead of enabling. We are not enablers anymore we are empowerment people.”—Arkansas Supervisor
 - “I think the more we as supervisors realize we empower the worker by letting them make their own decisions and modeling that with the client, they see that we are not coming to them as I know it everything and I have all the answers, listen to what I say. We are coming at it from a different approach and they are more willing to say “I have learned a lot.” I think their growth has helped us.”—Mississippi Supervisor
 - “I think they feel more confident in what they are doing. Because we are right there with them we are approachable and they can come in and talk to us.”—Missouri Supervisor
- Self care behaviors [MS, AR, MO]

- “I think that [the project] has taught us that we need to protect ourselves. Actually for us to protect ourselves it does cause someone else to have to go a little bit further in their tasks. Sharing [the workload].”—Arkansas Supervisor
- Enhanced teamwork and peer consultation [MS, MO]
 - “I’ve seen staff also be more open to, not just suggestions that I would have made, but suggestions that another worker made... And I’ve seen them go to each other ...other than coming to me and asking. And, by them opening up to suggestions and ideas to other workers I am hoping that they will be more receptive to being open to the ideas of the family also.”—Mississippi Supervisor
 - “As far as the team building and the group sessions we have been able to not just say this is how it needs to be done—we’ve made it more of a team effort. I put it in their ball field to figure out what would work best for them and they are not only considering their own needs but each others’ needs as far as investigations, cost schedules, and I’ve seen a lot of flexibility and building within the unit from that.”—Missouri Supervisor

Additional Changes in Worker Practice Identified Only in Final Round of Focus Groups

Comprehensive application of questions to assess cases/critical thinking [AR, TN]

- “I noticed that doing the reviews with the workers they ask those same questions with all the cases, which is what I try to get them to do. Ask these questions and you can get closer to closure to the case and it will go even faster. Instead of cases just lingering, apply those questions to all their cases.”—Arkansas Supervisor
- Creative solution-building, expanded horizons [MO*, MS, AR, TN]
 - “They try harder to provide services to the families instead of just drawing a first conclusion that this child doesn’t need to be in the home. They might explore different possibilities.” –Tennessee Supervisor
 - “It also instills this idea that they can get out there and they can do this. What I find is that their plans are much more creative. They are much more resourceful at finding resources for families.”—Missouri Supervisor
- Targeted intervention grounded in assessment [AR, MO, MS]
 - “We talk about treatment plans and where we are going with this family. In the beginning it was just like we are going to do this service, this service, this service and now she talks about why they would need to complete certain things and how it would be beneficial and that would lead to getting unified with their child, more toward permanency. That has been a huge change.”—Missouri Supervisor
- Competent articulation in court/credibility [MO, AR*]
 - “Even today we have a court hearing and [I told the worker] as long as you are able to justify...what you are doing then you should be able to make that decision. The judge may not agree but ...you need to be able to prove why you made this decision. They are able to do that when we are not there. They can defend why they are recommending certain things.”—Arkansas Supervisor
 - “When they can put together case plans and walk into court and have one of the attorney’s say I really want this on the record, that Carrie did this amazing case plan. We asked her to come up with long term services for this family and she went way above and beyond, and look at what she has accomplished.”—Missouri Supervisor

- “I think we testify better. We know our cases better. We can go in there and say judge I think this way because and lay it out there. You know your case and he is going to listen.”—Missouri Supervisor
- More time working with/engagement of families to develop case plans, assess change [AR, MS, MO]
 - “Not only could they go in and make sure the services were being provided but they had the time to sit down with the family and really spend some time with the client and get to know what they needed and teach the client as opposed to always just sending them, ‘Go take these classes here.’ The caseworker was able to sit down and talk with the client, to really see what was going on. Were the services they were sending them to being effective? Were they really having change?”—Arkansas Supervisor
 - “They are trying to get families to participate and the more they participate the more likely they are to accomplish their goals. Hopefully they have a home owner’s mentality and not a renter’s mentality about their case plan.” –Missouri Supervisor
- Commitment to/focused on doing good work with clients, investment [MS, MO, TN]
 - “I think my workers try harder because they are more challenged.”—Tennessee Supervisor
 - “I feel like they work more and they are more focused on what is going on. They’ve got more of an ownership of what is going on.” –Mississippi Supervisor
 - “They are much more accountable for what they have to do and I want to say they work harder because we have been so helpful and so hands on with them they in return will want to do better work and they will want to help us as much as we help them.”—Missouri Supervisor
- Clear communication of expectations and goals [AR, MS]
 - “People have become more goal-oriented, and I think it is knowing what your expectations are. The workers knowing what their expectations are. We are more up front about what is happening [with our clients] and supportive of them also.” –Mississippi Supervisor

Themes that arose in individual states:

- Reduced turnover [TN]
- Promote better use of time by workers [MS]
- More clinical documentation [MO]
- Theory to practice[MO]
- Workers feel supported [AR]
 - “I think relationships have changed. I think workers feel more supported, and they feel they are capable of coming to us to talk about certain things that they normally would not talk about.”—Arkansas Supervisor

Examples of Client Impact Attributed to Changes in Supervisory Practice Based on the Project (primarily noted in 2005)

- Self-initiated treatment/active participation [AR, MS, MO]
 - “Clients were even beginning to participate...They were more apt to come and give their own selves a drug screen when before you kind of had to search them down and make them come in for a drug screen. They say I know I have not had a drug screen in

- a while and that kind of helps with the services as well. You can kind of see that progress.” –Arkansas Supervisor
- “They are wanting to be more of a participant. When in the past you kind of had to make them do it. The only thing that was making them do it was a court order. It was not so much that ‘I really wanted to do it to help myself. I want to do it just to satisfy the court and then I can get my child back.’ The underlying problem still existed but then it began to change so now ‘I have a relationship with this worker and I want to do this because she sincerely cares and I want to get my child back not because I have these mandates on me.’” –Arkansas Supervisor
 - “You allow the workers to be more independent when they are talking with the clients and the clients are able to maintain their independence and make decisions as a parent of the children as it does the workers. My worker trusts me that I am going to make the right decision. We trust our workers to make the right decision.” –Mississippi Supervisor
 - Engagement in case planning [MS, MO, AR]
 - “As I am reviewing I am seeing more signatures of the immediate caregiver responsible for the child to be involved [in development of the case plan.]” –Arkansas Supervisor
 - “We have been doing Family Group Conferences and doing IEP with the clients and then heading to the IEP meeting and they have had certain expectations. We have had so many people lately to say, “I would like to add something.” Sometimes clients have higher expectations of themselves than we do. I think the worker has a much better attitude toward the client.” –Mississippi Supervisor
 - “I think they get more families attending their meetings now because they feel like what they say matters and it is going to be listened to. I use the Solution Focused stuff and I will say what do you think you need to do? Surprisingly enough they will tell you things you have not thought of. They know how to fix it.” –Missouri Supervisor
 - “Something that we do now that we did not do before is asking the family for their opinion. Do you see this as a problem? I think we always assumed that they see the problem and sometime they will say I know I screwed up. We can say what you did was wrong and serious in spite of that we can still help you. If you are willing to help yourself and you willing to do the things you need to. I think they believe us more, that they really know we want them to get their kids back.” –Missouri Supervisor
 - Families demonstrate empowerment and a desire for positive change [MO, MS, AR]
 - “We have a mother who is definitely addicted to hard drugs and she says she wants to be in rehab...She is with one of my workers this morning at a worker/parent training session on the effects of meth on your child. She is with the staff attending in the session. This is probably very difficult for her. She could be embarrassed. She could be intimidated, but she still has the desire to improve if we can just find enough opportunities for structure and support. I thought it was a tribute to both the client and the staff that they have that kind of a relationship.” –Arkansas Supervisor
 - “The positive outcome from all this is us not doing everything for the social worker, the social worker not doing anything for the client, the client feels better about themselves and we feel better about the client. Instead they are able to fend for themselves and that leaves us time more time to do other things.” –Mississippi Supervisor
 - “In some instances it gives them power. It gives them empowerment because they are doing something right. It is just a matter of us trying to see what they are doing and then to relate to them using a positive method.” –Missouri Supervisor

- Cases moving more quickly, anecdotal belief that kids are going home sooner/not removed from home [AR, MO]
 - “My office was fully staffed. Caseloads were down. The workers really had a reasonable caseload, and they were able to really get in there and work with the clients and build that relationship and offer the services and really see. They could assess the family thoroughly and see what the needs were. During that time the workers were able to provide the services to the family and get the family’s cooperation early on because they could spend a lot of time with them. Those cases were able to move more quickly through the process of making sure the services were being provided and seeing them make the changes that they needed. As we were having our case review and talking about the cases the workers were being more confident in what they were doing and the services that they were providing and that was being reflected in the family cooperation and getting things accomplished in their cases.” –Arkansas Supervisor
 - “The workers were going in there and they were modeling parenting behaviors. They were addressing the issues as they came up. It was sitting down with the family and spending time working with the children, working with the parents and transporting them and doing the things the aids normally do. The workers were the ones that were having the time to really assess what was going on instead of relying on the person who does not have the degree. It made a huge difference in our service delivery and in our ability to make progress in cases or, if that were not making progress we could say hey, this is not working let’s go for something else at a quicker pace rather than wait for that year to come around. We were moving thorough cases a lot more quickly because we were getting in there and working with the family.” –Arkansas Supervisor
 - “When you compare how many reports you get compared to children are removed the percentage is really, really low. There has to be some social work done. We are not one hundred percent but we are moving toward that.” –Missouri Supervisor
 - “I think that a lot of our kids stay in foster care less.”—Missouri Supervisor
- Fewer client complaints, more positive feedback [MO, AR*]
 - “We had a client saying we had a positive experience with our daughter and children and so they were inviting us to come and talk to [a newly formed coalition on the effects of meth on the community]. When she called I panicked at first because I had not heard her voice in about a year and half. She said ‘no this is a good call.’ That is positive thing that is happening in the community.”—Arkansas Supervisor
 - “Because we are meeting with [families] as often as we are and things that we are doing, a lot of them are coming around and saying you all were right and thank you. I don’t remember hearing that when I first started.”—Missouri Supervisor
 - “The comments that we receive are that we were supportive. They did not feel like they were under the gun. I think a lot of those come from the approach we take because on most of those forms it will say the children’s division worker was very supportive and pointed us in the right direction as to how to get back to our child and that is the investigator.”—Missouri Supervisor

Aspects of the Project Most Effective in Positively Impacting Their Work

Themes identified in multiple states:

- Peer support/consultation/solidarity [MS*, MO, AR]

- “I think it has solidified us as a group. I am a lot more willing to go to somebody and say what can I do? To ask for advice and to not feel like you are out there by yourself so much.”—Mississippi Supervisor
- “We talked about the relationship that we have built with all the supervisors. The relationships I think are just as important as anything we have learned. I know I make a great effort to do anything to help anybody that tries to call and that is very important because it is not each county as agency. We are all a team. We all work together and I think that is how it should be.”—Missouri Supervisor
- Supervisor assessment and professional development planning [MO*, MS, TN]
 - “I think that the evaluation ...helps you to understand what the workers think and what you need to work on—the three sixty.”—Mississippi Supervisor
 - “The Three Sixty Evaluation. It gave my workers an opportunity to voice their opinion on what I was doing wrong and what I was doing right. What I need to change to help them do better work.”—Missouri Supervisor
- Assessment of staff skills/learning styles [MO, MS, TN]
 - “Looking at where your group is as a whole and trying to react and teach them at that level versus trying to get at a different level. Another thing for me was learning styles.”—Missouri Supervisor
- Normalizing supervisory challenges [AR, MS, MO, TN]
 - “I don’t know if I would have even stayed for as long as I have if it had not been for them who had been here much longer giving me advice or giving me suggestions on how to handle things.”—Mississippi Supervisor
 - “When we first started meeting our supervisors and just hearing other supervisors in my group talked about the way they handled things was helpful to me as far as the way I interacted with my staff.”—Tennessee Supervisor
 - “We get to meet different people from different areas and we see that we are not alone. You always think it is so much different somewhere else and gosh I am having such a hard time here or it is really good for me up here. To see that we are not alone, we are all out there having ups and downs in the struggles. Just to have a voice. You really do not have a voice when you are out there.”—Arkansas Supervisor
 - “Sometimes you sit here sometimes and wonder if you are becoming isolated and you are thinking am I the only incompetent supervisor in the state. When you find out other people are struggling with the same scenario then you don’t think the rest of the group is incompetent. You just got caught in the struggles that you are dealing with and it has made you feel insecure about your own abilities.”—Missouri Supervisor
- Insight into administrative decisions and policies [MO, AR*]
 - “We had a voice because [we were meeting] with people here in Little Rock. I think that was kind of unique, every quarter meeting like this. That is not something we have ever had before. I do not think without this project we would have never had the opportunity to be organized and for direct information to be given to them as well as received from them. We have learned from their input things that we might not have been allowed or felt comfortable to ask. We got to have the insight as to what is really going on so we could go back and tell our staff this is why things are going the way that they are going where as some of the other supervisors not in this project still probably don’t know why some of the things are happening.”—Arkansas Supervisor
 - “I think as we come back and bring information to our staff about what is going on. What we really can do. What we have control over and what we don’t have control over. They are using that in turn when they talk to their families and they are realizing it

is important to tell him why instead of just doing it. Explaining why it needs to be done this way. What are some of the things that can happen? I think they are communicating more with their families because we have been communicating more with them the reasons behind certain things as opposed to saying you have to do it. They are telling them you have to do it and why you have to do it.”—Arkansas Supervisor

- Significant learning on particular topics [MS, MO, TN]
 - [clinical decision-making-TN}
 - [learning styles – TN]
 - [mediation – MO]
 - “I like the Solution Focus. That almost has clinical social work in a nut shell because it has people making their goals, making their objectives, it gives them resources and strength. That is one of the things that I have really relied on.”—Missouri Supervisor
 - [global perspective – MO]
- Small group learning over time rather than statewide training model [MO, MS]
 - “I think the ongoing-ness of it all helps you to get the deep down in you so that you can apply it.”—Missouri Supervisor
- Reinforcement of learned skills and concepts in the field through mentoring [AR, TN]
 - “I think the difference is between me and [the other supervisors in the focus group who are not providing positive feedback] is I had only been supervising two years when I started the project and the other thing was my mentor really held me accountable for the things I had learned. We had got together for our sessions and when we met afterwards he would ask me some pretty tough questions. He made me turn in my work in advance and then he would ask, “Have you done this with your employee”? I said no but, and he like lets set a time to go over it. He kind of forced me to do it. [holding sup accountable for what learned.”—Tennessee Supervisor
 - “I would just have to say that the reinforcement has been as good as anything possibly could be to enhance our worth as supervisors and that is because I have worked with [my mentor]. It is always a joy and you come out smiling.”—Arkansas Supervisor
- Supervisor input into topics [MS, MO]
 - I think the key to the success ...is that it hasn't been a set in stone project... It's been able to evolve and move as we move and go where we need it to go. That to me is really as [much of a] strength as it gets. ...We were asked in the beginning what we needed, and as we've gone every month it's been able to shape itself to where we are at that particular time.—Mississippi

Themes that arose in individual states:

- Most speakers understood child welfare work [TN]
- Focus on importance of role of clinical supervision [MO]
 - I remember when we first started I did not know if this was being directed at us because we were needing the most help, like the area needing the most help. I since feel very empowered and I realize how important I am. I like the idea that they look at the supervisors as a more constant group within the agency. The turnover is not as high and we can stick around a little bit more and I think that is something I also realized.”—Missouri Supervisor
- Safe atmosphere to discuss concerns/Couldn't be disturbed [MO]
- Project not tied to performance evaluation [MO]

- “I think that one of the successes of the program was knowing that it was not going to be used against you. That it was a learning experience only.”—Missouri Supervisor
- Middle manager project [MO]
 - “This has improved our circuit manager because before she was not around nor was she involved and now she is just always involved. She asks us what else can I do? How can I help? We never heard that before.”—Missouri Supervisor
- Materials/references to promote further learning [MO]
- meetings held close to home, in same place every time [MO]

What participants would do differently if they were replicating or creating a program to support clinical supervision in child welfare

- Speakers sometimes didn’t present content relevant to the work [TN, MO]
 - “I wanted something to help make me a better supervisor and I felt that I did not get that at all.” --Tennessee
- Assign more appropriate mentors [TN*]
 - Too far away
 - No child welfare or supervisory experience
 - Too many mentees assigned to individual mentors
- More consistency in scheduling, communicating and regularly holding meetings [TN]
- Don’t mandate program [TN]
- Avoid the message that the supervisors are the problem [TN]
 - “At the initial first meeting, the way it was presented to us that there was a survey being done because the department thought we were the problem within the department. The problem was at the supervisor level. We did not have the adequate skills. Therefore, that was the reason for the high turn over and case load and all the problems. If something was done about us. That was just the way that it was sort of presented to all of us. We all came into it with a negative view. I think it changed some once we got involved but I think that is the way we felt.”—Tennessee Supervisor
- Make it mandatory for all supervisors, including open enrollment for new supervisors as hired [AR]
- Make the program available statewide [AR]
- Have sessions with both workers and supervisors together [MS]
- Need to continue to meet after the funded project ends [MO]
- Change level of involvement of middle managers (there was disagreement on what would be best, but the majority felt having some sessions with middle managers and supervisors together and some separate would be best) [MO]
 - “I would’ve involved our middle management and circuit managers just to be right in there with us. There might have been components that we needed to separate as supervisors but we did not get the support. I still don’t think they really understand what we did.”—Missouri Supervisor
 - “The best case scenario might have been then that the circuit managers could have had theirs and we would have had ours. All the peers would have been having their own group with all the same information.”—Missouri Supervisor
- Include module on disciplinary action [MO]
- Some components too remedial (specific topics named were time management and diversity) [MO]

Barriers to the Achieving Project's Goals

Although the questions were focused on respondents' perceptions of positive outcomes associated with the projects, the discussion sometimes generated comments that represented impediments to the project. In each state, participants listed barriers in their system that impacted their ability to conduct clinical practice on the front line. In all states, frustration was expressed regarding central administration, such as a punitive approach toward staff, the manner in which client complaints were handled, the lack of resources, and political impediments. In some sites, participants wondered if their agency was truly committed to positive change.

Themes identified in multiple states:

- Administrative decisions/changes in the department that run counter to the project goals/clinical supervision [TN, MO, AR, MS]
 - Reassignment of supervisors to other responsibilities [AR]
 - Administrative priorities counter to clinical work with clients [MS]
 - “The agency is bent on finding out what you did wrong rather than maybe telling you that you did something right and you just get tired of that.”—Missouri Supervisor
- Overall stressfulness of work on the frontline/workload [TN, MO, AR]
 - “I don't know if there is an answer to all of this. The coping, the stress, the demands, they are flipping out. It is just coming out in all directions and you want to make them feel better but you just can't.”—Tennessee Supervisor
 - “The situation in my county changed in a way that I was able to ...make the changes with the staff. The caseloads were down so they were more receptive to change. You cannot do it if you have a case load of forty something. They cannot sit still long enough for you to give them that kind of instruction. That is going to have to be worked on and all the case loads have to go down. It is not going to work.”—Arkansas Supervisor
 - “We are one breath away from going down the tubes and we know that.”—Missouri Supervisor
- Turnover/lack of staff [AR*, MS]
 - “I cannot do it without people to come in and take the load off because they cannot eat or breathe right now. That is a chore. It does not work unless you have the people.”—Arkansas Supervisor
- Time-constraints/administrative responsibilities of supervisors [AR, MO*]
 - “I would estimate that probably somewhere between ten to twenty five percent of my time is what I would have allotted to work on clinical aspects. I don't know what would be the perfect percentage but I would hope somewhere between forty and sixty percent and I don't see that happening because the administrative part of it is always going that way to take the opportunity to go to the clinical side.”—Missouri Supervisor
 - “I cannot get with everybody on a regular basis because it is too much. When we do get a chance it is good but it is not happening on a regular basis like it should. There is just not enough hours in the day and there is not enough of me to go around.”—Arkansas Supervisor

Themes that arose in one state:

- Overall lack of mentoring actually received [TN]

- “I was not mentored. I had a mentor but they were never able to get with me. They would say are you going to be able to meet with me next month and they would say which one of these days is good for you and then I would tell them but I would not hear back from them for six months.”—Tennessee Supervisor
- “We had one mentor that tried and came and then she took a new job and had to leave and other than that one maybe a couple of times she met with us and I really liked her but she took another job and we have not had any contact with her since.” –Tennessee Supervisor
- “One of my mentors, I had worked a whole lot longer than she had and I really feel like she felt intimidated because of that. Another one of mine was from out of state and then she ended up going out of the country for about three months. She called one time on the phone.” –Tennessee Supervisor
- Project not effectively implemented [TN]
 - “I did not even know the project still existed quite frankly. Because it just started and then it stopped.”—Tennessee Supervisor
 - “What happened was we had a lot of changes in our district and we stopped coming to the process it stopped. They kind of left us cold.”—Tennessee Supervisor
 - “But I think personally the changes in the department after the project got off the ground kind of laid it low commitments were made and then less emphasis was placed on it after it got started.” –Tennessee Supervisor
- Difficult to implement in the urban area. [MO]

Summary

The findings of focus groups were overwhelmingly positive. Supervisors reported very concrete changes in their own practice and were able to identify a number of changes in the practice of their staff that they attribute to the project. To an understandably lesser extent, changes in clients and their services were noted, which was surprising after only one year of intervention. The quotes offered in the report itself paint a colorful picture of how these projects are impacting these agencies and the individuals who work in them. The following are a selection of quotes that reflect an overall positive change as a result of this work:

- “I think it just made me realize the importance of clinical supervision and how much more effective it can be in helping our workers do the job that they are here to do.” – Missouri Supervisor
- “Everything is better in my county than it was before this.” –Arkansas Supervisor
- “I tried to get [the worker] to tell me now in $\frac{3}{4}$ of a page what she use to tell me in a 1 $\frac{1}{2}$ pages. She had written in one particular case that the child had learned to ride her bicycle. I said that is enjoyable information but I said I did not need to know that the child was riding her bicycle in this particular case. In another case if we were worried about the developmental delays of the child and we are showing progress that the child has come out of the delays. That would be vitally important information for that specific case. How did we become involved? Have we improved in that particular area?” –Missouri Supervisor
- “In the short period of time that we had lower caseloads we have seen a tremendous difference in our abilities as supervisors, our confidence as supervisors and that also comes down to our workers and their confidence and abilities. They are feeling more

empowered because we are able to give them the work instead of you know just throwing stuff at them that we know they cannot do.”—Arkansas Supervisor

- “I kind of think that if we had not had this project even with the amount of turnover that we have had since we have had this project, most of us wouldn’t even be here now have we not had this project because we would not have had a voice and we wouldn’t have had the teaching and the coaching and the support we needed from one another. We kind of would have been out there on our own trying to stay afloat. It kind of made me wonder would half of us would be here”. –Arkansas Supervisor
- “I have a totally, totally different view.” –Mississippi Supervisor
- “I did learn and have changed the way I do things and I think it has made me a better supervisor.” –Missouri Supervisor

Cross-Site Synthesis of findings:

Quantitative data collected in Arkansas on this outcome was only slightly favorable regarding this outcome in that there was a non-significant improvement in data related to supervisory time use. Based on the data and an analysis of the context, however, the researcher posits that the lack of statistically significant difference in the improvement of supervisory practice between the intervention and comparison groups was due to contamination regarding the objectives of supervisory improvement and the impact of other supervisory improvement activities taking place statewide. Missouri observed statistically significant improvement favoring the intervention group in three separate measurements related to supervisory effectiveness. Based on focus group data collected regarding all sites, it can easily be stated that the findings support that there was an improvement in supervisory effectiveness and competency in three of the four project sites.

Outcome 2. Improved organizational culture and worker satisfaction with supervision

As has been stated, this is conceptually seen as a precursor to the longer-term outcomes related to worker turnover, practice and client outcomes. In Year One, all projects agreed to use the *Professional Organizational Culture Questionnaire-Social Work (POCQ-SW)* developed by Alberta Ellett, Ph.D. for use in child welfare settings. It was believed that this particular scale had items that corresponded to many of the required elements of our clinical supervision model. Three of the four projects have administered this scale to supervisors in the intervention and control groups, as well as their workers at baseline and will repeat administration annually. Unfortunately, although it was initially agreed to, it was later learned that the Missouri project policy board decided not to use this scale, largely because it measured similar constructs to one of the project-specific evaluation instruments being used: The *Survey of Organizational Excellence (SOE)*. This instrument measures a wider variety of constructs, but is also designed for a broader audience, having fewer items corresponding to aspects of the model. Analysis of these measures was conducted on two levels—comparing individual participants over time, and comparing individuals in the intervention and comparison groups.

It was hoped that the items that seem to be measuring similar things to that of the POCQ-SW could be compared. The SR QIC collected data in the Kentucky child welfare agency to be used as a sample to allow psychometric testing of the two instruments for concurrent validity, and to determine the extent to which they measure similar constructs. The details of the findings of this separate study

will not be presented here but will be submitted for publication elsewhere, other than what is most relevant to the comparability of these two measures. Principal components analysis yielded ten factors measured within the SOE rather than the five constructs purported for the instrument (many of which were not relevant to the current study anyway). The POCQ-SW was found to measure three factors. Simply put, the correlation between Factor I of the SOE ((Interpersonal/Organizational Culture) and the POC Quality of Supervision and Leadership dimension was rather strong and positive ($r=.79$; $p<.0001$). The strength of this relationship was followed by SOE Factor II (External/Internal Communications/Relationships) with the POC Professional Commitment dimension ($r=.65$; $p<.0001$). With the exception of SOE Factor X (Satisfaction with Insurance), all correlations between the SOE factors and the three dimensions of the POC were statistically significant and positive in direction. These findings provide support for the criterion-related validity of both the SOE and the POC.

Project-specific findings are listed below:

Arkansas

With respect to perceptions of the “professional organizational culture” (POC), respondents reported a slight but significant improvement over the 19 months between the first and third waves of the survey. However, these improvements appeared in both the treatment and the control groups. The longitudinal surveys conducted by this state were also able to detect a slight across-the-board improvement in assessments of the “*professional organizational culture*” of DCFS. However, these improvements were noted between both the intervention and comparison participants.

Comments offered earlier related to contamination from the intervention group and the objectives of the clinical supervision project are relevant regarding this outcome as well as supervisor effectiveness. Given the number of other organizational improvement and supervisory effectiveness activities taking place in this state concurrently it is impossible to isolate this effect. Data collected in the focus groups certainly support the development of a supportive organizational culture within the intervention sites.

Mississippi

The data showed that there were significant changes in supervisors’ perceptions of professional organizational culture especially in the areas of the quality of supervision and leadership in their regions, as well as their perceptions of collegial sharing and support. This suggests that supervision is perceived to be more active and effective in the intervention regions following the two-year Learning Lab intervention. This finding was certainly supported in the focus group data collected in this state. However, the worker’s perception of organizational culture based on the Ellet scale did not show statistically significant change. No evidence of growth in supervisors’ or worker’s perceptions of organizational culture was found for comparison group participants, providing support for a conclusion that the effects of the Learning Lab intervention account for the positive changes that have occurred in intervention group supervisors’ and social workers’ perceptions.

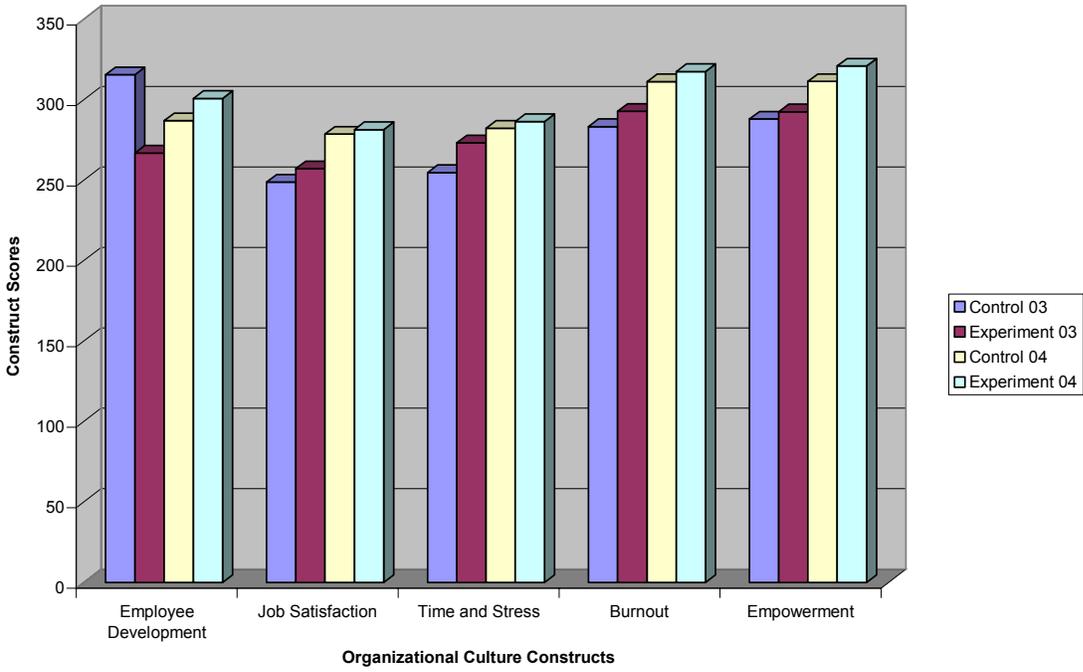
Missouri

The SOE has been used by the Children's' Division since 2002 as part of its quality improvement process and for this reason it was adopted in Missouri in lieu of the Ellett Professional Organizational Culture Scale. The SOE is designed to measure changes in organizational culture in five organizational dimensions (work group; accommodations; organizational features; information; personal demands) which in turn consist of 20 constructs that are critical to organizational coherence, effectiveness and efficiency. Reliability and validity of the SOE were established during development. The constructs have adequate reliability (Cronbach's Alpha averaging .85). Criterion validity has been determined through comparison with other related instruments. The RDM project's evaluative plan required that not only would supervisors change their behavior from control to facilitation and development but that the organizational culture would change as well. In this section, the results of evaluating these two conditions are reported.

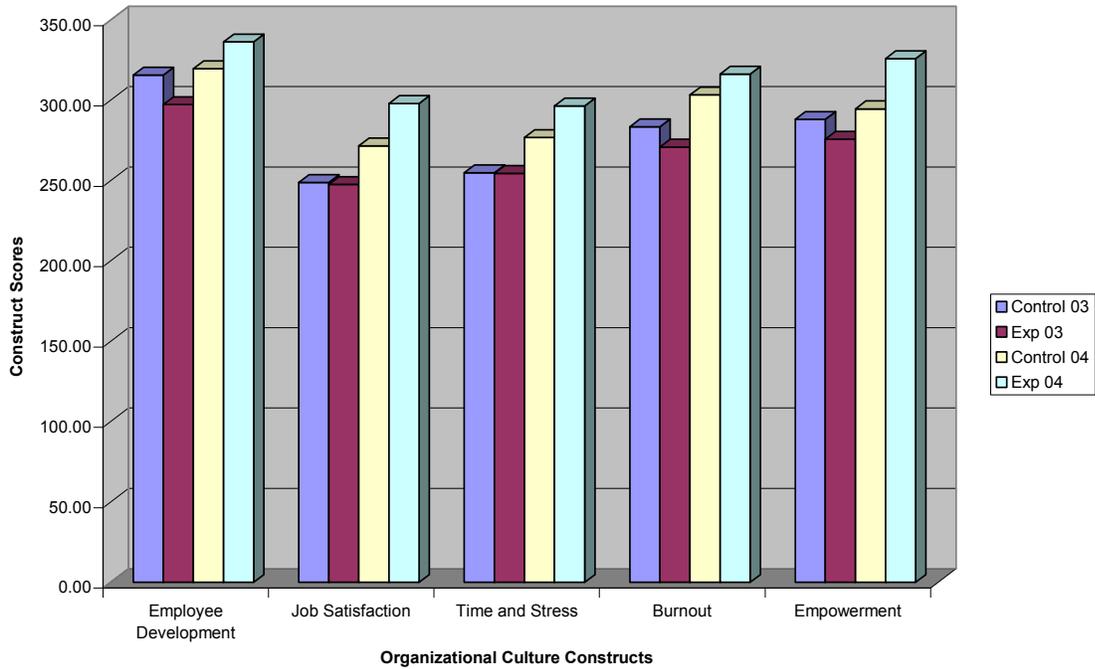
If the Role Demonstration Model (RDM) process had the expected effect there would be changes in organizational culture. These changes would be concentrated on the four constructs falling within the Personal Demands dimension of the SOE including job satisfaction, time/stress management, burnout, and empowerment plus the "employee development" construct. Two tables compare the urban intervention areas and the rural areas.

Graph OC 1 (below) shows the comparison between the rural intervention circuits (noted here as experimental or Exp) and the rural comparison circuits (noted here as 'control'). No statistical differences in means (T-tests with alphas = .05) were found between the intervention circuits and the contrast circuits. The rural circuit's scores improved in all five measures between FY03 and FY04 and are higher than the contrast circuits in all measures except employee development. Graph OC2 (below) shows the comparison between the urban intervention and the urban comparison circuits. No statistical differences in means (T-tests with alphas = .05) were found between the intervention and control circuits. However, within the urban intervention circuit, job satisfaction scores were significantly higher (alpha =.05) and all the other measures except employee development approached statistical significance at the .05 level. Again the scores show the urban intervention circuit's improvement over the contrast circuit on each measure except employee development.

OC1: Org. Culture Rural Circuits Exp vs Controls Baseline Yr2 vs First Intervention Year



OC2: Urban Circuits Organizational Culture Baseline Yr2 vs First Intervention Yr.



Tennessee

Due to an increased rate of attrition during year 3, survey results for this outcome as well as the worker self-efficacy and secondary traumatic stress outcomes reflect only baseline, year one and year two. Baseline, Year One, and Year Two data were compared using a 2 (group) x 3 (time) analysis of variance (ANOVA). Baseline, Year One, and Year Two data are presented in the following table along with any significant ANOVA results. The only statistically significant results found were an interaction effect on the Quality of Supervision/Leadership subscale and the total POC score. Comparisons were also made using repeated ANOVA measures to allow for longitudinal analysis of data provided by the same respondents over the course of the project. Results were not statistically significant.

The results of the 2 x 3 ANOVA suggest that over the course of the project, the Comparison Group improved on ratings of organizational culture, while the Intervention Group rated the organizational culture lower at the end of the project. The repeated ANOVA measures analysis showed that both the Intervention and Comparison Groups rated organizational culture lower at the end of the project than at the beginning of the project, and that the Intervention Group rated organizational culture lower than the Comparison Group at all time points. However, these apparent differences were not found to be statistically significant. It should be noted that during the course of the project, there were numerous changes in the leadership of the Department of Children's Services that resulted in a great deal of chaos among frontline staff. It is quite possible that these apparently negative outcomes are a result of the leadership changes and that the project helped to prevent further reductions in ratings of organizational culture.

Table 1. 2X3 ANOVA of Professional Organizational Culture

	SURVEY ADMINISTRATION		
	Baseline (n = 203)	Year 1 (n = 128)	Year 2 (n = 78)
Quality of Supervision/Leadership ^c			
Intervention	28.42 (6.19)	29.06 (8.07)	25.21 (6.51)
Control	28.90 (6.59)	26.83 (7.59)	29.49 (7.07)
Collegial Sharing/Support			
Intervention	15.74 (2.71)	15.28 (3.98)	14.00 (2.86)
Control	15.58 (3.25)	15.03 (3.47)	15.38 (3.61)
Professional Commitment			
Intervention	14.59 (2.64)	14.43 (3.82)	13.21 (3.05)
Control	14.69 (2.37)	14.46 (3.19)	14.96 (2.60)
Total POC ^c			
Intervention	58.75 (10.00)	58.77 (15.23)	52.42 (11.13)
Control	59.16 (10.96)	56.32 (13.00)	59.82 (12.47)

NOTE: ^a Main effect for group (p < .05); ^b Main effect for survey administration (p < .05);

^c Interaction effect (p < .05)

Table 2. Repeated Measures ANOVA of Professional Organizational Culture

	SURVEY ADMINISTRATION			test statistics		
	Baseline	Year 1	Year 2	F	df	p
Quality of Supervision/Leadership						
Intervention (n = 3)	28.33 (2.08)	28.00 (1.73)	20.67 (9.29)	1.42	1, 12	.257
Control (n = 11)	31.00 (8.65)	29.36 (6.79)	30.09 (6.36)			
Collegial Sharing/Support						
Intervention (n = 3)	14.00 (1.73)	15.00 (0.00)	11.00 (5.29)	2.82	1, 12	.119
Control (n = 11)	16.91 (3.75)	16.36 (3.47)	15.64 (2.66)			
Professional Commitment						
Intervention (n = 3)	14.00 (1.00)	14.00 (1.73)	10.67 (3.06)	2.36	1, 12	.150
Control (n = 11)	15.73 (3.47)	15.82 (2.93)	14.55 (2.58)			
Total POC						
Intervention (n = 3)	56.33 (3.06)	57.00 (3.00)	42.33 (16.86)	2.12	1, 12	.171
Control (n = 11)	63.64 (15.27)	61.55 (11.33)	60.27 (10.95)			

Cross-Site Synthesis of Findings

Favorable quantitative findings regarding the outcome of professional organizational culture were demonstrated in both the Mississippi and Missouri projects for the intervention versus the comparison groups. For Arkansas, the data reflected improvement of perception of organizational culture for both groups over time with out a significant difference, although as has been previously noted, there is concern that the organizational and supervisory improvement activities being implemented statewide during the intervention period which were consistent with project objectives may well have contaminated the comparison group. For Tennessee, the comparison group had better ratings of organizational culture over time, while intervention group ratings decreased.

Outcome 3: Middle manager practice supports clinical supervision and evidence-based frontline practice (*This outcome is relative to Fiscal Year 03-04 only*)

Projects conducted pre-intervention focus groups to gather information that would help them understand the barriers to middle management's promotion of clinical practice on the front line. Project-specific interventions were designed based on the information gained. A cross-site analysis of the data collected identified common themes as well as differences. Data from the content analysis of these focus group results can be found in the attached final report for this supplemental project. Each project planned a process for evaluating the impact of their middle manager intervention. As this was a one year supplemental project, a separate final report has been prepared which discusses the findings for each of the three projects that have completed this effort. Mississippi did not begin the middle manager project until July 2004, barriers within the management of the child welfare agency have impaired completion of this project. In general, all three projects found that their efforts with mid-level managers were at least somewhat successful in promoting clinical practice on the front line. The strongest findings in support of this are based in the evaluation of the Missouri project, which also was the most structured and intensive of the middle manager project interventions.

Outcome 4. Reduced preventable worker turnover/Intent to Remain Employed

For the purpose of this research the definition for preventable turnover is: Workers who leave the agency for reasons other than retirement, death, marriage/parenting, returning to school or spousal job move. (Source: American Public Human Services Association (2001). *Report from the Child Welfare Workforce Survey: State and County Data and Findings*.) Unfortunately, although all had agreed on a common definition, most projects were unable to obtain data that was true to it. Administrative data collected regarding staff turnover was not detailed and unreliable. From this standpoint, a staff member leaving the agency in frustration to find other employment is recorded the same as an individual retiring after a long and satisfying career, or a worker who is promoted into a supervisory position.

Significant problem-solving efforts were engaged in by the research team, but in the end, projects developed different ways of attempting to collect data relative to this outcome. Exit survey data was available in one state, but the response rate was poor. The research team spent considerable time exploring more systematic ways of gathering data for this important outcome, but all options were deemed impractical due to the resources available. Public child welfare agencies simply do not collect adequate data on preventable turnover. Projects attempted to triangulate their data to attempt to improve the information we have.

Arkansas

It was hoped that improved supervision would engender improvements in job satisfaction and increase workers' commitment to stay working in child welfare. The Arkansas survey included an intent to remain employed (IRE) subscale in conjunction with the other Ellett subscales used. There were slight improvements in IRE scores among members of the treatment group and slight decreases among members of the control group. Although this pattern of change was right on the borderline of "statistical significance," it was consistent with the goals of the mentoring intervention. The finding may be a result of a kind of "self-selection." Rates of labor force turnover were greater among the intervention group than the were in the comparison group, so it may have been the case that dissatisfied members of the treatment group were more likely to leave their jobs, while dissatisfied members of the comparison group remained. Selection issues were present regarding those regions assigned to the two groups as well which may impact this, as in one of the two intervention areas the opportunities for alternative employment were much more plentiful than elsewhere.

Mississippi

The Mississippi project was able to track actual turnover, and control for some reasons for leaving, bringing this method closer to the preventable turnover definition. In a comparison of 2005 social worker turnover data with baseline data (January 2002 through December 2002), intervention group social worker turnover rates were slightly lower than those of the comparison group, but this difference was not statistically significant.

When controlling for unemployment rates in the counties and comparing the same data, the difference in turnover rates once again was not statistically significant, but was more favorable for the intervention social workers than the earlier comparison. Further, results that controlled for county unemployment rates approached statistical significance.

Missouri

Measuring preventable turnover from agency records proved to be a difficult task for a variety of reasons in this state. The data systems in place provide for voluntary self-report of reason for leaving, a measure with serious validity constraints as well being prone to a high number of losses. Complicating the validity and reliability issues is the lack of a consistent and uniform definition of “preventable” either in the standard literature or as used in the cross-site evaluation protocol. To attempt to obviate some of the short-coming a triangulation of estimates was chosen as the measurement. This involved (1) examination of the returns on an exit questionnaire mailed to individuals who leave, (2) an extensive follow-up in 2004 by the Personnel Section of the Department of Social Services specifically for the purposes of this project and (3) follow up with supervisors in the project as to reasons workers left.

As each of these methods proved unreliable for one or another reasons, the project staff decided to use SOE data related to an expressed intent to remain employed by the Children’s Division (CD). The overall turnover rate for the CD is difficult to determine as records are kept by the personnel section of the parent agency. In the two tables below, expressed intent to remain with the CD is presented for the intervention and contrast areas. Table IRE 1 shows results for supervisors and IRE 2 shows results for social service workers. However, SOE results show that expressed intent to remain employed by social service workers and supervisors has been 73% in 2003 (baseline year); 77% in 2004 and 79% in 2005. The tables clearly show that in both the intervention and contrast areas expressed intent to remain employed by the children’s division is well above the overall average. Further the percentages were approximately equal at the baseline (2003) measures but have increased with passing years.

Tables IRE 1 and 2

Social Service Supervisors: Intent To Remain Employed by CD

	Yes	No	Total	
Urban Exp				
2003	11	2	13	85%
2004	8	1	9	89%
2005	4	1	5	80%
Urban Contrast				
2003	16	4	20	80%
2004	7	1	8	88%
2005	6	2	8	75%
Rural Exp				
2003	13	3	16	81%
2004	6	2	8	75%
2005	8	2	10	80%
Rural Contrast				
2003	8	2	10	80%
2004	9	0	9	100%
2005	12	0	12	100%

Social Service Workers I and II: Intent to Remain Employed by CD

	Yes	No	total	%
Urban Exp				
2003	37	34	71	52%
2004	23	10	33	70%
2005	45	22	67	67%
Urban Contrast				
2003	49	42	91	54%
2004	31	10	41	76%
2005	37	7	44	84%
Rural Exp				
2003	59	11	70	84%
2004	30	7	37	81%
2005	65	13	78	83%
Rural Contrast				
2003	74	21	95	78%
2004	44	11	55	80%
2005	58	3	61	95%

Even with strenuous efforts difficulties remain in accurately measuring preventable turnover. The lack of an agreed upon operational definition of “preventable” leads to highly a subjective and idiosyncratic interpretation of the data that are available. Certain variables associated with turnover are clearly within the purview of this project (e.g. satisfaction with supervision, professional development,

morale, etc.) and measurement of impact on those elements and the frequency in which they appear in termination reports can be measured. But the relative weighting of these variables and others such as adequate compensation within the specific environment, professional opportunities is unknown. In addition, as is clear from the tables above, training contracts, local changes in leadership, and the CD's overall determination to improve all aspects of its work may have led to contamination of the control areas. The visibility of the project may in itself have contributed to the control areas making adjustments in performance.

Tennessee

Case managers were administered the Intent to Remain Employed Scale via web-based survey at Baseline, Year One, and Year Two. Baseline, Year One, and Year Two data were compared using a 2 (group) x 3 (time) analysis of variance (ANOVA). Baseline, Year One, and Year Two data are presented in the following table along with any significant ANOVA results. A statistically significant interaction effect was found on the total Intent to Remain Employed Scale score.

Comparisons were also made using repeated measures ANOVA to allow for longitudinal analysis of data provided by the same respondents over the course of the project. A statistically significant difference was found between the Intervention Group and the Comparison Group on the final IRE rating. The Intervention Group rated their intent to remain employed lower than the comparison group.

The results of the 2 x 3 ANOVA suggest that over the course of the project, the Intervention Group's commitment to remain employed in child welfare decreased, while it increased in the Comparison Group. Similarly, the results of the repeated measures ANOVA suggest that at the end of the project, the Intervention Group had less commitment to remaining employed in child welfare than the Comparison Group. As with the professional organizational culture above, it should be noted that during the course of the project, there were numerous changes in the leadership of the Department of Children's Services that resulted in a great deal of chaos among frontline staff. It is quite possible that these apparently negative outcomes are result of the leadership changes and that the project helped to prevent further reductions in ratings of intent to remain employed.

In addition to the Intent to Remain Employed Scale, our intention had been to collect data on the number of case managers who left the job. We attempted to collect this data by two methods. First, we hoped to collect this data from the Tennessee Department of Children's Services Human Resources Department. Unfortunately, we were unsuccessful in securing the data in this manner. A second approach was to survey the Regional Administrators at the end of each year regarding turnover among the case managers in their region. We distributed a turnover survey for the Baseline period as well as for the First Year of the project. The survey included a series of questions designed to elicit the number of case managers who left employment and the reason for their departure. Unfortunately, despite multiple requests, including telephone calls to the RA's, we had a very low response rate. As such, we made the decision not to collect this data for the second year, as any analysis on this data would provide little information because of the low response rate.

Table 3. 2X3 ANOVA of Intent to Remain Employed.

SURVEY ADMINISTRATION			
	Baseline (n = 203)	Year 1 (n = 128)	Year 2 (n = 78)

Intent to Remain Employed ^c			
Intervention	23.27 (5.43)	24.20 (5.36)	21.79 (7.31)
Control	23.42 (6.19)	23.34 (5.54)	25.18 (4.14)

NOTE: ^a Main effect for group (p < .05); ^b Main effect for survey administration (p < .05);

^c Interaction effect (p < .05)

Table 4. Repeated Measures ANOVA of Intent to Remain Employed.

	SURVEY ADMINISTRATION			test statistics		
	Baseline	Year 1	Year 2	F	df	p
Intent to Remain Employed						
Intervention (n = 3)	22.67 (4.04)	23.00 (1.00)	12.33 (1.53)	7.09	1, 12	0.02
Control (n = 11)	27.09 (4.25)	24.36 (4.78)	25.00 (4.45)			

Cross-Site Synthesis of Findings

Due to tremendous measurement issues, the ability of a structured clinical casework supervision approach to positively impact preventable turnover cannot be assessed based on this study for all of the reasons detailed in the previous section. However, some favorable results were noted. The Arkansas project found increased intent to remain employed in the intervention group with the inverse trend in the comparison with the difference approaching statistical significance. However actual turnover in the intervention group was higher, perhaps related to local employment opportunities. Mississippi found lower actual turnover in the intervention group which was not statistically significant, but when local unemployment rates were controlled for, the difference approached significance. Missouri's intent to remain employed was based on a response to one item and no discernable pattern could reasonably be noted in comparison. While a statistically significant difference was found in the Tennessee project related to intent to remain employed, it favored the comparison group.

Outcome 5: Positively affect child protection worker practice in assessment and intervention with families.

This outcome was measured in two ways. First, all four projects used a common instrument: *Self-Efficacy Assessment-Social Work (SEA-SW)*, developed by Bert Ellett (2001), currently at the University of Georgia. This scale measures of the strength of the individual's personal beliefs in their capability to complete a number of child welfare tasks, and their belief in their ability and responsibility to impact positive change in the lives of their clients (efficacy expectations). In most projects, analysis of this measure was conducted on two levels—comparing particular individuals over time, and comparing individuals in the intervention and comparison groups.

Secondly, states were asked to analyze data already collected in the child welfare agency from whatever case review process was in place, whether peer or 3rd party. Interestingly, although the Tennessee child welfare agency agreed they had an appropriate process and that they would share data,

when high level administrators changed, the agency changed its mind—reporting not only to project but also QIC staff that no such case review process existed and there was no data to share. Therefore the results of that methodology exclude Tennessee.

Worker Self-efficacy in Child Welfare Tasks

Arkansas

With respect to efficacy expectations, caseworkers became slightly more hopeful over the 19 months between the two surveys but there were no apparent changes among supervisors. Since these patterns of change (for caseworkers) and no change (for supervisors) occurred among members of both groups, these observed changes are probably not due to the mentoring intervention itself, or may be susceptible to the contamination effect previously noted.

Caseworkers (but not supervisors) were asked about their perceptions of their *own* abilities to have a meaningful impact on the lives of their clients (self-efficacy). Data from the longitudinal surveys showed notable increases in self-efficacy over the 19-month interval, occurring among caseworkers in the control group as well in the intervention group. As with perceptions of professional organizational culture, these attitudinal improvements were positive signs of improvement, but the fact that they were observed between both groups makes it difficult to attribute them to the intervention itself.

In summary, there was an across-the-board increase in feelings of self-efficacy among caseworkers (the self-efficacy questions were not presented to supervisors); however, there were no differences between treatment groups, either cross-sectionally or over time, in the self-efficacy scores of caseworkers.

Mississippi

The data showed that there were significant changes in social worker's perceptions of self-efficacy. More effective supervision resulting in social worker skill-building may have enhanced intervention region social workers' perceptions of their self-efficacy, particularly in the area of client assessment and analysis, as well as their efficacy expectations. No evidence of growth in supervisors' perceptions of organizational culture or social workers' perceptions of self-efficacy or efficacy expectations was found for control group participants, providing support for a conclusion that the effects of the Learning Lab intervention account for the positive changes that have occurred in intervention group supervisors' and social workers' perceptions.

Missouri

The RDM project was designed to be non-intrusive in the contrast areas and to be scaleable to the complete state if the intervention circuits (areas) evaluation results showed that the intervention was successful in developing individual worker clinical competence. In accord with the cross-site evaluation requirements of the grant, the project used common instrumentation on worker self-report of changes in clinical decision making. The scales were embedded in the Children's Division's annual

Survey of Organizational Excellence (SOE) - a web based anonymous survey available to all employees of the Children’s Division. The first year (or Wave) of the survey was conducted in 2003 within a few months of the beginning of the intervention and constitutes the baseline measure. Collaborative agreements with the Children’s Division restricted education background measures until later surveys conducted in 2004 and 2005.

In the results that follow, three datasets describing workers self ratings were analyzed. Each dataset refers to a different year; respectively 2003, 2004 and 2005. All the datasets present the same three dependent variables which are the three dimensions of the Ellett Scales. These are: “Client Assessment,” “Effort and Persistence” and “Efficacy Outcomes.” Each variable is computed as the mean of the answers to several survey questions (each on an ordinal scale 1-4 with 0 for N/A or missing), the scores are factor based scores; and do fit the assumptions for ANOVA analysis.

VARIABLE	TYPE	DESCRIPTION
Intervention vs. Contrast	Dichotomous	Workers in the Intervention circuits vs. the contrast
SW Degree vs. non-SW Degree	Dichotomous	Social Worker Degree vs. non-SW degree
Rural vs. Urban	Dichotomous	Rural or Urban Circuits
Years of Experience	Dichotomous	Years of experience
Indicator (SSWI vs SSWII)	Dichotomous	Proxy for Years of experience

From the careful and comprehensive analyses performed certain conclusions can be drawn: first, it is clear that during the first intervention year, workers within the intervention area when compared with the contrast areas, significantly improved over the base line (wave 1) year. However, the effect of training the supervisors and having them pass on skills to workers is not a direct main effect but is due to interaction with degree type, experience, and rural vs. urban setting differences.

Second, the situation presented in the data suggests that the intervention and contrast circuit workers were roughly equal at the baseline measurement. During the first program year, which is measured as the difference from wave 1 to wave 2, “Client Assessment” and “Effort and Persistence” scores changed significantly but only in interaction with other factors.

Third, the intervention significantly affected the reported scores of workers with a social work degree. For the Efficacy outcomes dimension, the first year of intervention is effective only in combination with experience. During the second program year, measured as the difference of wave 2 to wave 3; the interventions seems not to produced significant changes in any of the dimensions.

These results suggest that the RDM training model as applied in the first year (wave 1 to wave 2) made a rather dramatic impact on supervisor-worker interaction. As the supervisors began to be evaluated by their workers (360 degree evaluation) and the emphasis shifted toward clinical decision making, workers in the intervention circuits reported higher scores on ‘client assessment’ and ‘effort and persistence’ but only for those with a social work degree. This finding is consistent with analysis of the type of training content that was offered and the 360-degree evaluation reports from workers as well as the supervisor’s qualitative evaluation of their experiences found in the final focus groups.

For the multiyear study, the first step was to link the three datasets for the years 2003 (baseline) with the 2004 and 2005 (intervention years). Subjects were matched based on demographic information and resulted in 74 workers who had participated in all three years of the survey. As above, self-reported data on three dimensions of professional performance were analyzed: Client Assessment, Effort and Persistence, and Efficacy Outcomes with each element encompassing factor based scores from responses on several of the items.

For all dependent variables the same set of factors were used:

Class Level Information		
Class	Levels	Values
Experience	2	1 (up to 5 yrs) 2 (6 or more yrs)
Intervention vs. Contrast	2	1 (Intervention) 2 (contrast)
Rural vs. Urban	2	1 (rural) 2 (Urban)
Education	3	1 (up to some college) 2 (Bachelor) 3 (Master or PhD)
Time (Wave)	3	3 (2003 or wave 1) 4 (2004 or wave2) 5 (2005 or wave 3)

The absence of simple main effects means the analysis must rely on the interaction findings of the model. These findings fail to suggest a consistent pattern of effect from the intervention on workers scores on the three dimensions of the Ellett Social Worker Self-efficacy scale. There is evidence to suggest that on the “Client Assessment” and “Effort and Persistence” dimensions the intervention groups have been better overall but only when considered with their education and experience. This point has particular significance when considered with the year by year analysis above.

It seems clear that the workers of supervisors in the intervention areas do report higher scores on two of the Ellett Self-efficacy dimensions. Even though the wave analysis suffers from a large loss of subjects (estimated at 66%), the analysis suggests that the intervention when combined with worker experience and education has statistically significant effect. The results suggest that the Ellett scales can measure subtle effects in this interaction. The RDM project teaching was of a high level as noted in the areas on pedagogy above. The results suggest that supervisors in the intervention areas were able to make effective use of the model and pass their skills and knowledge along to their workers.

* NOTE: The evaluator worked with the Statistical Consulting Service of the University directed by Dr. Lori Thombs* and with Mr. Antonello Loddo, Doctoral Candidate in Statistics. The data was analyzed via a Mixed Model accounting for repeated measures. Each dimension was analyzed separately -- “Client Assessment,” “Effort & Persistence” “Efficacy Outcomes.” The evaluator and the statistical consulting team agree that with the loss of over 66% of the subjects using the matching method suggests that the repeated measures design probably does not provide an adequate measure of the multiyear effect. Consequently the results should be used with caution.

Tennessee

Baseline, Year One, and Year Two data were compared using a 2 (group) x 3 (time) analysis of variance (ANOVA). Baseline, Year One, and Year Two data are presented in the following table along with any significant ANOVA results. A statistically significant main effect was found for group membership on the Client Assessment/Analysis and Effort/Persistence subscales and total SEA-SW score, though no main or interaction effects were found on any of the four Self-Efficacy Outcomes ratings.

Comparisons were also made using repeated ANOVA measures to allow for longitudinal analysis of data provided by the same respondents over the course of the project. Comparisons were also made using repeated ANOVA measures to allow for longitudinal analysis of data provided by the same respondents over the course of the project. Results were not statistically significant.

The results of the 2 x 3 ANOVA of the Self-Efficacy Assessment indicate that the Intervention Group had lower self-efficacy ratings than the Comparison Group. Although the lack of significant effects found for the Self-Efficacy Outcomes may suggest that case managers in the Intervention Group did not increase their sense of self-efficacy, it is perhaps more likely that these results are due to the effect of social desirability. Specifically, it is unlikely that case managers would indicate during the Baseline data collection that they did not judge themselves to be competent or effective.

Table 5. 2X3 ANOVA of Self-Efficacy Assessment.

	SURVEY ADMINISTRATION		
	Baseline (n = 203)	Year 1 (n = 128)	Year 2 (n = 78)
Client Assessment/Analysis ^a			
Intervention	25.11 (4.09)	22.65 (8.45)	21.58 (8.31)
Control	25.82 (4.29)	22.17 (8.43)	21.93 (9.46)
Effort/Persistence ^a			
Intervention	12.52 (2.08)	11.62 (4.29)	10.82 (4.28)
Control	13.00 (2.17)	11.44 (4.07)	11.11 (4.64)
Total SEA ^a			
Intervention	37.63 (5.65)	34.27 (12.63)	32.39 (12.43)
Control	38.82 (6.05)	33.61 (12.24)	33.04 (14.02)

NOTE: ^a Main effect for group (p < .05); ^b Main effect for survey administration (p < .05);
^c Interaction effect (p < .05)

Table 6. Repeated Measures ANOVA of Self-Efficacy Assessment.

	SURVEY ADMINISTRATION			test statistics		
	Baseline	Year 1	Year 2	F	df	p
Client Assessment/Analysis						
Intervention (n = 3)	27.33 (4.51)	23.67 (7.51)	27.67 (3.21)	0.00	1, 11	.994
Control (n = 10)	27.40 (4.43)	24.60 (9.34)	26.60 (3.24)			

Effort/Persistence						
Intervention (n = 3)	12.67 (0.58)	12.33 (4.04)	12.00 (1.00)	0.08	1, 11	.778
Control (n = 10)	13.50 (2.12)	11.80 (4.59)	12.90 (1.10)			
Total SEA						
Intervention (n = 3)	40.00 (5.00)	36.00 (11.53)	39.67 (3.21)	0.01	1, 11	.932
Control (n = 10)	40.90 (6.06)	36.40 (13.87)	39.50 (4.28)			

Table 7. 2X3 ANOVA of Self-efficacy Outcome Measures.

	SURVEY ADMINISTRATION		
	Baseline (n = 203)	Year 1 (n = 128)	Year 2 (n = 78)
Self-Efficacy Outcome 1			
Intervention	2.97 (0.53)	2.94 (0.55)	3.00 (0.82)
Control	3.00 (0.72)	3.00 (0.68)	3.11 (0.58)
Self-Efficacy Outcome 2			
Intervention	3.35 (0.56)	3.36 (0.60)	3.19 (0.54)
Control	3.32 (0.50)	3.19 (0.66)	3.25 (0.53)
Self-Efficacy Outcome 3			
Intervention	2.64 (0.84)	2.42 (0.70)	2.56 (0.84)
Control	2.61 (0.88)	2.55 (0.86)	2.56 (0.85)
Self-Efficacy Outcome 4			
Intervention	2.81 (0.70)	2.72 (0.52)	2.59 (0.76)
Control	2.73 (0.77)	2.74 (0.74)	2.91 (0.68)

NOTE: ^a Main effect for group (p < .05); ^b Main effect for survey administration (p < .05);
^c Interaction effect (p < .05)

Table 8. Repeated Measures ANOVA of Self-efficacy Outcome Measures.

	SURVEY ADMINISTRATION			test statistics		
	Baseline	Year 1	Year 2	F	df	p
Self-Efficacy Outcome 1						
Intervention (n = 3)	2.67 (0.58)	3.00 (0.00)	2.67 (0.58)	2.70	1, 11	.128
Control (n = 10)	3.20 (0.63)	3.20 (0.63)	3.20 (0.42)			

Self-Efficacy Outcome 2						
Intervention (n = 3)	3.67 (0.58)	3.33 (0.58)	3.67 (0.58)	0.42	1, 11	.532
Control (n = 10)	3.40 (0.52)	3.40 (0.52)	3.30 (0.48)			
Self-Efficacy Outcome 3						
Intervention (n = 3)	2.33 (0.58)	2.33 (0.58)	2.00 (1.00)	0.04	1, 11	.841
Control (n = 10)	2.30 (1.16)	2.30 (0.82)	2.40 (0.97)			
Self-Efficacy Outcome 4						
Intervention (n = 3)	3.00 (1.00)	2.67 (0.58)	2.67 (0.58)	0.001	1, 11	.978
Control (n = 10)	2.70 (0.82)	2.80 (0.63)	2.80 (0.63)			

Cross-Site Synthesis of Findings

Two of four states demonstrated favorable findings in this outcome category. Mississippi found a statistically significant increase in self-efficacy for workers in the intervention group as opposed to the comparison. In Missouri a significant increase was noted for the intervention group when considering in the statistical model the worker's education and experience. In particular, workers with social work degrees were most strongly impacted. The research team from all projects agreed to analyze this data taking into account these two potential intervening factors, however Missouri is the only state who reported data in this form. It is logical, given that the activities regarding which self-efficacy is assessed are core child welfare activities, that these factors would be important. For Arkansas, an increase in self-efficacy was found over time for both groups. In Tennessee, the comparison group performed better than the intervention group on this outcome over time.

Case Record Review

Projects were also required to conduct case reviews to gather data relative to change in worker practice. They were asked to utilize peer or third party review processes already in place in the child welfare agencies, so as not to create an undue burden on the agency or the evaluation team. It was requested that they use a format that focuses on the quality of services provided rather than compliance or administrative issues.

Arkansas

The Division currently produces a monthly report entitled the Compliance Outcome Report that is displayed by county/DCFS area and includes statewide results. This report has been in production for several years. Area Managers and Supervisors develop corrective actions if performance falls below acceptable level of performance. In this report are 10 performance indicators that address child protective service case practice. These include:

1. All children in the home are seen during the investigation of alleged maltreatment
2. The child (subject of the report) is interviewed and observed outside the presence of the offender.
3. Parents and or caretakers are interviewed in all cases
4. Assessments are concluded within 30 days of the report
5. Family needs assessments are completed and documented within 30 days of case opening
6. Family preservation services are provided to families with open PS cases
7. Protective service cases include current case plans
8. Staffings are conducted every 6 months.

9. PS cases have initial staffing within required 30-day time frame.
10. Families are visited weekly, bi-weekly or once a month

Some of these indicators were selected as case outcome indicators for the cross-site evaluation and are reported later. The following observations made by the Arkansas evaluator are key to interpreting findings relating both these case review indicators and the client outcomes discussed later. They are included in full length as they demonstrate critical issues related to the potential success of practice change initiatives in the public child welfare setting.

In general, these various indicators were at or near historically “high” levels in the year prior to the start of the intervention. The Division had just been released from eight years of court monitoring as a result of the settlement of a lawsuit, and was in the process of preparing for its federal Child and Family Services Review. Also, the Division was in the process of seeking accreditation by the Council on Accreditation, a private, non-profit accrediting organization for human services organizations. These results become readily interpretable in light of differences in vacancy rates between the intervention and comparison groups. The decreases in performance indicators observed in this section correspond to increases in vacancy rates. Moreover, the fact that performance decreases were greater in intervention counties than they were in control counties mirrors between-group differences in vacancy rates (and trends therein).

While the specifics of the vacancy situation will be discussed more fully below, there is one particularly noteworthy observation to make with respect to these trends in performance indicators. A number of indicators show a “turn-around” in the intervention group during the last few months of the intervention. This phenomenon is observed with the indicators SO1, CR1, CR2, CR3, and CR4 but not with the other indicators. As it turns out, these indicators all have to do with the conduct of maltreatment investigations.

It just so happens that the late-stage performance turnaround observed in the handling of maltreatment investigations in intervention counties corresponds to a specific administrative decision made by DCFS management early in 2005.

DCFS management had been monitoring the performance decreases that had begun in 2004 with great concern and had been consulting with area managers and county supervisors about possible local causes of decreasing performance levels. Area I, one of the Areas in the intervention group, was particularly troublesome in the handling of maltreatment investigations. Local management indicated that staff losses and the hiring freeze had severely impaired their ability to conduct maltreatment investigations in a proper and timely fashion.

Responding to this situation, in early 2005, DCFS management began to organize “task forces” of workers from the central office and other parts of the state who could temporarily assist Area I to reduce its backlog of open maltreatment investigations. The impact of these task forces is readily apparent in the performance indicators for maltreatment investigations. It seems clear that if extra resources are brought to bear in a particular situation, that intervention can have a noticeable impact.

This observation is interesting in a couple of different ways. First, from a methodological point of view, it suggests that the performance indicators being reviewed in the section are, indeed, sensitive to significant interventions; in other words, the data are “in touch” with ongoing realities in the field.

And second, on a more substantive note, this observation shows that devoting more resources to problematic areas can, indeed, make noticeable improvements in performance levels. This may seem so obvious as to not merit mention, but it is useful to have observed an actual instance of this phenomenon. Although there were some distinctive patterns of change observed in the percentage of families for which the requirement of seeing children during investigation was met, intervention and comparison counties seemed to track together in these patterns over the first two years of observation.

It was only in March of 2005 that the two treatment groups began to diverge, with compliance increasing slightly in the intervention counties while continuing to decline in control counties. Again, the pattern of differential change seems to correspond more closely to the introduction of “task forces” than it does to the intervention. It is also interesting to note that this indicator has to do with the conduct of maltreatment investigations, an activity of particular interest to the task forces.

For the next indicator, children observed and interviewed outside the presence of the perpetrator, the first year and a half of the observation period, both intervention and control counties had nearly perfect compliance with this requirement. In 2004, compliance began to drop, first among control counties and later (and more sharply) among intervention counties. By December, 2004, compliance had dropped to around 72 percent in control counties and 67 percent in intervention counties. During the first half of 2005, compliance rates began to improve in intervention counties while continuing to decline (albeit slightly) in control counties. Once again, this pattern of change appears to show more of a “task force” effect than an intervention effect.

For the standard of all appropriate caretakers being interviewed, over most of the observation period, intervention counties had higher percentages of maltreatment investigations in which the parents of the alleged victim child were interviewed during the course of the investigation. Beginning in the first quarter of 2004, however, there appear to be declines in the percentage of cases in which this requirement was met, and these decreases appear to be somewhat greater among intervention counties than they were among control counties. By the beginning of 2005, compliance rates of the two treatment groups were nearly equal at around 60 percent.

In 2005, compliance rates in intervention counties began to increase while those of control counties held steady at the 60 percent level. Again, the impact of the task forces seems to manifest itself in the improvements observed in the intervention counties; the mentoring intervention itself seems not to have made any difference.

Compliance in intervention counties, on the other hand, showed much greater temporal variability prior to the start of the intervention, and shortly after the intervention began, experienced a 25 percentage point decrease; timely completion of strengths and needs assessments fell from 60 percent in September, 2003, to 35 percent in January, 2004. From then on, compliance in intervention counties showed a fairly steady decrease similar to that observed in control counties. By August, 2005, less than 20 percent of families in intervention counties had received their strength and needs assessments in a timely fashion. Apparently, neither the intervention nor the arrival of task forces affected the timely completion of strengths and needs assessments.

This last finding is particularly interesting. In previous indicators, we saw how the arrival of supplemental task forces had a noticeable impact on indicators having to do with the conduct of maltreatment investigations. This makes sense since helping out with the backlog of maltreatment investigations was one of the primary charges of the task forces. Other aspects of the case management process, on the other hand, remained the responsibility of local DCFS staff. Thus, it

should not be surprising to observe that indicators having to do with maltreatment investigations would show an effect of the task forces while indicators of other aspects of case management would not.

Many of the indicators tracked seem to be more responsive to staff attrition, which was more severe in intervention counties than it was in control counties.

FIGURE CR1: PERCENTAGE OF FAMILIES IN MALTREATMENT REPORTS WITH ALL CHILDREN SEEN DURING INVESTIGATION

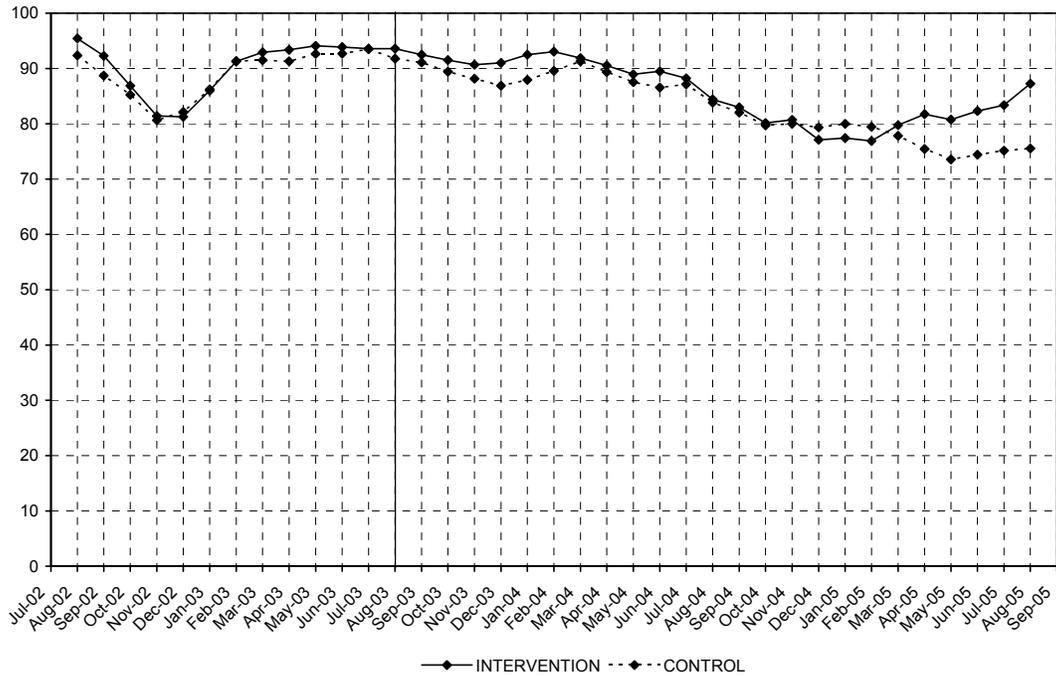


FIGURE CR2: PERCENTAGE OF FAMILIES IN MALTREATMENT REPORTS WITH VICTIM OBSERVED AND INTERVIEWED OUTSIDE THE PRESENCE OF THE OFFENDER

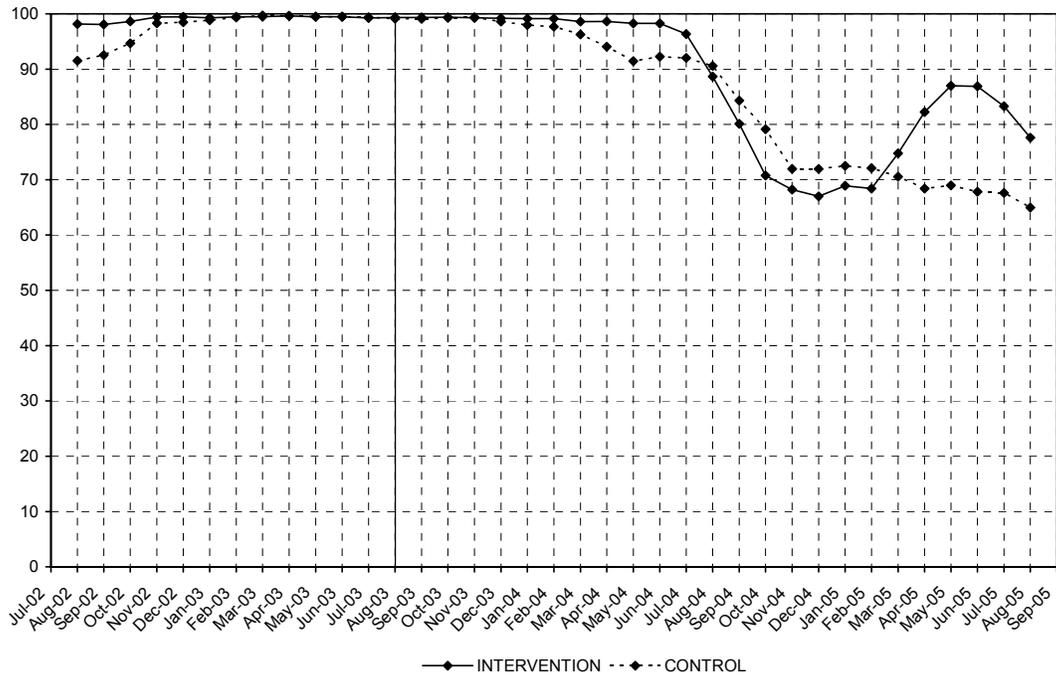
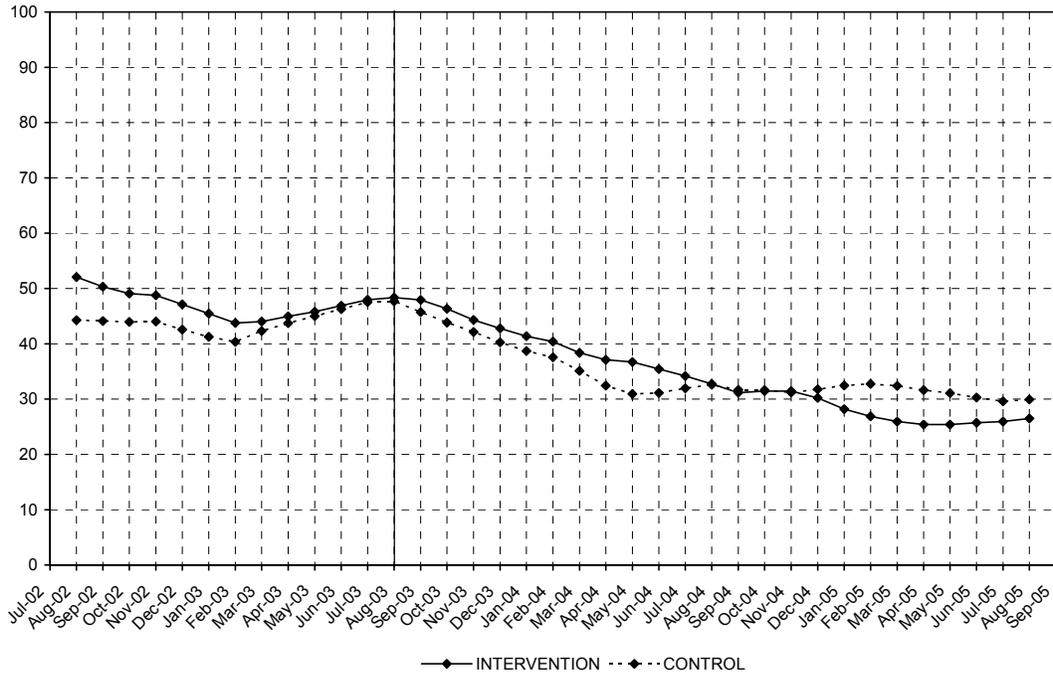


FIGURE CR3: PERCENTAGE OF FAMILIES IN MALTREATMENT REPORTS IN WHICH PARENTS OR CARETAKERS WERE INTERVIEWED



FIGURE CR8: PERCENTAGE OF PROTECTIVE SERVICES CASES WITH STAFFINGS CONDUCTED EVERY SIX MONTHS



Mississippi

Case review data for intervention and control regions provided results that slightly favored the intervention regions in most aspects longitudinally. With regard to data that had established standards, both intervention and control regions met the standard on a lower percentage of items during the second quarter of 2004-2005 than during the second quarter of 2003-2004. The evaluators were unable to obtain data from the agency during the final period of the project.

Reported case review data that had no established standards included the average number of days from report dates to case open dates, the number of repeat maltreatment reports, and the number of successful face-to-face contacts between child(ren) and social worker with and without family preservation services. The average number of days from report dates to case open dates fell an average of 1.3 days for the intervention regions but rose an average of 3.3 days for the control regions. This indicates that the intervention regions improved from the first two quarters to the last two quarters, while the control regions declined over the same period. In the number of repeat maltreatment reports, the intervention regions declined substantially from the first two quarters to the last two quarters. The control regions also declined, but less substantially.

Both intervention and control regions declined in the number of successful face-to-face contacts between child(ren) and social worker with family preservation services, but the decline was sharper for the intervention regions. The intervention regions showed a slight decline in the number of successful face-to-face contacts between child(ren) and social worker without family preservation services, while the decline was sharper for the control regions.

Missouri

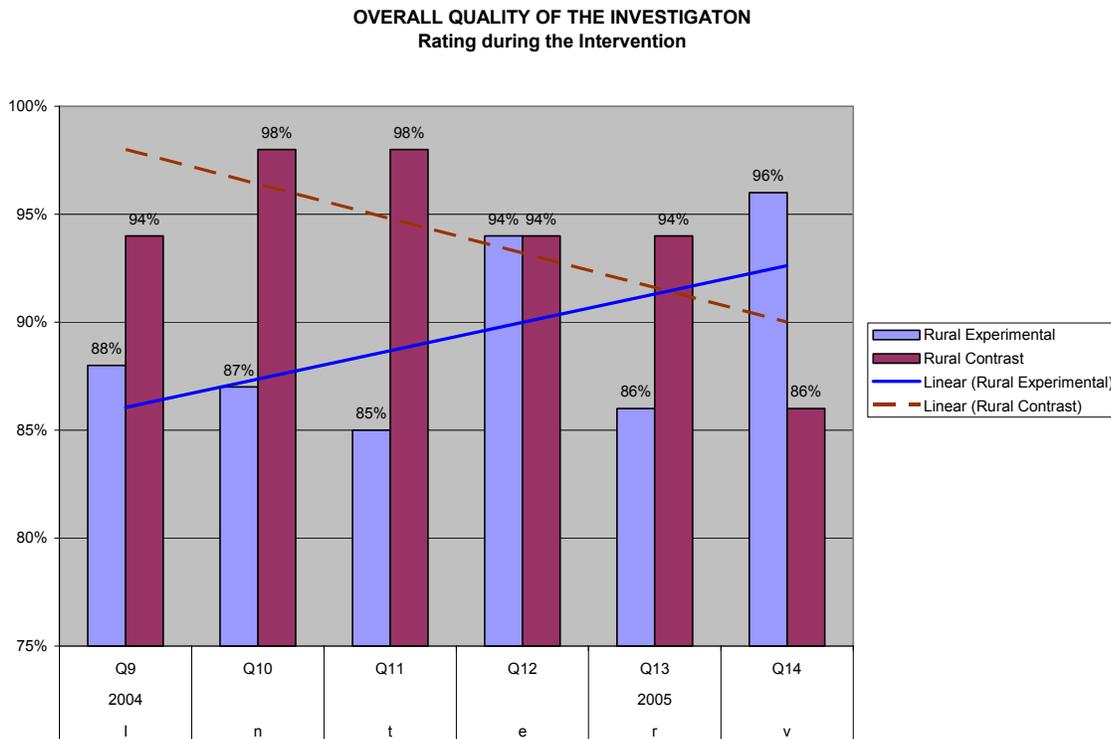
The Peer Record Review (PRR) process was developed as part of the Children's Division's comprehensive quality improvement process and represents both a quality measure and a practice development protocol. The workers selected to review case records learn not only how their peers perform but what elements should be present in a completed record. PRR's dual purpose means reviewers may not be fully prepared to do accurate analysis and, on occasions, there may be some pressure to not make a particular county or circuit 'look bad.' This is countered by standardizing the process with an elaborate review protocol. Thus, PRR provide a more qualitative outcome measure. The review is based on agency policy, accreditation standards, and best practice standards. The process was rigorously tested and adopted as a standardized tool in January 2000.

The PRR protocol mirrors the rating system used in the accreditation standards and consists of 22 questions for investigations and 23 questions for comprehensive assessments. These questions rate the quality of an investigation or assessment using a four point scale with scores of 1 and 2 being acceptable and 3 and 4 being unacceptable. Cases in the review process are randomly selected on a quarterly or bi-annual basis. The reviews are conducted by front line Children's Division staff members including both supervisors and workers who have specifically trained to the case analysis protocol. The teams review between 5 – 10% of cases from each program area annually.

The following graphs show the results of the rural and urban intervention circuits PRR ratings for overall quality. The PRR results are not significantly different between intervention and control circuits; however, the trend analysis conducted on each question in the overall ratings show a positive slope. The slope results indicate that both intervention and control circuits are performing better overall during the last two years than during the previous (baseline) years.

It is notable that the rural intervention circuits as shown in graph PRR1 are performing better than the rural control circuits particularly in the final quarter available for analysis.

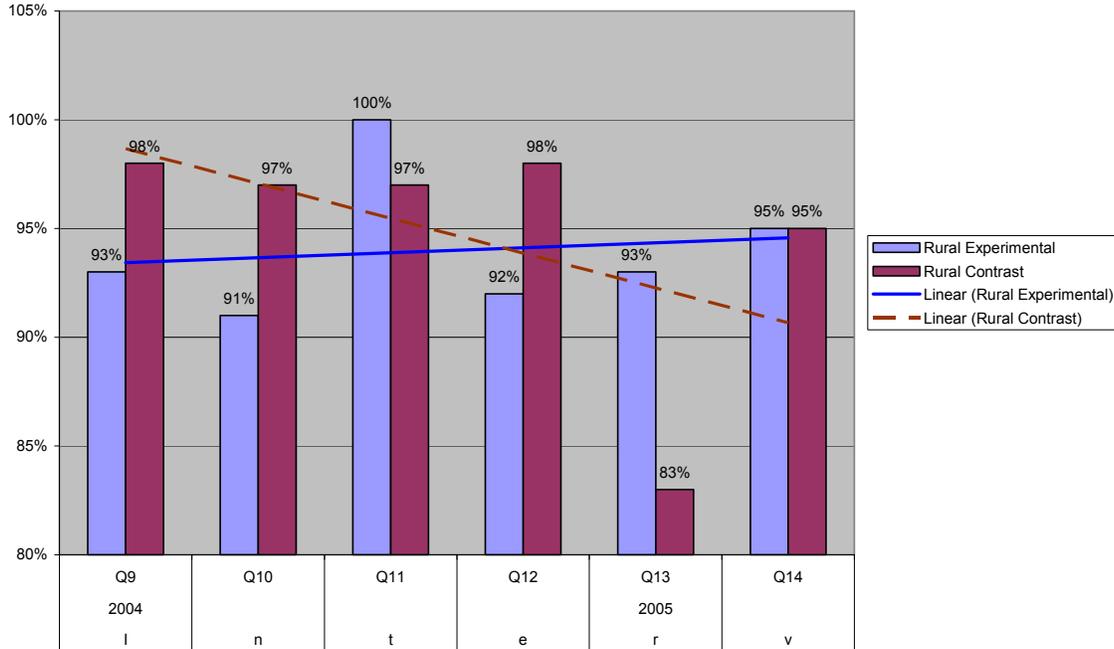
Graph PRR1 Rural Circuits



The rural circuits also show an improvement in comprehensive assessment of cases during the intervention period. The two year baseline trend analysis (prior to intervention) showed that both intervention and contrast circuits were declining in overall performance on assessments. In graph PRR2, the during intervention quarterly ratings of overall quality of assessments show improvement in the quality of work performed. While there is not statistical difference between the intervention and control circuits, the results point to improvement during the intervention.

Graph PRR 2 Rural Circuits

**OVERALL QUALITY OF THE COMPREHENSIVE ASSESSMENT
During the Intervention**



The urban intervention and control circuit results are not displayed in tabular or graph format. The urban circuits overall rating for quality of the investigation and comprehensive assessments could not improve. The baseline ratings and the intervention period ratings were at 100% for both intervention and control urban circuits.

The availability of variation in the circuits comprising the contrast and intervention circuits allow analysis to show that the intervention does seem to effect PRR results. While the differences are not statistically significant, the trend analysis and actual percentage figures suggest that the intervention circuits are improving their peer review ratings.

Tennessee

Despite being agreed upon by the public child welfare agency early on, they were unable to provide data on this outcome. They report they have no case review process that could be used for this purpose. Although the project originally agreed that due to this problem, case record review data would be collected in Tennessee at the end of the project, at which time a research associate would travel to the regional offices and collect data from a random sample of case records for the baseline year and each year of the project, this never occurred, reportedly due to the overall lack of cooperation by the agency on the project in general.

Cross-site Synthesis of Findings

Two projects demonstrated favorable impact of the intervention on worker practice using the case review methodology. Both Mississippi and Missouri demonstrated some trends of improvement

for some indicators. For Arkansas, no discernable pattern could be attributable to the intervention, but rather performance standards seemed to be impacted by worker turnover experienced in the intervention area and administrative actions designed to improve practice separate from the project. No data was provided on this outcome for the Tennessee project.

Outcome 6: Enhanced safety, permanency and well being of children and their families

Three indicators for this outcome were selected for use by all sites out of the menu of such indicators already collected by states for NCCANs or AFCARS data sets. It was recognized that the likelihood of detecting change over only a less than three-year intervention period is small. In addition, our ability to attribute any change found to supervision-level intervention is also very limited. However it was determined early on that including this level of outcome was important to maintaining the focus on the theoretical outcome we are working toward: enhancement of positive outcomes for children and their families. Projects decided to use time series analysis in an attempt to reveal any change in these indicators, so data is being retrieved from July 1, 2001, prior to the intervention and quarterly thereafter, however, the nature of the data did not lend itself to this type of analysis due to the relatively short time period, and natural fluctuation of the data. The research team decided that the most appropriate way to look at the data was to plot trend lines to determine if it appeared that intervention groups were moving in a more positive direction than the comparison groups over the relatively brief time period. The three indicators are:

- **↑% of initial contact with families within 24 hours (Domain: safety)**
- **↓% of cases with subsequent substantiated maltreatment reports within 6 months of first substantiated report (Domain: safety)**
- **↑% Reports completed within 30 days (Domain: safety)**

In addition, for some projects in which the target agency was providing the entire array of services, comparison of two additional indicators was conducted.

- **↓% of intact families with open ongoing protection cases over 12 months (Domain: well being)**
- **↓% of intact family cases with substantiated child abuse/neglect report (Domain: Safety)**

↑% of initial contact with families within 24 hours

Arkansas

DCFS policy requires that initial contact with families involved in maltreatment referrals be made within specified time periods. For more serious allegations (Priority I referrals), the initial contact must be made within 24 hours of receipt of the referral. For less serious allegations (Priority II referrals), initial contact must be made within 72 hours.

In 2005, trends in compliance began to diverge noticeably between the intervention and control groups. Compliance in the intervention counties began an upward trend, rising to around 83 percent by August, 2005. In the control counties, however, compliance resumed its downward trend, falling to just under 70 percent by the end of the observation period.

The pattern of change observed in 2005 is precisely the pattern one would expect if the mentoring intervention were having a significant impact on this particular outcome measure. However, other changes occurring within the organization make it difficult to sustain this conclusion with any degree of confidence.

Mississippi

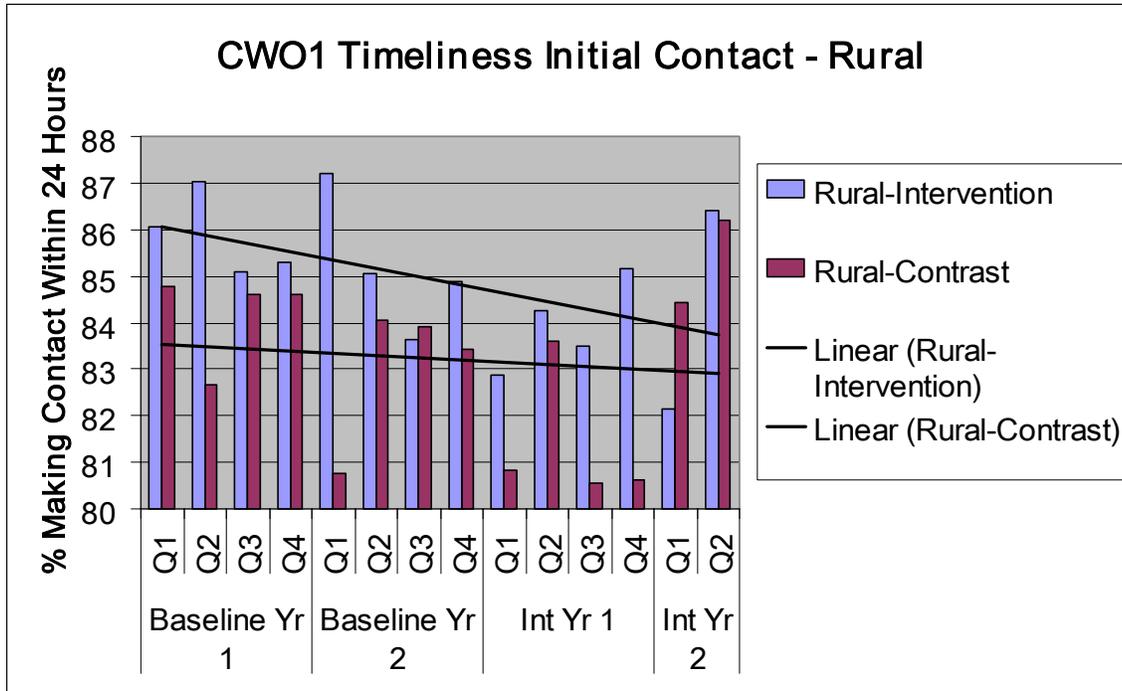
With regard to safety, permanency and well-being data, all regions improved during 2004 and the first two quarters of 2005 in the percentage of contact within 24 hours. It should be noted that for all case outcome data the last wave of data was collected prior to the end of the project due to personnel changes in the Mississippi Department of Human Services.

Missouri

State statute and agency policy dictates assurance of child safety within 24 hours of receipt of a report. The only exception to this mandate is when educational neglect is the sole allegation. This measure is calculated for child abuse and neglect reports concluded within the three month period under review.

The rural intervention group had a better rate contact during the baseline years and continued to have a better rate of “Timeliness” than the contrast group during the intervention quarters. Trend analysis suggests that the intervention group is improving with the intervention group outperforming the contrast in 5 of the 6 reporting quarters (see graph CWO 1).

The urban intervention circuit remains with a few percentage points of the urban control over the 14 quarters; however, in both circuits outcomes are declining with the intervention outperforming the contrast in only three of the 6 reporting quarters.

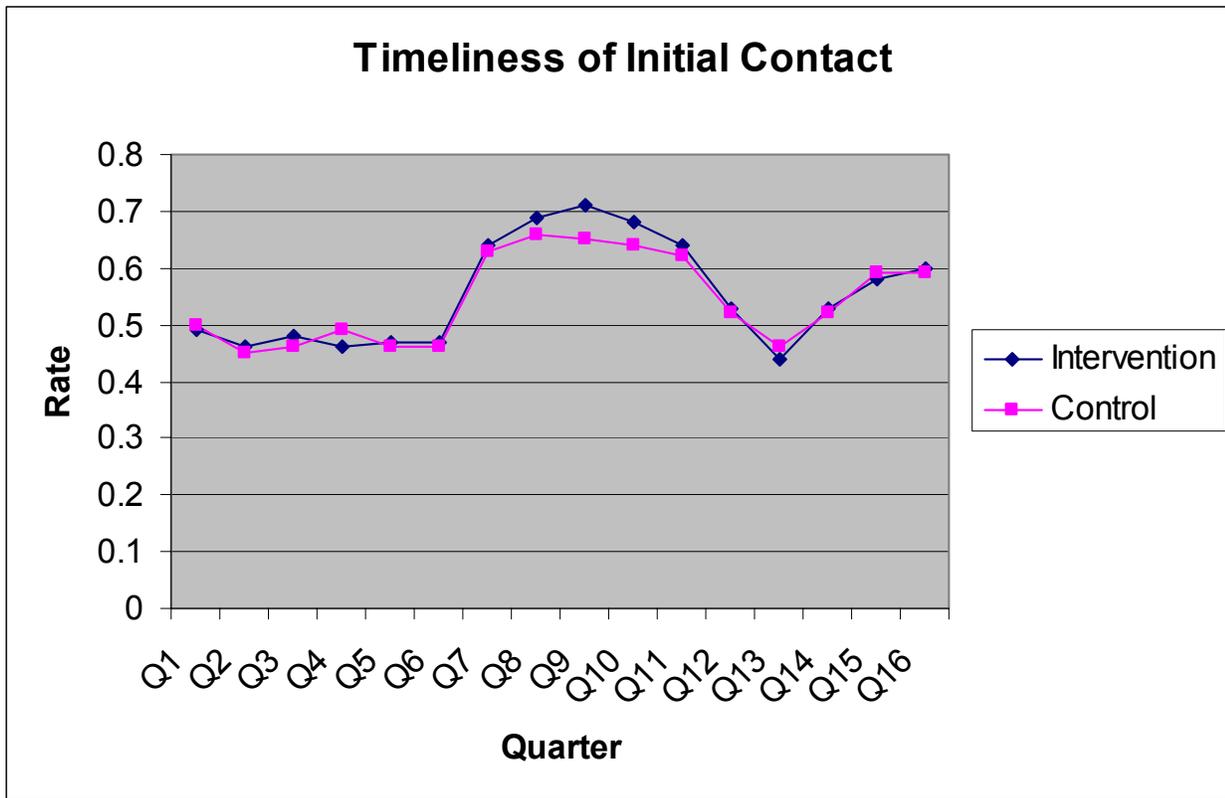


Tennessee

DCS policy requires that initial contact with families in maltreatment referrals be made within specified time periods. For more serious allegations (Priority 1 referrals), initial contact must be made within 24 hours of receipt of the referral. For less serious allegations (Priority 2 referral), initial contact is required within 48 hours of receipt of referral. For referrals that reflect no imminent danger and depending on the age of the child (Priority 3 referrals), initial contact must be made within 5 working days. Data was provided by the Tennessee Department of Children’s Services.

The data in Figure 1 show the percentage of cases in which initial contact was made within 24 hours of the receipt of referral. Quarters 1 through 8 can be considered to be baseline data as implementation of the training did not begin until May 2003 and Quarters 9-16 can be considered to reflect changes during the intervention period.

OUTCOME #1: Timeliness of Initial Contact



As can be seen in the figure, timeliness of initial contact remained stable during the first six quarters, fluctuating slightly between .45 (45%) and .50 (50%). During Quarter 7 through 11, the rate of timeliness of initial contact increased and ranged between .62 (62%) and .71 (71%). During Quarters 12 and 13, the rate declined to original levels before beginning a trend upward. During the entire 16 quarter period, rate of timeliness of initial contact varied little between the intervention and control groups.

Baseline data is not available as DCS provided data aggregated for the period from April 1, 2003 through July 31, 2005. Instead we performed a t-test to determine if there were differences between the Intervention Group and the Comparison Group on the three outcomes. Two statistically significant differences were found. The Intervention Group had a higher rate of compliance with Priority 1 and Priority 3.

	Intervention (%)	Control (%)	t	df	p
Priority 1 Compliant	0.78 (0.95)	0.73 (0.11)	2.33	93	.022*
Priority 2 Compliant	0.75 (0.11)	0.71 (0.96)	1.74	93	.085
Priority 3 Compliant	0.65 (0.11)	0.59 (0.08)	3.23	93	.002**

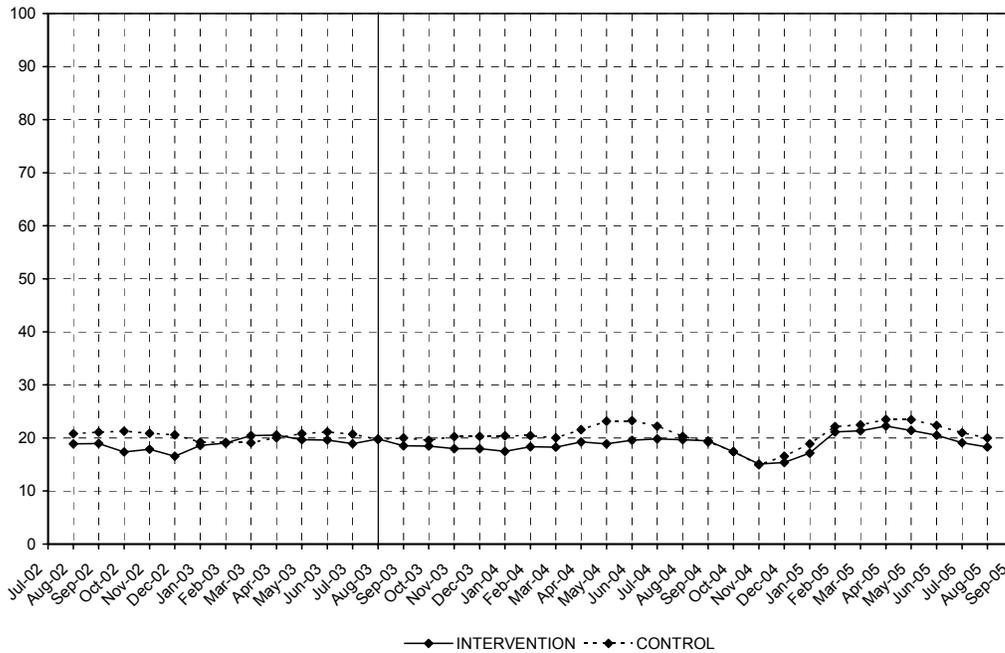
NOTE: * p < .05, ** p < .005

↓% of cases with subsequent substantiated maltreatment reports within 6 months of first substantiated report

Arkansas

“Re-abuse rates” appear to have stood at about 20 percent throughout the two-year observation period and there don’t appear to be any systematic differences between intervention and control counties (the maximum difference between control and intervention counties was just four percentage points). The intervention does not appear to have had any significant impact on re-abuse rates.

FIGURE SO2: PERCENTAGE OF FAMILIES IN MALTREATMENT REPORTS WITH ANOTHER MALTREATMENT REPORT WITHIN SIX MONTHS OF FIRST



Mississippi

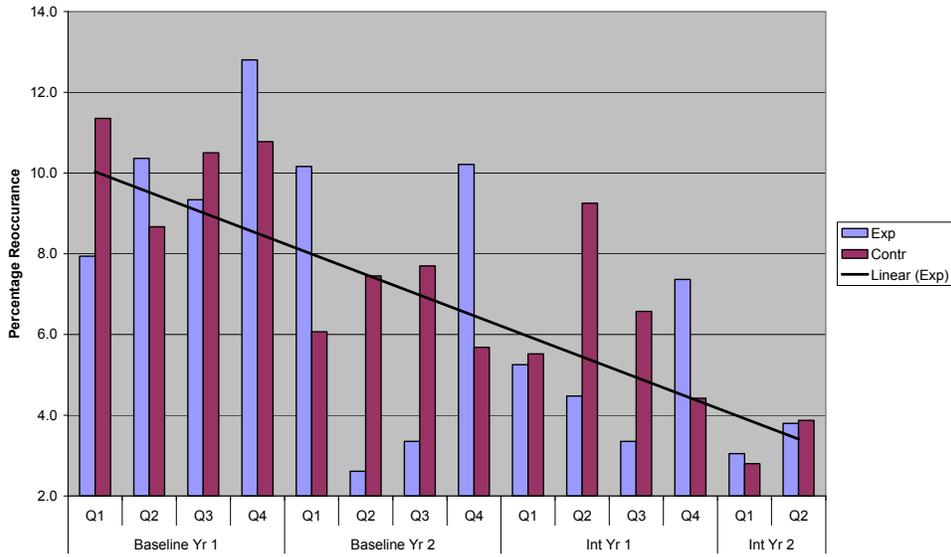
Using the case review data regarding the number of repeat maltreatment reports, the intervention regions declined substantially from the first two quarters to the last two quarters. The control regions declined, but less substantially.

Missouri

This measure provides the percentage of children with a substantiated child abuse and neglect report within the three month period under review who also had a substantiated report within the prior six months.

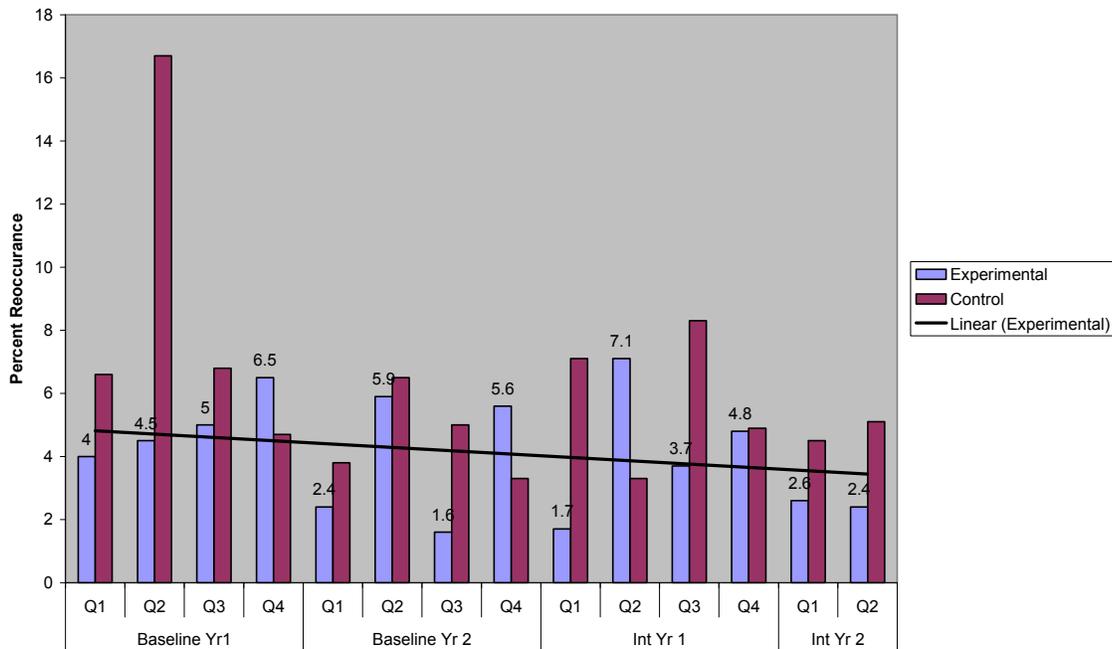
The rural intervention group has demonstrated a sharper decline in the reoccurrence of abuse compared to the contrast group. In the 6 intervention reporting quarters, the intervention group has outperformed the contrast in 4 of the quarters (See CWO 2)

**CWO 2: Reoccurrence of Abuse:
Rural Circuits**



The urban intervention circuit has also demonstrated a lower reoccurrence rate than the contrast circuit over the entire reporting range and outperformed the contrast circuit in 5 of the 6 intervention reporting periods. In addition in the last two reported quarters the urban reoccurrence rate dropped to an average of 2.5% (see CWO 3).

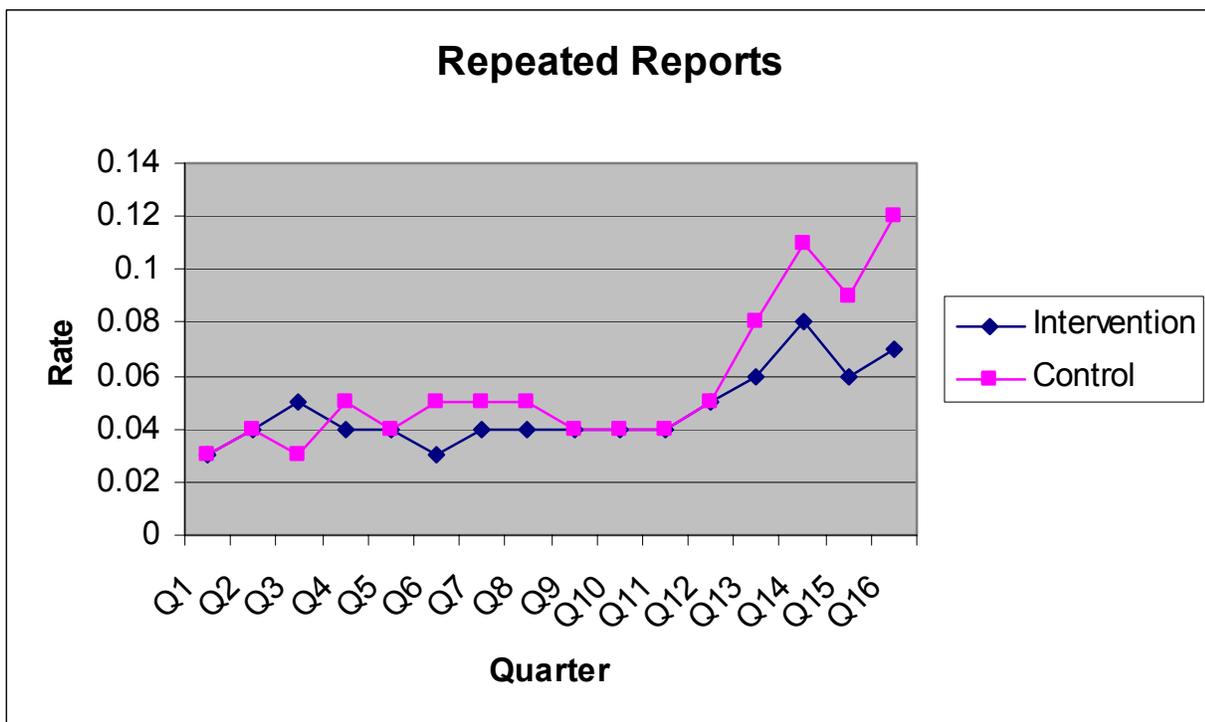
**CWO 3: Reoccurrence of Abuse
Urban Circuits**



Tennessee

The data in Figure 2 show the rate of repeated reports of maltreatment within six months of the first report. During the first 12 Quarters, the rate of repeated reports remained relatively stable, fluctuating between .03 (3%) and .05 (5%) with little difference between the intervention and control groups. Beginning in Quarter 13, an upward trend in repeated reports began for both the intervention and control groups, though the control group had a much higher trend. During the last quarter under examination, the intervention group had a repeated reports rate of .07 (7%) and the control group had a rate of .12 (12%).

Outcome # 2



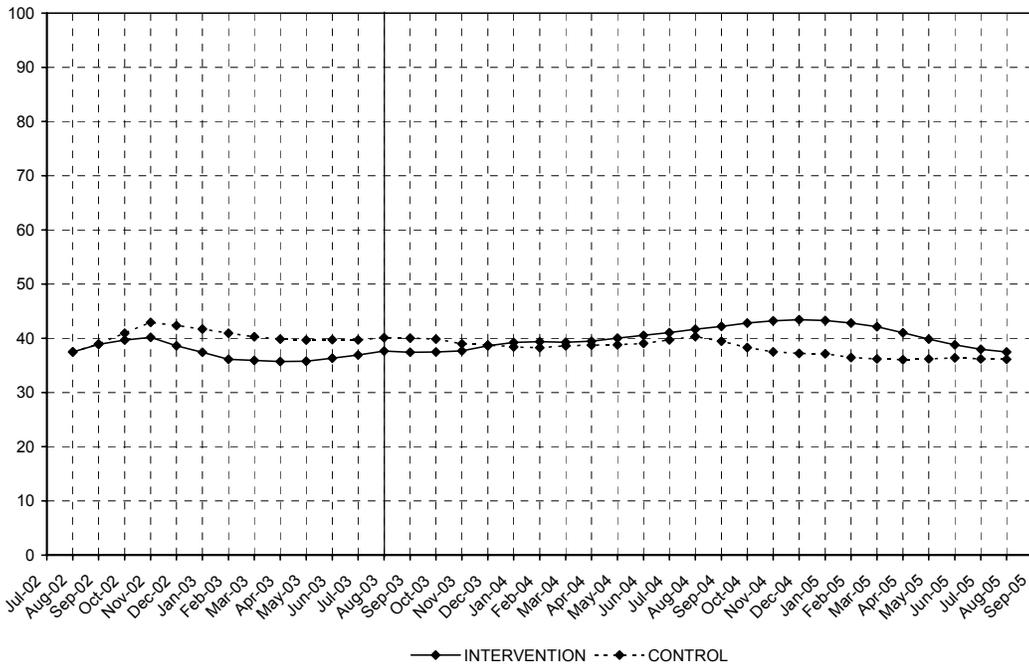
↓ % of intact families with open ongoing protection cases over 12 months

Arkansas

The percentage of families whose protective services cases remained open for more than 12 months hovered around 40 percent throughout the observation period. However, there is an interesting (but subtle) pattern in these data.

From April, 2003, the percentage of lengthy PS cases began a slight but steady increase in intervention counties while remaining flat in control counties. From September, 2004, the percentage of lengthy PS cases began to decrease slightly in control counties while continuing to increase slightly

FIGURE SO3: PERCENTAGE OF FAMILIES WITH ONGOING PROTECTIVE SERVICES CASES OPEN OVER 12 MONTHS



in intervention counties. It was only in February, 2005, that the percentage of lengthy PS cases began to decrease slightly in intervention counties.

The overall changes are relatively small in magnitude and the decreases in lengthy PS cases in intervention counties seem to correspond more closely to the “task forces” of 2005 than to the intervention itself.

Mississippi

Regarding the percentage of prevention cases that had been open 12 months or longer, Region II (C) showed a marked improvement from the first quarter of 2003 to the second quarter of 2005. Region I-E (I) also showed a substantial improvement from the first quarter of 2004 to the second quarter of 2005. In Region I-W (I), the percentage of cases that had been open 12 months or longer rose during 2003 but fell substantially during 2004 and 2005.

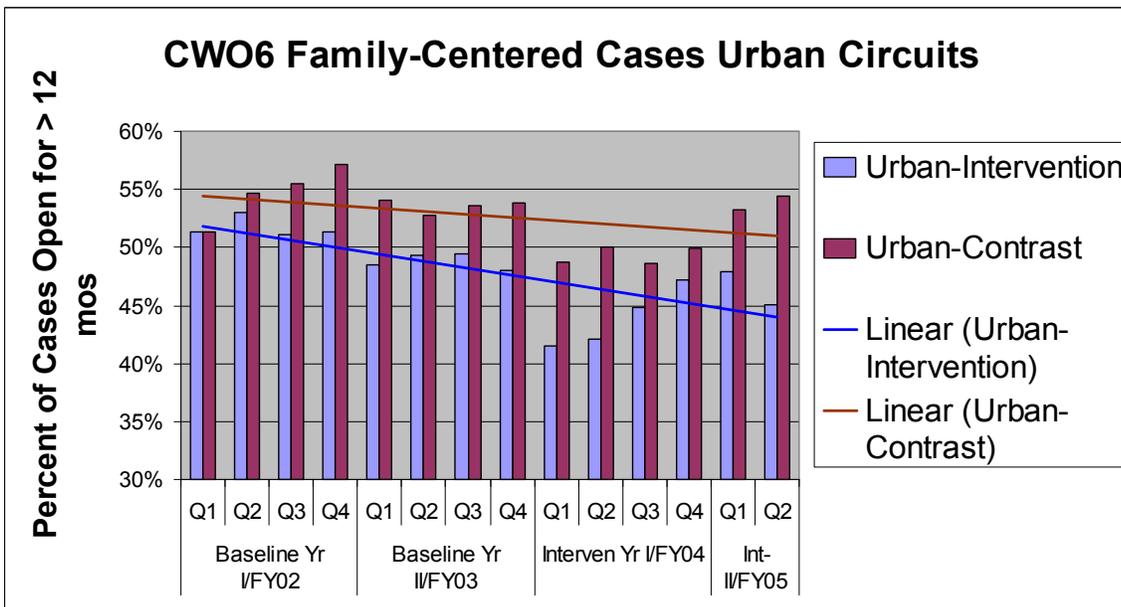
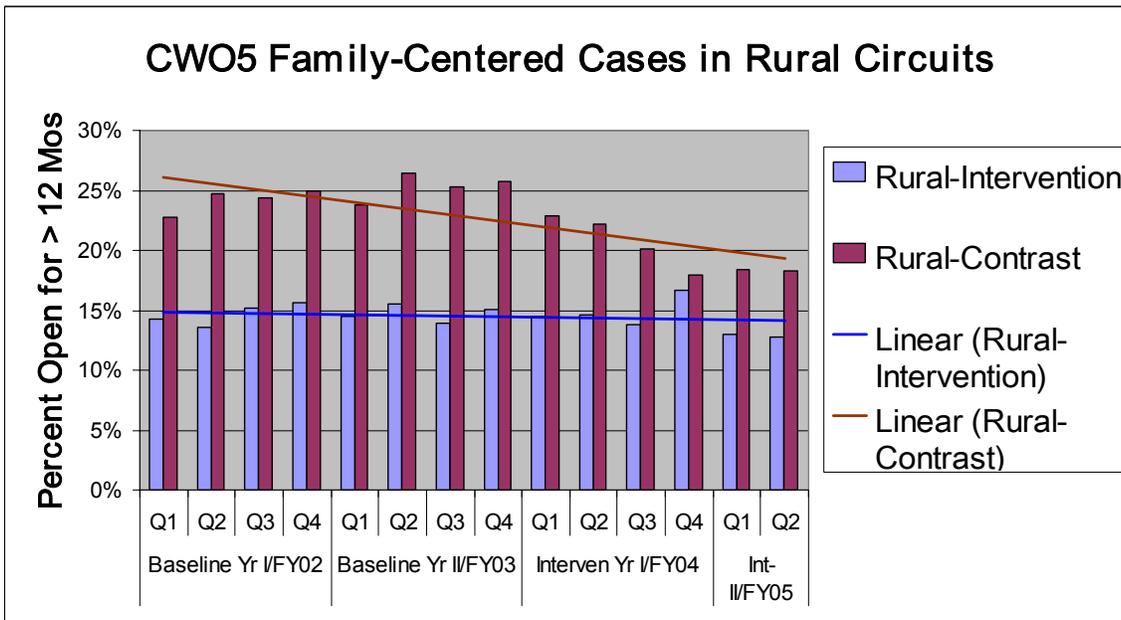
Missouri

This measure indicates the number of Family-Centered Care cases with whom the Missouri Division of Family Services has been providing service for more than 12 months. The Family-Centered Care cases for this measure include only intact families.

The rural intervention circuits have shown a lower percentage of cases open more than 12 months over the entire reporting range. While the contrast circuits have lowered their rates, they remain above the intervention circuits rates. During the intervention reporting quarters, the intervention

rural circuits outperformed the contrast group in all six quarters. The urban intervention circuit shows a lower and steadily declining rate in length of care compared to the contrast circuit over the entire reporting range.

Several problems exist in using the CWO data to measure change in worker performance. These are: (1) The unit of analysis in a circuit and the number of circuits in the design is small (7 intervention and 9 comparison) thus statistically significant results are difficult to obtain. (2) Since CW outcomes are the most distal measurements from the intervention, it is likely that more than one project year will be necessary to influence the child welfare outcomes. (3) The data take a long period to ‘mature’ within the state reporting system which produces a “built in” reporting lag of up to six months or more.



Tennessee

This state did not report data on this indicator.

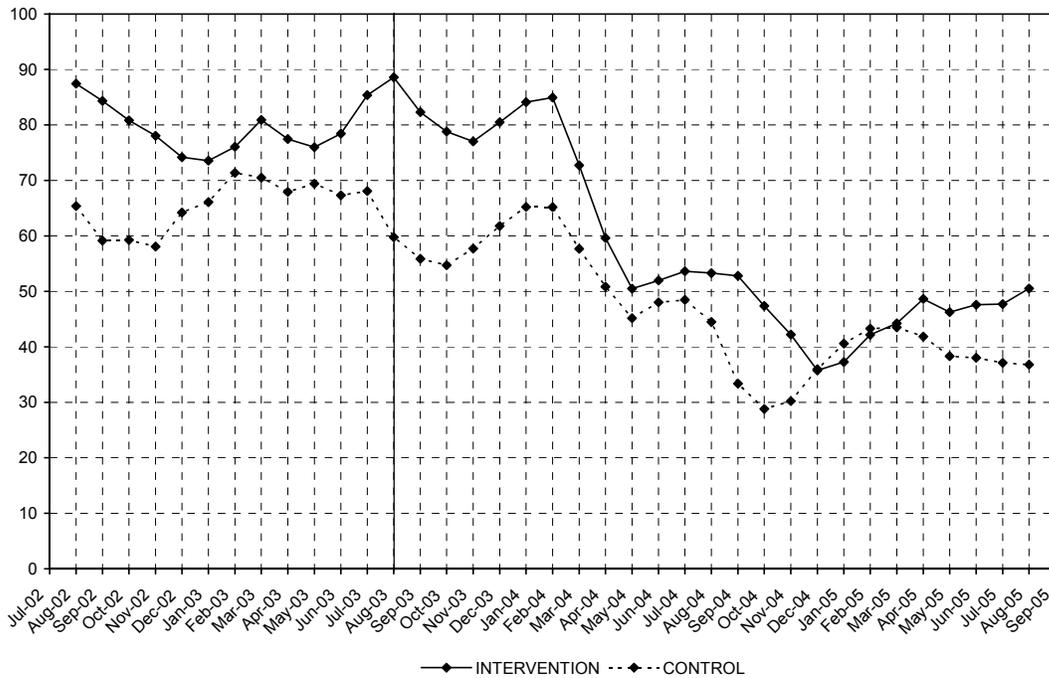
↑% Reports completed within 30 days

Arkansas

Compliance with this requirement varied widely over the observation period, with compliance in intervention counties generally higher than that of control counties. A sharp decrease in the percentage of investigations completed within 30 days was observed during the first half of 2004 for both intervention and control counties. Compliance bottomed out in control counties in October, 2004, when only 30 percent of maltreatment investigations were completed within the prescribed 30-day time period. Intervention counties hit their bottom in December, 2004, when 37 percent of investigations were completed on time.

Timely completion of maltreatment investigations began to increase in control counties during the last quarter of 2004 and the first quarter of 2005, but began to slip again during the last five months of observation. The percentage of investigations completed on time in intervention counties began to increase in 2005, with the arrival of the supplementary task forces.

FIGURE CR4: PERCENTAGE OF FAMILIES IN MALTREATMENT REPORTS IN WHICH INVESTIGATION WAS COMPLETED WITHIN 30 DAYS



Mississippi

This state is not currently tracking this indicator.

Missouri

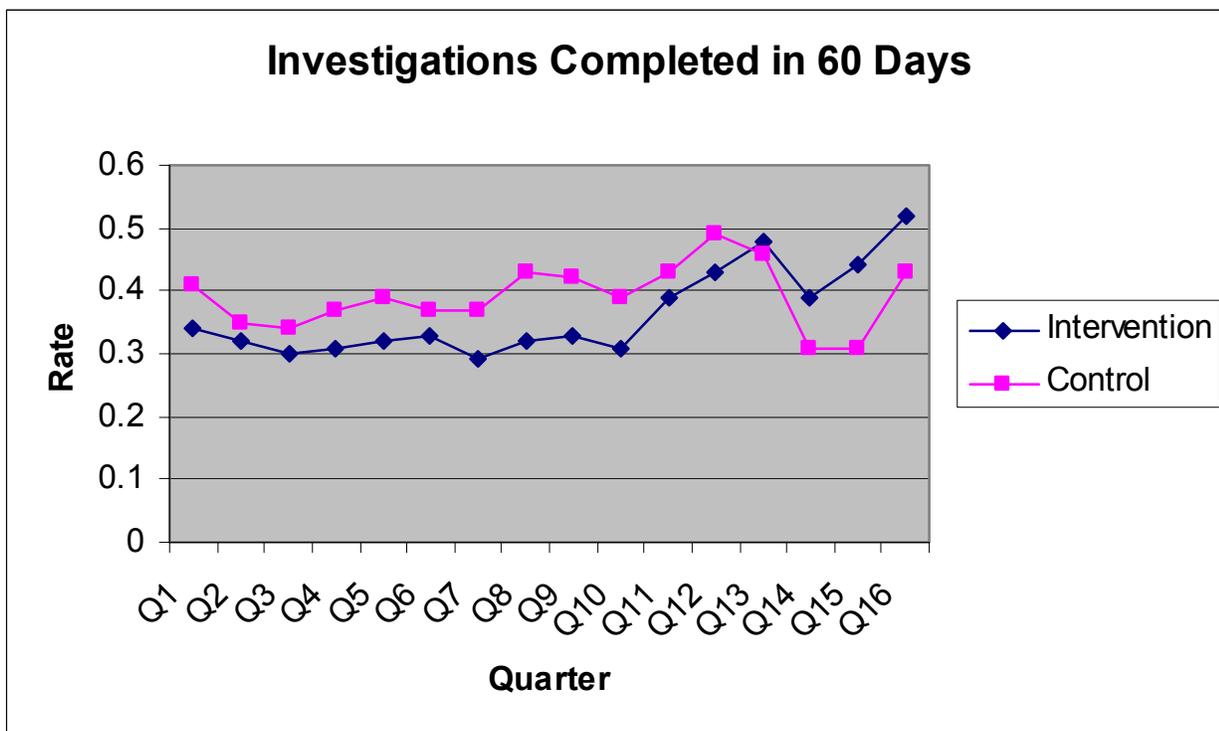
State statute and agency policy dictates completion of child abuse and neglect investigation/assessment within 30 days of receipt of a report. This measure is calculated for child abuse and neglect reports concluded within the three month period under review.

The rural intervention group has maintained a higher rate of ‘timeliness’ than the control group over the entire reporting range. However, both groups show a decline in overall performance. The urban intervention circuit continues to show a low rate of timely report completion compared to the contrast circuit. The contrast circuit has outperformed the intervention in all but one reporting quarter.

Tennessee

This outcome is measured somewhat different than other states involved in the cross-site evaluation in that Tennessee maintains data on repeated reports on a 60-day basis rather than a 30-day basis. However, the data in Figure 3 show the rate of investigations for this outcome. During the first 12 Quarters, the rate of repeated reports remained relatively stable, fluctuating between .29 (3%) and

.43 (5%) for the intervention group and between .34 (34%) and .49 (49%) for the control group. Through the first 12 Quarters, the control group had a slightly higher rate of completed investigations than the intervention group. However, during Quarters 14 through 16, the intervention group had a higher rate of completed investigations than the control group, with an upward trend evident for both groups.



↓% of intact family cases with substantiated child abuse/neglect report

Arkansas

This state did not report on this indicator.

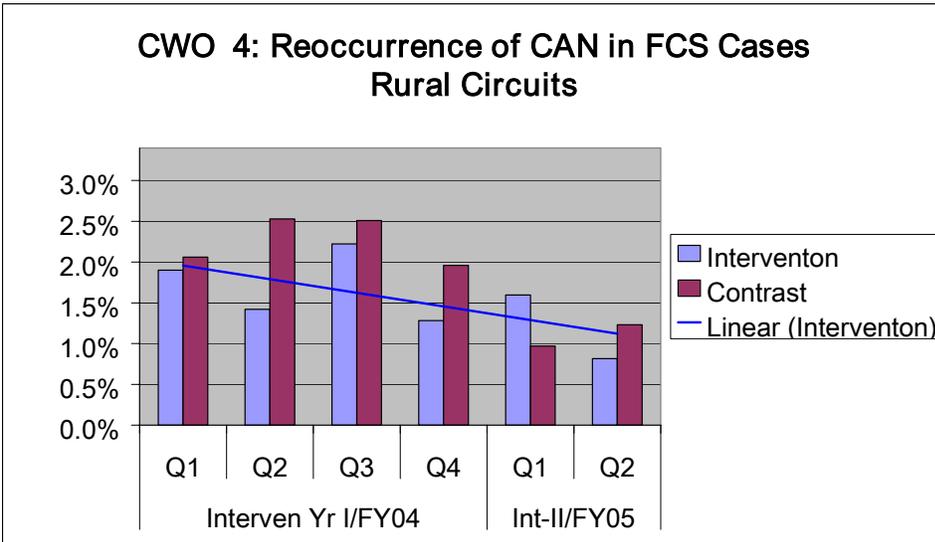
Mississippi

Using MDHS-DFCS data on open prevention cases with substantiated reports within six months, all regions fluctuated within a few percentage points throughout the project except Region IV which reduced its numbers by 7% from January through March 2003 to April through June 2005.

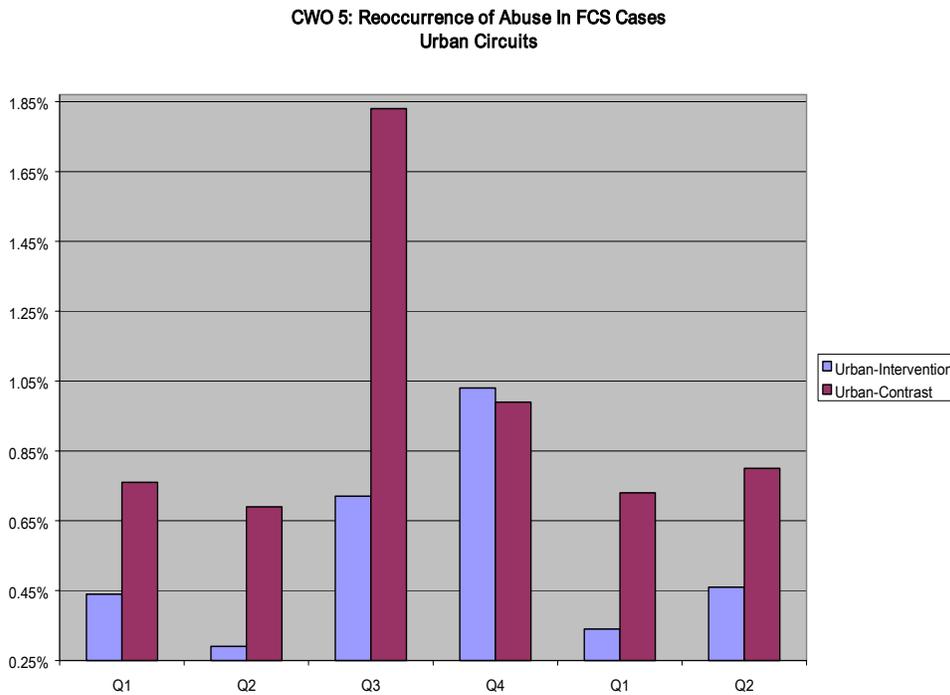
Missouri

This measure provides the percentage of children in Family-Centered Services cases, who are intact families, with a substantiated child abuse and neglect report within the three month period under review.

The rural intervention group has shown a lower recurrence rate and a steady decline over the entire reporting range and during the intervention quarters, the intervention group outperformed the contrast groups in three of the six quarters (see CWO 4).



The urban intervention circuit has shown a lower recurrence rate and a steady decline over the entire reporting range when compared to the contrast circuit. During the six intervention reporting quarters, the intervention circuit outperformed the contrast in five (see CWO 5).



Tennessee

This state cannot measure this indicator as on-going services are contracted to another agency.

Cross Site Synthesis of findings

In both the Mississippi and Missouri projects, the trends in the observed indicators suggested favorable improvement in the intervention as opposed to the contrast regions for most of these indicators. Some favorable patterns were noted in Arkansas as well but due to circumstances described earlier these cannot confidently be attributed to the intervention. The Tennessee project generally did not report favorable trends for these outcomes. The fact that favorable findings were observed for these outcomes is quite notable. As was succinctly stated by the Missouri evaluator, even though these outcomes are the most distal measures of the intervention effect, the trends suggest that the intervention circuits are performing well and visual inspection of the data suggests that the intervention group has improved more than the contrast circuits. Considering there are many factors which can influence these outcomes, it is likely that improved worker performance would show up more clearly over extended time periods.

Partnership-Related Outcomes

In addition to the supervision-related intervention outcomes, outcomes related to partnership, including improved collaborative problem-solving regarding implementation and evaluation challenges; and documentation and application of lessons learned in collaborative learning labs at project and SR QIC level. Both of these outcomes were measured as qualitative data from narrative analysis and key informant interviews. This data would suggest that most states moved toward very collaborative relationships, and the amount of technical assistance required, as well as experience of large barriers, is decreased for them related to this topic. The converse was true in one state that continued to struggle with their relationship throughout the intervention period.

A pattern was clearly noted regarding the impact of personnel change in high level administrative positions in the child welfare agency. Although all four states experienced such change, two states were plagued by the impact of this. In one state, fortunately the impact of the intervention was not severely hampered by the faltering commitment to the project by the state office, largely due to the persistence of the project director and the enthusiasm of the supervisors and middle managers. In one state, however, the lack of support for a project begun by a prior administration severely influenced the project, along with a number of other implementation factors. While it is not possible to quantify the relative impact of this factor, it is certainly a significant one.

The level of cross-state collaboration in this initiative was staggering. The relationships built within the advisory board quickly included projects staff. Meetings were characterized by high levels of collaborative problem-solving and sharing. Throughout the process, an atmosphere of learning—rather than competition—was maintained. This may be a substantial finding related to the implementation of the quality improvement center model overall.

Project-Specific Evaluation

In addition to the methodology of the cross-site evaluation, which researchers from each project have worked collaboratively on developing with the SR QIC project director, each project has its own project-specific evaluation.

Arkansas

The impact of the intervention in this state cannot be measured by statistics alone, but must consider the personal and professional growth of participants. To this end, participants were asked if they would like to share their view of what they received through participation in the project. In addition to the impacts identified through objective evaluation techniques, project participants identified several broad impacts. In an end-of-the project debriefing, staff involved in the project mentioned the following lessons learned:

- 1) Research in child welfare requires high agency commitment. Selection of the intervention and control groups needs to be thoughtfully considered.
- 2) Adequate staffing means better outcomes.
- 3) For successful collaboration, roles of collaborative partners need to be well defined and internal processes about interacting with those partners need to be clear. For instance, the Child Abuse, Rape and Domestic Violence commission was available to do training in the counties, but DCFS supervisors were unclear what internal processes were available to seek approval for utilization of the commission for such training. Multi-disciplinary teams were educated about the Mentoring Supervisors Project. The Mentors should have been trained on issues involving the partners.

Specific comments made by staff are excerpted below.

Participant 1: At first I was a little reticent about the project and was volunteered for the project. I soon came to enjoy the visits from my mentor. It was great to have someone that I could talk to about work issues without feeling that their agenda might not allow for an open and honest conversation. I critique myself all of the time and it was great to have someone that could give me an honest opinion of my critiques. At times I am too hard on myself and other times I am not hard enough. My mentor was able to wade through it all and give me an outsider's view of my work. I learned, through the materials that were provided, how to become a better leader. I also learned about my weakness and how to improve in these areas. My mentor also was able to affirm my strengths.

I wasn't sure that the results that were being measured would actually show an improvement, as the counties are different enough in their intrinsic personalities to skew results. Workloads of the workers and the supervisors also contributed to different styles of implementation of case staffings and supervision.

What is certain is the support I felt from having a mentor from outside of the Agency who could give me feedback that I felt was not constrained by Agency policy and politics. Mentors from inside

the Agency can give great support but it is normally directed toward achieving a specific goal and not necessarily toward personal growth in leadership and supervisory skills.

It was a wonderful opportunity for me to get to know my Agency leaders and to know that they are caring individuals who are very interested in supporting those of us in the field. As a result of being in this project, and meeting Central Office Staff, I now have connections and resources that I can call on when needed. This is a benefit that the project did not measure but has certainly been important to my staff and me.

Thank you for the opportunity to participate in this project.

Participant 2: I'm very grateful for being in the Mentoring Program. I had a very helpful Mentor in teaching me ways to be a better Supervisor towards my staff, higher ups, and people we were working with at the time. She was honest, and was able to give back good ideas or different ways at looking at things. The most important thing for me personally was the support I got from her. Sometimes in this job you think you are going crazy and she was just able to say, "no, I was not crazy the situation was crazy." Best of all they were able to say things (to higher ups) that we as Supervisors were not able to say without feeling we may have lost our jobs or get picked on.

My Mentor also helped me in dealing with the death of my youngest son that was killed in a car wreck, while I was working the program.

Participants 3: I would agree with comments above.

Participant 4: The Mentoring Project allowed for an assessment of each individual supervisor (mentee) to participate in self-introspection. From that task, I found a need to listen to a greater degree and purposefully engage with front line workers not only in administrative requirements, but balance the triage of administration, education offerings, and direct front case management. The project provided a structure to review self; work a plan; sell/recruit work quality performance with enthusiasm and confidence; reinforce with promptness the appreciation of those serving in the task; model behaviors that are required in policy and procedures; coach and teach continually in the work setting with understanding, empathy, and clarity.

Communication was increased in the effective work area by the modeling of courteous behaviors to each other, reinforcing the rule of honesty and immediate feedback of problem areas. Mentor was neutral and would review situations giving time for mentees to address better ways to handle a problem or with less error of delay or defeat.

I became more focused into the identification of needs of each staff person I was supervising. I became less involved in my personal needs by strategically targeting the needs of the staff. I became more aware of the advocacy that DCFS front line workers need for the continued stamina, energy required, and ways to deal with an ongoing stressful environment/case situations.

Supervisors engaged in biofeedback by researching and providing needed positive supports as front line workers felt comfortable to ask questions and gain assistance. Supervisors did model the actions that are expected of the front workers in handling cases, professional ethics, and following policy/procedures.

The Mentoring Project became the clearinghouse for problem solving dilemmas, resources, energy/health improvement goals, and knowledge base literature for both supervisors and front line workers.

The Mentoring Project provided a parallel process of supports to both supervisor and front workers such as Structured Case Reviews; Profiling; Literature and Tutorials in solving case management situations.

Specific case management tools (i.e., Structured Case Reviews) were the most positive improvement for the case management communication between supervisors and staff. The use of the tool expedited progress of services to families, improved prioritizing time management, captured written response when reviewing needs of families, improved the quality of court reports, and gave written documentation for staff accountability with a small scale of staff interacting on immediate needs of the family. This meeting always enlightened the efforts of the front line workers and gave them an opportunity to expound on stresses and accomplishments.

The grant improved the accessibility of written resources by being discussed in training and encouraging the use of literature for casework practices.

The neutral mentor coming into the office area also was a positive interactive measure that encouraged best behavior efforts on the part of all staff. Front line staff were recognized and addressed as the integral part of the county's success.

I recognized again that leadership qualities do not come from attrition, but a constant style of learning and listening to those who have principles of quality and sound practices of casework management. Helen Keller's quote "One can do so little, but together we can do so much", reinforces what was learned from benefiting from better team habits. I appreciated the opportunity to share and encourage others in the techniques of utilizing mentoring processes. It made me more aware that people need reinforcement and constructive ideas to improve services to our children and families.

Assessment of self, directed me into an improvement program of leadership style. The profile remained constant, but the variables were edged with more forethought of including all staff into the level of decision making if at all possible. More than ever, consistency and stability proved that the workforce would become more comfortable with their effectiveness area. Workers thus began to feel ownership of the program as I began to provide avenues for that to occur. With more allowance for creativity and resourcefulness, staff increased problem solving, managed client relationships, and improved client/staff communication with their own structure. They created their own personal accountability for desired quality. Observation of their changed behaviors was recognized as the goal of introspection for self was examined.

In summary, I believe orientation and training for staff is mandatory in any work force setting, but only growth, maturity, confidence and stability of a staff comes from providing resources, support, education, work quality amenities (physical setting, salary, work load, etc), and knowledge/modeling of administration/divisional policy and procedures. The Mentoring Project assisted me in never growing beyond looking for an opportunity to help someone else complete a task with proficiency and compassion.

Thank you for the chance to have a Mentor to listen, encourage, reinforce and critique my actions.

Mississippi

At the beginning of the project, the child welfare supervisors described themselves as a population without a voice, but throughout the learning lab process the supervisors became more empowered. The supervisors reported the following as their response to the learning labs and the project. In March 2006, the project director asked the supervisors to write a response to the learning labs as time would allow. The following emails were received and in their own words the project impact is discussed below:

As a front line social worker who was very new to supervision, the learning labs offered invaluable support. Early in the process a list of supervisor competencies were developed. I gave each of the workers, including clerks, a copy and asked them to rate me. The answers were circled so it was impossible to identify the responder. Using this information, I was able to work on those competencies that were rated lower. I believe this has been a tremendous help in learning about supervision. There are so few trainings available to supervisors in child protective services today. I feel this program should be made available as a training tool not only for Mississippi but for all child protective service agencies. One thing that I would recommend is that supervisors come to the training with an open mind about themselves and leave egos at the door. Those who can do that and have the capacity to be honest with themselves will gain invaluable information which they can use to become the best supervisors they can be.

Debbie Gann, Alcorn County Acting Supervisor, Region I-West

I think learning labs helped Region I East and West come together when the regions merged later on the next year. We all had our own perceptions of other supervisors from our daily interactions over the phone and it was sometimes hard to understand decisions they were making. The opportunity to meet these people face to face and to hear their life stories, helped us to understand them better and to be less judgmental than before. I saw them as people instead of "the other region" and tried to give them more credit when hearing what decisions they had made (that I might not have agreed with earlier). I was able to voice opinions on ways to handle things differently and felt that the other ASWS's were able to see from a different perspective how they could have dealt with something. I also felt that it was no more a "us" against "them" thing as it had been before. We are more like a family now and aren't as adversarial as we had once been. The whole state would benefit from doing this on a smaller scale as there are other counties that we come into contact with who make some rather interesting decisions. If we knew each other better, we might be able to understand why we do things like we do instead of getting angry and deciding that ASWS is not being ethical or practicing good social work.

Carrie Coggins, Lee County Supervisor, Region I-East

I learned many, many things from the Learning Labs. One thing that stands out is the concept that "if there's something wrong in my office, there's probably something wrong with the way I am supervising my people." I never really considered just how much responsibility and influence a supervisor has. It was a novel idea that a worker I had considered "hard-headed" or resistant to authority was not being approached properly. I learned to try to see the situation from the perspective of the worker, and it looked totally different. I was able to resolve a rather sticky problem by approaching the worker from her own viewpoint.

I have not had any supervisory training other than the Learning Labs. For me, being trained on the simple basics of supervision was helpful. I mean things like avoiding supervising by "group memos," and learning to handle an issue one-on-one before it becomes a hot button topic. I learned that if I'm usually late, my workers will not be concerned about getting to work on time.

Another huge benefit for me was the piece on setting boundaries. I was a new supervisor with all new workers who were young enough to be my daughters. I allowed our boundaries to become blurred, and we were operating more like a family than anything else. When things "blew up" with one worker, as was almost inevitable, I had the support of the Learning Lab group to help me work through it. I was able to identify where I had made poor supervisory decisions. The group, and especially you, Kim, helped me to devise a plan of action to correct as best I could the unhealthy atmosphere I had allowed to develop and move on in a much more professional way with my workers.

Finally I would like to comment on how the Learning Labs forged a Regional team of supervisors who learned to trust and rely on each other. I believe that during the time of the Learning Labs and since all of the counties in I-W have worked together in a spirit of cooperation that has never been equaled anywhere in the state. There was an absolute cease to inter-county bickering and suspicion. The relationship among the supervisors was emulated by our workers. We have all been more willing to help each other. It's been a long time since I've heard anybody say, "That's a So and So County problem, not mine."

Judy McClain, Tate & Tunica County Supervisor, Region I-West

As a new supervisor, I feel I benefited greatly from the Supervisory Learning Labs. The labs provided an opportunity for me to hear from the experience of "seasoned" supervisors. I was able to learn about different types of supervision and which would work best for me in the environment where I work. The materials provided to us will give me the opportunity to review and reference the material as needed.

Melody Hamilton, Acting Area social Work Supervisor East Chickasaw, West Chickasaw, Webster Counties, Region I-East

As a new ASWS, I found the learning labs to be an invaluable source of wisdom, guidance, and support. When I took the Position of ASWS in Union County, we were experiencing a severe staff shortage. With high case loads and more work to do than was humanly possible, I looked forward to each learning lab as a time to vent and share ideas with those who were more experienced. The learning labs provided with me invaluable support from other ASWS's who were in similar situations or had been prior and I credit the Learning Labs with my success through that difficult period.

I encourage all new ASWS's to go through the Learning Lab process as I feel the knowledge and information I gained through them helped me to be a better supervisor.

Callie Smithey, Union County Supervisor, Region I-East

When I first began to participate in the Learning Labs, I was a Region I East Social Worker Advanced, midway of the sessions my title changed to Acting ASWS prior to the end of the Learning Labs my title changed to ASWS. Therefore, being an ASWS with less than a year of experience in this position without any training with the exception of on the job training from some seasoned ASWS's, the

Learning Lab became an awesome tool for me. The Learning Labs afforded me an opportunity to learn about the effect of attitude and beliefs on child welfare supervisory practice, as well as to recognize the value of diversity of staff members in the workplace. Also, through the Learning Labs I learned to develop an understanding and responsibility for working with culturally diverse staff members. In addition I learned the differences between leadership and management and what makes a good manager and a good leader. Overall the Learning Labs have been very beneficial to me. It was very helpful when the coordinators of the Learning Labs and the seasoned ASWS's would provide roundtable discussions on different problematic issues and tactics on how to solve or handle the situations. I miss the Learning Labs sessions because not only was it a tool which enhance my training as a supervisory but it also enhanced my socialization skills. Thanks again for the Learning Labs.

Nita Sally, Prentiss County Supervisor, Region I-East

The meetings were very helpful for me since I was not given any training in my position. The knowledge you and my peers gave was very helpful. It helped me in lots of way to deal with certain problems that I was enduring. It also helped me understand my role better as a supervisor and gave me great ideals on how to improve. I wish we still had those meetings. I felt lots of support when we had round discussion and feedback. That was great learning experience for me as a new supervisor. Thanks so much for getting the program together. The training I received as a new supervisor was very beneficial for me. Thanks a bunch.

Sonya Sanderson, Tishomingo County Supervisor, Region I-East

I must add the Learning Labs were a God sent Program for ASWS. We were able to expand our minds in many different ways and help each other on all levels. For me it was a validation of what we were doing that was correct and a way to correct what was wrong in a non-condemning fashion. I did not feel inadequate when I did not know the answer but was happy to have a group of peers who made me feel we were all learning together and we all have improvements to be made. I also felt we have had many hardships with staff and it gave us an opportunity to vent in a confidential atmosphere while doing problem solving. We are now a true group of ASWS who can call each other for advice anytime about anything. This has cut down on the amount of disagreements we may have had with each other. It gave us a pat on the back at every meeting and told us someone did care about the hardships we faced. We were able to take it back to our staff so they could feel they are important to our families. As an ASWS I feel we all want to help each other which helps the whole region and most especially our clients. If your module is used throughout the US all human services agencies stand to gain. It was wonderful to see a program that actually discussed our real issues. I was hoping we could have had more sessions. I miss them and wonder if we could meet at least every three months for continued learning. After all we are still have changing staff and still need some helpful group advice for time to time. When we have our staff meetings they are all about paper and policy.

Chauncey Gaillard, Tippah & Benton Counties - Supervisor, Region I-West

The Learning Labs were very informative and gave helpful suggestions to me being a new supervisor. Prior to participating in the Learning Labs, I was struggling very hard with personnel issues within the office to the point I was ready to demote myself. Without the Learning Labs, I probably would have followed through. They made me aware of some things that involved supervision that I did not know. The Learning Labs gave me "supervisory training" that I have not received from the agency in which I am employed. It helped me to better understand my role as a supervisor, understand the following as well as other things:

(1) Transitioning from being coworker to being supervisor was difficult. Becoming the subject of "behind your back conversation" and not being able to react the way I really wanted to comments, attitudes, and insubordination made me learn self control quick. I shouldn't take it personal. A lot of it comes with the territory of being supervisor and being the "middle man" between the state office and county staff.

(2) How important it is to not get too personal with staff. A supervisor should keep personal relationships with staff at a minimal. Interactions that are not job related and that are done outside the office could flow over into the work environment and cause the job not to get done effectively. Supervisors should be attentive to the workers, but not to the point of counseling them or giving advice on personal matters.

(3) How important it is to be aware of workers' own personal beliefs and upbringings. Knowing this will help better understand why a worker makes certain decisions on cases and how they will work with certain clients.

(4) How important it is not to discuss one worker with another, and to refrain from getting caught up between workers who are having disagreements.

(5) How important it is to make time to do individual case staffing. Limit staffing in the break room, on the hallway, etc. Giving workers undivided attention with little to no interruptions regularly is important.

(6) Know your form of supervision. Be open to share responsibilities and tasks. Exhibit team work so that the workers will be more open to be a team player.

(7) Know the workers' work ethics. Be empathic and aware when they are burned out, overwhelmed and need some time away from the office.

(8) How important it is for a supervisor to have support and take care of themselves in order to see after the needs of the agency, staff and clients.

Minnie Hoey, Marshall County Supervisor, Region I-West

One of the major breakthroughs, I learned, if I may use this analogy, is the difference between a leader and manager. I used the child protective services supervisor competencies handout as a tool with my staff to rate me, on two different occasions. I always thought I was a leader in many areas but lacked certain managerial skills and both are needed. A child protective supervisor should not manage a human being, especially in this field, telling a worker, whether new or experienced, "You should not get attached to your clients, children, families, etc." and "You should be at your desk at 8:00 AM every morning prepared to work". are examples of what a manager should not do when the focus is on human behavior/emotions. In a social service system certain managerial skills can come across as not caring, offensive even. As a leader, I want to display and model concern to the point of understanding so that the worker feels part of system. If this system is uncaring, non-supportive it often leads a worker to disillusionment. It might even lead to the feeling that their supervisor or upper management doesn't care - so why should they. We are neither a fast food establishment nor an assembly line. Managerial skills can be accomplished by time management, effective office rules or general house keeping. As a leader and manager I desire consistency, time management, compassion, and understanding. I don't want workers to feel that they are being oppressed because of constant policy/protocol changes, even though this sometimes happens anyway. A child protection services

supervisor becomes the sounding board and at the same time helps a worker understand what they are feeling. Even identifying something called secondary trauma, which I now understand, is important. I am not the best supervisor there ever was but I continue to learn each and every day something that will benefit the worker and the client. Supervision is kind of like raising children, there are no definite instructions. Some of it you learn with trial and error. There is even a major difference between being educated and trained. I can have all the education and degrees in the world but without some type of personal quality allowing me to better serve in this position, it's useless. The self-awareness or supervisor competency tool was a method of measuring my own abilities, strengths and weaknesses. I can't always determine this by myself. Overall, what I learned from using this instrument was that I was a pretty good leader but lacked certain managerial skills. I improved on the managerial part by becoming more consistent with everyone instead of the workers I felt were better skilled. I became the coach and this was my team. As long as the team was focused, prepared, trained and on the same page then the team worked consistently. Whenever, I have my down days or those days where I'm just simply burned out, my staff senses this and they too can often take on my mood or pessimistic attitude/personality. I became more aware of this.

Kim, I could write all day about my experience with the project and I probably would do nothing more but confuse you and the reader. This position is like the Spiderman movie. I quote, "With great power comes greater responsibility". Hope this helps. Thank you.

Eddie McClain, Area Social Work Supervisor Calhoun & Lafayette Counties, Region I-West

Missouri

Annual focus groups in each of the demonstration sites were conducted by the principal evaluator with participating supervisors. For Py-1 and PY-2 these data were compiled by the evaluator and fed back to the project staff and Policy Board as formative information to be used in project design and adjustment. The data were particularly valuable in adjusting curriculum content and methodology to meet specific and emerging needs in demonstrating the project's responsiveness to the concerns raised by participants. Using the focus groups in this way lent credibility to the articulated proposition that this was a collaborative endeavor in which they were both partners in and largely responsible for their own professional development. Employing methods which fed results back to those engaged in the change effort is consistent with action research and with good formative evaluation procedure. Having the evaluator conduct the focus groups in a confidentiality protected environment provided support for this ideology and response was generally both open and spontaneous.

At the conclusion of the project the principal evaluator again conducted a round of in depth focus groups, but this time targeting summative observations and impressions organized around the following key questions:

Question 1: "Thinking back to your entry into the project, how has your supervision changed in regard to clinical skills/knowledge?"

Question 2: "Since you began to apply knowledge and/or skills learned in the project, how have your direct reports (workers) clinical work changed?"

Question 3: "How sustainable are the changes you have made and your workers have made?"

From the extensive notes and the audio recording analysis, six major themes emerged from the supervisors' comments:

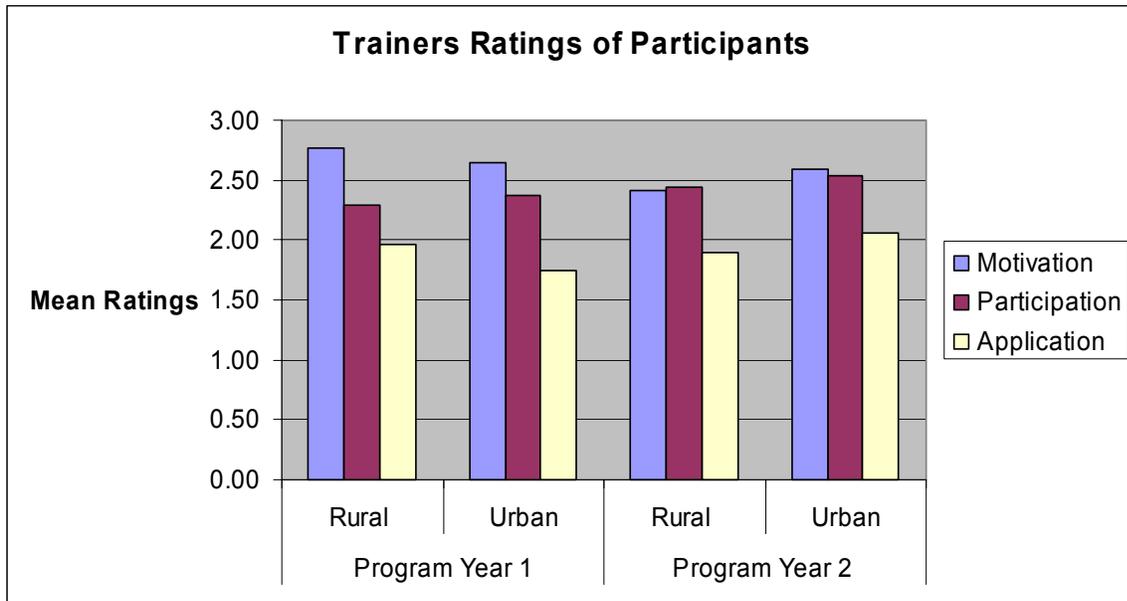
1. Role issues: significantly greater role clarity; a greater appreciation of the teaching role of the supervisor; organizational acceptance in most instances of the new role expectations by workers and a sense that the role has greater value
2. Confidence: self-confidence and perception of themselves as professionals; an increase in “backbone” and willingness to stand up to both internal management and externals, particularly the court personnel.
3. Competence: belief that skill had grown and that workers had greater respect for the judgment of the supervisor; increased confidence in ability to control situations and respond appropriately; greater respect being shown by judges and court personnel.
4. Accountability: higher expectations of both self and subordinates; increased rigor in case reviews, levels of analysis and presentation of data.
5. Teamwork: growth in professional collaboration within the work units themselves and across supervisory units; development of group solidarity and mutual support.
6. Organizational Support: still questions about the sincerity of the commitment to the role change on the part of management; case supervision an increased priority but without a parallel reduction in administrative duties; emphasis remains on control functions.

While the picture presented is overall quite positive and considerable change in attitude as well as practice is evidenced from these data, the concerns about work priorities and time allocations still remain to be addressed. The final focus group finding provide direction for the sustainability issues and plan discussed later in this report.

Trainer Ratings:

Trainers Rating of Supervisors Involvement and Application of Material.

As noted above, the RDM project’s evaluation design decided to not allow supervisors to self-select for the project. In cooperation with the Children’s Division, one urban and 8 rural circuits were chosen as intervention targets. All supervisors involved with child abuse and neglect who work in these areas were then involved in the initial interviews. Participant motivation would clearly vary from the highly motivated to reluctant participation, the team added a measure to determine if the participants were motivated, actively participated in the training session, and showed evidence of application of the skills and knowledge under-girding the RDM model. The team completing this measure were three people who had been directly involved with each training session and with interim contacts, including the 360 feedback sessions, with the participants.



A four question scale was developed in order to obtain the training teams assessments.

Question 1: Motivation to learn new material

Question 2: Participation in the learning process

Question 3: Evidence of application of content

Scoring range: 5= Very High to 1= Very Low.

Assessments were gathered at the approximate end of the first and second intervention years.

Ratings by the training team showed that the majority of participants were scored near the mid-point on all scales except evidence of application (Q3). The Rural Intervention group scores were somewhat lower in PY2 and moved closer to the Urban Intervention group's scores. Ratings for "Participation" rose in both Urban and Rural areas while the rating for "Application" rose in the Urban Group and declined in the Rural group. Inter-rater reliability has declined from the PY1 score of 88.3 to 75.3 (correlation method). The ratings show an overall positive impression from observation of training participation and work on the learning activities.

This project is the first time that the individual developmental needs of supervisors were addressed in a systematic fashion and where individual consultation to them on both their own professional competence and the organizations needs had been interrelated; trainer ratings indicated that there is some mixture in the motivation and application of content by trainees with over 80% investing themselves in the process and instituting practice change while the minority allow organizational demands and/or personal predilection to forestall meaningful change. The assessment of application was based on direct observation and worker feedback garnered from the 360 evaluation process described above. While not used to measure application in the final few months of the project, application of the training is apparent in the results of the final focus groups and the individual projects discussed elsewhere in this report.

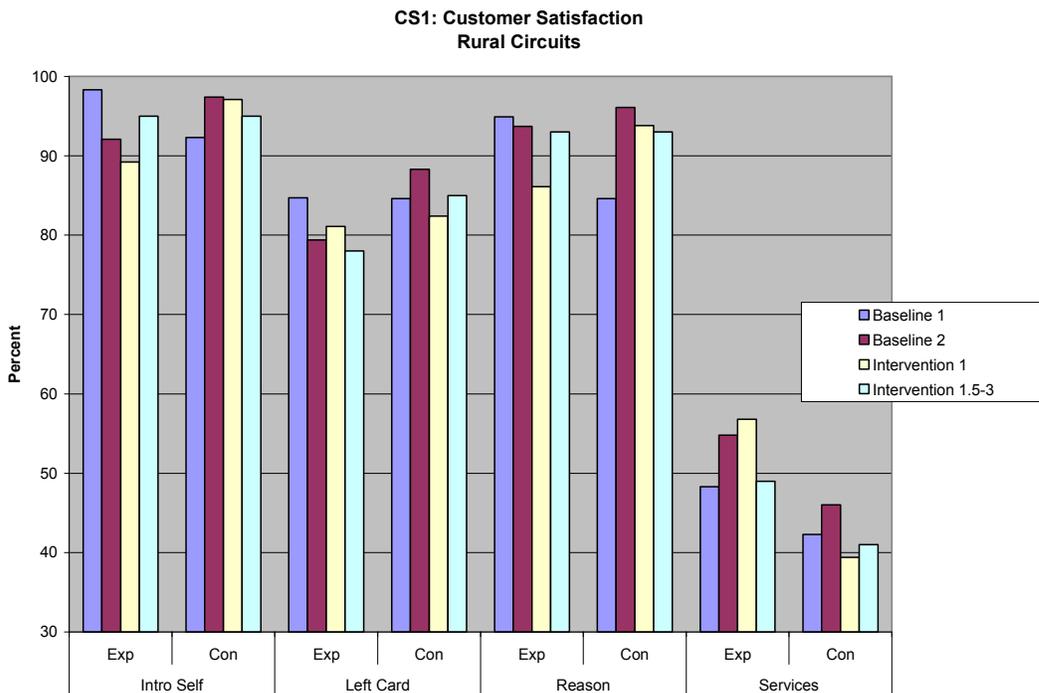
Consumer Satisfaction

Monthly the Children's Division sends a customer satisfaction survey to a 10% random sample of clients who have recently been visited for investigation or assessment. Four items are answered as

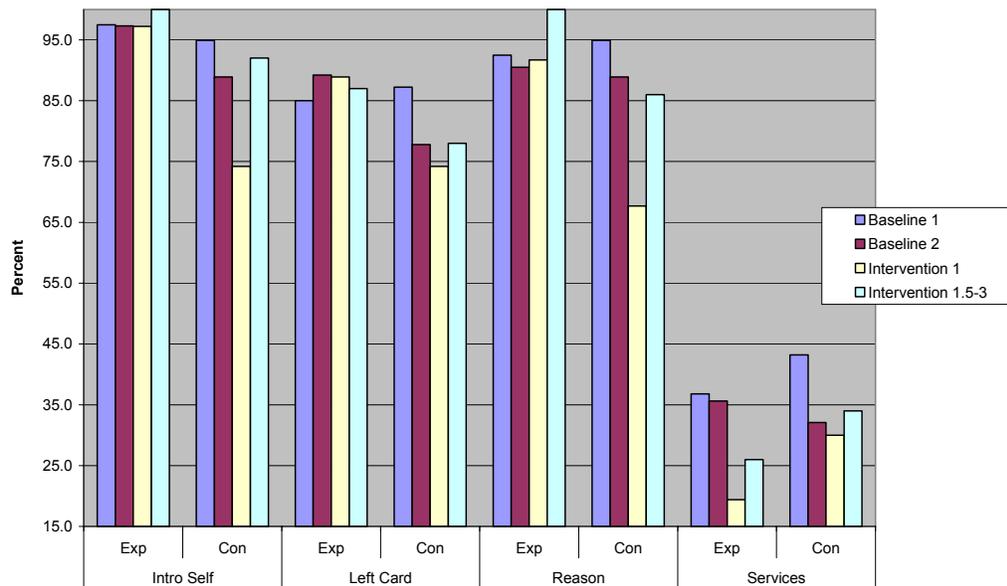
yes or no and eight (8) items were scaled. The results of the surveys were originally available at the county level and later only at the circuit level. Later, the customer surveys were aggregated only at the area level. Due to these changes, the original analysis of all the customer data for baseline purposes could not be completed. Four questions from the original yes/no instrument continued to be used.

The four questions are a fair approximation of customer satisfaction. They include: “The worker introduced themselves;” “The worker left a card with information;” “The worker told us the reason for the visit;” and “The family received services.” These data are reported here for both rural and urban intervention and comparison groups for 14 quarters. This allows two years of baseline information (pre-intervention) and 1.5 years of intervention data to be displayed.

CS1 (below) displays results from the rural intervention and control circuits. CS2 (below) displays results from the urban intervention and control circuits. Due to data reporting constraints, the intervention’s first two quarters are shown as intervention 1 and the remaining four quarters as intervention 1.5 to 3.



CS2: Customer Satisfaction
Urban Circuits



As is clear for the charts, there is not significant difference in customer satisfaction between the intervention and contrast circuits on most of the dimensions. The intervention circuits seem to display improvements in customer satisfaction in a mixed way. The rural group has no consistent pattern but does differ significantly in offering services to families following an investigator or assessment. The situation is reversed in the urban circuits where on all dimensions the satisfaction is rated higher except

Tennessee

Mentoring Results

A total of 456 mentoring contacts were generated over the 3 years of intervention in the project. The majority (51.67%) occurred via email, which began the process of on-going dialogue among the mentors and the supervisors. Initially, during the early stages of the project many email correspondences were generated to confirm and adjust scheduling. Also, as noted in this report supervisor's entered into this process with little or no understanding about the focus of the project and the commitment needed to participate, as well as the selection process for them being chosen to participate. This impacted greatly on the mentors' ability to schedule face to face to meetings with supervisors, thus resulting mainly in email contacts.

The overall contacts between the mentors and the supervisors generated various discussions points, all of which were relevant to the process. The most documented was *supervisor's expectations* for the project, which occurred primarily during the 1st six months of the intervention phase. Challenges to supervision were also a noted focus of discussion. This issue correlates very much with the themes that are reflected from the focus groups and key informant interviews. Supervisors constantly verbalized their challenge to perform an adequate level of supervision and juggle the other

administrative demands placed on them. It is also documented in the contact sheets how these challenges impacted the supervisors ability to set goals for themselves as it relates to their professional growth. While the data reflect 55.19% of the contacts had a discussion of goals, however the supervisor's ability to integrate such into a written professional development plan posed difficulty for many of them.

Another focus of the mentor contacts was *observed on the job training* [OJT]. This process was not as successful as planned, as the data reflect that the majority (64.10%) of the contact did not involve observed OJT. Given the culture of the DCS during this period, it is not surprising that observed OJT did not occur. Supervisors indicated during face-to-face training that the culture/climate of the Department was basically that of 'survival', and there was no time for meaningful observation to occur. For those supervisors and mentors who were able to accomplish this phase of mentoring (15.85%), the results were very positive, and those supervisors were successful in developing a professional development plan and show some improvement in their ability to be effective supervisors.

Lastly, a number of *obstacles* were documented during mentor visits . Again, time constraints and scheduling were the most noted. Work environment was also noted as a factor. These obstacles are consistent with the child welfare literature as it relates to job satisfaction, intent to remain employed, and the impact of organizational culture. The next section will focus on the themes generated from the contact sheets, which were analyzed via content analysis.

The following themes were documented as a part of the mentoring process:

- Lack of information on project
- Paranoia effect—why was I chosen to participate in project— a bad supervisor
- Mentors not consistent—too many changes
- Central office staff as mentors not helpful
- Scheduling with mentors
- Administrative policy impacts ability to fully participate in project
- Lack of administrative (DCS) support
- Education from training modules excellent
- Camaraderie among supervisors
- Upper management needs to be trained on this information
- Inconsistency in administration
- Not feeling valued by DCS

Theses themes again, are consistent with the literature and they begin to provide some explanation of the lack of significance achieved on the project outcomes.

In summary, the data both quantitative and qualitative overall do not reflect significant progress made toward the stated hypotheses, hence, one might conclude that the project was a failure. In order to fully understand the scope of the results it is important to consider the impact of the identified confounding variables (organizational issues) that impeded supervisor's ability to fully participate in the project. While there was no significance documented regarding the original hypotheses, an alternative hypothesis can be suggested as it relates to supervisors ability to practice.

Alternative hypotheses are developed when results are not consistent with the stated hypothesis of the original research, and the data does not accurately reflect what happened in the phenomenon under study. In the case of the Tennessee Supervisor's Project, the data does not reflect what was

observed. Supervisors indicated throughout the project that they were learning new constructs that were useful to supervision, which was observed in the quarterly classroom training. Unfortunately, the data does not reflect such.

Secondary Traumatic Stress and Related Constructs

Interpersonal Reactivity Index (IRI). The IRI is a 28-item self-report questionnaire consisting of four subscales, each of which assesses a specific aspect of empathy: Perspective-Taking, Fantasy Scale, Empathic Concern, and Personal Distress. The subscales of the IRI have been shown to have good test-retest reliability, ranging from .62 to .71, and internal consistency, ranging from .71 to .77. Further, the IRI has demonstrated good convergent and discriminant validity.

Secondary Traumatic Stress Scale (STSS). Designed to measure work-related secondary traumatic stress in human service professionals, the STSS (Bride, Robinson, Yegidis, & Figley, in press) is comprised of three subscales (Intrusion, Avoidance, and Arousal) that are congruent with the symptom clusters characteristic of traumatic stress syndromes as described in the DSM-IV. Respondents indicate how frequently they experienced each of 17 symptoms during the previous week using a five-choice, Likert-type response format ranging from *never* to *very often*. The STSS has demonstrated evidence of convergent, discriminant, and factor validity, as well as Cronbach alpha levels for each subscale and the entire scale as follows: Total Scale = .93, Intrusion = .80, Avoidance = .87, and Arousal, = .83 (Bride et al., in press).

Burnout Measure. The Burnout Measure is a 21-item Likert-type scale designed to measure burnout. Investigation of the factor structure of the BM has provided support for three factors, referred to as Demoralization, Exhaustion, and Loss of Motive with coefficient alphas ranging from .90 to .93.

The secondary traumatic stress scale (stss) was administered via web-based survey at baseline, year one, and year two. The stss is composed of three subscales (intrusion, avoidance, and arousal) representing the primary symptom domains of traumatic stress responses. Scores can be calculated for each subscale, as well as a total score.

Baseline, year one, and year two data were compared using a 2 (group) x 3 (time) analysis of variance (ANOVA). Baseline, year one, and year two data are presented in the following table along with any significant ANOVA results. Results of the ANOVA revealed a statistically significant interaction effect on all subscales and the total stss scores.

Comparisons were also made using repeated measures ANOVA to allow for longitudinal analysis of data provided by the same respondents over the course of the project. Results were not statistically significant.

It appears that the intervention group had increased symptoms of secondary traumatic stress as the project proceeded, while the control group had stable or slightly lowered secondary traumatic stress symptoms during the project period. Further, at the last data point, the intervention group exhibited higher levels of secondary traumatic stress than did the control group. Our hypothesis at the onset of the project was that secondary traumatic stress levels would decrease in the intervention group and remain stable in the control group over the course of the project. In addition, we expected that at the conclusion of the project, the intervention group would have lower levels of secondary traumatic stress than the control group. It is commonly believed that effective supervision is a critical element in preventing secondary traumatic stress, hence our initial expectations. Therefore, on the surface these

findings suggest that the project was not successful in this regard. However, it must also be noted that the first step in preventing and ameliorating secondary traumatic stress is to recognize it and the role of the supervisor is to provide a safe climate in which to identify secondary trauma symptoms. As such, it is reasonable to expect that secondary trauma symptoms would appear increase in the intervention group because case managers are better able to identify the symptoms in themselves, rather than a true increase in levels. It is also important to note that during year-two a suicidal death occurred with one of the participants in the intervention group, which may have contributed to the increase in traumatic stress between both groups. While this factor is inconclusive, it is certain from the analysis that a sharp increase in the stss scores took place during year two, during which the death occurred.

Table 9. 2X3 ANOVA of Secondary Traumatic Stress.

	SURVEY ADMINISTRATION		
	Baseline (n = 203)	Year 1 (n = 128)	Year 2 (n = 78)
Intrusion ^c			
Intervention	11.13 (3.88)	9.66 (3.53)	12.09 (4.75)
Control	10.52 (4.22)	10.79 (3.59)	10.50 (3.71)
Avoidance ^c			
Intervention	15.36 (5.53)	13.60 (4.75)	17.69 (6.34)
Control	15.45 (6.42)	16.05 (5.97)	14.70 (5.55)
Arousal ^c			
Intervention	11.39 (4.40)	10.25 (3.44)	12.78 (4.96)
Control	11.41 (3.93)	11.89 (4.29)	11.45 (3.84)
STSS Total ^c			
Intervention	37.88 (12.94)	33.51 (10.65)	42.56 (15.12)
Control	37.39 (13.72)	38.74 (12.37)	36.66 (12.27)

NOTE: ^a Main effect for group (p < .05); ^b Main effect for survey administration (p < .05);

^c Interaction effect (p < .05)

Table 10. Repeated Measures ANOVA of Secondary Traumatic Stress levels.

	SURVEY ADMINISTRATION	test statistics
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	Baseline	Year 1	Year 2	F	df	p
Intrusion						
Intervention (n = 3)	10.00 (2.00)	7.67 (2.52)	8.00 (2.00)	0.38	1, 12	.547
Control (n = 11)	9.36 (3.01)	9.27 (2.45)	9.54 (3.08)			
Avoidance						
Intervention (n = 3)	12.67 (4.04)	11.33 (2.31)	16.67 (2.08)	0.005	1, 12	.942
Control (n = 11)	12.73 (3.82)	14.00 (4.27)	13.45 (4.82)			
Arousal						
Intervention (n = 3)	9.33 (2.08)	9.67 (0.58)	11.67 (2.52)	0.10	1, 12	.755
Control (n = 11)	10.27 (2.53)	10.55 (3.98)	11.36 (4.27)			
STSS Total						
Intervention (n = 3)	32.00 (7.81)	28.67 (4.72)	36.33 (2.08)	0.07	1, 12	.795
Control (n = 11)	32.36 (7.88)	33.82 (9.38)	34.36 (11.19)			

Summary of Outcome Evaluation Findings

It can be said that clearly the qualitative data collected by the SR QIC revealed very favorable outcomes on the supervisor practice, worker practice and even client levels, with the exception of the Tennessee project in which one or two supervisors reported a positive learning experience. Most projects are reported some favorable quantitative outcomes, in differing areas. The project with the most problematic supervisor turnover, quantitative data and data collection methodologies is Arkansas, and their quantitative findings were greatly impacted by this. However, the state considers this a successful project. The Mississippi and Missouri projects noted a number of statistically significant differences between intervention and comparison groups in a favorable direction. These were clearly the most effective projects. The quantitative data was also impacted by administrative decisions made by the child welfare agency (as was the fidelity to the intervention) such as hiring freezes, establishment of policies counter to the intervention and suspension of data collection activities. When the objectives of the project were in line with agency priorities, it was difficult to avoid statewide roll out of activities that may have contaminated comparison regions. Finally it is nearly impossible to isolate true impact of an intervention in the context of ongoing organizational change. Much of this may be the nature of applied research in the public agency.

The balance of the findings certainly support the value of implementing clinical supervision on the frontline of public child welfare agencies and call for further study of a hybrid model that borrows from the most successful aspects of each of the projects. In addition, the lessons learned from these projects and the SR QIC program overall have made a major contribution to the field.

SECTION 4

Sustainability, Replication and Dissemination

Sustainability

All projects expressed their intent to continue their programs at some level beyond the grant period, and based on final reports submitted, some aspect of all will carry forward. In no case, however, is the intervention being replicated in its entirety as tested due in large part to the lack of available resources and competing priorities. Based on the positive outcomes generated, this is unfortunate. It is hoped that the research conducted will enable states to refine their intervention based on those aspects that demonstrated the greatest impact on positive change. However, a request for supplemental funding to assist states in facilitating an analysis and planning process to allow for program sustainability beyond the funding cycle was not approved, so emphasis on this process was hampered. All states are incredibly stretched in developing and implementing their program improvement plans, and maintaining/replicating this form of supervisory practice must compete with numerous other organizational priorities. Projects staff were very concerned about their ability to adequately prepare for sustaining this in the light of their current environments, despite the very positive results they observed. Missouri is the state that utilized the most concentrated effort in planning for sustainability, with a committee established to look at supervisory practice and a national resource center being brought in to facilitate the process. Project-specific efforts regarding sustainability are listed below:

- Arkansas: The Arkansas project developed a detailed transition and sustainability plan. Mentoring for new supervisors has been incorporated into the DCFS Supervisory Development program for new supervisors, with mentors employed by one of the IV-E partner universities. The educational material utilized during the project was incorporated in the DCFS Supervisory Development program as have the online tutorials. The agency is considering the expanded use of the Structured Casework Supervision Process, and is determining how it could best be used in conjunction with the Supervisory Review tool currently in use. In addition, the Division is considering a number of recommendations made by project supervisors.
- Mississippi: This topic has been discussed extensively with middle managers and agency administrators. The supervisors in the control group especially want the intervention. The desire to sustain the project is high. Funding sources have been explored but have been unsuccessful to date. The Program Improvement Plan currently being developed includes expanding learning labs to include the other seven regions in the state over the next two years, although funding continues to be an issue. A gradual plan for implementing the model statewide is in progress.
- Missouri: Based on the results of the Missouri CFSR and a legislative mandate for pursuit of accreditation have contributed to an organized approach to improving supervisory performance beyond the implementation of this project. Therefore the agency requested technical assistance from the National Resource Center on Organizational Improvement in developing Program Improvement Plan components relevant to supervisory practice. A

statewide taskforce was established on supervision, which included supervisors and administrators associated with the project as well as the project director. Simultaneously, the agency Training and Development Unit, under the direction of a member of the project Policy Board, began developing a proposed clinical supervision curriculum based on the content piloted in the project. The following action plan is in place:

- Basic management training (24 hours) will be required of all supervisors.
- Clinical performance expectations for supervisors developed in the demonstration sites will be adopted statewide and incorporated into the annual performance review process.
- Forty hours of clinical curriculum development consultation is being provided by the university faculty to assist in development of the final curriculum, and work has begun on an institute for all child welfare workers on resiliency and solution-focused therapy.
- The Role Demonstration Model pilot curriculum has been modified for statewide use, having been divided into core content and advanced modules. The core curriculum was field tested with 25 non-project supervisors. A joint meeting was held in March by the university and the agency, to introduce the new curriculum to regional directors and various levels of middle managers statewide. The new curriculum delivery is scheduled to begin June 1 on a phased in basis statewide.
- The advanced clinical curriculum will be made available beginning January 2007 to supervisors who have successfully completed the core curriculum.
- Tennessee: A final meeting was held in May of 2005 with senior level management of the agency and the project director to discuss sustainability. It was agreed that the curriculum developed would be integrated into existing supervisory training. The Department indicated it planned to hire licensed clinical social workers to serve in the role of consultants to mentor supervisors. No update on this information is as yet available.

Dissemination

Dissemination was a primary focus of the SR QIC from the early stages, with publications and national presentations being generated beginning in year one. Presentations were largely conducted jointly between SR QIC and project staff, and supervisors. Collaboration also occurred on scholarly writing. SR QIC level dissemination activities are separated below into presentations and publications throughout the grant period.

Presentations

2003

- Atchison, A., Collins-Camargo, C., Groeber, C., Harper, C., & Trujillo, I. (2003). *Collaboration and Transformation: Building Bridges From Research to Practice...The Evidence Base*. 14th National Conference on Child Abuse and Neglect.
- Collins-Camargo, C., & Groeber, C. (2003). *Using Public Agency, University and Community Partnerships to Create a Toolbox to "Fix" Child Welfare*. Child Welfare League of America, 2003 Tools that Work Conference, Miami, FL.

2004

- Atchison, A.; Collins-Camargo, C.; & Harper, C. (2004). *Quality Improvement Centers: Using national data sets in program evaluation*. Seventh National Child Welfare Data Conference, National Resource Center for Information Technology in Child Welfare, Arlington, VA.

- Collins-Camargo, C., & Groeber, C. (2004). *Supervision and Management: The Nexus for Organizational Change in Child Welfare*. Missouri Child Protective Services Manager Training.

2005

- Collins-Camargo, C.; Jackson, E. & Isbell, J. (2005). *The Role of Supervisors, Pre- and Post-CFSR*. 2005 Children's Bureau Meeting of States and Tribes, Arlington, VA.
- Collins-Camargo, C. (2005). *Clinical Supervision in Public Child Welfare: Preliminary Trends Noted in a Four State Cross-site Research Project*. First International Interdisciplinary Conference on Clinical Supervision, Buffalo, NY.
- Collins-Camargo, C. (2005). *Adventures in Partnership: Using Learning Laboratories to Enhance Frontline Supervision in Public Child Welfare*. Office of Child Abuse and Neglect State Liaison Officers Meeting, Boston, MA.
- Bolm, C.; Collins-Camargo, C., Graves, N., & Jones, J. (2005). *Enhancing Supervisory Practice in Child Welfare: Partnerships for Professional Development and Positive Outcomes*. 15th National Conference on Child Abuse and Neglect, Boston, MA.
- Burgeson, J., Collins-Camargo, C., Harper, C., & McKenna, M. (2005). *Program Start Up: Building the Path Together and Successful First Steps*, 15th National Conference on Child Abuse and Neglect, Boston, MA.
- Collins-Camargo, C.; Kelly, M. & Shackelford, K. (2005). *Collaborative Research Approaches in Child Welfare: Evaluating the Impact of Clinical Supervision*. Council on Social Work Education Annual Program Meeting, Chicago, IL.
- Collins-Camargo, C. & Sundet, P. (2005). *Enhancing Supervisory Practice in Child Welfare: Partnerships for Professional Development and Positive Outcomes*. 20th Annual San Diego International Conference on Child and Family Maltreatment, San Diego, CA.
- Collins-Camargo, C.; Phillips, T. & Shackelford, K. (2005). *Enhancements to Supervision and Mentoring to Improve Workforce Practices*. Children's Bureau's Workforce Development and Workplace Institute: Knowledge Development and Application, Arlington, VA.
- Collins-Camargo, C. (2005). *Strategies Designed to Improve Retention and Recruitment in Recruitment of Social Workers in Public Systems*. Council on Accreditation 2005 Public Agency Roundtable, Accreditation: the Path to Excellence, Little Rock, Arkansas.

2006

- Shackelford, K. & Collins-Camargo, C. (2006). *Implementation of Clinical Supervision in Public Child Welfare: Collaboration and Transformation*. Invited Presentation for Ontario Children's Aide Societies and the University of Toronto, Toronto, Canada.
- Collins-Camargo, C. (2006). *Findings from the 2005 Court Improvement Program Reassessment: Progress Made and Areas for Focus*. Administrative Office of the Courts Court Improvement Program Advisory Board Meeting, Frankfort, KY.
- Collins-Camargo, C., Hoey, Minnie, & Page, Pat (2006). *Using Clinical Supervision to Promote Positive Outcomes in Organizational Culture, Practice and Client Outcomes in Public Child Welfare*. 2006 Children's Bureau's Meeting of States and Tribes, Arlington, VA.
- Collins-Camargo, C. (2006). *How Evaluation Should Drive the Process*. Metropolitan Social Services Planning & Coordination Roundtable, Nashville, KY.
- Collins-Camargo, C. (2006). *Clinical Supervision in Public Child Welfare: Results from a Four State Cross-site Research and Demonstration Project on Changing Practice and Achieving Outcomes*. 2nd Annual International Interdisciplinary Clinical Supervision Conference, Buffalo, NY.

- Collins-Camargo, C. (2006). *Reaching for Organizational Excellence: Organizational Culture and Retention Factors with the Department for Community Based Services*. Cabinet for Health and Family Services, Frankfort, KY.
- Collins-Camargo, C. & Shelton, M. (2006). *Using Clinical Supervision to Promote Positive Outcomes in Organizational Culture, Practice and Client Outcomes in Child Welfare*. Quality Improvement Center on Adoption Conference. Charlottesville, VA.
- A presentation was conducted at the Family-to Family Leadership Summit in Nashville in May by a multi-project team.

2007

- Collins-Camargo, C. (2007). *Clinical Supervision in Public Child Welfare: Results from a Four State Study on Changing Practice and Achieving Positive Outcomes*. Society for Social Work and Research Annual Meeting. San Francisco, CA.
- Collins-Camargo, C.; Kelly, M., & Shackelford, K. (2007). *Collaborative Research Approaches in Child Welfare: Lessons Learned from a Multi-Site Clinical Supervision Study*. 16th National Conference on Child Abuse and Neglect. Portland, OR.
- Teleconference sponsored by the National Resource Center on Organizational Improvement entitled “*Strengthening Supervision*” in May 2007 featuring Crystal Collins-Camargo, Paul Sundet (Project Director for Missouri), a supervisor from the Missouri project, and Steve Priester with the NRC.
- Crystal Collins-Camargo will conducted a presentation at a Summit on Child Welfare Supervision in Toronto, Canada (at the expense of the Canadian Ministry) in May 2007.
- Kelly, M., Collins-Camargo, C. & Kreuger, L. (2007). *Child Welfare Clinical Supervision: Four States’ Results and a Qualitative Case Study*. Council on Social Work Education Annual Program Meeting, San Francisco, CA.

Publications

The collaborative work of the SR QIC notable yielded three special editions of refereed professional journals, with articles covering the work of each of the project, the QIC and the Children’s Bureau:

- *Professional Education: The International Journal of Continuing Education in Social Work* (2003) focused on the work of the SR QIC and featuring each of the four projects.
- *Journal of Evidence-Based Social Work* (2006), 4(3/4). Articles in this special issue focused on topics related to how supervision impacts evidence based practice. In addition, the editors decided to publish this material in the form of a book, which will be entitled *Developing an empirically based practice initiative: A case study in CPS supervision*, to be released in 2007.
- *Professional Development: The Journal of Continuing Social Work Education*. Our third special issue of a professional journal has been approved and articles written by multi-disciplinary and multi-project teams were submitted to the editor in the fall of 2006 for 2007 publication. Articles include the following: the QIC Approach to funding innovation; university/child welfare partnership; themes from the multi-site study; secondary traumatic stress in child welfare supervision; professional and organizational correlates of child welfare outcomes; mentoring; and individual professional development planning for supervisors.

In addition, the work of the SR QIC has been featured in publications of other arms of the Children’s Bureau’s Training and Technical Assistance Network:

- Summit on Child Welfare Supervision, *SLO News*, Issue 7, September 2006.
- Enhancing Supervision, Other Resources, *Child Welfare Matters*, Fall, 2006.

Outside the T/TA Network, the spring 2004 issue of *Odyssey*, the University of Kentucky research magazine featured an article on the SR QIC and the research being conducted. The focus is on the applicability of the work we are doing in the real world and the potential impact on workers, supervisors, families and children. This magazine is distributed to UK alumni, decision and policy makers state wide, public libraries and media outlets

Project-Specific Dissemination

- Arkansas: Their departmental newsletter, *Connections*, had a quarterly segment on the project. A presentation to a joint committee of the Arkansas General Assembly was completed this spring. The final report is available via their website. A copy of the Executive Summary was to be distributed to: project members, DCFS Executive Staff, DHHS Executive Staff, Administration for Children and Families Area VI Regional Office in Dallas, Administrative Office of the Courts, Red River Valley Task Force, and Schools of Social Work. Presentations will be made or offered to the following groups: area managers, county supervisors, DCFS Executive Staff and staff of the various sections; Supreme Court Ad Hoc Committee on Foster Care and Adoption; Legislative Task Force on Abused and Neglected Children; DCFS Advisory Committee; Legislative Children and Youth Committees; Pulaski County stakeholders; Professional Development Team University IV-E Partners; and, Commission on Child Abuse, Rape and Domestic Violence. Proposals to present at the following conferences were submitted: Arkansas Child Abuse and Neglect; American Professional Society on the Abuse of Children; Arkansas Human Services Employees Association; and Arkansas National Association of Social Workers.
- Mississippi: Presentation at the Mississippi-Alabama Social work Educators Conference was conducted in October 2005 by the project director and two middle managers involved in the project. The Mississippi project director is a co-author in a book that has been submitted for publication that includes information regarding this collaborative work (Pryce, J., Shackelford, K., & Pryce, D. *Traumatic stress & child welfare: Where angels fear to tread*. New York, NY: Routledge Publishing. The final report of the project will be disseminated to key persons with the state of Mississippi including the Director of the Mississippi Department of Human Services, the Division Director of Family and Children's Services, Unit Directors of the Division of Family and Children's Services and participants in the study. The project director has met with the DFCS work group which is in the process of designing supervisory curriculum for DFCS in Mississippi. The report will be made available to this group also. A presentation is to be conducted this spring to participants from both comparison and intervention regions, and community partners. The project director is currently consulting with the Nevada Rural Region Child and Family Services department on implementing supervisory learning labs based on this project's experience.
- Missouri: An abstract for the Second International Conference on Clinical Supervision has been submitted on this project. Within Missouri, presentations on the design and results of the project have been made at three professional conferences. The Missouri final report did not detail plans for dissemination planned for the near future, although

prior reports and discussions have included plans for wide distribution of the Executive Summary.

- Tennessee: Presentations were conducted with: DCS Senior Administration; Children's Justice Task Force, Citizen Review Panels, IV-E Consortium, Senate Select Committee on Children Youth and Families

It should be noted that in addition to the actual events, the inter-project nature of the majority of SR QIC dissemination has been phenomenal. The majority of presentations have involved presenters representing different states, and different roles, such as advisory board members, public agency staff, university faculty, and participants. Most notable from a professional development standpoint, twelve front line supervisors and middle managers who were project participants have conducted national presentations at this point.

Summit on Child Welfare Supervision

The Summit on Child Welfare Supervision was sponsored by the SR QIC with funding from the Children's Bureau in the U.S. Department of Health and Human Services on September 14-15, 2006 in Memphis, TN. The location was selected to enable the maximum participation, particularly of frontline supervisors, of individuals from the four project sites. It was designed to bring public child welfare administrators, frontline supervisors, child welfare trainers and researchers together to share information on innovations in the enhancement of child welfare supervision to promote a learning organizational culture, worker retention, evidence based practice and positive outcomes for children and families. As such, the Summit involved information sharing regarding the use of clinical supervision in child welfare, professional development for supervisors, and the use of university /agency/ community partnerships to enhance the child welfare system.

This Summit was a working meeting—not a conference. Participants engaged in an important dialogue regarding what must be done to facilitate frontline supervisors' work as they work to support child welfare staff, promote effective practice, and improve outcomes for families and children. This was not an event, but a beginning. It is hoped that the Summit will be followed by ongoing national discussion, information sharing and knowledge development to move the field forward.

The Summit was designed to meet the following objectives:

1. Disseminate information on clinical supervision and learning reinforcement models used in the four demonstration projects, findings and lessons learned about implementation and collaboration.
2. Facilitate group discussion, synthesis and planning regarding clinical supervision in public child welfare for participants with common interests (supervisors, administrators/decision-makers, and researchers).

With this in mind, the time was split between the provision of presentations and workshops on the SR QIC research and demonstration projects and other topics focused on child welfare supervision, and participating in structured roundtable discussions. Summit participants explored not only the findings from the research and demonstration projects that implemented clinical supervision in these four state systems, but were actively involved in a working meeting to examine challenges to supervision in the system, and solutions that will move the child welfare system forward in improving Child and Family Service Review outcomes and retaining competent frontline staff.

To enable the attendance of a wide representation of individuals from across the country, no registration fee was charged, and travel expenses were paid by the SR QIC. Slots were allocated to the four states participating in the SR QIC research and demonstration projects to allow attendance by the frontline supervisors in project implementation groups as well as appropriate state decision-makers. In addition, two slots were allocated to the remaining six states in the SR QIC region. The remaining slots were open to attendees across the nation. An invitation to attend the Summit was sent to public child welfare directors across the country as well as professionals serving as state liaison officers for the Children's Bureau, and individuals who had expressed an interest in child welfare supervision and representatives from appropriate National Resource Centers.

The non-designated slots up to a total capacity of 150 individuals were distributed on a first come, first served basis. All states requesting to participate were granted at least one slot. In the end, representatives from thirty-six states, the District of Columbia, Canada and Puerto Rico participated in the meeting. Approximately one third of participants fell in to each of the following three categories: child welfare administrators; child welfare training directors/university partners; and, frontline supervisors. Discussions with participants indicated that using federal funding to support their ability to participate in this meeting facilitated their ability to attend and was viewed as a very positive benefit.

Given that this Summit served as a substantial forum for the reporting of the findings and lessons learned by the SR QIC, and that the roundtable discussions provided a source of a great deal of information regarding the challenges facing supervisors in child welfare across the country and potential solutions, a Summit Proceedings document has been developed that will serve as an important product of this work. This document includes summaries of all presentations conducted as well as summaries of the information generated in the roundtable discussion process. In addition to being posted on the website, copies of the document were made available on compact disk and distributed to potentially interested individuals at the OCAN conference and at other relevant events.

Replication and Adaptation

The SR QIC team developed their dissemination plan purposefully to set the stage for data-driven adaptation of the models and replication as appropriate. The Children's Bureau has been instrumental in providing many avenues for getting information regarding the models, the findings and lessons learned out to those who may be interested in them in the field. Also, the SR QIC Network (SR QIC staff, advisory board and project staff) has been instrumental in generating dissemination opportunities that make sense.

Prior to the Summit on Child Welfare Supervision, the principal investigator provided consultation public child welfare administrators or university faculty in the following states: Georgia, Florida, Louisiana, Massachusetts, and Washington, as well as Ontario, Canada.

Materials circulated regarding the Summit highlighted the opportunity for interested states to receive technical assistance and consultation regarding adapting the models and lessons learned to their state's needs. As of the writing of this report, the QIC was actively working with five states (at various stages and levels): Massachusetts, California, Louisiana, Georgia, and Kentucky. The extent to which other states may take advantage of this opportunity is unknown at this time.

During the past year, Nevada contracted directly with Kim Shackelford, the project director from the Mississippi project, to replicate the project in there state. She completed conducting the learning labs with their rural region earlier this year and has been actively engaged in conducting labs in the urban area very successfully.

SECTION 6

Conclusions and Recommendations

Conclusions Related to Clinical Supervision in Child Welfare

The balance of the data collected in this multi-state study suggests that a structured clinical casework supervision model that has the potential to positively impact desired outcomes in this field. Findings did vary by site as to the extent to which individual outcomes were impacted by individual project, but across the sites, the intervention was shown to have a statistically significant impact on effectiveness and satisfaction with supervision, professional organizational culture, staff retention, and worker practice. In addition, it appears that the intervention may be associated with some positive trends in client outcomes, although this is certainly not confirmable during the study period.

When viewed in light of the research and data-related challenges of the cross-site evaluation, even those favorable findings that did not reach statistical significance should be considered to contribute to the evidence of the positive potential of supervision. For example, matched sample size across multiple data points was an issue for all projects. Some of this was due to poor response rate at baseline, and some to sample attrition. Regardless, small samples make it difficult for statistical procedures to be sensitive to the effects of interventions. Some of the instruments selected may be less useful for measurement of change overtime. The Ellett scales used for the study have been used primarily as a point in time measure. Relatively high scores of organizational culture and particularly self-efficacy at baseline make it difficult to yield improvement that would demonstrate statistical significance. Finally, projects were plagued with confounding factors. Hiring freezes, re-assignment of supervisors, competing priorities due to the direction the agencies were headed in response to the Child and Family Services Reviews certainly impacted the fidelity of the clinical supervision model in day-to-day practice as well as the research.

However, it remains true that there is a portion of the field that does not understand that clinical supervision has a very appropriate and valuable place in the child welfare environment. Some think of this sort of supervision as limited to psychotherapeutic settings. Articulation of relevance of clinical supervision (and its research) in child welfare to promote evidence-based practice, enhanced organizational culture and client outcomes must occur, both philosophically and practically. This work will be important if the field is to truly embrace this as a vehicle for systems improvement.

Conclusions Related to Implementation of Practice Change Initiatives

Aspects of the PCW environment present major challenges due to an atmosphere of constant change. Our projects had to sustain numerous changes in top-level leadership in the public agency. Because public child welfare administrators are typical political appointees and typically are short in tenure, the ability of agencies to move forward with sustained and goal-driven organizational change is seriously hampered. In all four states, project staff had to seek administrative buy-in from multiple commissioners, secretaries and directors. For some, while requiring effort the new administrators had a favorable and engaged reaction. In others these efforts were unsuccessful. There is no question that the inability of projects to receive acceptable levels of commitment from newly appointed

administrators negatively effected the implementation, the evaluation and the eventual sustainability of the projects.

The federal *Child and Family Service Review process* is driving systems reform in our field. There is no doubt that the stage of the CFSR process that each of our states was in impacted their implementation. Each successfully built some aspect of the project into their program improvement plan, however these supervisory initiatives had to compete with other priorities for emphasis and time—not to mention resources for roll out after the evaluation. In some states—including some of those implementing our projects—there was a competing focus on using supervision to promote compliance in a more punitive fashion. Any system reform efforts implemented in states need to be well integrated into the CFSR process, but hopefully overtime as states progress in addressing their areas of need reform can take place in a more proactive way.

Workload and time constraints remain a significant confounding factor. This played out in two ways. In terms of project direction in some of our states adequate staff effort was not allocated within the public agency to provide leadership to the project which truly impacted it. In a related issue, the Tennessee project certainly highlighted that the selection of who within the public agency will lead the project—both in terms of the individual and their role in the agency—is a critical issue, and one that plagued that project throughout. In the other states, it was neither the individual nor the role of the public agency lead, but the fact that they were already managing a significant workload that impacted progress.

Secondly, the workload in the field for the supervisors attempting to participate in the project certainly was a barrier. Qualitative data collected made it clear that despite the supervisors' desire to use their clinical supervision skills in their day-to-day work, this was hampered by the crisis-driven nature of the work, staff vacancies and supervisors carrying caseloads as a result. Any practice change initiative will be impeded by these realities in the field.

In a directly related issue, *administrative decisions in the child welfare agency seriously impeded progress toward practice improvement*. Included in this is institution of a punitive approach to staff and supervisors and policies that actually drive supervisors away from clinical practice. Decisions impacting caseload for staff, and hiring freezes were implemented. Supervisors in the project were actually reassigned to different teams or jobs in the midst of the project. Re-districting was put into place that actually decimated the peer support and consultation networks that had been developed among supervisors in regions involved in the project originally. These decisions seem to have been made without consideration of how it would impact the research and perhaps more importantly the field.

It became clear early on in the process that we had not adequately assessed the *involvement and practice of middle managers* and how this may impact the practice change on the frontline. We were able to partially address this through supplemental funding but not adequately. Practice change initiatives must not only obtain buy-in and awareness of middle managers (as all of our projects had done in the beginning) but carefully consider how the day-to-day managerial practice can promote the practice change on the frontline. In addition, the role of these middle managers becomes even more important in light of the frequently changing top administration.

Despite the typical training model which involves intensive, short, one-time only classroom training opportunities which is the standard in child welfare agencies, we learned that this approach is not considered helpful by supervisors. It was clear from the data collected that *learning should occur*

over time, with periodic learning labs—not traditional, intensive, stand and deliver training models. This is particularly true when you are trying to really change practice—not simply teach particular technical tasks which may be more amenable to the typical model. This is certainly consistent with other research on adult learning and training in the professional literature, but for some reason, the field continues to rely on traditional approaches.

Related to this is the lesson that *learning reinforcement strategies in field are critical.* Supervisors struggled with how to actually operationalize what they learned in the real world environment, and our project components that involved one-on-one mentoring, individual meetings with supervisors and peer consultation/support systems were rated as extremely important by participants.

Importance of university/public agency/ community partnerships was certainly underscored with this project. Data collected from project staff indicated that although these relationships were difficult to manage at times the effort required to work through it were worth it. Certainly in at least two projects the work on the project paved the way for an expanded relationship. In one state, however, engaging the university in the research portion of the work proved very problematic and they eventually had to turn to a private firm to complete the evaluation. This is surprising and disappointing and is likely a function of the lack of value of child welfare-related practice research in that particular university. It only underscores the important of continuing to work on these relationships. In a second state, the relationship between the public agency and the university remained problematic throughout and the project was irreparably damaged as a result. Finally, the community partnership was never well operationalized in most projects. Probably the most successful was the Mississippi project which chose to engage local community agencies in the intervention area as opposed to macro level entities. However working to engage a community still seems a worthwhile endeavor, if for no greater reason to enlist their support and understanding of the practice change being sought.

Within this partnership, however, a few specific lessons were learned. First, the *alignment of purpose, timeframes, and measurement strategies* is critical. All must be in agreement in the beginning for things to function smoothly and it must be understood that universities, public agencies and community partners come from very different perspective. Second, the *“care and feeding” of partnerships requires significant attention.* These relationships cannot be taken for granted, and even in the states with a long history of partnership, the relationships required attention. One must have persons with decision-making authority at the table and committed to the effort. There is no substitute for this, as through the implementation process challenges occur that must be addressed and administrative decisions are being considered that could adversely impact the project. This is true for the university as well as the public agency. One project suffered from an overall lack of support by the dean of the school of social work.

One of the resounding successes of our QIC work was the development of *relationships at the cross-project/QIC level.* From the beginning we sought to build relationships with and among projects that were based on collaboration and learning rather than competition. We were successful in that, and as a result a number of outcomes have been realized. First, because of these relationships project grew accountable to each other and worked well together to problem-solve their way through challenges. Second, the cross-project dissemination products were abundant and probably more valuable than project-specific ones in the long run for the field at large. Finally, there is evidence that these relationships will engender continued collaboration in other work which will benefit the child welfare field overall. These sorts of impacts may not be seen in the traditional demonstration granting model.

Technical assistance needs shift over time although the request for TA continued throughout. The bottom line is that implementing research and demonstration grants in the public child welfare agency is complex and projects continued to seek counsel—or at minimum a sounding board—as challenges and opportunities arose. A positive phenomenon, however, was that a portion of this transferred gradually to peer-to-peer consultation with facilitation by the QIC.

Conclusions Related to Research in the Public Child Welfare Environment

Many of the lessons learned in this program relate to the broad but important topic related to conducting research in the context of the public agency may be described as being subject to the following conditions:

- Subjected to significant expectation of accountability by the general public and community partners without a commensurate understanding of the nature of the work and the challenges faced by the child welfare system.
- Historically under-funded to meet the demands of actual needs in the state resulting in high worker turnover, tremendous workload and limited resources with which to address the needs of children and their families.
- Engaged in a nearly constant state of organizational change while the agency works to improve the functioning of the system and the effectiveness of services without a significant body of evidence to drive selection of initiatives.

Within this context, then, to be successful in collaborative research in the public child welfare agency requires:

- *The child welfare agency must be an active partner in the design and conduct of the project.* If the agency staff with an appropriate level of decision-making authority are not directly involved in design and implementation, the strategies selected may be inappropriate or impractical within the context of the agency. In addition, sufficient agency buy-in may not be maintained, and competing or conflicting decisions or programs may be implemented concurrent to the research.
- *Close monitoring of administrative decisions impacting data/design must occur.* Clear agency-wide communication may not be present, so it is highly likely that in other units decisions will be made or programs implemented that will interfere with data collection, measurement or analysis without close attention to what is happening in the agency.
- *Research has a potential impact on agency policy, practice, outcomes, or cooperative relationships with key constituencies.* Some researcher-initiated studies may involve knowledge development but it may not be designed to yield evidence that is directly relevant in the practice field. It is applied research that informs evidence-based practice—whether on an organizational, practice or client level—that will yield buy-in and collaboration from the child welfare agency.
- *Recognition that CW agencies are implementing multiple interventions must occur.* Obviously policy and practice do not stand still throughout the research implementation period. Many

initiatives will be begun which have the potential to impact the study. Close communication between agency and research staff is essential to examine and document potential impact.

- *Localized pilots are being assessed for statewide rollout in quick timeframes.* Significant effort may be required to keep the agency from replicating promising interventions outside the pilot area. There is a significant need for positive practice change, and the value of comparison designs will need to be clearly and regularly communicated.
- *It is effective to connect the research clearly to and measure impact on CFSR outcomes including systemic factors.* The federal Child and Family Services Reviews are driving the child welfare system across the country. State agencies must focus their efforts on addressing those outcomes and systemic factors identified as a need, and therefore research into such will likely be considered a priority and more likely to be successfully implemented.

Recommendations

1. Recommendations for policy makers and program managers

This is an important audience for information on the results of this project. SR QIC staff provided consultation for several state agency personnel. It is recommended that public child welfare administrators take steps to transform frontline supervisory practice in a supportive, educational and clinical direction, rather than a compliance-focused one being implemented in many states and advocated through a number of program improvement and consultant processes.

2. Recommendations concerning QIC activities

The QIC model seems to have many benefits over the usual model of discretionary granting. Feedback from our projects, the staff of which were often former federal grantees, has been very positive in terms of the type, timeliness and quality of the technical assistance, and the inter-project network established. Based on the experience to date, we would make the following recommendations regarding future quality improvement centers and the Children's Bureau:

- Allocate sufficient funds for the administration of the QICs. The funding was inadequate for the amount of technical assistance and monitoring required.
- QICs represent a new configuration within the Children's Bureau's established training and technical assistance efforts. Like the National Resources Centers, the QICs are likely working in multiple states closely while providing information and technical assistance to others. The QICs have a very different, but—it could be argued—a critically important mission that is focused on knowledge development. They should be purposefully integrated within the T/TA Network and their position sanctioned by the Children's Bureau, so that potential "turf" issues can be avoided or constructively addressed.

- The composition of the advisory board is very important, as this body can do much to promote buy-in from their constituencies, provide expertise, assist in marketing and dissemination, and provide continuity and commitment over time. This should be a required aspect of the QIC management model.
- Be very prescriptive about fiscal issues, invoicing policies, etc., and anticipate a need for extensive technical assistance and monitoring in this area. If this is true for large universities and public child welfare agencies alike, it will probably be true for smaller sub-grantees as well.
- Spend a significant amount of time developing and nurturing an interactive network among projects. There is much synergy to be harvested from their interaction with each other.
- Be very specific about expectations in your sub-contracts so that sub-grantees can be held accountable. Prepare from the beginning for the contingency that might be necessary if one of the projects fails.
- Allow a sufficient amount of time for the development of proposals, particularly if interagency partnership is required. The five weeks we allowed was not sufficient.
- Do not over-estimate the feasibility of using high-tech methods of communication, because fiscal constraints, as well as the nature of such methods, seem to impede their effective use, at least for populations similar to ours.
- If you plan to conduct a cross-site evaluation, make sure your projects are similar enough to allow comparability and some common measurement. Part of this process involves helping projects to be explicit about how their intervention differs from the others, and what aspects they all have in common.
- It is worth the effort to negotiate the common methodology of the cross-site evaluation with the evaluators for each project. Although this can be a difficult process, it establishes a relationship between researchers and an understanding that they are a part of a larger initiative. Then, when challenges surface later regarding the research, they can problem-solve together.
- QICs have the added benefit of emphasizing the research being conducted, not only to project staff, evaluators and partners, but also to participants. In applied research, this is critical, because the research almost becomes a part of the intervention. The value of evidence-based practice in a very practical sense is infused into the work in the demonstration project. As evidence-based practice is seen as a universal good in our field today, the transfer from experience with this type of project into their day-to-day work should be studied.

APPENDICES

**Southern Regional Quality Improvement Center for Child Protection
Research Plan Conceptual Model**

Technical Assistance Required by State

**Executive Summaries for the Arkansas, Mississippi, Missouri and
Tennessee Projects**

Curriculum Overview and Comparative Strengths Tables

Southern Regional Quality Improvement Center for Child Protection Research Plan Conceptual Model

Research Hypotheses:

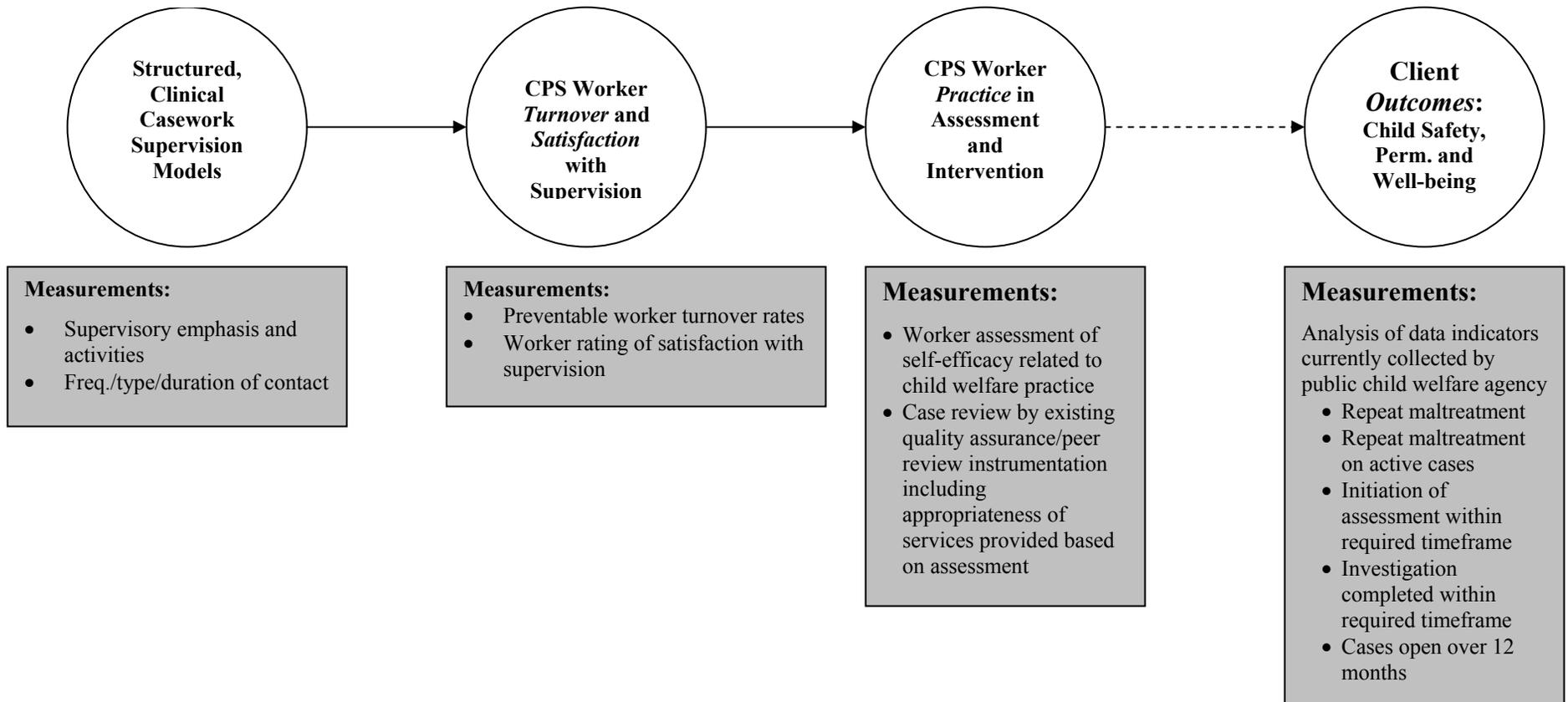
5. Structured casework supervision approaches will positively affect child protection *worker practice in assessment and intervention with families*.
6. Structured casework supervision approaches will positively affect *preventable worker turnover*.
7. Structured casework supervision approaches will positively affect *client outcomes*.

Research Questions For Comparative Analysis:

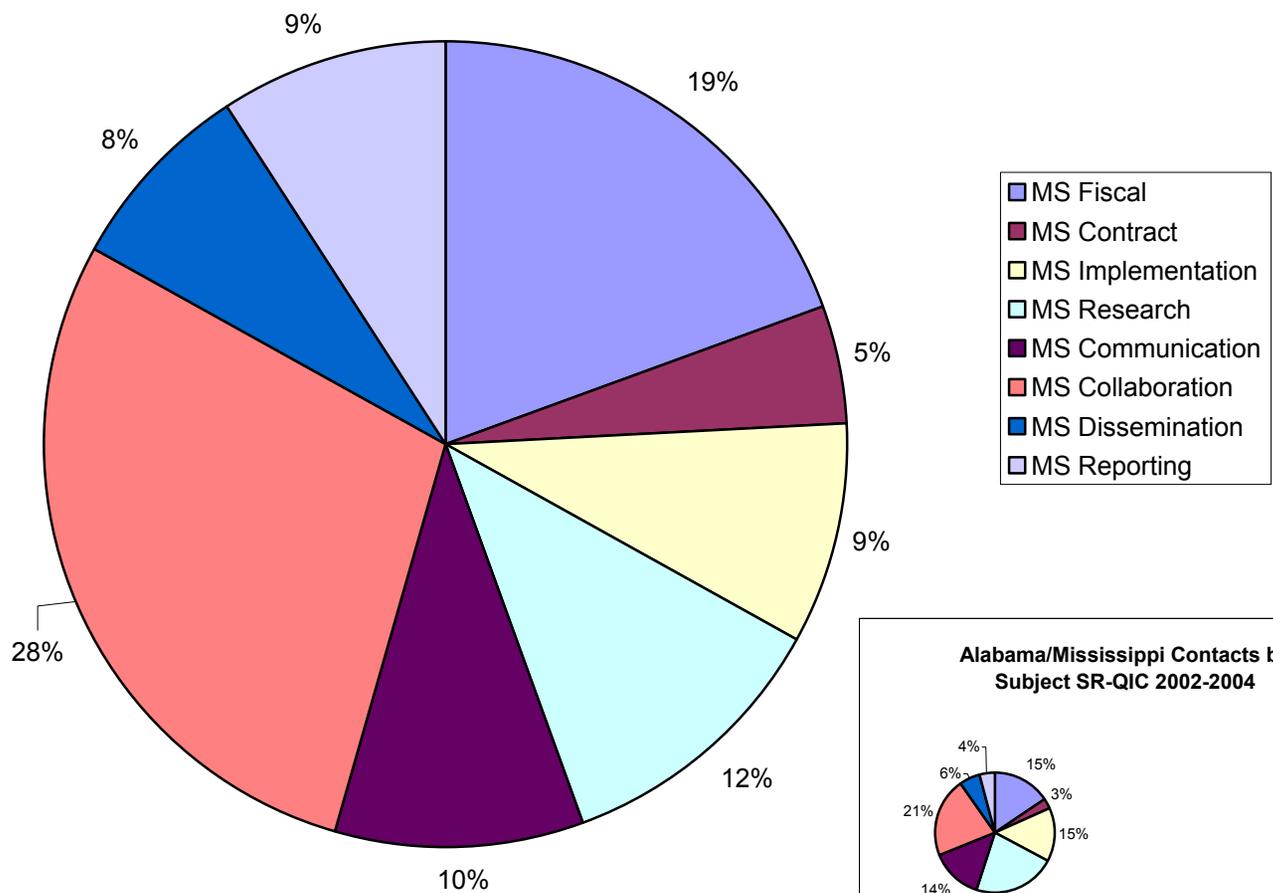
5. What models of structured casework supervision in child protection have the greatest impact on *worker practice*?
6. What models of structured casework supervision in child protection have the greatest impact on *preventable worker turnover*?
7. What models of structured casework supervision in child protection have the greatest impact on *client outcomes*?

Major Intervention Variable

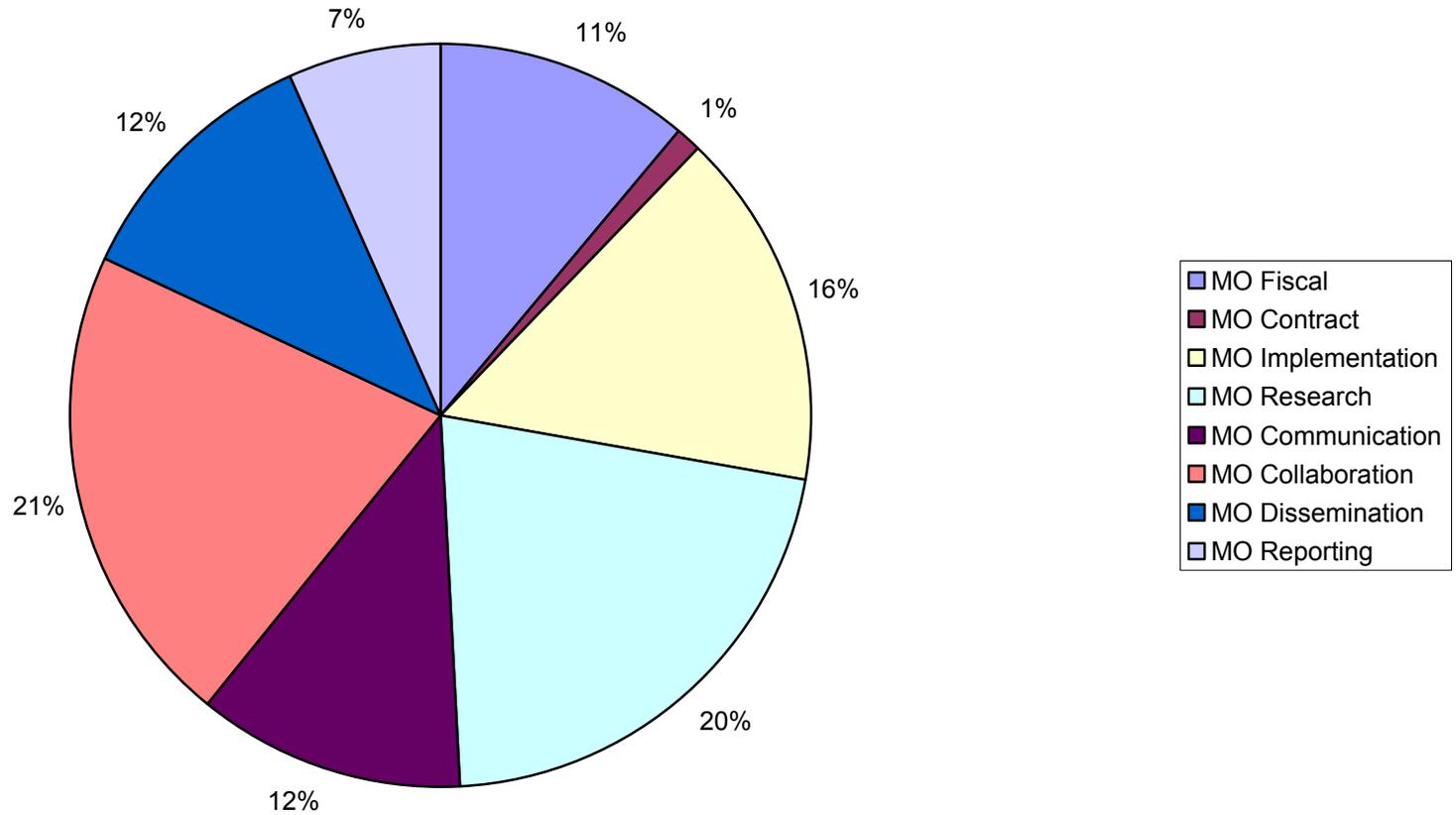
Dependent Variables



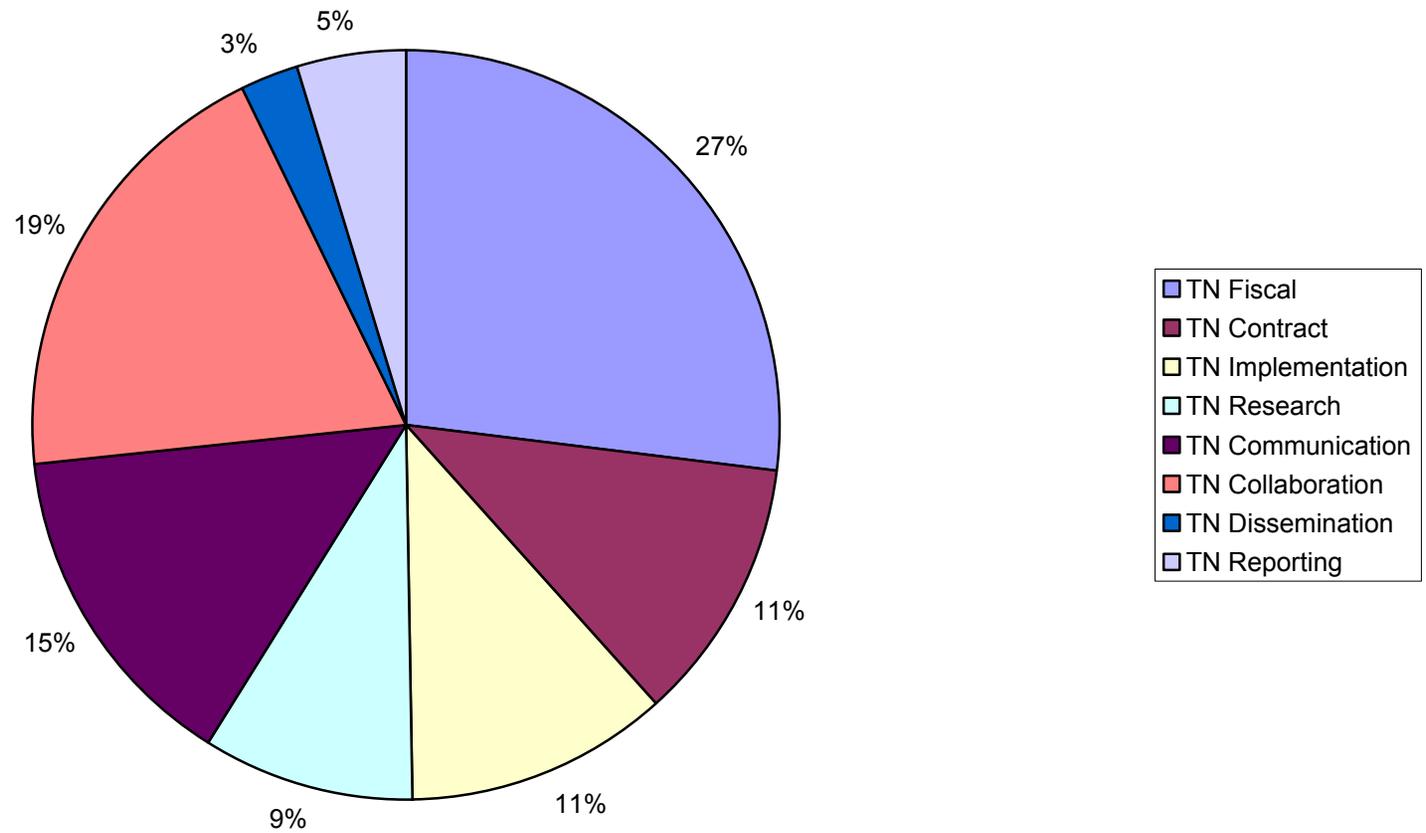
**Mississippi Contacts by Subject
SR-QIC 2003-2006**



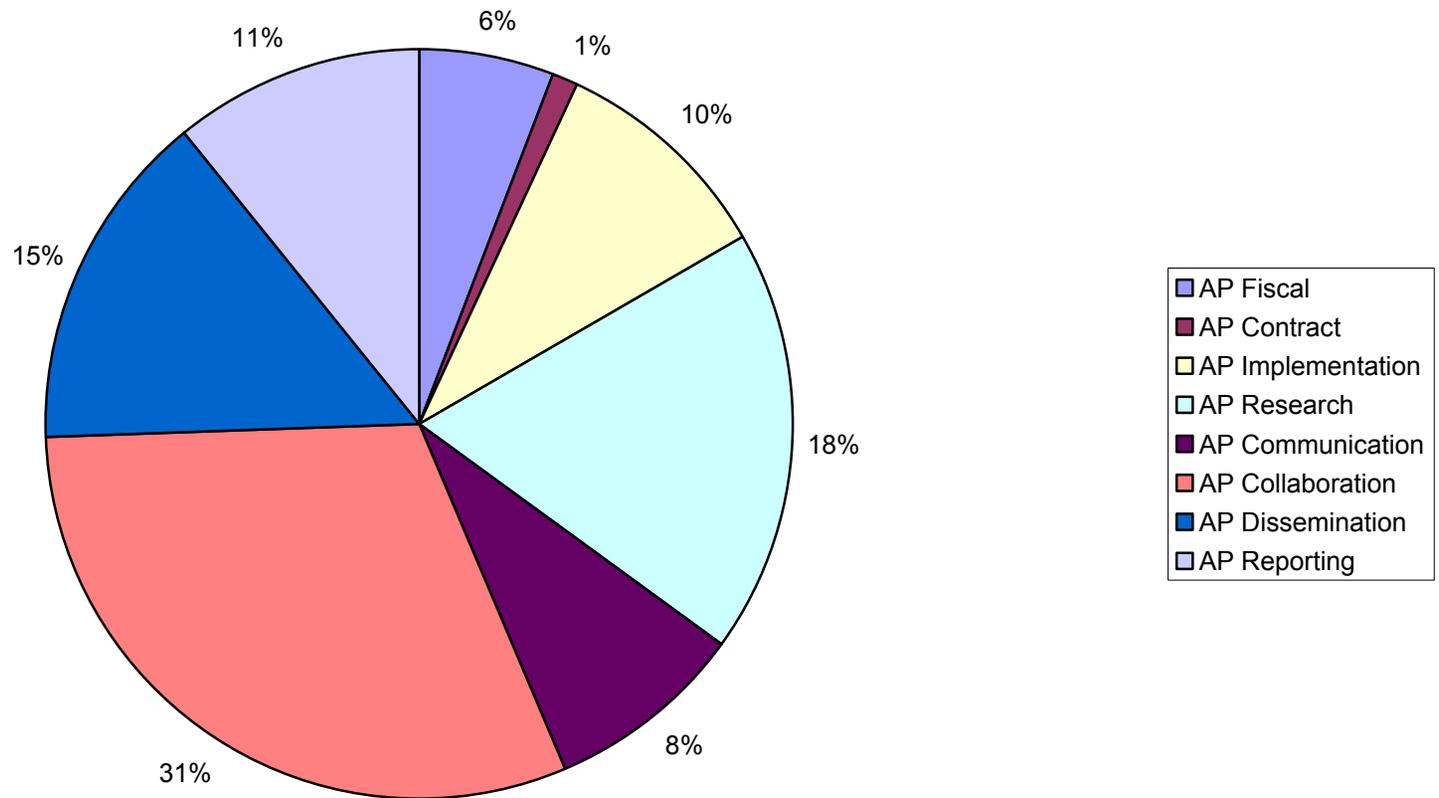
Missouri Contacts by Subject SR-QIC 2002-2006



Tennessee Contacts by Subject SR-QIC 2002-2006



"All Project" Contacts by Subject SR-QIC 2002-2006



Arkansas Mentoring Supervisors Project

Final Report



**Department of Health and Human Services
Division of Children and Family Services
March 2006**

Executive Summary

In 2002 the Arkansas Division of Children and Family Services (DCFS) applied for and received funding for the Mentoring Supervisors Project from the Southern Regional Quality Improvement Center for Child Protection (SRQIC) out of the University of Kentucky College of Social Work. DCFS recognizes that quality supervision of frontline child protective services (CPS) staff is critically important to the quality of services offered to children and their families. The Arkansas proposal was constructed on the belief that mentoring (i.e., one-on-one training and technical assistance) would help supervisors make the transition from theory to practice so that they would be able to impart appropriate knowledge and skills to their workers.

DCFS contracted with the University of Arkansas at Fayetteville and the University of Arkansas at Little Rock to develop training and to provide the mentors. The collaboration also included a community partner, the Arkansas Commission on Child Abuse, Rape and Domestic Violence.

Project Objectives

The primary focus of the Arkansas proposal was structured casework supervision. The Arkansas model recognized the five key concepts of effective supervision proposed by Munson (1995): structure, regularity, consistency, case orientation and evaluation. The Arkansas mentoring intervention was to consist of three main components:

- 1) **formal classroom training**, covering topics such as structuring the supervisory sessions, leadership styles, time management and the supportive role of supervisor;

- 2) **ongoing field education** for a period of two years, including on-line tutorials on the same topics plus others, such as: the educational role of the supervisor, conflict resolution, the components of job satisfaction and strategies to prevent burnout and
- 3) **ongoing mentoring**, with mentors expected to meet with supervisors for regularly scheduled, face-to-face individual sessions and as a group for twice-monthly “peer group sessions” via compressed interactive video (CIV).

Project Structure and Strategies of Intervention

The supervisor sample consisted of 20 experienced supervisors from 14 counties for the intervention group and 30 experienced supervisors from 23 counties for the comparison group. There was also a caseworker sample that consisted of all of the workers that were supervised by the supervisors in the project. The caseworker sample consisted of 91 workers from intervention counties and 105 workers from comparison counties.

Supervisors in the project group were expected to:

- conduct formal, regularly scheduled, face-to-face individual supervisory sessions with protective service workers;
- review every case on the worker’s caseload, utilizing a uniform instrument to increase the likelihood of consistency in the approach and tone of supervision;
- keep the focus of the session on the specifics of the case(s), while modeling the techniques and skills that the supervisor would expect the worker to demonstrate in work with CPS families;

- make an opportunity to observe workers in their interactions with clients, in order to be able to offer feedback and suggestion;
- receive periodic feedback from supervisees on the supervisory techniques; and
- participate in on-line learning opportunities and group supervisory sessions.

Research and Evaluation

The major hypotheses of this project were that structured casework supervision approaches would:

- 1) positively affect child protection worker practice in assessment and intervention with families;
- 2) positively affect client outcomes due in part to improved assessment and interventions; and
- 3) positively affect preventable worker turnover due to increased sense of supervisory support as measured by increased regularity, standardized content and promotion of clearer understanding of core practice expectations.

Program Outcomes

The longitudinal survey instruments were organized around six basic behavioral or attitudinal domains which are presented below, with findings.

- 1) **Supervisory Practice** – **There was** no significant change in scores over the project period.
- 2) **Supervisory Time Use** - Among intervention supervisors there appeared to be an increased emphasis on “planning on individual cases” and corresponding decreases in the amount of supervisory time spent talking to their supervisees about “how to meet the administrative requirements of their job.”
- 3) **Professional Organizational Culture** – There was a slight across-the-board improvement in assessments among both the intervention and comparison participants.
- 4) **Efficacy Expectations** increased slightly among caseworkers but not among supervisors. There were no differences at all in the efficacy expectations of intervention and comparison group members.
- 5) **Self-Efficacy** There was an across-the-board increase in feelings of **self-efficacy** among caseworkers.
- 6) **Intent to Remain Employed** – **There was** a slight but non-significant increase in “**intention to remain employed**” among supervisors and caseworkers in the intervention group and slight but non-significant decreases observed among members of the comparison group.

At the beginning of the project, SRQIC researchers also developed a list of performance indicators on which all states were expected to provide time-series data. These indicators were intended to provide information on the extent to which the intervention translated into improved casework with clients. These indicators included service outcomes, e.g., the percentage of referrals in which initial DCFS contact with the family occurred in a timely fashion, and case review elements, e.g., the percentage of protective services cases in which the family needs assessment was completed within 30 days of the referral.

During the grant period, DCFS, especially in the intervention counties, had significant issues with high vacancy rates. The result was that performance on several of the indicators actually declined during the study period. However, the performance analysis made it clear that if extra resources are provided, there can be a noticeable impact. This analysis suggests that improving strategies for hiring and retaining workers needs to be the first priority of the Division. Attempts to improve the training and mentoring of supervisors should also continue, but it is only when adequate staffing levels have been achieved that the benefits of improved supervision will become apparent.

Project Impacts

Whether it be in case review sessions, direct observational sessions, or informal interaction between supervisors and supervisees, members of the control group were just as likely as members of the intervention group to give responses that were consistent with project goals. There were several processes going on in the Division at or around the time of the mentoring intervention whereby messages about structured casework supervision were filtering into the agency's culture. The findings suggest that messages about good supervisory practice are

getting through to DCFS staff and seem to have become an integral part of the agency's culture. Supervisors know what they should be doing and caseworkers agree that these things are being done.

In addition to the impacts identified through objective evaluation techniques, project participants identified several broad impacts. In an end-of-the project debriefing, staff involved in the project mentioned the following lessons learned:

- 4) Research in child welfare requires high agency commitment.
- 5) Adequate staffing means better outcomes.
- 6) For successful collaboration, roles of collaborative partners need to be well-defined and internal processes about interacting with those partners need to be clear.

Specific comments made by staff are excerpted below:

"I soon came to enjoy the visits from my mentor. It was great to have someone that I could talk to about work issues without feeling that their agenda might not allow for an open and honest conversation."

"As a result of being in this project, and meeting Central Office Staff, I now have connections and resources that I can call on when needed. This is a benefit that the project did not measure but has certainly been important to me and my staff."

"I'm very grateful for being in the Mentoring Program. I had a very helpful Mentor in teaching me ways to be a better Supervisor towards my staff, higher ups, and people we were working with at the time."

"The Mentoring Project allowed for an assessment of each individual supervisor to participate in self introspection. From that task, I found a need to listen to a greater degree and

purposefully engage with front line workers not only in administrative requirements, but balance the triage of administration, education offerings, and direct front case management.”

“I became more focused into the identification of needs of each staff person I was supervising. I became more aware of the advocacy that DCFS front line workers need for the continued stamina, energy required, and ways to deal with an ongoing stressful environment/case situations.”

Summary and Conclusion

Decreases in performance indicators were not due to anything about the intervention. Both the decreases in performance indicators and the lack of apparent impact of the mentoring intervention were due to a major crisis within the DCFS labor force that occurred concurrently with the mentoring intervention. One could hardly have chosen a worse set of circumstances in which to test the effectiveness of any new initiative.

It was also noted that the practices being promoted in the mentoring intervention seem to have become “normative” among both the intervention and control groups. It appears that supervisors in DCFS seem to know what they should be doing.

Sustaining the Initiative

This project has reinforced for DCFS the importance of the clinical aspect of CPS supervision. DCFS has already incorporated several aspects of the project into on-going operations, including mentoring for new supervisors and incorporation of the educational material utilized during the project into the DCFS Supervisory Development program. In addition, DCFS will consider expanded use of the Structured Casework Supervision process and determine best how it could be used in conjunction with the Supervisory Review tool currently in use.

As the Mentoring Supervisors Project ended, Project supervisors identified themes and transition suggestions that DCFS will be reviewing and addressing so that the Project will continue to result in organizational, program and service improvements in addition to the changes identified above.

Mississippi Child Protective Services Clinical Casework Supervision Demonstration Project

Department of Social Work, University of Mississippi

Submitted by Kim Shackelford, Project Investigator, Associate Professor

Evaluation conducted by The Center for Educational Research and Evaluation,
University of Mississippi

Executive Summary

The Mississippi Structured Clinical Casework Supervision Demonstration Project was made possible through a Department of Health and Human Services grant for a Child Protective Services Quality Improvement Center. The University of Kentucky College of Social Work Training Resource Center obtained this grant and funded four projects that had as their purpose the improvement of clinical casework supervision in the public child welfare system.

Mississippi, Arkansas, Missouri, and Tennessee were each awarded grants. Cross-site evaluation was done on the projects. The Mississippi project was implemented in two regions (Region I-East and Region I-West) in north Mississippi. These regions were matched with Regions II and IV for comparison purposes. The project began in October 2002 and ended in October 2005. The learning labs began in August of 2003 for Region I-West and in March 2004 for Region I-East.

The project included the development and implementation of child welfare supervisor learning labs aimed at the improvement of clinical casework supervision. The goals of the project were as follows:

GOALS:

The purpose of the *Structured Clinical Casework Supervision Demonstration Project* was:

- to create an organizational culture in the child welfare agency in which support, learning, clinical supervision, teamwork, professional best practice and consultation are the norm.
- to create an environment in the child welfare agency that promotes lifelong learning, self-education, and recognition that application of ideas learned in training and other educational experiences is important for positive change in practice to occur.
- to determine the elements of supportive supervision.
- to determine the competencies needed to be a supportive supervisor in the field of child protection.
- to determine a model of structured clinical casework to be used in the field of child protection.
- to allow participants to develop needed skills and to grow professionally in the area of child welfare supervision.
- to promote a positive learning environment for the individuals involved.
- to add to the body of knowledge regarding good child welfare supervisory practice.

The Project Design

The project was designed to include child welfare supervisors and regional directors in the development of learning labs to improve clinical casework supervision. The topics were determined by the participants in the project. Case scenarios were offered by the supervisors in the project as situations in which they were struggling with what action to take that would be in the best interest of the children and families in their caseloads or for the development of a quality child welfare staff. The supervisors in the project determined the schedule, length and time in which the learning labs would be conducted. The aim was for the participants to be responsible

for their own professional development. The learning labs were designed to promote life-long learning and establish intrinsic motivation to learn and self-educate.

The unique approach involved in this project allowed the supervisors to determine their own knowledge and skills needs and allowed the supervisors to shape the curriculum presented in the learning labs. The topics, objectives and agendas for each learning lab are found in the appendix of this report. The literature review revealed a lack of knowledge among professionals regarding the special needs of child welfare supervisors. For the purpose of this project, structured clinical casework supervision was defined as, the well-defined series of activities purposefully conducted in the supervision of CPS workers designed to enhance workers' abilities to think critically and make good decisions regarding the assessment of their cases and application of information gained in their intervention, and to promote empirically-based practice. The learning labs were designed to promote clinical casework supervision, new ideas and skills being tried in the workplace and supervisory use of outcome measurement related to the supervisor's new practices. It was built into the design that learning lab leaders would reward and recognize applied knowledge and skills and peers in the supervisory groups would support each other and supply recognition for application of what was learned.

The supervisors in Regions I-East and I-West determined child welfare supervisor competencies that are included in the appendix of this report. They also designed a flow chart and corresponding questions for supervisors to use as a tool regarding points in the life of a case in which a supervisor should have contact with a social worker. The supervisors conducted self-evaluation on their own professional development plans and 360-evaluations were completed by their supervisees, peers, and supervisor regarding their performance as a supervisor of his/her own unit. The 360-degree evaluation was done through the Organizational Excellence Group,

Austin, Texas. Noel Landuyt conducted the data analysis and provided each supervisor with a written report. This activity was built into the learning lab design because “supportive supervision” was stated in several research studies as needed in child welfare but the term had not been operationalized. The learning labs were designed to determine what behaviors and characteristics of child welfare supervisors are supportive to supervisees.

The intervention included the learning lab leaders modeling clinical casework supervision techniques while allowing the participants to determine their own individualized methods of accomplishing clinical casework supervision. The interaction strategy also included peer-to-peer learning and sharing. It was determined that the supervisor participants included in the learning labs had a wealth of information on various topics and some had many years of experience in child welfare supervision. Peer-to-peer learning and sharing was promoted so that everyone could benefit from the combined knowledge of everyone involved in the project but also to increase communication and teamwork among the supervisors. The supervisors had voiced feelings of being alone in their work and the open dialogue between supervisors was encouraged to aid in the decrease in feelings of alienation and to increase the feelings of being a part of a team.

The middle managers (other regional directors) and state office unit directors and administrators were involved in learning labs of their own from July 2004 until May 2005. The regional directors also participated in 360-degree evaluations administered by Noel Landuyt, Organizational Excellence Group, University of Texas at Austin, in which the area social work supervisors that they each supervised, the division director and their peers evaluated the supervisory performance of the regional directors. Feedback and written reports from the 360-degree evaluation were provided to the regional directors by Noel Landuyt. The middle manager

project was evaluated through the use of focus groups conducted by Crystal Collins-Camargo and Ken Millar.

PROJECT OUTCOMES

- **Twelve modules which included 19 days of learning labs were conducted with Regions I-East and I-West supervisors.**
- **One introductory meeting and 6 learning labs were conducted with Middle managers.**
- **Joint learning labs for the two intervention regions were conducted on special topics and led by the two regional directors. These were held in December 2004, March 2005, and June 2005.**
- **Two conferences were held for participants in the project. One was held in September 2004 and the other in September 2005.**
- **The participants were involved in a positive learning environment in which they developed supervisory skills and grew professionally.**
- **The supervisors were able to create an organizational culture for themselves and the social workers in the intervention regions in which support, learning, clinical supervision, teamwork, professional best practice and consultation were the norm.**
- **The goal to promote lifelong learning, self-education, and recognition that application of ideas learned in training and other educational experiences is important for positive change in practice to occur has reportedly been reached.**
- **Elements of supportive supervision, competencies for child welfare supervisors, and a model of structured clinical casework supervision were determined by the supervisors participating in the learning labs.**

- **The process of project and the work of the supervisors has added to the body of knowledge for social workers and child welfare professionals as several publications and presentations have been done and more are planned during the dissemination of information phase of the project.**
- **Several modules of learning labs on a variety of topics also have been developed.**

The supervisors have consistently been positive about the learning labs. They have expressed remorse over the project ending. The supervisors report that they are continuing to use the learning lab model in their own staff meetings and in the regional supervisory meetings for their region. Even though staff meetings still often involve directives and “paper” the supervisors have relayed that they discuss more issues and they have a new way to work through issues which involves teamwork and listening to new ideas. In the project impact section of this report, supervisors from Regions I-East and I-West reported in their own words how the project impacted their work and their ability to supervise their staff members. They speak about their regions as a team and tell about the two regions that were brought together for part of the intervention now being able to work together better. The staff members in the intervention regions talk about the organizational culture in a more positive way and project a feeling of empowerment to make the child welfare system better. The supervisors also discuss the use of empirically based practice and have asked for direction in further learning regarding supervision since the end of the project.

Ellett Scale Results – Worker Self-Efficacy and Organizational Culture

- **The data showed that there were significant changes in supervisors’ perceptions of professional organizational culture especially in the areas of the quality of**

supervision and leadership in their regions, as well as their perceptions of collegial sharing and support.

- **The data showed that there were significant changes in social worker's perceptions of self-efficacy.**

This suggests that supervision is perceived to be more active and effective in the intervention regions following the two-year Learning Lab intervention. Although intervention group social workers' perceptions of the professional organizational culture in their regions have not changed significantly, more effective supervision resulting in social worker skill-building may have enhanced intervention region social workers' perceptions of their self-efficacy, particularly in the area of client assessment and analysis, as well as their efficacy expectations. No evidence of growth in supervisors' perceptions of organizational culture or social workers' perceptions of self-efficacy or efficacy expectations was found for control group participants, providing support for a conclusion that the effects of the Learning Lab intervention account for the positive changes that have occurred in intervention group supervisors' and social workers' perceptions.

Case Review Data Analysis Results

- **Case review data for intervention and control regions provided results that slightly favored the intervention regions in most aspects longitudinally.**

With regard to data that had established standards, both intervention and control regions met the standard on a lower percentage of items during the second quarter of 2004-2005 than during the second quarter of 2003-2004.

Reported case review data that had no established standards included the average number of days from report dates to case open dates, the number of repeat maltreatment reports, and the number of successful face-to-face contacts between child(ren) and social worker with and without family preservation services. The average number of days from report dates to case open dates fell an average of 1.3 days for the intervention regions but rose an average of 3.3 days for the control regions. This indicates that the intervention regions improved from the first two quarters to the last two quarters, while the control regions declined over the same period. In the number of repeat maltreatment reports, the intervention regions declined substantially from the first two quarters to the last two quarters. The control regions also declined, but less substantially.

Both intervention and control regions declined in the number of successful face-to-face contacts between child(ren) and social worker with family preservation services, but the decline was sharper for the intervention regions. The intervention regions showed a slight decline in the number of successful face-to-face contacts between child(ren) and social worker without family preservation services, while the decline was sharper for the control regions.

Child Outcome Data Analysis Results

- **With regard to safety, permanency and well-being data, all regions improved during 2004 and the first two quarters of 2005 in the percentage of contact within 24 hours.**
- **Using the case review data regarding the number of repeat maltreatment reports, the intervention regions declined substantially from the first two quarters to the last two quarters. The control regions declined, but less substantially.**

- **Using MDHS-DFCS data on open prevention cases with substantiated reports within six months, all regions fluctuated within a few percentage points throughout the project except Region IV which reduced its numbers by 7% from January through March 2003 to April through June 2005.**
- **Regarding the percentage of prevention cases that had been open 12 months or longer, Region II (C) showed a marked improvement from the first quarter of 2003 to the second quarter of 2005. Region I-E (I) also showed a substantial improvement from the first quarter of 2004 to the second quarter of 2005. In Region I-W (I), the percentage of cases that had been open 12 months or longer rose during 2003 but fell substantially during 2004 and 2005.**

Worker Turnover Data Analysis Results

- **In a comparison of 2005 social worker turnover data with baseline data (January 2002 through December 2002), intervention group social worker turnover rates were slightly lower than those of the control group, but this difference was not statistically significant.**
- **When controlling for unemployment rates in the counties and comparing the same data, the difference in turnover rates once again was not statistically significant, but was more favorable for the intervention social workers than the earlier comparison. Further, results that controlled for county unemployment rates approached statistical significance.**

The last wave of data regarding client outcomes was collected before the end of the project. This was due to Mississippi Department of Human Services personnel changes and the need for persons helping with the data collection to be reassigned to other duties within the Division of

Family and Children's Services. The question is whether the full effect of the learning labs on client outcomes would have been seen before the project ended or if continued evaluation after the project ended would have been more beneficial. Complete reports on the evaluation of the project are included in the full report on this project.

Conclusion

The Mississippi Structured Clinical Casework Supervision Demonstration Project was successful in creating an environment that continues to promote the use of clinical casework supervision and succeeded in creating positive organizational cultural changes in the regions involved in the learning labs. Social worker's perceptions of self-efficacy improved in the intervention regions. Some client outcomes showed improvement. The full impact of the project remains to be determined but it is the hope of all involved in the project that the learning lab model demonstrated in this project may be utilized in other regional areas the Mississippi Department of Human Services – Division of Family and Children's Services and by other state child welfare agencies. The responses of the supervisors and regional directors involved in the learning labs have been very positive and the supervisors and regional directors report positive impacts on their own supervisory skills and on the culture of their regions and their own supervisory areas.

**ROLE DEMONSTRATION MODEL OF
CHILD PROTECTIVE SERVICE SUPERVISION
TRAINING AND DEVELOPMENT PROJECT**

**School of Social Work: University of Missouri - Columbia
Children's Division: Missouri Department of Social Services
Prevent Child Abuse Missouri
Missouri Alliance for Children and Families**

FINAL PROJECT REPORT

March 2006

ROLE DEMONSTRATION MODEL OF CLINICAL SUPERVISION DEMONSTRATION PROJECT

Missouri Children's Division
and
School of Social Work
University of Missouri – Columbia

Executive Summary

- **Background:** *absence of supervisor training because of budget constraints; agency mission statement and performance expectations for supervisors includes clinical activities; worker needs assessments point to need for increased on the job training*
- **Funding and Operation:** *Children's Bureau funding initiative for supervisor training and conditions; agency – school collaboration required; research element as condition of funding; three year project life limited to demonstration areas*
- **Project Goals:** *improving clinical competence of first-line supervisors and their workers; changing organizational culture to refocus on treatment orientation*
- **Project Direction:** *joint Children's Division – School of Social Work Policy Board to provide oversight and direction; on-going participant feedback for curriculum and process adjustment*
- **Sites:** *St. Louis County (21st. Circuit) and Southeast Area (8 circuits, 24 counties)*
- **Participants:** *36 experimental and 36 comparison supervisors, 18 in each location; 30 completed the three year program*
- **Project Activities:** *direct didactic and experiential teaching of supervision techniques, treatment process and clinical assessment; practice consultation to individual supervisors; individual professional development planning for each participant; organizational advocacy, supplemental training based on identified needs (managers and CISM)*
- **Instructors:** *UMC-SSW (6), DSS/CD (7), outside agencies (7), adjuncts including agency administrators as facilitators and panelists (5)*
- **Measures:** *comparison of 360 evaluations and Individual Development Plans on each supervisor; Survey of Organization Excellence; twenty-four child welfare case outcome measures; Peer Record Reviews; consumer satisfaction survey; Ellett Self Efficacy*

scales; trainer ratings of participants, annual participant focus groups; employee turnover data analysis

- **Findings:** *significant growth in worker perception of supervisor effectiveness; better overall case outcome results; lower burnout and dissatisfaction scores on the SOE; supervisor self-perception positive change; better external relations particularly with courts and schools; substantial change in clinically oriented case contact with workers; increased organizational morale*
- **Impacts:** *formal adoption of clinical performance expectation standards for front-line supervisors; introduction of solution-focused brief therapy as methodology to achieve stated goals of family-centered and strengths based practice; Critical Incident Stress Management teams established for state-wide use; forty hours supervisor clinical supervision curriculum designed from piloted materials; state-wide clinical supervision training for all supervisors beginning in Spring 2006.*
- **Products Generated:** *pilot curriculum; solution-focused therapy training institute for workers; presentations at seven national conferences on the process and results of the project; twelve refereed publications specific to the Missouri demonstration .*

Appendix 3: Southern Regional Quality Improvement Center Curriculum Overview

	Commonalities	Uniqueness	Tools/Activities
<p>Tennessee</p> <p><u>Supervisor as decision maker (ethical/clinical practice), decision mentor and role model</u></p>	<p><u>Topic Themes</u></p> <ol style="list-style-type: none"> 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory “boundary issues” 13. Time management/Organizational Skills <p>-----</p> <p><u>Method Themes</u></p> <ol style="list-style-type: none"> 1. Classroom teaching 2. Individual Development Plans and/or Individual Learning Plans 3. Skill practice 4. Parallel Process 5. Assessing performance 	<ol style="list-style-type: none"> 1. Critical Thinking <ol style="list-style-type: none"> a) self reflection b) ethical decision making on the job c) clinical decision making d) evidence-based decision making 2. Role of Supervisor (Educative) <ol style="list-style-type: none"> a) roles& responsibilities of supervisor b) educative supervision competencies c) Building staff capacity (teaching methods used in supervisor/staff learning experiences) d) Cps casework competencies (handout) e) Individual Decision Making Style f) Ethical decision making model g) Clinical decision making model 3. Clinical Supervision <ol style="list-style-type: none"> a) Clinical decision making (evidence-based practice) b) Setting performance expectations c) Response Priorities Review d) Psychological Disorders in Children and Adolescents e) Closing cases f) Family conferencing g) Case staffing 4. Leadership Styles <ol style="list-style-type: none"> a) Management styles (worker-centered, charismatic, compliance, minimalist, credibility) 5. Cultural Competency <ol style="list-style-type: none"> a) Defining culture b) Importance of cultural competency c) Individual Learning Plans d) Oppressed Groups e) Terms describing discrimination f) Best practice—skills, values, ethics and knowledge 6. Ethics <ol style="list-style-type: none"> a) Cultural competency module b) Educative supervision module (ethical decision making) 7. Values/Attitudes <ol style="list-style-type: none"> a) Cultural competency module b) Educative supervision module (ethical decision making) 8. Adult Learning/Learning Styles <ol style="list-style-type: none"> a) Adult Learning Principles b) Learning styles (self-awareness exercise) c) Average Retention Rate (handout) 9. Conflict Resolution 10. Collaboration 11. Organizational Culture <ol style="list-style-type: none"> a) Establishing a positive work climate (worksheet) 12. Supervisory “boundary issues” 	<ul style="list-style-type: none"> • Leadership styles • Worksheets • Case examples • Six training modules • Management style grid • Self-awareness exercise • Drawbridge exercise (values) • Individual Decision Making Model • Ethical Decision Making model • Clinical Decision Making Model (tools) • Videos: “No Time to Lose” and “Ethnic Notions” • Practice • Role play • Case studies • Icebreaker • Handouts (**peer relationships vs. supervisory relationships) • Small group work • The Leadership Challenge by Kouzes & Posner

		<p>a) Making the transition (handout) b) Contrasting relationships between peer and supervisory (worksheet)</p> <p>13. Time management/Organizational Skills</p>	
<p>Arkansas</p> <p><u>Supervisor as mentor as supervisors treat workers. workers treat families</u></p>	<p>Topic Themes</p> <ol style="list-style-type: none"> 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory “boundary issues” 13. Time Management/Organizational Skills <p>-----</p> <p>Method Themes</p> <ol style="list-style-type: none"> 1. Classroom teaching 2. 360 evaluation (*Not 360 but did receive feedback from staff on case consultation) 3. Individual Development Plans and/or Individual Learning Plans (**Mentoring Plan) 4. Skill practice 5. Parallel Process 6. Assessing performance 	<ol style="list-style-type: none"> 1. Critical thinking <ol style="list-style-type: none"> a) Online tutorials and case application exercises required critical thinking but didn’t teach a process 2. Role of Supervisor <ol style="list-style-type: none"> a) Educational role (staff development) b) Administrative role (managing time and work flow) c) Structuring the Supervisory Sessions d) Supervisory functions e) COA supervisory requirements 3. Clinical Supervision <ol style="list-style-type: none"> a) Structuring the Supervisory Sessions b) Socratic questioning c) Structured time with mentors d) Five Concepts of Supervision (structure, regularity, consistency, case orientation and evaluation) 4. Leadership Styles <ol style="list-style-type: none"> a) Steven Covey’s “win-win” supervision style b) John C. Maxwell’s “laws” of leadership c) George T. Fisher’s model focuses on morale d) Harvard Business Review model includes five components of “emotional intelligence” 5. Cultural Competency 6. Ethics <ol style="list-style-type: none"> a) Online component on promoting ethics 7. Values/Attitudes <ol style="list-style-type: none"> a) Online component on promoting self-actualization, professionalism 8. Adult Learning/Learning Styles 9. Conflict Resolution <ol style="list-style-type: none"> a) Conflict styles research (collaborator, compromiser, accommodator, controller, avoider) b) Conflict resolution styles research c) 10. Collaboration <ol style="list-style-type: none"> a) Lessons on Collaboration (Final Evaluation Report) 11. Organizational Culture <ol style="list-style-type: none"> a) Longitudinal survey (Professional Organizational Culture) a set of 23 items 12. Supervisory “boundary issues” 13. Time management/Organizational Skills 	<ul style="list-style-type: none"> • Online tutorials and case application exercises • Online case review forms • Training manual • Structured case review forms • The Leadership Challenge by Kouzes & Posner • Handouts • Meyers/Briggs • One-on-one mentoring • Practice activities (online tutorials) • Socratic Questioning • Model/teach practice skills and strategies to enhance critical thinking • Provide and receive feedback • COA Supervisory Requirements

<p>Mississippi</p> <p><u>Supervisor as interpreter of organizational culture supervision competencies identified through cultural consensus</u></p>	<p>Topic Themes</p> <ol style="list-style-type: none"> 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory “boundary issues” 13. Time management/Organizational Skills <p>-----</p> <p>Method Themes</p> <ol style="list-style-type: none"> 1. Classroom teaching 2. 360 evaluation (feedback) 3. Individual Development Plans and/or Individual Learning Plans 4. Skill practice 5. Parallel Process 6. Assessing performance 	<ol style="list-style-type: none"> 1. Critical Thinking <ol style="list-style-type: none"> a) Critical thinking and decision making b) Decision-Making/Contact Points for CW Supervisors and questions handouts (4) in the clinical supervisor section 2. Role of Supervisor <ol style="list-style-type: none"> a) CW Supervisor Competencies b) Supervisory Strengths & Needs 3. Clinical Supervision <ol style="list-style-type: none"> a) Defining clinical casework supervision b) Identification of strengths & weaknesses in clinical casework supervision c) Competencies of supervision d) Principle-Centered Leadership e) Seven Habits of Highly Effective People by Stephen Covey f) Secondary Traumatic Stress & Child (burnout, why people leave CW, etc.) g) Quality Improvement and determining measurable outcomes (review of CFSR review, PIP Plan, etc.) h) Interactional supervision 4. Leadership Styles <ol style="list-style-type: none"> a) Leadership Characteristics & Behaviors-our Models b) Leadership & Management c) Professional Development Plans d) The Five Practices & Ten Commandments of The Leadership Challenge... Kouzes & Posner e) Leaders Behavior Analysis II (article) f) Interactive Supervision (Lawrence Shulman) 5. Cultural Competency <ol style="list-style-type: none"> a) Cultural responsiveness b) Diversity among staff members & awareness of oppressive leadership c) Multicultural SuperVISION: A Paradigm of Cultural Responsiveness for Supervisors (article) 6. Ethics 7. Values/Attitudes <ol style="list-style-type: none"> a) Beliefs & attitudes about child welfare supervision, system, agency, and workers b) Attitude Belief and Formation 8. Adult Learning/Learning Style 9. Conflict Resolution <ol style="list-style-type: none"> a) Working with difficult people b) Identification of Difficult People c) Skills in working with difficult people d) What about ourselves makes us difficult for other people to work with? 10. Collaboration <ol style="list-style-type: none"> a) Issues of community and stakeholder partnerships b) Needs related to community partnerships c) Action plans for strengthening community partnerships 11. Organizational Culture <ol style="list-style-type: none"> a) Current situation and history of each agency 	<ul style="list-style-type: none"> • The Leadership Challenge by Kouzes & Posner • The Leadership Challenge Planner • On Becoming A Leader by Warren Bennis • Changing Hats from Social Work Practice to Administration by Felice D. Perlmutter • Enhancing Continuous Learning: Diagnostic Findings from Multiple Companies by Scott I. Tannerbaum • Culturally Competent Public Child Welfare Practice by Krishna Samantrai • Power points • Journaling • Professional Development Plans • Case scenarios • Leadership style survey • Decision-Making/Contact Points for CW Supervisors and questions handouts (4) • Supervisor competency tool (self-evaluation) • Training manual • Flow chart & corresponding questions for supervisors to use to determine when to have contact with social worker • Cultural responsiveness plan • Practice • Group work
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		<p>and state</p> <p>b) Culturally Competent Public Child Welfare Practice by K. Samantrai</p> <p>c) Discussion of diversity and system/ecological theory</p> <p>12. Supervisory “boundary” issues</p> <p>a) Liability Issues regarding supervision</p> <p>b) Personal & professional boundaries</p> <p>c) Self-awareness and awareness of effects of actions on supervisees</p> <p>d) Liability Issues in Social Work Supervision (article)</p> <p>e) Teaching About Liability (article)</p> <p>f) The Management of Personal and Professional Boundaries in Marriage and Family Therapy Training Programs (article)</p> <p>g) Supervision of fear in social work. A re-evaluation of reassurance (article)</p> <p>h) The Nature and Causes of Bullying at Work (article)</p> <p>13. Time management/Organizational Skills</p>	
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<p>Missouri</p> <p><u>Supervisor as role demonstrator, emphasis on professional development and organizational improvement</u></p>	<p><u>Topic Themes</u></p> <ol style="list-style-type: none"> 1. Critical Thinking 2. Role of Supervisor 3. Clinical Supervision 4. Leadership Styles 5. Cultural Competency 6. Ethics 7. Values/Attitudes 8. Adult Learning/Learning Styles 9. Conflict Resolution 10. Collaboration 11. Organizational Culture 12. Supervisory “boundary issues” <hr style="border-top: 1px dashed black;"/> <p><u>Method Themes</u></p> <ol style="list-style-type: none"> 1. Classroom teaching 2. 360 evaluation (feedback) & 360 outcome analysis 3. Individual Development Plans and/or Individual Learning Plans 4. Skill practice 5. Parallel Process 6. Assessing performance 	<p>--Role demonstration supervision (mutual investment, responsibility & accountability for the task)</p> <p>--Clinical curriculum that included resilience theory and solution-focused theory</p> <p>1. Critical Thinking</p> <ol style="list-style-type: none"> a) Group problem solving b) Inhibiting Factors in Group Decision-Making c) Clinical case assessment requires critical thinking <p>2. Role of Supervisor</p> <ol style="list-style-type: none"> a) Role demonstration supervision b) Legal and ethical aspects of supervision c) Crisis supervision d) Differential patterns of worker motivation and role of supervisor in promoting job satisfaction <p>3. Clinical Supervision</p> <ol style="list-style-type: none"> a) Fundamentals of clinical supervision (management control and teaching functions; personal learning styles; skill assessment; worker performance; assessing personnel) b) Models of Clinical Supervision (apprentiship; collegial; role demonstration) c) Nature of clinical relationship d) Conducting and analyzing worker clinical competence assessments e) Clinical case assessment workshop <p>4. Leadership Styles</p> <ol style="list-style-type: none"> a) Group Leadership Styles b) Managerial Leadership c) Behavioral & Situational Approaches to Leadership 	<ul style="list-style-type: none"> • Managers and Supervisors Together Strategic and Action Planning Process • Videotape for recruitment selection? • Newsletter of Recognition? • Detailed baseline worker and unit assessment tool • Leadership styles questionnaire • Agency and self-assessment instruments around cultural competency • Dealing with conflict instruments/assessment • Supervisor Focus Groups • Role playing • Story telling as interactive process • Traditional assessment tools and shared process analysis • Role demonstration with process discussion • Conjoint demonstration with process discussion • Case examples • Group exercises • Supervisory Commonality-Based Leadership Model (SCBL) • Time use exercises • Time management quiz • Administrative style self-assessment
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		<p>5. Cultural Competency</p> <p>a) Agency and supervisor self-assessment instruments</p> <p>b) CWLA approach to Cultural Competence</p> <p>c) Cultural diversity for Children’s Division supervisors</p> <p>6. Ethics</p> <p>a) Legal & Ethical Aspects of Supervision</p> <p>7. Values/Attitudes</p> <p>a) 360 Outcome Analysis: attitudinal aspects</p> <p>b) Awareness, attitude, and ability</p> <p>8. Adult Learning & Learning Styles</p> <p>a) Fundamentals of Clinical Supervision</p> <p>b) Personal Style in Supervision Inventory</p> <p>9. Conflict Resolution</p> <p>a) Basic Conflict Resolution Training for Child Welfare Supervisors</p> <p>b) Conflict resolution practices—do’s and don’ts (Human Resource/Labor Relations Issues)</p> <p>10. Collaboration</p> <p>11. Organizational Culture</p> <p>a) Elements of organizational change</p> <p>b) Learning principles & conditions in Human Service Organizations</p> <p>c) Interventions in Organizational Stress</p> <p>12. Supervisory “boundary issues”</p> <p>a) Clinical relationships as parallel process</p> <p>b) Duality of supervisor responsibilities</p> <p>c) Rewards/sacrifices of supervisor</p> <p>d) Boundary terminology</p> <p>e) Boundary setting and dilemmas</p> <p>13. Time management/Organizational Skills</p> <p>a) Time management as discipline</p> <p>b) Time management quiz</p> <p>c) Analysis of time-saving techniques</p> <p>d) Inventory of individual time wasters</p> <p>e) Work goals and priority setting</p> <p>f) Guidelines for effective delegation</p> <p>g) Time use exercises</p>	<ul style="list-style-type: none"> • Managerial Grid Model: implications for CPS supervision • Strategic Planning Group Discussion Guide • Resource Needs Check List • Practitioner Questions to Uncover Survival Strengths
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Comparison of Curricular Strengths

Strengths			
Arkansas	Tennessee	Mississippi	Missouri
<p><u>Mentoring</u></p> <ul style="list-style-type: none"> • Paired more experienced with less experienced supervisors • Regular scheduled weekly or bimonthly meetings 	<p><u>Mentoring Program</u></p> <ul style="list-style-type: none"> • Paired mentor with supervisor • Developed a mentoring plan • Reflected on learning (critical thinking) with mentor 	<p><u>Learning Labs</u></p> <ul style="list-style-type: none"> • Created a relaxed atmosphere where supervisors could escape from stress and learn. • Created opportunities to learn from peers 	<p><u>Participants received MSW credit for course</u></p> <p><u>RDM (Role Demonstration Model)</u></p> <ul style="list-style-type: none"> • Emphasized relationship building • Role negotiation and

<ul style="list-style-type: none"> Developed a mentoring plan <p><u>Instructional processes</u></p> <ul style="list-style-type: none"> Classroom training followed by structured on-the-job (OJT) activities On-line modules Peer group discussions applying research to case scenarios or supervisor situations twice monthly <p><u>Supervision Assessment</u></p> <ul style="list-style-type: none"> Used tool to assess themselves on structured case supervision Workers assessed supervisors on structured case supervision <p><u>Topics</u></p> <ul style="list-style-type: none"> Implemented a structured casework supervision model, which includes how to prepare a consulting session, how to conduct, and how to evaluate using a critical thinking model Supervisors were to review every case on the worker's caseload Supervisors used a uniform instrument to review worker's caseload Leadership models which Covey's Win Win, John Maxwell's Respect, Empowerment, Sacrifice, and Intuition Principles, George Fisher's moral and the workplace environment and the Harvard Business Review's Emotional Intelligence. Emphasized and differentiated among the educative role, the supportive role and 	<ul style="list-style-type: none"> Parallel process with staff <p><u>Classroom learning paired with On the Job Learning</u></p> <ul style="list-style-type: none"> Practiced applying learning to on the job experiences following classroom and discussions Applied a self reflection critical thinking piece to learning Discussed learning with mentors Developed a plan to use the same process with staff to maximize learning for staff <p><u>IDPs</u></p> <ul style="list-style-type: none"> Supervisors developed with mentors and developed with staff Based on an assessment of a developed list of supervision competencies <p><u>Topics</u></p> <p>Educative Role</p> <ul style="list-style-type: none"> Educative role of the supervisor using the parallel process. They were taught adult learning principles, the learning cycle and adult learning. The Educative assessment model is to 1. Tell, 2. Show, 3. Do, and 4. Discuss Supervisors would come up with a plan after each model on how they would teach and coach staff on that topic. Differentiated between the educative role and the administrative and managerial role <p>Management Styles</p> <ul style="list-style-type: none"> Supervisors assessed their personal management styles 	<p>and coaches from other regions who may do things differently</p> <ul style="list-style-type: none"> Modeled parallel process Engaged supervisors in dialogic learning Practiced problem solving, decision making, and coping skills Received coaching and feedback in application exercises by learning lab coaches Supervisors shaped the curriculum presented in the learning labs Modeling by learning lab leaders Learned how to rely on peers and team to accomplish tasks in labs Supervisors report continuing to use learning lab model in staff meetings Supervisors would support one another by recognizing the application of what was learned in the learning labs Team building important aspect of the learning labs Used real-life scenarios and supervisor developed scenarios in learning labs for problem solving <p><u>Individual Development Plans</u></p> <ul style="list-style-type: none"> Plans developed from 360 degree feedback Identifies skill strengths and needs Used a supervisory competency handout tool Wrote measurable outcomes for plans Handout on Positive Characteristics of Supervisors 	<p>clarification</p> <ul style="list-style-type: none"> Process of demonstration, observation, role playing, and storytelling Pedagogical approach <p><u>IDPs and Team Plans</u></p> <ul style="list-style-type: none"> Based on 360 degree feedback Supervisor had to lead team in writing a clinical practice improvement plan identifying barriers, goals, action steps, and resource requirements <p><u>Topics</u></p> <ul style="list-style-type: none"> Emphasized clinical supervision. Taught how to assess workers needs and consult on a case. Supervisors implemented group supervision and regularly scheduled case conferences with staff. Applied assessment tools and observation to comprehensively assess staff strengths and needs such as competencies and skills, learning styles, motivation, etc. Practiced problem solving around clinical cases using solution- focused brief therapy Emphasized case consultation and the parallel process Used a case consultation tool for supervisors to assess cases and for workers to assess their own cases Supervisors implemented coaching methods based on comprehensive assessment of workers Emphasized creating healthy boundaries with staff members
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<p>administrative role of the supervisor</p> <ul style="list-style-type: none"> Supervisors assessed themselves on applying the three roles with staff in case supervision Connected the supportive role with staff retention Administrative role emphasized striking a balance between supervisor needs and worker needs. Applied the Socratic method of answering a question with a question in each of these roles which models the parallel process of critical thinking with supervisors so that they can use it in case consultation with staff. <p><u>2 training retreats for middle managers</u></p>	<p>Cultural Competency</p> <ul style="list-style-type: none"> Supervisors assessed their personal cultural competency and received instruction on being more culturally aware <p>Ethical Decision Making</p> <ul style="list-style-type: none"> Identified their personal ethical decision making processes. Practiced a given ethical decision making model <p><u>Clinical Decision Making</u></p> <ul style="list-style-type: none"> Applied Dr. Clarks clinical decision making model emphasizing the educative supervision role in application Applied specific strategies of clinical decision making in case consultation Practiced critical thinking questions and decision making tools applied to specific technical topics such as psychological disorders in children, closing cases, family conferencing, etc. 	<ul style="list-style-type: none"> Reviewed and revised plan throughout the training <p><u>Topics</u></p> <ul style="list-style-type: none"> Understanding the role of the supervisor and the supervisors influence on staff behavior Emphasis on problem solving and critical thinking Emphasis on how to assess relationship boundaries with staff and develop functional relationships Clarified the difference between leadership and management Emphasized critical thinking and used tools such as a decision making tool for child welfare case management, staffing, and case decisions on intake, assessment, investigations, placement, etc. Used journal articles to teach best methods in research Taught the simple Kouzes and Posner leadership model Emphasized how to use data to measure outcomes <p><u>Other</u></p> <ul style="list-style-type: none"> 2 conferences held for participants Ellet Scale Results— data showed significant changes in supervisors’ perceptions of professional organizational culture and significant changes in social worker’s perceptions of self-efficacy Impromptu session on dealing with change and grief 	<ul style="list-style-type: none"> Emphasized crisis supervision strategies and interventions as well as the supervisors role in stress and crisis Used professional publications to teach best practices in child welfare.
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