**Strengthening Families Case Practice Model Implementation Team**
**February 28 , 2012**

| **Subcommittee** | **What's going well** | **Struggles and needs** | Next Steps |
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| Early Childhood Education | Rich input and good energy from committee members. | A. Some mission confusion.<br>B. What to do with identified remedies not in our control to implement?<br>C. Overlap and possible redundancy with other DCF teams.<br>D. Lack of communication with other DCF groups that connect to our work.<br>E. Subcommittee capacity may not be sufficient. | • The Regional Management Team will serve as a sponsor group to help resolve any questions, mission clarification, scope of assignment and its connection to other Change Initiative Teams and/or overall agency efforts.<br>• Mission clarification also provided in 2/21/2012 email.<br><br>• Remedies will come in three types:<br>• Remedy ONE: Remedies that are within the CI Teams control- These are remedies that do not necessarily require a new process, forms etc. but instead require a new or renewed commitment, a sort of re focus or a charge to chain of command to implement normal management mechanisms. These remedies are intended to strengthen an existing process or strengthen a commitment and how we monitor these remedies should be outlined by the CI Team.<br>• Remedy TWO: This type of remedy may require a new process, protocol, form etc. and make take some time to develop. This remedy requires a "work team" to provide further develop the remedy provide clear steps and objectives. This work team will provide a draft product to the sponsor team for review and approval.<br>• Remedy THREE: are those remedies that require review and consideration by the sponsor team. These remedies will be kicked out to the sponsor team for group Analysis of recommendations and considered for implementation. These remedies may need to be further developed by the CI Team or a work team to clearly spell out its implementation and roll out.<br><br>With any recommendation, the expectation is that the CI Team considers two things:<br><br>1) How do we monitor and sustain and therefore should come with a continuous improvement plan and<br><br>2) How do we communicate i.e. a mini communication plan for your specific area of work (i.e. who is the target audience and how do we communicate this to this group)<br><br>Each Change Initiative Team is asked to look at its membership and identify capacity. Ask yourselves; do you have the roster of individuals you need to achieve your goals ? Who else can serve a valuable role ? and how do we make this connection? |

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| Differential Response System | Participation, energy and reflection from committee members. | A. Unclear guidance from the statewide change management team.<br>B. Need more participation by community partners and parents.<br>C. Implementation plans will be constrained by significant time limitations and deadlines.<br>D. Sorting out the action planning for the region versus the recommendation to higher levels of the agency. | A Statewide DRS team has been reactivated, and will serve as the sponsor group for Region IV's DRS change initiative Team. This will help with unclear guidance from change management team.<br><br>Enlist greater involvement from parent and provider community (co-facilitation).<br><br>Develop a regional continuous improvement plan - phase in quick wins and mid and long term goals. |
| Kinship | • Passion and commitment from committee members.<br>• Merging with Congregate Care will help with capacity. | A. If and when we ask for input from providers, how should we coordinate with other subcommittees?<br>B. How do we scan for best practices and tools, both from other states and within DCF? | The provider relations change initiative team is the GO TO team for provider input and feedback. All requests for input feedback from providers will be forwarded to J. Alvarado who will then communicate with the provider relations CI team.<br><br>Best practices - As the Change Initiative Teams develop their chartering templates there may be requests for best practices from other states or within DCF. The CIT's will submit these requests to J. Alvarado who will work with Casey Services and APHSA for beast practice requests or connect with agency leadership here at DCF.<br><br>Incorporate recent recommendations & next steps resulting from Business Mapping Process conducted by DCF and Casey, Child Welfare Strategy Group. |
| Congregate Care | | When the remedies we identify and recommend require service providers to implement the related changes, how is that done? | See above remedies |

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| Family Engagement/ Families and Partners | • A diverse committee roster, with solid capacity, learning, commitment and resources.<br>• Solid top-down communication. | DCF's history and culture may be a barrier to some desired changes and results in some hesitancy to fully commit to the changes underway:<br>a. Lack of empowerment<br>b. Lack of follow through and sustainability of prior efforts<br>c. Surveying and staff "hearing" feedback from families | The struggles identified here will require some critical thinking as the central goal here is to strengthen a culture of empowerment (will also require input from our partners). The communications planning team has identified this as a challenge and will be meeting on 23 FEB 2012 to address this. The CIT will need to develop plans/approach to ensure that this goal is modeled in our daily practice.<br>The CIT will address the following:<br>1) How do we model principles of partnership at all levels to include SW, SWS, Management, Provider etc. Refer to The Minnesota Child Welfare Practice Model "Embedding the Values in Child Welfare Supervision".<br>2) Identify related strengths / gaps. How do we close gaps - address the cause of the gap<br>3) How do we as a service system follow through<br>4) dentify short term, mid term and long term goals.<br>5) Specific charge of the CIT is to develop timeline that phases these goals in.<br>6) Develop a continuous improvement plan to address long standing cultural barriers. Anticipate barriers and plan for it as you develop continuous improvement planning methods.<br><br>A recommendation was made to the statewide Change Management committee - to address these barriers in a statewide communication campaign. If the agency ants to empower the staff we need to back up the staff, providers etc. |
| Purposeful Visitation | | Each area office has different issues with making improvements and implementation, and the staff in each should be more engaged in this effort. | Implementation plans may differ from AO - will need office specific continuous improvement plans to implement those strategies.<br><br>AD's will ensure that their particular offices are represented in the SFCPMRIT. |

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| Effective Case Planning | | As with Purposeful Visitation, assessments need to be nuanced and different for each area office. | Strategic "Regional Case Planning Improvement Plan" revised in Jan 2012. Consider Implementing DAPIM Change Management Model; Define, Assess, Plan, Implement, Monitor.<br><br>Consider TA from APHSA specifically on DAPIM Model.<br><br>Regional Case Planning Strategic Team meting March 28, 2012, 1:00 p.m. , DCF Hartford.<br><br>CIT to examine the gaps that currently exist around purposeful visitation (specific to each AO). Identify root cause and propose plans to remedy. |
| Workforce Development (formerly known as Supervision and Management) | Openness and candor amongst the committee members. | A. Not sure if "managing change" is a part of our charge and scope.<br>B. Need more participation on the committee/expanded roster.<br>C. Unclear linkages between supervision and management effectiveness and our practice strategies. | Supervision/Management Change Initiative Team now known as Workforce development Team.<br><br>Each Change Initiative Team is asked to look at its membership and identify capacity. Ask yourselves; do you have the roster of individuals you need to achieve your goals ? Who else can serve a valuable role ? and how do we make this connection?<br><br>Answer:<br>1) How do we operationalize each one of the practice model strategies? How do we do this with regards to management, supervision, work with providers, work with families etc.<br>2) Develop guidance for regional staff and partners.<br>3) Rely on communication plan.<br><br>Refer to The Minnesota Child Welfare Practice Model "Embedding the Values in Child Welfare Supervision". |
| Provider Relations/Service Outcomes | No CIT members present | No CIT members present | • Recommendations from this CIT:<br>• Encourage that members participate other CIT's with a particular focus on ways to improve communication.<br>• Develop a survey to solicit thoughts and suggestions from providers and DCF concerning communication barriers and opportunities for improvement.<br>• Greater effort to recruit representatives from a broader range of regional providers. (Reg. PD, Malika Robledo is organizing an all provider meeting in March).<br>• Co-Chair to attend and discuss the Provider Relations Workgroup.<br>• Javier to provide CIT with data that may help inform goals and recommendations. |