

Managerial and Frontline Perspectives on the Process of Evidence-informed Practice Within Human Service Organizations*

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ABSTRACT

Emphasis on evidence-informed practice (EIP) in human service organizations aimed at improving service quality and client outcomes has increased in recent decades. Research has suggested that the organizational context shapes EIP, yet few studies have explored the agency-based activities that constitute this form of practice. This survey of 473 managers and frontline practitioners in 11 county human service organizations examines EIP activities in agency settings. Analysis of responses to open-ended questions identifies the specific cognitive, interactive, action, and compliance dimensions of EIP, including challenges. EIP emerges as complex and nonlinear, shaped by organizational environment, practitioner perspectives, and client needs.

KEYWORDS: Critical thinking; evidence-informed practice; human services; organizational learning; organizational structure

In recent decades, the social work profession has experienced growing attention to the use of evidence to improve service quality and client outcomes. The task-centered practice, empirical clinical practice, and single-system design models of frontline practice represent efforts to link empiricism to social work practice (Marsh & Fisher, 2008; Okpych & Yu, 2014; Reid, 2002; Thyer & Myers, 2011). Since the 1990s, two related but distinct approaches to incorporating evidence into human service delivery have emerged: the empirically supported interventions (ESI) approach and the evidence-informed practice (EIP) or, alternatively,

evidence-based practice (EBP) framework (Fisher, 2014; McBeath, Briggs & Aisenberg, 2010). These frameworks are increasingly dominant in social work policy and practice and occupy an important position in the social work literature (Hodge, Lacasse, & Benson, 2012).

The ESI approach seeks to improve service effectiveness by implementing rigorously evaluated interventions with fidelity to specific practice protocols (Barth et al., 2012; Thyer & Myers, 2011). In the United States, federal, state, and local government entities have engaged in an array of strategies to promote ESIs (Bellamy, Bledsoe, & Traube, 2006). For example, the Substance Abuse and Mental Health Services Administration offers a website listing evidence-based mental health interventions, while the California Evidence-Based Clearinghouse for Child Welfare website provides similar information for child welfare services (California Evidence-Based Clearinghouse for Child Welfare [CEBC], 2015; Thyer & Myers, 2011). These federal- and state-level efforts to promote the diffusion of ESIs have influenced parallel efforts by local governments and community-based agencies. In Sonoma County, located in Northern California, the Upstream Investments Initiative provides information on a comprehensive set of empirically supported interventions and prioritizes these interventions in decisions to fund community-based service providers (Sonoma County, 2011). In other states, including Oregon, public agencies (and private agencies providing contracted

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services) are required to dedicate substantial proportions of their service expenditures to providing ESIs (McBeath, Briggs & Aisenberg, 2010).

Despite these efforts, the implementation of ESIs is still limited in human service settings, attributable to cost, challenges involved in ensuring treatment fidelity, and the complexity of adapting individual ESIs to suit specific agency and client demands (Barth, 2008; Barth et al., 2012; Horwitz et al., 2014). Scholarly critique of the ESI framework has highlighted three additional issues: (1) the mechanistic nature of “manualized” interventions that may undermine the exercise of professional judgment; (2) the top-down nature of performance measures and service models prescribed by policy makers and external researchers; and (3) the emphasis on compliance-oriented practice based on past evidence rather than innovative practice responsive to current evidence (for summaries of this literature see McBeath, Briggs & Aisenberg, 2010; Nevo & Slonim-Nevo, 2011; Webb, 2001).

In contrast to the ESI approach to strengthening frontline practice, evidence-informed practice (EIP) proposes a process framework in which practitioners integrate “individual practice expertise with the best available external evidence from systematic research as well as considering the values and expectations of clients” in order to inform practice decisions (Gambrill, 1999, p. 346). (We use the term evidence-informed practice (EIP) in our discussion of the literature for the sake of consistency.) While ESI strategies are comparable to managerial performance measurement approaches, with a strong emphasis on administrative accountability and control of frontline practitioners, EIP as framed by Gambrill (1999) and others is consistent with a street-level perspective in which evidence-informed decision-making by frontline practitioners is viewed as essential (Brodtkin, 2008; Ganju, 2006).

Over the past decade, studies conducted in the United States and internationally have found generally positive attitudes toward EIP among human service managers and frontline or direct service practitioners working in public and private sector settings (Beddoe, 2011; Booth, Booth, & Falzon, 2003; Collins-Camargo, Sullivan, & Murphy, 2011; Gray, Joy, Plath, & Webb, 2014; Knight, 2013; Savaya, Altschuler & Melamed, 2013). EIP process guidelines have focused on the activities of the individual frontline practitioner, outlining a process of critical reflection that involves framing researchable questions; identifying and evaluating relevant research; integrating research findings, practitioner expertise, and client values; and assessing outcomes

(Gambrill, 1999; McCracken & Marsh, 2008). This multi-step process has generally been understood as sequential, although little research has evaluated the extent to which practitioners view it as such. Despite the growing emphasis on using research to inform practice decisions, challenges related to research availability and utilization persist (Marsh & Fisher, 2008).

More recently, research focus on the role of practitioners and managers has expanded to consider the effects of organizational context on individuals engaged in EIP (Austin, Dal Santo & Lee, 2012; Lee, Bright, & Berlin, 2013; McBeath et al., 2015; Yousefi-Nooraie, Dobbins, & Marin, 2014). Research situating the individual evidence-informed practitioner within the organization focuses attention on practitioner discretion in carrying out formal roles within the immediate task and technical environment. Studies have identified concerns related to the effects of monitoring and the diminished professional responsibility of frontline practitioners due to managerialism and funder-driven expectations of effectiveness and efficiency (Gray, Joy, Plath, & Webb, 2012; Mullen, Bledsoe, & Bellamy, 2008; Savaya & Altschuler, 2013). Organizational factors reported in the research relate to implementation barriers and facilitating factors including leadership, organizational culture, supervision, staff training, agency resources, and access to evidence (Barratt, 2003; Booth et al., 2003; Collins-Camargo et al., 2011; Gray et al., 2012; Mullen et al., 2008; Savaya & Altschuler, 2013).

These studies highlight the practical and ethical complications of engaging in EIP within a changing political economy of human service provision emphasizing efficiency, effectiveness, and outcome attainment. This research also suggests that the role of individual evidence-informed practitioners and managers is influenced by organizational context, such that engagement with various forms of evidence may reflect (a) the availability of different types of data; (b) the priorities of administrators; (c) the overall culture of the agency in relation to the use of evidence; and (d) the degree to which individual practitioners and managers are supported to engage in evidence-informed practice.

Research situating EIP in an organizational context increasingly reflects a “methodological pluralism” with respect to the definition of evidence. This perspective acknowledges the presence and potential value of multiple types of evidence, including qualitative, quantitative, and practice-based research and agency-generated administrative and performance data, needs assessments, and client surveys (Epstein, 2011; Gould, 2006; Qureshi, 2004;

Shlonsky & Mildon, 2014). Practitioners and managers in human service organizations may have limited access to external scientific research due to publisher licensing restrictions or limited time to search for, evaluate, and apply the best available scientific research (Barratt, 2003; Buckley, Tonmyr, Lewig, & Jack, 2014). In contrast, they may have access to substantial internal organizational data and reporting; however, only some of these may be relevant for addressing practice-based questions (McBeath et al., 2015).

Absent from the literature on EIP are direct explorations of the daily and organizationally situated practices involved in EIP—namely, the ways in which managers and practitioners use diverse types of evidence to inform their decision making in specific organizational settings. With respect to organizational context, the literature on knowledge management, organizational learning, and virtual communities of practice in human service organizations identifies the important role that social and relational processes play in knowledge diffusion among managers and practitioners (Cook-Craig & Sabah, 2009; Gould, 2000; Herie & Martin, 2002). This work highlights limitations inherent in the EIP process model that focuses on individual frontline practitioners without also attending to the manner in which practitioner processes may be embedded within formal organizational goals and structures and within informal organizational norms and processes. For example, Nutley, Walter, and Davies (2009) note that interactive approaches and social influence appear to be most effective in improving research use among social work practitioners, and a Canadian study of public health workers found that interpersonal relationships and social and contextual factors influence information seeking in EIP (Yousefi-Nooraie et al., 2014). These studies suggest that practitioner and manager engagement in EIP is a group activity that may reflect prevailing social processes (e.g., the efforts of staff teams) and hierarchical and organizational forces (e.g., the influence and perspectives of key agency stakeholders).

More specifically, scholarship to date on EIP has not investigated the particular cognitive and interactive processes involved in gathering, interpreting, and making use of evidence. Generally, scholarship about critical thinking in social work practice suggests that EIP cognitive processes might involve (a) reframing and challenging assumptions; (b) synthesizing, comparing and evaluating ideas and observations; (c) problem solving; (d) creativity; and (e) critical talk, dialogue, and engagement (Gibbons & Gray, 2004). These critical thinking processes, when situated within a

social and organizational context, suggest that evidence-informed managers and practitioners engage in dialogue using agency data and other forms of evidence with colleagues at diverse levels of the agency (i.e., frontline, supervisory, and administrative) and in the service of identifying agency solutions to current practice dilemmas.

To further our understanding of the EIP process as carried out in the daily, agency-situated work of social work managers and practitioners, this qualitative study addressed two central questions: (1) What processes do managers and practitioners in public human service agencies engage in as they work with multiple sources of evidence to inform their practice decisions? and (2) What individual and organizational challenges do managers and practitioners experience as they work with various forms of evidence? Our empirical study presents findings from open-ended questions from an online survey involving responses from 473 individuals, including executives, managers, supervisors, and line staff, in 11 county human service organizations in the San Francisco Bay Area. The findings describe the cognitive, interactive, action, and compliance processes involved in EIP and the organizationally situated challenges related to integrating stakeholder perspectives, developing measurement schemes, and managing resources. EIP emerges as a form of collective action within organizations that is carried out by managerial and direct practitioners through nonlinear and complex processes.

Methods

Sample and data collection

The 11 county social service agencies that participated in this online survey conducted in June–July 2013 are responsible for Child Welfare, Benefits/Public Assistance, Employment Services, and Adults and Aging, with three of the agencies additionally overseeing county health services. They were selected purposively to represent a diverse set of organizations with respect to (a) size (e.g., 350–2,200 full-time-equivalent employees), (b) budget (e.g., \$93 million–\$738 million), and (c) resourcing and structure of research and evaluation functions (e.g., multi-staff, stand-alone unit directed by PhD-level researcher compared to individual master's-level analysts assigned to program divisions).

The purposive, nonprobability sample of respondents included staff at the frontline, supervisory, managerial, and executive levels. Email invitations to participate were sent to 958 employees; a total of 497 responded to the online survey that included closed- and open-ended questions,

representing an overall 52% response rate, above average for organizationally based employee surveys (Baruch & Holton, 2008). Among these 497 respondents, 473 individuals provided responses to one or more of the open-ended questions, representing a 49% response rate; 24 did not respond to any open-ended questions. With respect to program responsibilities, the largest percentage of respondents worked in Child Welfare (43%), followed by Benefits/Public Assistance/Employment Services (19%), and Adults and Aging (7%). The remainder of the respondents worked in administrative or analyst roles that were not program specific (e.g., fiscal, HR, IT, planning, evaluation) (31%). With respect to work role, a substantial majority of respondents were in managerial positions. The largest percentage of respondents were supervisors (37%), followed by middle managers (28%), executives (17%), frontline staff (9%), and administrative/support staff (6%). Approval for the study was granted by the authors' institutional review board, and consent information was included in the online survey.

The survey sought to understand how human service managers and practitioners use multiple types of evidence, including those generated by performance measurement systems and program evaluations, as well as external research, client perspectives, and professional experience, to inform their practice and enhance services and agency operations. This analysis used qualitative data from open-ended questions related to four domains: (1) ideas for improving client services or agency operations (e.g., What are some recent examples of your thinking about how to improve client services or agency operations, and what are some barriers? [384 respondents]); (2) interest in EIP activities and training (e.g., If you could find time to attend a short program on EIP, why would or wouldn't you be interested in participating? [355 respondents]/Why would or wouldn't you be interested in participating in an evidence request service? [335 respondents]); (3) uses of internal and external sources of evidence (e.g., For what purpose do you use your agency's/program's dashboard or regular reports? (254 respondents)/How else would you investigate reasons for caseload changes? [44 respondents]); and (4) defining and measuring service quality and outcomes (e.g., Describe a challenge you have experienced in your agency related to defining and measuring "service quality" and "client outcomes", and strategies to respond to this challenge [248 respondents]). The length of responses to questions in each of the four domains ranged from partial sentences or phrases to paragraphs of 5 to 6 sentences.

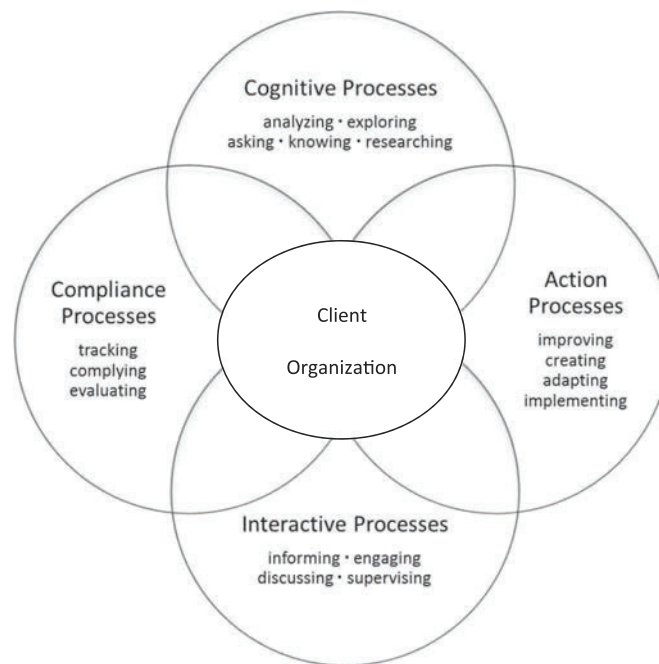
Analysis

Our approach to analysis was consistent with the definition of grounded theory methods proposed by Charmaz (2005): "a set of flexible analytic guidelines that enable researchers to focus their data collection and to build inductive middle range theories through successive levels of data analysis and conceptual development . . . that provide tools for analyzing processes" (pp. 507–508). The analysis was carried out in three phases, and integrated multiple coding strategies, consistent with the flexible approaches to qualitative analysis suggested by Saldaña (2013) and Miles, Huberman, and Saldaña (2014). Coding was carried out by the first author using Dedoose in conjunction with manual-coding methods. Dedoose is a web-based qualitative analysis software application that provides tools for data management and analysis common to computer-assisted qualitative data analysis software (e.g., excerpting, coding, cross-referencing of codes, memo writing and linking, importing of quantitative data for mixed-methods analyses, and visual data displays) (Dedoose, 2016; Gilbert, Jackson, & di Gregorio, 2014; Moylan, Derr, & Lindhorst, 2015). Coding strategies and specific codes were noted and described in analytic memos and were reviewed with co-authors, with memo-sharing and discussion conducted regularly throughout the analytical process (Miles & Huberman, 1994).

The first cycle coding scheme was developed based upon a complete reading of the data, which identified three high level codes: (1) values coding to capture responses related to the importance or value of EIP; (2) descriptive coding focused on concrete activities and processes, with subcodes that identified EIP activities and distinguished them from other practice activities; and (3) coding to capture tensions and challenges associated with EIP (Saldaña, 2013). These codes were then applied to the data in a case-based approach in which data were sorted by respondent.

The second phase of the analysis focused on mapping and conceptualizing the specific processes and activities involved in EIP. An export of all the EIP-activity-coded data was used to create a new document that was loaded into Dedoose. A new subcode, Process Verb, was then created in Dedoose and used to code all action verbs and verb phrases related specifically to EIP activities, excluding activities unrelated to EIP. This process resulted in a list of 807 verbs or verb phrases that were exported into Excel for review and cleaning. The list of verbs was condensed by merging repeat instances and synonyms, and the resulting list of 129 unique verbs was organized in a conceptually ordered matrix that displayed activities under six high-level categories in order

FIGURE 1
EIP Processes



to “subsume the particulars into the general” (Miles & Huberman, 1994, p. 129). This matrix was then reviewed and critiqued by the study coauthors, followed by a process of member checking involving review and discussion by 38 supervisors and managers at the 11 participating agencies, the group representing 65% of the survey sample. The lead author presented the matrix to the group, who then spent 20–25 minutes in small discussion groups critiquing the content and organization of the matrix. The small group discussions were reported back to the lead author and the full group, followed by further discussion to develop a unified perspective on the validity of the concepts outlined in the matrix. These critical reflections, grounded in prior research and practice experience, were used to develop a concept map identifying four EIP process domains (described in the next section). Finally, an analysis was conducted to develop an understanding of the relationship between the four EIP process domains as well as the agency-based factors that inform manager and practitioner engagement in EIP. In this stage, using a manual-coding process, the full data set was reviewed and coded with two high-level binary codes, linear/nonlinear and organizational driver/client driver.

Limitations

The purposive organizational and individual samples dictate caution when generalizing findings to other public

human service agencies. Further, the data are based upon self-report, and responses may reflect a social-desirability bias toward EIP in the current policy and practice environment. Lastly, while the open-ended survey questions generated a large number of responses, the detail provided by each respondent was limited as noted above.

Findings

Respondents described a broad array of EIP activities in which they use multiple forms of evidence to achieve multiple purposes. They reported engaging in EIP, in order to respond to drivers that reflect organizational as well as client needs, and carrying out EIP activities in multiple, varying sequences. EIP activities clustered in four domains: (1) cognitive processes; (2) interactive processes; (3) action processes; and (4) compliance processes, as depicted in *Figure 1*. In the cognitive, interactive, and compliance domains, respondents identified associated challenges; however, they did not describe significant or common challenges associated with the action process domain.

EIP drivers and sequencing

Respondents described a balance between *the primary drivers of EIP—responding to client needs and addressing organizational priorities and challenges*. EIP related to *client needs* included responding to individual clients as well as broader

efforts to improve service quality, service targeting, and aggregate outcomes. As a mid-level child welfare manager in a medium-size county agency noted when explaining her interest in attending an EIP program, “[p]roviding EBP’s is paramount in our agency thinking. All our programs are built with this in mind, to protect resources and to target only the highest populations in child welfare.” With respect to *organizational drivers* of EIP, respondents reported multiple aims, including (a) increasing productivity and efficiency; (b) responding to externally imposed mandates and incentives; (c) improving staff morale; and (d) providing opportunities for staff development. Client and organizational drivers of EIP were often described simultaneously, as illustrated by an administrative support staff person in the child welfare division of a small rural county agency who described her interest in an EIP program: “To see what we could do better to improve our service to clients. What can we change to make it a better experience for the families we serve, in addition to providing opportunities for growth for our staff?”

The *four EIP process domains* were described as occurring in multiple, varying stages, rather than as a fixed, linear or cyclical process. For example, monitoring (compliance activity) may follow a sequence in which a service strategy is designed (cognitive process) and implemented (action process) and staff are trained and supervised (cognitive-interactive processes). In another context, monitoring (compliance process) may generate questions and subsequent analyses (cognitive processes), as when one mid-level manager in a large urban county agency’s fiscal division noted that she used the agency dashboard to “see what overall trends look like and identify any questions I might need to ask depending on what the data is.” EIP activities also occur simultaneously, such as when work teams review data dashboards together (cognitive process) and discuss (interactive process) client trends and staff performance. For example, a mid-level child welfare manager in a large urban county agency noted using a dashboard “to review information with my peers, staff and supervisor about how my program is performing.”

Cognitive processes

Respondents described a series of cognitive processes as central to EIP: (a) *asking*, (b) *exploring*, (c) *researching*, (d) *analyzing*, and (e) *knowing*. The asking process was prominent among respondents’ descriptions of EIP, indicating they formulate a diverse array of questions such as “how to support the move towards unsupervised/community visits” (mid-level child welfare manager) and “how to shorten wait time to complete work requests” (supervisor

of administrative support staff). *Exploratory activities* (e.g., looking, searching, and investigating) were common, reflected by an adult and aging supervisor in a large suburban county agency who sought to “hear new ideas and explore how other programs are meeting the needs of the community, effectively.” More systematic *research activities* were also common, particularly reading internal and external materials (e.g., “Read articles about utilizing technology and identify ways to translate into service delivery (child welfare supervisor). Analytical processes were central (e.g., thinking, comparing, analyzing), as illustrated by an executive overseeing public assistance in a large urban county agency who reported s/he would “analyze data re: families waiting for child care subsidies against employment data on unemployment, CalWORKs data, and child welfare data” in order to better understand the reasons for a major change in caseload size. Finally, a less common but important cognitive process involves using evidence to *predict* or *forecast* (e.g., “track trends, levels of service, determine whether we’re meeting service targets, attempt to forecast future” [member of executive team]). Engaging in these cognitive activities, respondents seek to determine the source of and solutions to current and future needs and problems.

Respondents noted that cognitive processes underlie the development of measures that utilize agency data to inform decision making, raising challenges related to developing accurate logic models, selecting outcomes, and determining appropriate metrics. A number of respondents expressed *concerns about the logic models* underlying the programs and services being delivered, pointing to a disjuncture between service quality and client outcomes. As an employment services supervisor in a large suburban county agency explained, “Services provided may be of high quality, yet outcomes do not reflect that; the same is also possible in reverse.” A child welfare supervisor in a medium size suburban/rural county agency highlighted the challenges associated with developing *accurate models of human behavior*: “Predicting human behavior is very difficult if not impossible. A good quality service is never a guarantee that a client will be successful.” Given the complexity of human services, these practitioners in county human service agencies found it difficult to *define service outcomes and quality*, as noted by an executive in the fiscal division of a small rural county agency: “We constantly struggle with the definition of success and whether the outcome of a case was successful or not.” Respondents also described difficulties with operationalizing the “independent and dependent variables that impact a person’s life and life situation which impact the

success and/or the non-success of service delivery” (public assistance executive). As with developing logic models, a central difficulty relates to accounting for client variation in the design of measures to evaluate services. As a child welfare worker in a large urban county agency noted:

Each client came from a different background and they each are from a different playing field, so we cannot expect each client fits our standard measure based on their situation; it would be unfair and unrealistic to expect certain clients and families to fulfill our standard and requirements at certain level and at certain timeline.

Interactive processes

Respondents described relying heavily on interactive processes that involve working with others as they engage in EIP, including *engaging, talking, informing, and supervising*. A substantial majority of respondents proposed interactive strategies when describing actions they would take to address an increase in caseload size. This array of strategies included: (a) internal and external information gathering from colleagues; (b) consultation with peers and experts; and (c) collaborative decision making. *Reaching out to stakeholders and colleagues* was seen as important to determine need and identify and implement promising strategies (e.g., “engage CBOs and possibly our own staff to get trained in trauma informed models that work, such as Dialectical Behavior Therapy for high risk teens and Parent Child Interaction Therapy for parenting coaching” (child welfare executive)). *Providing information* to multiple audiences within and outside the agency was reported to be a very common element of EIP, through formal reporting and training, as well as through informal communication activities. Evidence use is also an important component of *supervision*, used to direct and motivate staff.

Interactions with both internal and external stakeholder groups were described as common in the EIP process, including: (a) agency employees (e.g., line staff, staff in other programs or divisions); (b) community members (e.g., clients, families, community members); (c) professionals (e.g., community service providers, other county agencies, other county human service agencies; and (d) researchers/academics. An executive in the public assistance division of a large urban agency noted that after examining multiple evidence sources, including agency caseload data and regional economic and employment statistics, she would “interview line staff and supervisors in focus group type settings to glean info from the ground on trends. Routinely

when there are caseload or demand shifts, this is discussed in statewide meetings to fact check and determine if it is the result of changing practices or policies or if it is unique to our county.”

Respondents described the *significant, complex roles played by stakeholders* in EIP, including generating new ideas to improve practice (e.g., “meeting with staff to solicit ideas how best we can serve our clients with the many changes that impact their lives” [adult and aging executive]). Respondents also emphasized the importance of stakeholder perspectives in defining or conceptualizing outcomes/quality/success. A mid-level manager with cross-division responsibilities in a large urban agency highlighted the importance of incorporating service user input by “allowing our customers to define what high quality service and successful outcomes are,” while a child welfare supervisor in a large suburban agency sought to gain input from multiple stakeholder groups, by using “focus groups of families, staff, and service providers in order to develop measures and ultimately to shape future strategies and practice.” Strategies to gain client perspectives were seen as particularly important when evaluating service quality, including “focus groups or post service contact with clients to ask how well we did and what we could have done better” (administrative support executive). Some respondents spoke of the value of stakeholder perspectives that can aid in interpreting and validating data, including a mid-level child welfare manager in a large suburban agency who described “talking with community providers to see if perceived trends are congruent with reality.” Colleagues and other professionals were the most common source of information about innovative or best practices.

Finally, while incorporating the perspectives of multiple stakeholders in EIP processes was generally viewed as important and useful, by contributing to knowledge or clarifying issues, it also appears to *complicate decision making*, particularly related to measuring and assessing service quality and outcomes. As a mid-level manager in the planning and evaluation division of a medium-size suburban/ rural agency noted, “everyone has a different perception of service quality and client outcomes.”

Action processes

Respondents reported that evidence provides the foundation for multiple types of managerial and organizational actions including *implementing, improving, adapting, creating and directing* (e.g., “act upon the data”; “implement better solutions”; “drive decision making”; “create the most efficient and effective customer service”). An important aim

of EIP, as described by participants, relates to *improving agency services and operations through creating and/or adapting* new services, business processes, and measures. As an administrative support supervisor in a medium-size suburban agency observed: “We would use the data to constantly refine and improve our work processes to adapt to client needs, while increasing efficiency and worker satisfaction.” Describing her interest in playing a role in information-sharing activities within the agency, a child welfare supervisor in a medium-size suburban/rural agency explained that she would “see the benefit in engaging in dialogue and training within the department to improve service delivery. Clients would benefit, staff would feel that they are having an effective impact and the agency would likely improve its compliance measures.”

When asked to provide examples of their thinking about how to improve client services or agency operations, many respondents reported engaging in EIP-related activities. For example, a child welfare executive in a large urban agency noted she had “reviewed evidence based practice for working with high needs teens, asked a friend in emergency management for ideas in disaster prep, [and] attended training on my own time to learn EBP for high risk teens.” A child welfare supervisor in the same agency similarly described turning to externally generated research evidence and consulting with experts: “reading national publications about child welfare services; network[ing] outside of work with professionals in related fields.” These examples illustrate the strong link between EIP and active efforts to improve multiple aspects of agency practice, including work processes, client experiences and outcomes, measurement decisions, and worker satisfaction. In contrast to the challenges described by respondents related to cognitive, interactive, and compliance processes, the analysis did not identify responses that described challenges specifically associated with action processes.

Compliance processes

Activities related to complying with federal and state mandates were also common EIP processes described by participants, including *tracking, monitoring, and reviewing data* in order to meet performance standards. Respondents utilized data monitoring for multiple purposes that included: (a) supervision (e.g., “helping [staff] track what has been done and what needs to be done on their caseloads on a weekly basis” [child welfare supervisor]), (b) identification of caseload trends (e.g., “tracking trends such as caseloads size, case types, reunification rates” [mid-level child welfare manager]), and (c) performance reporting (e.g., “track my

staff efforts, report out to agency on measures my staff are responsible for and use in decision making processes” [mid-level administrative support manager]). Tracking and monitoring were used to make “daily and strategic decisions” and were typical across agency divisions, including child welfare (e.g., “caseloads, numbers of youth in care, placement types”), welfare benefits (e.g., “use to establish the error rate and trends”), and external reporting by executive teams (e.g., “report to the board [of supervisors]”).

Responses to a question about challenges in measuring service quality and client outcomes highlighted *issues associated with using quantitative data*, including for compliance monitoring. Some participants noted concerns related to what a child welfare executive in a large urban/suburban agency described as the focus on “numbers (nuts & bolts), not the quality of work/engagement social worker is making with family.” While some respondents viewed quantitative data as “easy to capture” (child welfare analyst), others noted that it can be difficult to “get the numbers to be meaningful to line staff” (mid-level planning and evaluation manager). A planning and evaluation executive reported similar difficulties involved in efforts to “engage staff with consistent data collection” in order to provide the data necessary for compliance monitoring. Finally, several respondents described *resource constraints* that can impede using data to inform compliance processes; as a mid-level public assistance manager in a large urban agency explained: “Data need interpretation. Time is a factor in dealing with the abundance of data.”

Discussion

These findings provide insight into the organizationally situated activities of managers and practitioners involved in EIP. Overall, these EIP processes are described as (a) multi-level (e.g., involving frontline staff, supervisors, managers, executives, and analysts); (b) multi-question (i.e., client questions, program questions, planning questions, administrative questions); and (c) driven by multiple organizational goals (e.g., accountability and learning, stakeholder engagement, compliance, and innovation). Specifically, managerial and practitioner engagement in EIP can be organized along cognitive, interactive, action, and compliance dimensions. The *cognitive* processes that inform decision making include asking, exploring, researching, analyzing, and knowing. Each of these elements is rooted in the perspective of “research-mindedness” that includes curiosity about ways to improve practice at different levels of the organization, critical reflection upon one’s practice and how it might inform

decision making, and critical-thinking capacities needed to understand, analyze, and interpret evidence (Austin, Dal Santo & Lee, 2012).

The *interactive* processes reflect the interpersonal skills needed to engage, talk, inform, and supervise in organizational settings. Study findings suggest that managers and practitioners do not engage in EIP activities in isolation. Rather, they gather information from, consult with, and engage in collaborative decision making with agency colleagues, community members, and external professionals and researchers. These cognitive and interactive processes operationalize three key elements of EIP identified by Sackett, Straus, Richardson, Rosenberg, and Haynes (1997) nearly 20 years ago—namely, identifying relevant research, drawing upon practice wisdom, and continuously seeking and utilizing the perspectives of service users. They point further to the need to expand the traditional EIP focus on constructing researchable questions derived from one's own practice to include questions derived from organizational challenges and from the perspectives of others within the agency setting. The findings related to the interactive nature of EIP highlight the social networks through which managers and practitioners engage in EIP within their agencies. We find evidence that individuals working in human service organizations are engaging in complex reasoning and critical thinking in the company of co-workers, clients, and community members. These interactions are organizationally structured in the sense that practitioners and managers are talking with colleagues in their immediate work environments and with other individuals they may encounter through boundary-spanning roles.

The *action* processes described by study participants are aimed at improving multiple aspects of agency practice (e.g., business processes, client service outcomes, service quality and outcome measurement, and staff development and satisfaction). Action processes involve seeking out and using diverse forms of evidence to design, implement and adapt new structures and processes in order to improve program services and operations. In this sense, EIP focused on action can support innovation in response to critical organizational prompts. Innovation often involves learning from others inside and outside the organization, and this learning can be traced to the capacity to engage with the evidence emerging from daily practice (Hargadon, 2002).

In contrast, *compliance* processes are responsive to administrative and funding requirements, involving tracking, monitoring, and reviewing data, in order to demonstrate achievement of performance standards and program

fidelity. The focus on fidelity to existing service strategies and compliance with standards based in historical measures of performance may serve to inhibit efforts to innovate. EIP thus emerges in these findings as a tactic to pursue multiple organizational goals, not all of which may be consonant. While one of the purposes of public human service organizations is to demonstrate accountability for public funds received and the quality of the services provided, there is also a growing interest in finding ways to respond to changing client needs. One way for human service organizations to weather turbulent fiscal and policy environments is through innovation in service programs.

These findings point to several implications for practice and research. The importance of interactive processes in EIP indicates that staff development programs need to emphasize skills related to relationship building and maintenance, negotiation, and consensus building in order to support staff efforts to engage diverse stakeholders in EIP. The findings suggesting that EIP in public human service organizations occurs across multiple levels of organizational hierarchy indicate that senior agency staff may need to develop new forms of communication to support the sharing of data and evidence throughout the organization. Skill development also needs to focus on the cognitive capacity to engage in EIP, including the ability to create logic models and measures of service quality and outcomes. In addition to staff capacity building, collaborative initiatives involving researchers and agency staff can assist in developing meaningful measures of service quality and outcomes that draw upon professional, client, and stakeholder values and expertise. Finally, agency funders and leaders need to do more to ensure that staff members have sufficient time to engage in EIP.

Future research is needed to explore the nature of EIP as a form of collective action inside organizations. To what extent will organizational culture support informal norms, like trust, that may be necessary for promoting participatory forms of EIP? What organizational supports are needed to create open, engaging, and safe spaces to gather and assess complex data? Given the common perception that individuals who work in human services are people oriented and data averse, the dynamic interplay between cognition and interaction also emerges as an important area for exploration. Research is needed to inform strategies that help managers and practitioners engage with evidence in ways that are analytically rigorous and socially interactive. Specific questions include (a) What kinds of materials and communication strategies can support critical reflection on

research? (b) How can management or team meetings be designed to help participants examine and interpret agency data as well as use it to guide program and practice decisions? (c) What kinds of processes can effectively engage clients and community members in assessing and interpreting research and agency data? and (d) What kinds of organizational incentives and other tools can serve to make these processes both inclusive and productive?

The findings emphasize dual processes of action and compliance when translating evidence into individual and organizational behaviors, raising the potential for tension between innovation and accountability. Whereas the action processes described by study participants reflect a future-oriented desire to improve service quality and client outcomes, the compliance processes focus on tracking current outcomes and behaviors and ensuring fidelity to existing forms of practice. Given the current accountability environment of public human service organizations, research is needed to examine the effect of compliance-oriented forms of EIP practice on innovation-minded human service managers and practitioners. Important questions relate to understanding individual motivations to innovate, as well as identifying agency factors that promote innovation in the regulation-dominated and resource-limited environment of public human service organizations. Finally, although the findings of this study did not identify significant challenges related to action processes, the study design did not allow for follow-up inquiry, hence, further research exploring this theme might uncover additional challenges.

Conclusion

These findings offer a more comprehensive picture of EIP in daily practice than previous research has provided, illuminating respondents' understanding of EIP and their experiences engaging with diverse forms of evidence within their agencies. The understanding of EIP as a continuous, multi-dimensional process embedded within agency-based social and organizational practices and priorities and conducted at all organizational levels differs substantially from the ESI model that focuses on the implementation of manualized interventions originating outside the agency. It differs similarly from the linear, stepwise model, in which EIP is (a) carried out by individual, isolated frontline practitioners, (b) focused on external research while excluding agency generated data, and (c) limited to addressing individual client problems. This study finds that engagement in EIP may be influenced strongly by organizational demands and goals, rather than staff or service-user interests alone. The findings suggest further that EIP frameworks used in agency settings

involve both cognitive and interactive processes, where managers and practitioners engage simultaneously in "critical talk, dialogue and engagement" (Gibbons & Gray, 2004, p. 21; Peake & Epstein, 2005). Finally, findings highlight the potential for tension between compliance- and innovation-oriented aims for individuals and agencies engaged in EIP.

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Using Performance Measures to Manage Child Welfare Outcomes: Local Strategies and Decision Making*

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ABSTRACT

The federal child welfare performance measurement system exerts a profound influence over the design, delivery, and evaluation of child welfare services at the local level, with funding contingent upon participation in the federally mandated Child and Family Services Review. In this exploratory study the authors focus on local efforts to respond to and comply with the federal child welfare performance measurement system in 11 northern California counties. The authors review the System Improvement Plans of each county and the findings from focus groups with child welfare staff conducted in five of the counties that included the limitations of federal performance measures, the difficulty using these measures to inform decision making, and the continuing struggle to achieve the major child welfare goals of safety, permanency, and well-being. The implications include the need for: flexibility in the federal performance measurement system, opportunities to integrate local values and priorities, and child well-being measures so that timeliness does not take on more significance than well-being or the quality of relationships among local stakeholders in the child welfare system.

KEYWORDS: Child welfare, performance standards, compliance, decision making

Local Strategies and Decision Making

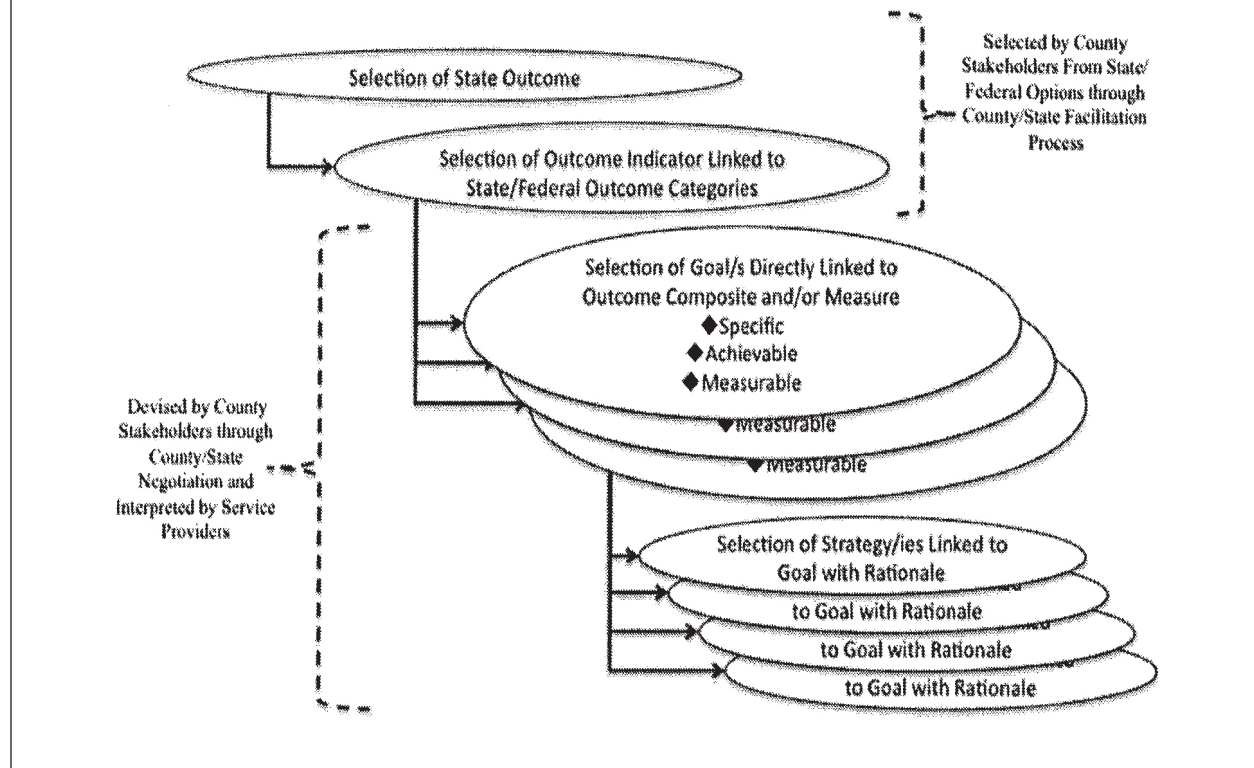
The federal child welfare performance measurement system exerts a profound influence over the design, delivery, and evaluation of child welfare services at the local level, with funding contingent upon participation in the federally mandated Child and Family Services Review (CFSR; Reed & Karpilow, 2009). The federal CFSR was established under the Adoption and Safe Families Act of 1997 (ASFA), enacted to address the issue of children remaining in foster care for long periods of time without a permanent resolution through reunification or adoption (Adler, 2001; Berwick, 2009). In addition to imposing stricter limits on the time children spend in foster care, ASFA mandated a set of child welfare goals and performance measures to ensure systematic data collection and measurement of state performance in relationship to the federally defined goals.

In order to avoid financial penalties, states must demonstrate progress toward the goals and outcomes set forth under ASFA. In California, the federal CFSR process and performance measures are also incorporated at the state level into the California Child and Family Services Review (C-CFSR), effectively transmitting federal mandates to local county agencies responsible for delivering child welfare services. As the California Department of Social Services (CDSS) notes, "By design, the C-CFSR closely follows the federal emphasis on safety, permanency, and well-being" (CDSS, 2009, p. 2). The C-CFSR incorporates the federal

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FIGURE 1
Procedure in Practice as Explained by State Guide



performance measures, supplementing them with additional measures under the goals of safety, permanence, and well-being (Reed & Karpilow, 2009). The C-CFSR process involves a three-step cycle of peer review, self-assessment, and strategic planning to evaluate and address county agency performance related to the federal child welfare performance measures. Through this process, each county develops a local System Improvement Plan (SIP) to guide decisions about program strategies and resource allocation.

In this exploratory study the authors examine local efforts to respond to and comply with the federally mandated child welfare performance measurement system in a sample of northern California counties. It includes a review of the SIPs of 11 counties, examining the decisions counties report in their selection of goals and related performance measures to be addressed. It is followed by a discussion of the findings from focus groups conducted with staff in 5 of the 11 counties, in which local practitioners were asked to describe their perspectives on the federal outcomes and performance measures. The examination of agency and staff level responses to the federal performance measurement

system concludes with a set of implications for future reform efforts.

County System Improvement Plans: Local Efforts at Results-Oriented Management

The purpose of the review of county SIPs was to examine the experiences of local counties in their efforts to comply with the federal performance measurement system established at the federal level. The SIPs reviewed in this analysis were accessed online through the website of the CDSS (Alameda County, 2008; Contra Costa County, 2004; Marin County, 2007; Monterey County, 2004; Monterey County, 2008; Napa County, 2007; San Francisco County, 2007; San Mateo County, 2007; Santa Clara County, 2006; Santa Cruz County, 2008; Solano County, 2004; Sonoma County, 2008). The 11 counties represent the diverse political, racial, and economic demographics of northern California, with rural, semi-urban, and urban populations ranging in size, according to 2008 U.S. Census Bureau estimates, from the smallest county, with under 60,000 people, to the largest, with about 1.7 million people.

FIGURE 2
Example of Outcome Selection with Directly Linked Goals and Strategies
from a County System Improvement Plan 2007-2009

(color figure available online)

Component C: Safety	Outcome/Systemic Factor: 3 F Percent of admissions who are re-entries		
	County's Current Performance: For the most recent 12 month period for which results are available, ending 9/30/06, 9.8% of children admitted to child welfare supervised foster care were subsequent entries within 12 months of a prior exit.		
	Improvement Goal 5.0: Maintain the rate of admissions that are reentries as less than 8.6%.		
	Strategy 5.1:	Strategy Rationale:	
	Utilize Differential Response to use community-based, culturally competent preventative services for families at risk of child abuse and neglect; this will support communities in increasing quantity and quality of services.	The use of Differential response will improve family engagement, assist referred families to build on their strengths, and link families with community leaders and resources. This will help communities to "care for their own."	
	Milestones	Timeframes	Assigned To
	5.1.1 Establish Differential Response Implementation Planning Committee.	May 2007	Senior Staff Services Analyst
	5.1.2 Explore Collaboration with COPE, Family Resource Centers and other community partners.	February 2007	Senior Staff Services Analyst
	5.1.3 Explore potential funding sources for implementation and ongoing support of DR.	July 2007	Child Welfare Director
	5.1.4 Develop Policy responding to funding requirements including reporting time frames and implementation goals	Aug 2007	Assistant Child Welfare Director Senior Staff Services

To provide guidance to counties in the development of their SIPs, the CDSS disseminates a County Self-Assessment Process Guide. As noted explicitly in the guide, "[a]nalysis of the outcomes forms the heart of the CSA" (CDSS, 2009, p. 20). The CSA Guide is based on a logic model that is common in the performance management literature (Hatry, 2006; Poister, 2003; Savaya & Waysman, 2005; Schalock & Bonham, 2003). Counties engaged in the SIP process are directed to review their administrative data in order to identify outcome measures where performance improvement is needed, and identify specific, achievable, and measurable goals and corresponding strategies directly linked to these outcome measures (see *Figure 1*). The guide also mandates that counties include local stakeholders and peer review as they develop goals and strategies related to the outcomes and standards identified by federal and state human service agencies (CDSS, 2009).

In our review of the 11 county SIPs, we found that most offered at least one example in which the county utilized the assessment and planning process described in the state guide, based on the recommended logic model format. In these examples, while the SIP goals and strategies were

selected by local stakeholders, they were always tied to specific outcome measures defined by the federal performance measurement system. For example, one county selected the outcome measure "Percent of admissions who are reentries" and established a goal of maintaining "the rate of admission that are reentries as less than 8.6%" (*Figure 2*). This goal was specific, measurable, and directly linked to the state and federal reentry outcome measure.

In contrast, some counties specified outcome measures related to disproportionality and child well-being that differed from the federally defined measures. For example, one county determined that racial disproportionality should be a central focus for the county, explaining "it is critical to view improvement efforts from the lens of disproportionality given the alarming overrepresentation of children and families of color, including African American, Native American, and Latino." Another county also noted that the issue of disproportionality was an area where improvement was needed, highlighting the intersection with established standards for timely permanency. This excerpt from the SIP narrative described the need to balance the federal

performance measurement mandates with performance management priorities determined by local stakeholders:

The Redesign's emphasis on permanency and youth transition will assist the Bureau in addressing racial disproportionality and the fact that over 50% of children still in care after 54 months are African American. *While respecting the cultural viewpoint of African-American families regarding terminating parental rights and adoption of kin, the Bureau recognizes that it needs to improve its permanency focus for African American children and youth.* We intend to work with our collaborating agencies, faith-based communities and African-American community members in crafting an approach that will address this need [emphasis added].

A number of counties also used their SIPs to highlight child and family well-being as a critical outcome in addition to the federal and state performance measures. However, this approach runs contrary to the CSA Guide because while the state has established several process measures related to child well-being, neither the state nor the federal system has defined outcome measures related to child or family well-being. In one county that focused on the outcome of "no recurrence of maltreatment" the stakeholders participating in the SIP process did not propose simply reducing maltreatment recurrence by a certain percentage as its goal in this area, as the CSA Guide would have dictated. Instead, the county developed the goal to "Reduce and prevent parental substance abuse" along with a list of strategies and a rationale linked to substance abuse rather than to recurrence of maltreatment. The rationale for this approach is explained below:

Survey and key informant data identified parent's alcohol and drug issues as a major factor in ensuring child safety. *A majority of parents participating in the telephone surveys identified substance abuse as one of the top two challenges they faced.* Despite this high need, local key informants reported that there was a dearth of substance abuse services for child welfare parents. Parents who had difficulty assessing substance abuse services were parents with children living in the home and parents with children ages three and over in out of home care [emphasis added].

While federal performance measures appear to provide a degree of guidance for local agencies seeking to improve outcomes for children and families, locally defined priorities are deemed to take precedence in a number of instances. In these examples, agencies seek to frame and integrate needs and values articulated by local stakeholders (e.g., substance abuse treatment or the cultural views of African American families) into the federal performance measurement structure and process. It should be noted, however, that the SIPs leave the reader to interpret the intent of county stakeholder decisions because they are primarily a performance reporting tool for state and federal accountability. For example, when county stakeholders identify a specific outcome measure to address in their SIP, it is difficult to determine conclusively if this is the most pressing area of children's services to address.

Staff Perspectives on Outcome Measurement

In addition to the analysis of the SIPs, focus groups captured the perspectives of child welfare staff with respect to the federal child welfare performance measures. The focus groups of 10 to 15 participants included line staff, supervisors, managers, and analysts who engaged in two to three hour discussions focused on one or more of the following six CFSR performance measures that had been selected by their agency directors: (1) reunification timeliness; (2) exits to permanency; (3) placement stability; (4) adoption timeliness; (5) recurrence of maltreatment; and (6) re-entry to care. The detailed notes on each session were content analyzed to identify common and central themes. While the focus groups were conducted in a diverse cross section of northern California counties with staff holding a range of positions, they did not represent a random stratified sample, as county agencies volunteered to hold a focus group and staff were invited by senior management to participate. As a result, it is difficult to generalize the findings beyond these specific locales.

The findings illustrate the different ways that staff try to balance the aims of locally responsive daily practice with the accountability requirements of the state and federal review processes. The findings are organized into three categories: (1) performance measures that are not adequately addressed in the CFSR and C-CFSR processes; (2) specific challenges in utilizing official measures or performance to inform decision making, and (3) the struggle to achieve the major child welfare goals of safety, permanency, and well-being.

MISSING PERFORMANCE MEASURES

Participants described two missing performance measures in the CFSR process; namely, *child well-being* and stakeholder engagement. First, participants explained that although they were ultimately responsible for making decisions that were in the best interest of the child, efforts to maximize child well-being were not adequately addressed by existing CFSR and C-CFSR outcome measures (e.g., school performance and general health). Second, participants noted that the level of stakeholder engagement (e.g., strong supportive relationships with and among children, families of origin, kin, foster and adoptive families, group home coordinators, and representatives of the court) was not incorporated into the federal measures, despite the local priority given to developing a strong network of care-giving among these stakeholders.

USING DATA TO INFORM DECISION MAKING

The second theme emerging from the focus groups involved the following challenges in using existing CFSR measures to guide decisions: (1) the practice dilemmas created by the use of the performance measures, (2) the influence of stakeholders representing the legal profession, and (3) the impact or the local context.

Challenge 1: Performance measures creating practice dilemmas. Focus group participants noted that CFSR performance measures often presented counties with the dilemma of balancing conflicting assessments of performance arising between timely reunification and adoption as well as between timely reunification/exits to permanency (other than adoption) and placement stability. In essence, the focus of practice efforts on one outcome measure could put the county at risk of inadequate performance on another measure.

Balancing reunification timeliness with adoption timeliness posed challenges for caretakers as well as for child welfare workers. In concurrent planning it is the role of child welfare workers to convince all stakeholders that working toward timely reunification and adoptive placement simultaneously is based primarily on promoting child well-being. Strong supportive relationships among all stakeholders are required to achieve this goal. However, focus group participants reported that potential adoptive parents are often conflicted as they struggle with a process that could potentially lead to reunification with the family of origin after they bond with the child in hopes of adoption. Many adoptive and foster parents thus seek to maintain emotional distance from families of origin, based on a fear of losing the child

and and/or resentment about the apparent lack of attention to the supportive family environment that they are trying to create to promote child well-being. For example, engaging in full disclosure practices with foster and adoptive parents regarding the problems that the biological parents are experiencing (e.g., substance abuse and other mental health issues) can backfire when this practice leads to raised expectations on the part of adoptive parents who are seeking to formalize their relationship with the child. By using permanency timelines to assess performance, it is difficult to account for the time it takes to develop strong relationships among the child welfare stakeholders in order to build the integrated child support network needed to facilitate quality long-term placements.

In addition, the barriers to coordination between adoption and reunification workers demonstrated the challenges posed by using CFSR outcomes for results-oriented decision making and those posed by the lack of performance measures focused on child well-being and stakeholder engagement. For example, one group noted that when intake workers assess the potential for reunification between a child and the family of origin and focus only on the likelihood of timely reunification, this practice can lead to inadequate attention to finding placements that offer the possibility of adoption. Where reunification efforts fail, workers may pass the responsibility for the case on to the adoption unit where workers focus on adoption timeliness. Simply measuring the timeliness of reunification and adoption may inadvertently encourage this type of uncoordinated practice.

Similar challenges are evident in the conflict between measures of placement stability and the timeliness of exits to permanency. For example, when focusing on child well-being, efforts to establish permanency are often more effective when viewed within the context of an integrated network of support for children (e.g., a child might maintain a permanent placement with kin but never attain legal permanency with these relatives). In essence, current CFSR measures do not adequately capture an alternative view of permanency where priority is given to “emotional permanency” and “long-term stability” based on the assessed well-being of a child within a more holistic network of kin support.

Challenge 2: Influence of legal stakeholders. Relationships between the county and representatives of the court (along with the regulatory and procedural frameworks governing child welfare) also present challenges to performance with

respect to the CFSR outcome measures. For example, the judge who interprets child welfare law in relationship to permanency decisions (along with legal counsel/advocates for children and their families of origin) directly influences performance outcomes related to reunification and adoption timeliness as well as reentry into care. In addition, overloaded court dockets can negatively impact adoption and reunification timelines but are beyond the control of county child welfare agencies.

Interactions with the court system highlight the need for CFSR measures to focus on outcomes related to child well-being and the strength of stakeholder connectedness. By requiring the termination or parental rights within a certain timeframe, the federal Adoption and Safe Families Act (ASFA) limits the possibility of reunification for families of origin making progress toward dealing with personal struggles (e.g., substance abuse problems or struggling to find steady sources of income) or working to build strong support networks (e.g., with county social workers, kin, etc.). Court representatives in some instances interpret ASFA's emphasis on exits to permanency as requiring quick determination of the likelihood of reunification followed by the termination of parental rights, leaving adoption and guardianship as the only remaining options.

Other court-related challenges involved the unique preferences of individual judges and court workers, which in some instances required child welfare workers to balance a judge's assessment of the performance of the agency with the CFSR measures of performance. It is clear that the strength of the relationship between child welfare agencies and judges is a key to achieving effective performance on CFSR measures. The nature of the relationship between individual social workers and judges is also important. For example, child welfare cases may be assessed by judges in terms of the agency's performance on how well holistic approaches are used to assist the child (e.g., how well social workers knew the child's progress in school) rather than focusing more narrowly on the federal permanency and stability measures. Some judges make decisions based on the preferences of the child, sometimes contrary to the recommendations of social workers, making it difficult to meet CFSR requirements when there is the potential for recurrence of abuse.

Challenge 3: Local demographic and system differences. In each focus group, participants repeatedly challenged the federal measures for failing to take into account the importance of demographic and other local characteristics in shaping performance on the federal measures. The majority

or these discussions fell into the following three categories: (1) specific child characteristics (e.g., age or mental health status), (2) cultural beliefs and knowledge of child welfare held by families of origin as well as adoptive and foster parents, and (3) local differences in county size and geography.

The majority of participants expressed concern that the standards for county agency performance, as measured by the CFSR performance measures, did not account for specific child characteristics and needs. Participants explained that specific child characteristics can lead social workers to make decisions that might seem unpalatable to policy makers but are influenced by the lack of viable placement options for youth. For example, the best interest of a 16-year-old child who is able to negotiate her environment in order to ensure her own safety with a non-abusive alcoholic parent may be different than the best interest of an 8-year-old where the risk of a recurrence of neglect poses a greater threat of harm.

Participants also noted that the prevalence of particular cultural beliefs and knowledge of child welfare held by families of origin as well as adoptive and foster parents presented another important factor that is not accounted for in the federal performance measures. For instance, some participants described the reluctance of family members who provide kin placements to engage in more formalized procedures to ensure a more permanent placement for the child, because they approach their roles as temporary guardians of children with the expectation that the child's parents would re-engage with their parental duties. Participants also described kin as often having a sense of entitlement to the child, believing that it preempted child welfare intervention (e.g., the reluctance of a grandmother to complete adoption paperwork because she felt that being a child's grandparent already established her legitimacy as a parent to the child).

Cultural competence is another prominent issue, particularly as it relates to matching foster and adoptive families with children. Participants explained that placement stability depends upon how well the specific needs of the child can be met by culturally competent, knowledgeable, and trained adoptive and foster families who fully understand the challenges they face with a particular child. However, participants also explained that the availability of culturally appropriate families and the resources needed to ensure placement stability were either limited or lacking in their counties. Some participants in rural counties noted that working with a large proportion of mostly Spanish-speaking migrant workers impacted the timeliness of finding stable and permanent placements because of language

and cultural barriers that slowed progress on procedural matters and impeded their understanding of how child welfare agencies operated. These participants also explained that cultural, language, and financial barriers often limited their ability to recruit foster and adoptive families from a diverse pool of potential applicants, thereby reducing the likelihood of matching children with families that were prepared to handle the array of child needs.

A final set of local factors related to a county's resources, size, and population density. For example, the recent state budget cuts are likely to diminish the level of county due diligence in assessing the risk that temporary and permanent placements for children pose for instability, reentry, recurrence of maltreatment in reunified families, or occurrence of maltreatment in foster care. Resource constraints affected the amount of staff time available for assessing individual child well-being or facilitating inter-agency collaboration (e.g., agents of the court, CalWORKs, mental health) and family involvement (families of origin, foster parents, kin, and potential adoptive parents). Participants from smaller counties suggested that their capacity to engage in these practices was affected by fewer resources in smaller economies when compared to larger counties that had more financial and human capital.

Implications for the Child Welfare Performance Measurement System

The review of 11 county SIPs and focus group discussions with representatives from five counties provide insights into how individual counties and child welfare workers respond to the federal performance measurement system. The perspectives of local child welfare staff, who are engaged in the daily practice of protecting children and responding to the federal performance measurement system, should inform efforts to improve that system. While the focus groups identified a number of specific challenges and tensions relating to the federal performance measures, they also noted that the measures provide a framework for dialogue among practitioners to critically examine their own practice and the outcomes they seek for children and families.

The county SIPs offered examples of the interaction and tensions between the accountability aims of the performance measurement system at the federal and state level and the internal performance management objectives of local county level practice. In some cases, there was clear alignment between federal and local priorities. In others, counties sought to incorporate the needs and values of local stakeholders, including substance abusing parents in

families of origin and African American family members providing kin placements. A degree of flexibility needs to be built into the federal performance measurement system in order to ensure that local values, needs, and priorities can be integrated into performance improvement efforts.

By explicitly authorizing and encouraging states and counties to incorporate locally defined goals into their system improvement efforts, the federal performance measurement system can provide the context for multiple pilot projects around the country aimed at improving outcomes for children and families. Overly rigid performance measurement systems can inhibit experimentation and lead to "ossified" systems of care (Smith, 1995, p. 284, as cited in Van Thiel & Leeuw, 2009). By maintaining rigorous standards for the evaluation of projects or programs addressing locally defined priorities, a flexible performance measurement system can help to identify new evidence based practices. Furthermore, requiring states to develop performance measures and standards to evaluate progress toward locally determined goals could provide a laboratory for measuring child and family well-being across the country. Finally, to ensure that implementing local objectives does not hinder progress being made toward ensuring safety and timely permanency, it is necessary to continue tracking these outcomes.

The findings from focus groups identified multiple themes, including: (1) the failure of the current federal performance measurement system to address child and family well-being or the engagement of essential stakeholders; (2) the competing practice demands created by existing CFSR performance measures; (3) the role of legal stakeholders in achieving timeliness of adoption or reunification; and (4) the contributions of local factors such as demographics or county size to performance outcomes.

The issues noted by child welfare workers raise a number of potential implications for child welfare practice and related research. In the absence of explicit child well-being measures, the safety and permanency measures are at risk of promoting outcomes that are inconsistent with the ASFA's goals of child safety, permanency, and well-being. Strengthening the focus on child well-being and the engagement of stakeholders will demand that child welfare staff think about children holistically by examining their experiences and outcomes in multiple domains (in addition to safety, stability, and permanency) that include education, social networks, and more fundamentally, emotional stability and connectedness. This kind of practice will demand a broader systems perspective, drawing on formal institutional entities as well as informal systems, including community, family,

and friends, to develop a strong network of support and emotional connection for the child (Wulczyn et al., 2010).

To support the shift from a sole focus on safety and permanency to an increased emphasis on well-being, research is needed to identify appropriate measures of well-being. Most notably, measuring well-being requires the child welfare system to take a longitudinal perspective by tracking outcomes for children and youth into adulthood (Hook & Courtney, 2010). Focused efforts are needed to develop workable measures of child and family well-being as a way to ensure that the performance measurement system does not give rise to a performance paradox (Van Thiel & Leeuw, 2002) in which timeliness takes precedence over child well-being or the quality of relationships among local stakeholders in the child welfare system.

Placing well-being at the center of the federal performance measurement system offers a potential remedy to the competing demands experienced by child welfare workers as they seek to balance the goals of safety, stability, and timely permanency. As focus group participants described, there are multiple instances where the federal guidelines may inhibit a decision that benefits the child. For example, a decision to move a child that exceeds the federal guideline of two moves per stay in care may promote child well-being by offering a better cultural fit. Similarly, the complex process of achieving readiness to adopt for some caregivers may dictate a slower timeline than established under the federal system, but ultimately result in permanency for the child. A performance measurement system needs to be redesigned around the central goal of child well-being in order to allow for local flexibility that benefits children in care.

Accounting for the role played by legal stakeholders in the child welfare system raises additional concerns and questions for child welfare researchers and practitioners. While child welfare staff can provide numerous illustrations of the impact of the judicial process on federally defined outcomes, a scan of the research literature reveals few studies that systematically examine this issue. Promising court improvement initiatives around the country provide opportunities to enlist judicial support for better outcomes, as well as enlarge our understanding of the ways in which the court system hinders or helps the promotion of positive outcomes for children. As a starting point, improved court-agency relations may serve to improve timeliness outcomes, enabling system level issues such as scheduling conflicts to be jointly addressed (Carnochan et al., 2007).

Finally, although the U.S. Department of Health and Human Services (U.S. DHHS) has declined to develop

risk adjustment models that would account for critical local variations in population demographics, child welfare staff participating in the focus groups provided illustrations of the potential harms to children that may result. Some described the additional time required to help non-English speaking families, whether original or adoptive, to understand the aims and requirements of the child welfare system. Failure to allow for longer timelines in these cases may result in premature TPR or the loss of potential adoptive placements. At the level of policy and practice, incentives to engage these families may be lessened, as efforts are centered on achieving the timeliness benchmarks set forth in federal regulations. To ensure that risk adjusted outcomes for certain populations do not lead to worse outcomes for these children or for all children in care, agencies must track and compare outcomes over time between populations and between locales. However, it is important to note that the effectiveness of risk adjusted measures may be limited, as Rothstein (2009) argues:

Attempts to control analyses of outputs for variation in the quality of inputs (severity of cases) can never be fully successful, because practitioners in direct contact with clients will always have insights about clients' potential that is more sophisticated than can be revealed by clients' membership in defined demographic groups. To avoid such distortion and corruption, an accountability system for child welfare services should rely on human judgment of trained professional evaluators. (p. 71)

As Rothstein argues, the assessments made by child welfare workers reflect a depth of knowledge about specific clients that broadly applied quantitative measures of performance cannot replicate.

These findings from exploratory research conducted at the local level examining agency and child welfare worker responses to the federal performance measurement system echo the arguments made by child welfare experts that the current performance measures and standards are problematic and require reform (Schuerman & Needell, 2009; Rothstein, 2009). The broad critiques articulated by Schuerman and Needell (2009) relate to: (1) variations in the state data that were used to develop the national standards, stemming from differences in policies, practice, population demographics, and other factors, (2) variations in the quality of data used by states to assess outcomes, (3) conflicts among the aims of the measures, (4) equal weighting of large and small states in developing national standards, and (5) failure

to utilize longitudinal measures to assess outcomes. Efforts to improve the current federal child welfare performance measurement system should be informed by the analyses and experiences of local child welfare practitioners as well as child welfare researchers, in order to achieve better outcomes for vulnerable children in care.

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APPENDIX

System Improvement Plans

- Alameda County (September 24, 2008) Waiver Implementation Plan/System Improvement Plan: June 2007–2010.
- Contra Costa County (September 28, 2004) System Improvement Plan.
- Marin County (June 1, 2007) Child and Family Services System Improvement Plan: June 2007–June 2010.
- Monterey County (September 27, 2004) Child and Family Services Review: System Improvement Plan: October 1, 2004–September 30, 2005.
- Monterey County (January 26, 2008) California Outcomes and Accountability System (COAS) System Improvement Plan: 2008–2010.
- Napa County (June 5, 2007) System Improvement Plan: 2007–2009.
- San Benito County (August 8, 2008) System Improvement Plan for the Period of July 1, 2008–June 30, 2010.
- San Benito County (January 2009) System Improvement Plan: Update: January 26, 2009–January 26, 2010.
- San Francisco County (April 7, 2007) AB636 Child Welfare Services System Improvement Plan: October 2007–September 2010.
- San Mateo County (March 12, 2007) California's Child and Family Services System Improvement Plan: FY 06/07–FY 08/09.
- Santa Clara County (November 9, 2006) System Improvement Plan: August 1, 2006–July 31, 2009.
- Santa Cruz County (February 15, 2008) Child Welfare System Improvement Plan: 2008–2010.
- Solano County (September 2004) Child and Family Services System Improvement Plan.
- Sonoma County (June 2008) System Improvement Plan: Update: July 2008–June 2009.