

The Breakthrough Series Collaborative

An innovative method to test and implement change in child welfare practice



2

Promising Practices

April 2006

In a Breakthrough Series Collaborative (BSC), Casey Family Programs convenes teams from around the country to address a current practice issue in child welfare.

Teams test strategies and tools on a small scale in target sites, then share lessons learned and implement the most successful strategies throughout their systems.

BSCs to date:

- Improving Health Care for Children in Foster Care
- Recruiting and Retaining Resource Families
- Differential Response
- Kinship Care
- Reducing Disproportionality and Disparate Outcomes

How can child welfare systems embrace kinship families and respond to their needs? What would a successful system of recruiting and retaining foster and resource families look like? How can institutional biases in child welfare be eradicated?

In 2001, Casey Family Programs launched its first Breakthrough Series Collaborative (BSC), an innovative model of quality improvement and systems change, to focus on prevailing issues in child welfare. Casey adapted the BSC methodology from the healthcare field; it originated with the Institute for Healthcare Improvement (IHI) and Associates in Healthcare Improvement (API) in 1995.

Casey approached IHI to learn more about its innovative method of using small, rapid tests of change resulting—ultimately—in broad, sustainable system improvements.

“IHI seemed to be about innovation,” explained Fran Gutterman, Senior Director of General Systems Improvement at Casey Family Programs. “Casey liked the idea of working from the ground up, putting innovation in the hands of people who actually do the work day to day. The BSC method of using small tests of change

was different from how large bureaucracies work.”

In 2001, Casey and IHI partnered for a BSC on improving healthcare for children in foster care. Through a competitive application process, Casey selected eight public child welfare agencies to participate. This BSC yielded significant practice improvements, and, based on the results, Casey determined that the methodology held great potential for creating system-wide improvements in many areas affecting child welfare.

How BSCs work

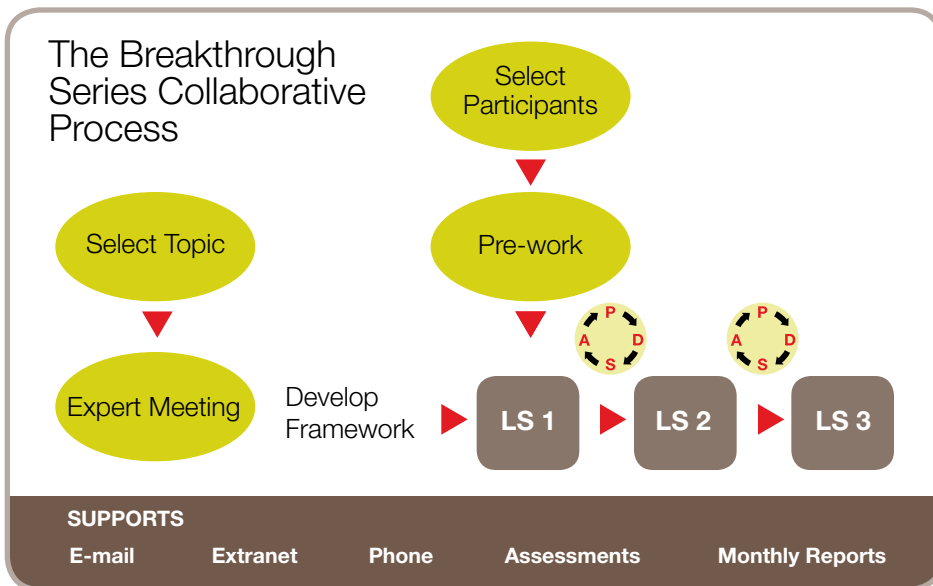
A BSC begins with the selection of a specific topic in child welfare. There must be a body of evidence supporting the need for practice improvements in the area. Examples of promising improvements must exist in current research or in the field.

Next, Casey convenes an expert panel with significant understanding and experience in the topic area to create the BSC’s Framework for Change. The framework is the central document that guides the work of the BSC teams. Casey then selects a smaller group of four to six experts as faculty to guide the ongoing work of the BSC teams.

Teams are small so they can work quickly and efficiently. Teams generally include a manager or supervisor, direct service providers or caseworkers, community partners and representatives from other systems, and at least two constituents, including an alumnus of foster care and a foster, kinship, or birth parent. Thus far, over 40 state, county, and tribally administered child welfare agencies have participated in one or more Casey BSCs.

plan and test out ideas for practice improvements and implement the most successful strategies. During the course of the BSC, teams will:

- Identify a target site, team members, and a data collection plan for testing changes
- Collaborate and share ideas for small practice improvements among teams
- Test small changes through “PDSA” (Plan, Do, Study, Act) cycles
- Document the work and measure progress
- Implement successful changes in the target site
- Spread successful changes throughout the agency



Adapted from materials provided by the Institute for Healthcare Improvement (2001)

A BSC can take up to 18 months to complete. Over that period, participants attend three learning sessions—two-day meetings that bring together teams from all jurisdictions to exchange ideas and plan the small-scale tests of change they will implement when they return to their home jurisdictions. Teams are encouraged never to plan more than they can actually accomplish. In the BSC, the phrase that captures the spirit of conducting small-scale, rapid tests of change is “What can you do by next Tuesday?”

Casey staff lead and facilitate the collaborative’s work. Faculty members guide and mentor the teams as they

“The BSC gave us new tools, like the PDSA, which helped energize our staff and made us take risks,” says Beth Brandes, Assistant Director of Catawba County North Carolina’s Department of Social Services. Brandes served as senior leader of a team participating in the Recruiting and Retaining Resource Families BSC.

“Particularly effective for bureaucratic organizations steeped in layers of planning and policy formulation, the PDSA process cuts to the chase in a constructive way,” Brandes adds. “We have internalized it in our agency culture.”

BSC teams continuously share lessons learned via a dedicated Internet site, phone conferences, e-mail, a newsletter, and learning sessions. This constant communication encourages teams to share and test one another’s successful ideas in the pursuit of promising practices.

The method has proven so successful that Casey staff have begun publishing a report at the conclusion of each BSC to describe the successful strategies and lessons learned and to encourage spread among organizations not directly participating. Free copies of the existing reports can be ordered or downloaded from the casey.org Web site.

Hot topics

After launching its initial BSC on healthcare in 2001–2002, Casey chose its second topic, recruitment and retention of resource families. In 2002–2003, the David and Lucile Packard Foundation partnered with Casey to support this BSC.

The recruitment and retention BSC included 22 state, county, and tribal teams. The Framework for Change provided eight components for the teams to explore (e.g., raising public awareness, streamlining licensing). It also identified seven measurable objectives for each team to track for monthly reporting (e.g., number of families recruited, number of siblings placed together).

In 2004–2005, Casey sponsored a BSC on kinship care. This BSC involved 26 teams from across the United States. Relatives and other significant adults in families' lives have always played a role in raising children when their parents could not care for them.

"We began to value kinship care at a different level," says Sarah Shumate, Social Work Supervisor at the Catawba County Department of Social Services, and day-to-day manager of a team for the kinship care BSC. "Because the Framework for Change laid out the vision and expectation of what kinship care should be like, we

were able to confront that and really work through it at a different level," Shumate adds.

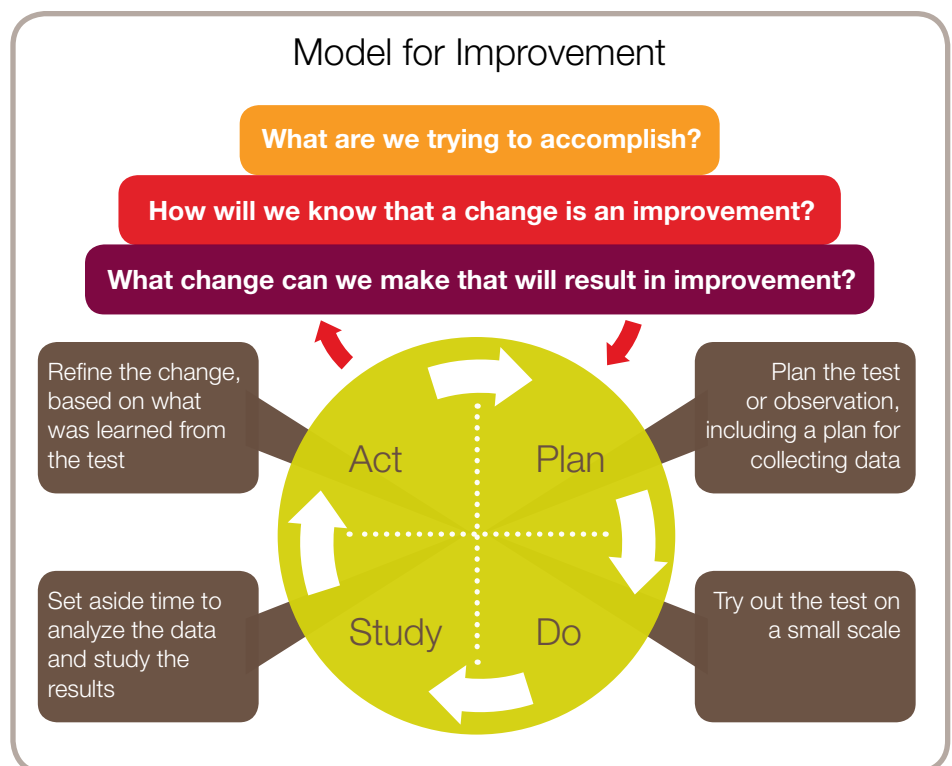
Also in 2004–2005, Casey held its first state-wide BSC on the topic of differential response. This BSC, underwritten in part by the Marguerite Casey Foundation, involved 42 California counties.

Casey is currently sponsoring the Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System BSC (2005–2006) in partnership with the Annie E. Casey Foundation, Casey Family Services, and the Center for Community Partnerships in Child Welfare.

The disproportionality BSC is addressing the pervasive problem of how, in the child welfare system, children and families of color are represented in numbers that far exceed their relative proportion within the general population. Rates of

"In the spring of 2004, we were averaging about 12% of youth in care going to first placement with kin. By January 2006, 28 to 30% of children entering care were going to first placement with kin. We now have a kinship care support group. We're also continuing to educate the court system about kinship care. If you let it, the BSC will change your practice. It's all about willingness to change."

– Sarah Shumate



OUR MISSION

Casey Family Programs provides and improves—and ultimately prevents the need for—foster care.

To learn more about this and other promising practices in child welfare, please visit our Web site at www.casey.org

Casey Family Programs
1300 Dexter Avenue North, Floor 3
Seattle, WA 98109

© 2006 Casey Family Programs.
All rights reserved.



substantiated maltreatment, entry into out-of-home care, length of stay, and many other measures are all higher for children of color than their white counterparts, while family reunification and exit rates from care are lower.



A Breakthrough Series Collaborative team from Connecticut

“I think the disproportionality BSC pushes us to address one of the most complex issues in child welfare. It is embedded in policy, practice, and certain aspects of the social environment,” says Carol Wilson Spigner, who has chaired three of the BSCs and is Associate Professor at the University of Pennsylvania’s School of Social Policy and Practice. “We’re learning a lot about how to frame the issue and how to support people in their change efforts,” Spigner adds.

In 2006, Casey plans to launch a new BSC, Improving Educational Continuity and School Stability for Children in Out of Home Care.

“Over the past four BSCs, I’ve seen an increasing ability to identify and test best practices at the line level to see what kind of impact they have on the issue that’s being addressed. The Casey staff has become more sophisticated at using data to track those changes. It’s a unique contribution.”

—Carol Wilson Spigner

Results and Systems Improvement

Although new to the field of child welfare, the BSC methodology shows significant promise for bridging the gaps between knowledge and practice.

Results from the recruitment and retention BSC include the following:

- Vermont’s target site reported a 38% increase in the number of homes for teens.
- Ramsey County, Minnesota reported a 26% increase in the number of resource families for teens, and a 24% decrease in the number of moves for all children in placement.
- Catawba County, North Carolina reported a 79% increase in the number of resource families, and a decrease in the time taken for children to be placed in kinship care.

Results from the kinship care BSC include the following:

- The kinship placement rate in Washington’s target site almost doubled—from 24% to 42% of youth in kinship placement.
- In Wyoming, the number of licensed kinship providers increased from 10 to 30, a 200% improvement.
- Within three months after using a new form that asks about relatives, an investigation unit in Arizona identified 59 potential kinship placements.

