OUTCOMES AND LESSONS LEARNED
Executive Summary

Casey’s Breakthrough Series Collaborative on Reducing Disproportionality and Disparities for Children and Families of Color in the Child Welfare System

KRISTIN J. WARD, PhD Research Analyst
Casey Family Programs
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Executive Summary

Motivated by the disproportionately high number of children of color in their systems and the desire to connect with others to raise awareness of the problem and find solutions, 13 public child welfare agencies participated in Casey Family Programs’ Breakthrough Series Collaborative on Reducing Disproportionality and Disparities for Children and Families of Color in the Child Welfare System, beginning in 2005. Throughout this publication, we refer to breakthrough series collaboratives as BSCs, and we refer to this particular BSC as the Disproportionality BSC. This executive summary highlights the main findings of the evaluation study of the Disproportionality BSC, including:

- The perceived impact of the Disproportionality BSC on the agencies and individuals who participated
- Participant satisfaction with the BSC as a process for promoting improvement and change
- Lessons learned about implementing and sustaining efforts to reduce disproportionality and disparities within the child welfare system

The BSC Methodology

The Breakthrough Series Collaborative (BSC) methodology was developed by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API) as a quality improvement method for the healthcare arena. Casey brought the BSC methodology to the field of child welfare in 2001 to support its child welfare systems improvement efforts.

In a BSC, teams from public and tribal child welfare agencies across the country rapidly test small-scale change strategies in order to improve practice in child welfare. Teams are guided by a Framework for Change and mentored by a faculty of experts in the field as they develop, test, implement, and spread change strategies using the Model for Improvement. The Model for Improvement is cyclical, based on four stages: Plan, Do, Study, Act. Because of these stages, testing is often referred to as a PDSA.

As part of the collaborative, teams from across the country share their experiences—successes and failures—over a 12–18 month period through a secure Internet site, monthly phone conferences, and a series of two-day meetings (called learning sessions). In this fashion, successful change concepts and promising approaches are spread among jurisdictions.

The Evaluation

The purpose of this evaluation is to understand the influence and perceived impact of the Disproportionality BSC at both the individual and agency target site levels. Multiple data sources were used to understand the experiences of Disproportionality BSC participants, including team applications, results from two different surveys, and qualitative interviews with key participant stakeholders.

Perceived Impact of the Disproportionality BSC

Participation in the Disproportionality BSC had an impact at both the agency and the individual participant levels. Changes at the agency level were categorized as either structural in nature (e.g., staff training) or oriented more toward direct practice (e.g., formal practice protocols or tools). Structural changes tended to dominate the work of the BSC teams.

Specifically, study participants highlighted the work they did to:
1. Engage the community and develop cross-system leadership
2. Educate staff and stakeholders
3. Engage child welfare constituents

Accordingly, participant ratings of current agency practice in these areas improved slightly by the end of the BSC. Because of the low posttest response rate and the low number of matching pretest and posttest surveys, these results must be interpreted with caution. Overall, our data suggest room for additional improvement in agency practice to reduce disproportionality.

Eighty-three percent of participant respondents said that their team successfully identified and tested concrete strategies for improvement during the Disproportionality BSC. Interview respondents spoke with pride of some of the strategies they implemented in their target sites. A subsequent final program report from Casey’s BSC staff will highlight more of the specific strategies undertaken by the teams.

Survey respondents overwhelmingly (97%) reported that their own personal awareness and understanding had increased concerning the issue of racial disproportionality and the role that structural and institutional racism play in contributing to racial disparities in the child welfare system. Interview respondents spoke about the deeper level of understanding they now possess as a result of participating in the Disproportionality BSC. They explained how this understanding led to an increased commitment to making personal changes in the way they carry out their work and the positive impact this commitment has had on children and families of color in the system.

Along with personal commitment at the individual level, organizational level commitment also increased as a result of this BSC. An abundance of evidence demonstrates team outputs and activities such as educational activities, trainings, outreach to community and cross-system leaders, and changes to organizational missions. Together, personal and organizational awareness and commitment to reducing disproportionality are fundamental building blocks of culture change and are important outcomes of the Disproportionality BSC.

There is less evidence to suggest that a high degree of formal implementation and spread of direct practice and policy changes occurred. While 70 percent of survey respondents believed that their team had successfully implemented practice change at the target site level, just 44 percent agreed that policy changes had been implemented, and only 35 percent observed that effective practice changes had been spread throughout their agencies at the conclusion of the Disproportionality BSC. The better news is that a solid majority (86%) felt strongly that their jurisdiction was committed to sustaining efforts to eliminate racial disproportionality and disparities and is poised to do so through community partnerships as a result of the BSC. Importantly, 97 percent said additional agency resources would be needed in order for BSC improvements to continue to grow and be sustained.

### Participant Satisfaction with the BSC

Participants reported a high degree of overall satisfaction with the BSC methodology, resources, and staff. Just over 90 percent of survey respondents rated the BSC as a worthwhile way for their agency to spend time and staff resources. A majority of participants believed the BSC was relevant to their work (93%), an effective way for child welfare staff to learn about a topic (87%), and an effective tool for child welfare agencies to use in order to implement practice change (76%). Interview respondents praised Casey for “lending credibility” to the idea that reducing disproportionality in child welfare is important work and then supporting agencies by
providing a concrete and practical mechanism for engaging and educating stakeholders and moving ideas to action. Casey’s Disproportionality BSC staff was recognized for providing an environment of openness and respect, as well as for being well prepared, professional, and responsive.

Learning sessions were rated as “very or extremely useful” by 94 percent of survey respondents, while interview participants concurred that the opportunity to connect and “really focus with people who have similar concerns from around the country” was “powerful.” Most participants also found the BSC faculty (73%), use of child welfare administrative data (73%), and team self-assessment data (71%) to be highly useful resources in their work. Satisfaction data indicated that greater effort could be made to encourage cross-team collaboration and the use of the BSC extranet. Respondents also expressed ambivalence concerning the usefulness of monthly all-collaborative calls and monthly reports, suggesting that these particular BSC resources could be improved.

Lessons Learned

Interview respondents provided specific recommendations about what public child welfare agencies need in order to reduce disproportionality. First, they emphasized the critical importance of having a knowledgeable and highly aware workforce, recommending that agencies build a common understanding of the problem and causes of disproportionality among their staff through training and education. A second essential piece of the work for agencies is to build critical alliances with community partners. Third, interview respondents stressed that commitment from agency leadership to a sustained, long-term effort at reduction is vital. A recurring theme among respondents was that racial disparities in the system “did not happen overnight and would not be corrected overnight.” Lastly, participants called for technical assistance, support, and strong leadership from foundations with resources—like Casey Family Programs.

Concluding Remarks and Recommendations

The Disproportionality BSC did not result in a marked reduction of racial disparity within the target sites of participating jurisdictions. According to the BSC theory of change, however, this was not an expected outcome within the study time frame. Instead, these evaluation findings lend credence to the BSC theory of change, which suggests a developmental process of change over time in the context of this BSC work. This process does not start from a foundation of evidence-based practice but instead encourages the testing of innovative ideas on a small scale.

The evaluation findings demonstrate that the Disproportionality BSC was successful in realizing its vision to engage like-minded jurisdictions, create environments for testing change strategies, develop leaders, and create community and cross-systems partnerships. As well, teams successfully increased staff and stakeholder awareness, identified agency gaps, tested improvement strategies, and began to implement some of those changes. A large majority of BSC participants were satisfied with their experience, seeing their investment of limited staff time and resources as well spent. Further, participants at all levels reported that the Disproportionality BSC was a transformative experience and came away from it even more highly motivated to commit, in both their professional and personal lives, to eradicating disproportionality and disparate outcomes for children and families of color in the child welfare system. Together, the evaluation study findings demonstrate the need for the Disproportionality BSC and its value to participants, and they indicate that something important and meaningful happened through Casey’s investment in this work.

Study findings demonstrate a need for sustained support of agencies engaged in this work. They also show a great deal of potential gain to be reaped by furthering these agencies’ local efforts. One of Casey’s goals is to safely reduce the number of children in foster care by half by the year 2020. If
stakeholders are going to be the agents of change that Casey wants and needs them to be in order to reach this goal, then we need to heed respondents’ call to lead a national movement. The following are some recommendations to this end:

- Continue supporting the original disproportionality BSC teams. To an extent, this is being done individually with former teams, but it may be worthwhile to explore ways of engaging teams again as a collective. Annual convenings or a more intensive relationship with the original participants may both have the potential for producing powerful results.

- Invest resources into conducting longer-term follow-ups to see whether initial program influences endured, grew, or vanished.

- Share and build on lessons learned from the original Disproportionality BSC jurisdictions and continue to build a national coalition by engaging new teams in a repeat-Disproportionality BSC. Find ways to include original Disproportionality BSC participants as mentors in the work in order to keep them engaged in both national and local efforts. Continue to expose child welfare agencies, their staff, and their community partners to the Undoing Racism training that was part of this BSC.

Casey may be able to maximize the potential of the BSC methodology in general and for all topic areas by considering the following recommendations:

- Lengthen the timeframe of each BSC.

- Provide a greater level of technical assistance for setting clear and specific BSC-related change goals, as well as collecting and reporting administrative data at the target site level.

- Capitalize on the identification of successful change strategies by utilizing repeat BSCs.

- Invest more in evaluation methods that will allow a better understanding of the characteristics and pathways that lead to innovation and improvement and can document long-term change.

According to the findings from this study, as well as what we have learned from more than seven years of implementing this methodology in the child welfare field, the BSC is an excellent resource for child welfare agencies and an effective way to engage them in improvement efforts that promote innovation and change.
Outcomes and Lessons Learned from Casey's Breakthrough Series Collaborative on Reducing Disproportionality and Disparities for Children and Families of Color in the Child Welfare System
Casey Family Programs’ mission is to provide and improve—and ultimately to prevent the need for—foster care. Established by UPS founder Jim Casey in 1966, the foundation provides direct services and promotes advances in child welfare practice and policy.

Casey collaborates with foster, kinship, and adoptive parents to provide safe, loving homes for youth in its direct care. The foundation also collaborates with counties, states, and American Indian and Alaska Native tribes to improve services and outcomes for the more than 500,000 young people in out-of-home care across the United States.

Drawing on four decades of front-line work with families and alumni of foster care, Casey Family Programs develops tools, practices, and policies to nurture all youth in care and to help parents strengthen families at risk of needing foster care.

For more information, contact Casey Family Programs at info@casey.org or 1300 Dexter Avenue North, Floor 3, Seattle, WA 98109.