


DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2008.04

LEARNING COLLABORATIVES

DATE: October 21, 2008
TO: Rules and Procedures Bookholders and Child Protection Staff
FROM: Erwin McEwen, Director 
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide an overview of the Learning Collaborative Model for training and implementation of trauma-informed practice.

II. PRIMARY USERS

The primary users of this policy guide are child protective service workers, child welfare workers, and purchase of service agency staff providing services to children and families.

III. BACKGROUND

The Learning Collaborative approach is a quality improvement methodology developed by the Institute for Healthcare Improvement (IHI) in 1995 and has been used in the field of health care for more than ten years. This approach is currently being used and adapted within several national initiatives within child welfare and pediatrics with proven effectiveness for delivering new knowledge to the field. The original purpose for establishing the model of a Learning Collaborative was to bridge a gap between what we know works (best practices) and what practitioners in the field struggle with in providing client services. This approach is currently used by the National Child Traumatic Stress Network (NCTSN), comprised of the leading national experts in child trauma and a range of community agencies across the U.S., as the primary and recommended method for training and supporting practitioners in best practices for child trauma.

The Learning Collaborative approach reflects the current thinking of national experts about the most effective methods for promoting implementation of trauma-focused practices, spreading best practices across multiple settings, and bringing about lasting change and improvement in practice across diverse organizations, including DCFS sites and POS agencies and their local communities



IV. DEFINITIONS

Regionally Based Learning Collaboratives: Large groups comprised of public and private child welfare agency staff and contract providers who come together 2-3 times per year for the purpose of brainstorming, sharing lessons learned, supporting and evaluating DCFS trauma-informed approved practices and programs.

Community-based Training Centers: Within each larger, regionally-based learning collaborative, there will be smaller, sub groups, called Training Centers. These will be organized to provide classroom instruction, field support and other training within a defined geographic area. Cohorts of approximately 40 private/public agency staff will attend these targeted trainings; this includes casework, supervisory, and administrative staff of the Department of Children & Family Services and private child welfare agencies.

Affinity groups, Team Pairings: Within the Training Centers, it will sometimes be beneficial to break-out into even smaller groups for meaningful dialogue and exchange of ideas. Affinity groups offer opportunities for individuals in similar roles – like caseworkers across various agencies or administrators across agencies – to come together and share challenges that are faced and brainstorm strategies or creative ways to help overcome these obstacles. Team pairings might include 2 or 3 teams from different agencies paired together. This offers structured opportunities for teams from different agencies in the same region to work together in a more focused manner on a particular issue or set of challenges and come up with ways each agency can use its particular strengths to mutually benefit the other. These will help to establish ongoing relationships in the regions outside of the learning collaborative structure.

V. GOAL

The goal of the Illinois Department of Children and Family Services Trauma- Informed Practice Learning Collaborative is to improve the quality, effectiveness, provision, and availability of trauma-informed services delivered to all DCFS children and adolescents who have experienced traumatic events.

DCFS aims to achieve this goal by improving trauma-informed engagement, assessment and intervention practices, specifically including:

- 1) the engagement of children and families as well as key stakeholders in the service planning and provision process;
- 2) providing a thorough and comprehensive assessment to guide the planning and delivery of services and monitor and evaluate outcomes of these services over time; and,

- 3) planning for, supporting, and delivering empirically-based, trauma-informed treatment and services by all DCFS professionals.

There are several important reasons for offering the Learning Collaborative approach at this stage of DCFS planning. We have gathered several lessons learned from our ongoing work with DCFS providers throughout Illinois as well as in our collaborations with national partners through the National Child Traumatic Stress Network. While many DCFS providers are getting exposure to or receiving training on a range of trauma-focused assessment, treatment, or service delivery practices through different venues, DCFS provider agencies continue to face challenges around implementing these particular practices in their settings.

We also know that many DCFS providers are struggling with challenges around implementing new practices and tools in their various agency settings and they are trying to overcome these challenges largely on their own. We recognize the need to create a forum for the exchange of experiences and ongoing feedback across agencies that will shift us away from an “expert model” and will enable the learners or practitioners in the field to become each other’s teachers through the sharing of challenges, successes and lessons learned in their implementation of these practices.

This would be an opportunity to provide alternative approaches to training and apply proven methodologies *for increasing successful implementation and adoption of trauma-focused engagement, assessment and intervention practices*. Improvements associated with the Learning Collaborative approach have the potential to propel the child welfare field forward. The training centers and collaboratives will offer a structure through which ongoing training, staff development, reinforcement and support will be provided for continuity of learning. Collaboratives will promote new practices in small, rapid cycles in order to make immediate progress towards our goals and offer ongoing opportunities to share feedback and successes in real time to further accelerate the application of new knowledge and skills within local settings and communities.

VI. ATTENDANCE

ATTENDANCE FOR ALL STAFF IS MANDATORY. Learning Collaboratives will be made up of field staff, supervisors, and administrators from the following roles:

- Foster Care
- Child Protective Services (as applicable)
- Integrated Assessment (IA)
- Child and Adolescent Youth Investment Team (CAYIT)
- Residential Providers
- Out-patient Therapy Contractors
- Administrative Case Review (ACR)
- APT
- Quality Assurance

Learning Collaboratives will be a primary method of information dissemination to the field. Staff should be present at the collaboratives for at least two important reasons:

- 1) To help shape policy and practice, and to be engaged in the ongoing conversation about policy and practice
- 2) To receive valuable training and content delivery (on trauma and child welfare practice issues), ongoing discussions with teams and exchange of ideas and strategies related to implementing policy and practice.

The learning collaborative model and training centers will not replace all other types of training. Other trainings will continue to occur in other settings (e.g., classroom and web-based trainings), however many mandatory trainings will be delivered through this model.

VII. ATTACHMENT

Attachment A: Frequently Asked Questions.

VIII. QUESTIONS

Questions concerning this Policy Guide can be directed to the Office of Training and Professional Development at 217-785-5689.

IX. FILING INSTRUCTIONS

Place this Policy Guide immediately after Administrative Procedure #7.

ATTACHMENT A

Adoption of the Illinois DCFS Learning Collaborative Model: Frequently Asked Questions

1. How will I participate in my Learning Collaborative?

Staff from the identified participating sites and agencies will attend classroom-based presentations, may also participate in video or audio presentations, and will share in field-based transfer of learning and field support activities according to their administrative level and service function. Staff will receive ongoing support and reinforcement through interface with their supervisors and ongoing conversations within their assigned learning collaboratives.

2. What will I actually be doing at my Learning Collaborative?

You will meet with your colleagues and your learning collaborative facilitator to share ideas, review challenges, brainstorm solutions, and reinforce concepts. You will also receive opportunities for training on new initiatives that strengthen your work with families. At times, you will break out into groups based on job responsibilities and talk about how the day's topic will impact the work you do.

3. Why do I have to come here?

The Department has decided that learning collaboratives will be a primary method of information dissemination to the field. You will want to be present at your collaborative for at least two important reasons:

- a) In order to shape policy and practice, you need to be engaged in the ongoing conversation, and
- b) You will be privy to valuable training and content delivery (on trauma and child welfare practice issues), ongoing discussions with teams and exchange of ideas and strategies related to implementing policy and practice.

4. Does this, participating in the Learning Collaborative trainings, replace all other trainings?

The learning collaborative model and training centers will not replace all other types of training. Other trainings will continue to occur in other settings (e.g., classroom and web-based trainings), however many mandatory trainings will be delivered through this model given the benefits noted (e.g., brings training to your home community, allows further practice and discussion of things you've learned, heard about and do on a day to day basis, etc.).

5. How does a Learning Collaborative support the ongoing learning experience?

The learning collaborative model is meant to improve the two-way communication between various roles in the system including trainer to trainee, administrator to front line staff and agency staff to department staff; help front line staff feel more supported in implementing new practice; and allow for recognition of challenges or barriers that need to be addressed or overcome so that new practices can be implemented. This process is intended to help support and reinforce all other types of training you will receive as well.

6. How will this fit in with what I do every day?

Every day you interact with children and families who have experienced trauma. The topics discussed in the learning collaborative and training centers will help staff build on and enhance their knowledge of trauma and it's application to their day-to-day child welfare practice. How to incorporate the most recent research on trauma and how to implement trauma-informed best practices will be discussed and shared. Each topic will be looked at through a trauma lens and applied more concretely to the actual experiences you encounter in your every day work with clients.

7. What about my supervisor?

Your supervisors and administrators will continue to be your primary source of guidance and support and they will be involved in guiding and directing your assignments to training centers and participation in the learning collaborative process. They will also be participating in learning collaboratives. While they might not always be in the same group as you, each collaborative will have the same learning objectives and core content guiding the teaching and discussions. Also, the ideas generated in one collaborative will be shared with other learning collaboratives, with DCFS administration and responded to by the Director. This sets in motion an ongoing feedback loop.

8. What process was used to assign me to a Learning Collaborative?

Administrators in your office were asked to register all staff for a learning collaborative. They were sent registration forms for each employee and asked to make a first, second, and third choice of site and date to attend. Every effort was made to honor each employee's first choice but to balance the enrollment it may have been necessary to utilize the employee's second or third choice. The DCFS Office of Training and Professional Development then sent a confirmation e-mail to each employee's immediate supervisor of record.

9. How often do I have to come here?

Our plan is to have consistency regarding the day and week that you will meet with your learning collaborative. For example, if your collaborative met the first time on the third Wednesday in April you will ideally convene again the third Wednesday of June, August, October, etc. We'd like this to be protected time for you. Consistency is important to make this a part of your regular routine and embedded in your day-to-day practice. Attendance is something that should be discussed with your management.

10. What about when I have to be in court?

By putting a consistent schedule in place future court dates will ideally be scheduled around learning collaborative dates. A critical part of this process will be to get court buy-in to the process. Workers will need to take an active role in requesting court dates and communications will be sent to the Courts asking them to respect workers learning collaborative dates. However, we also understand that certain absences may be unavoidable.

11. Can I go to another Learning Collaborative if I miss one of the dates for my Collaborative? Will it be different?

The participants will be different, the facilitator could be different, and specific strategies for applying concepts in each geographical region may differ but the learning objectives and core content will be the same. However, we strongly encourage participants to attend their own collaborative group as consistently as possible to develop ongoing relationships with your colleagues in these groups, create forums for peer support, and foster ongoing dialogue about implementation issues both within and outside of the context of these structured meetings.

12. Will I receive training credit (or Continuing Education Units (CEUs)) for participating in learning collaboratives?

Yes. CEUs will be given each time staff attend a training that is held at the Training Center in their collaborative. The number of CEU's will depend on the number of hours of the Training.

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