



## Practice Model Survey Results Report

Since 2007, findings from eight comprehensive studies of Colorado's child welfare system have indicated that systematic improvements are needed in the areas of accountability, clarity and consistency of expectations, use of data driven decisions and practice, training and support of direct practice personnel, and relationships with stakeholders. The Colorado Department of Human Services Division of Child Welfare Services (CDHS-DCWS) is working with the Mountains and Plains Child Welfare Implementation Center (MPCWIC) on a three-year implementation project to explore and define a Colorado practice model and implement specific practice strategies that are directed towards improved outcomes in the areas targeted for improvement.

As part of the Colorado Practice Initiative (CPI) to address these concerns, the practice model Survey was developed by the CPI Evaluation Workgroup for the purpose of gathering information from county child welfare staff about the most important components of their practice with children and families. The practice model Survey results were intended to be used by the CPI Practice Model Workgroup (PMW) as they begin their work in developing a framework for Colorado's practice model. The survey is one of many tools that will be used to gather important practice information from county staff and stakeholders over the next several months. The PMW will be reviewing these survey results as well as other practice model frameworks in their upcoming model development work. The Colorado Department of Human Services Division of Child Welfare and the Mountains and Plains Child Welfare Implementation Center are partnering in this survey effort.

### Practice Model Survey

#### Distribution:

The practice model Survey was launched on June 11, 2010 and closed on July 2, 2010 (open for three weeks). The survey was administered online through the Qualtrics® program. (See Appendix A for the full survey)<sup>1</sup> County Directors were sent an email with an attached child welfare staff introductory email and survey link and asked to send the email to their child welfare staff. Distribution to County Directors was initiated through the County Social Services Director Association (CSSDA). Several reminders to distribute the email and survey link were sent to Directors over the course of the three weeks that the survey was open.

#### Respondents:

Across the state, 604 child welfare staff completed the survey. Of these, the majority of respondents were from large counties representing 59% of responses, 27% were from medium size counties, and 13% were from small size counties. Respondents also provided current job position information. The

<sup>1</sup> Full report is available on the CPI website, <http://www.cdhs.state.co.us/childwelfare/CPI.htm>

majority of respondents were caseworkers and supervisors (59% and 18% respectively). Directors, program managers and administrators made up 9% of respondents, and case aids/others made up 14% of respondents.

Respondents generally had substantial child welfare experience, with 44% indicating that they had more than 10 years of experience, 25% indicating 5 to 10 years experience, and 32% indicating zero to five years of experience.

**County Size (n = 604)**

Small	Medium	Large
13.4% (n = 81)	27.3% (n = 165)	59.3% (n = 358)

**Respondent Job Positions (n = 604)**

Administrator	Director/Program Manager	Supervisor	Caseworker	Case Aid	Other
5.6% (n = 34)	3.3% (n = 20)	17.5% (n = 106)	59.3% (n = 358)	6.0% (n = 36)	8.3% (n = 50)

**Years of Experience in the Child Welfare Field (n = 604)**

0 to 5 years	5 – 10 years	More than 10 years
32.0% (n = 193)	24.5% (n = 148)	43.5% (n = 263)

## Practice Model Survey Results

Respondents were provided with background information that included a practice model definition and were then asked to answer a series of questions about practice model components. The following information was in the introduction to the survey.

- **What is a practice model?** A practice model includes the vision, mission, core values, beliefs, principles, and standards of practice that guide what child welfare and its partners do to achieve safety, permanency, and well being for the children of Colorado with clear measurable outcomes.
- A practice model often includes a formal plan on “how to practice.”

### Practice Model Components Ratings:

Respondents were asked to rate each practice model element listed below (see Table 1) to indicate whether each item was a strength, was adequate, or needed improvement in their own county. Generally, respondents rated the first element, core principles, agency values and standards of professional practice, as a strength or adequate for their county (mean = 2.37; see Table 1). The majority of respondents rated strategies and functions to achieve those core principles, values, and practice standards as adequate (mean = 2.05), although 31% rated this element as a strength as well. County planning to assess service needs and engage families was also primarily rated as adequate or as a strength (mean = 2.15). Respondents indicated that measuring county outcomes was a practice model area needing some improvement. Having strategies to measure both family outcomes, and agency and worker outcomes, was rated primarily as adequate or needing improvement (mean = 1.85 & mean = 1.77 respectively). Respondents rated their counties’ plans for measuring and sustaining organizational success and supporting organizational and practice changes as only adequate or needing improvement

(mean = 1.82 and mean = 1.80 respectively). The majority of “other” practice model elements that respondents mentioned fell into the category of needing improvement (mean = 1.73). Common “other” elements mentioned included workload, accountability, and consistency.

**Table 1: Ratings of Practice Model Elements in Respondent’s own County**

<b>IN MY COUNTY ...</b>	<b>Mean (Standard Deviation)</b>	<b>Needs improvement (1)</b>	<b>Is adequate (2)</b>	<b>Is a Strength (3)</b>
Core principles, agency values, and standards of professional practice ( <i>n</i> = 664)	2.37 (.73)	14.6% (97)	34.0% (226)	51.4% (341)
Strategies and functions to achieve the core principles, agency values, and standards of professional practice ( <i>n</i> = 662)	2.05 (.76)	26.6% (176)	41.7% (276)	31.7% (210)
Plan for assessing service needs and engaging families ( <i>n</i> = 657)	2.15 (.77)	23.3% (153)	38.7% (254)	38.1% (250)
Strategies to measure family outcomes ( <i>n</i> = 629)	1.85 (.74)	35.5% (223)	43.7% (275)	20.8% (131)
Strategies to measure agency and worker outcomes ( <i>n</i> = 629)	1.77 (.75)	41.8% (263)	39.3% (247)	18.9% (119)
Plan for measuring and sustaining organizational success ( <i>n</i> = 613)	1.82 (.75)	39.0% (239)	40.0% (245)	21.0% (129)
Plan for supporting organizational and practice change ( <i>n</i> = 619)	1.80 (.77)	42.0% (260)	36.2% (224)	21.8% (135)
Other ( <i>n</i> = 56)	1.73 (.82)	50.0% (28)	26.8% (15)	23.2% (13)

After rating their own county, respondents were asked to rate the practice model elements for the state. (CDHS and the Division of Child Welfare Services). Again, respondents were asked to indicate whether each item was a strength, was adequate, or needed improvement in the state of Colorado. Generally, respondents rated practice model elements *lower* for the state of Colorado than for their own counties (see Table 2). The majority of respondents rated 4 of the 7 elements as needing improvement. The highest rating was for the state’s core principles, agency values and standards of professional practice (mean = 1.87). The lowest rating was for the state’s plans for supporting organizational and practice change (mean = 1.49). Other practice model elements mentioned by respondents primarily fell into the needing improvement category (mean = 1.41), and generally addressed issues of retention and communication with counties.

**Table 2: Ratings of Practice Model Elements in State of Colorado**

<b>IN THE STATE OF COLORADO. . .</b>	<b>Mean (Standard Deviation)</b>	<b>Needs improvement (1)</b>	<b>Is adequate (2)</b>	<b>Is a Strength (3)</b>
Core principles, agency values, and standards of professional practice ( <i>n</i> = 537)	1.87 (.67)	30.2% (162)	53.1% (285)	16.8% (90)
Strategies and functions to achieve the core principles, agency values, and standards of professional practice ( <i>n</i> = 519)	1.68 (.67)	43.2% (224)	45.5% (236)	11.4% (59)
Plan for assessing service needs and engaging families ( <i>n</i> = 516)	1.65 (.68)	46.9% (242)	41.3% (213)	11.8% (61)
Strategies to measure family outcomes ( <i>n</i> = 503)	1.57 (.64)	50.9% (256)	41.2% (207)	8.0% (40)
Strategies to measure agency and worker outcomes ( <i>n</i> = 503)	1.50 (.60)	55.7% (280)	38.8% (195)	5.6% (28)
Plan for measuring and sustaining organizational success ( <i>n</i> = 478)	1.50 (.61)	56.1% (268)	37.7% (180)	6.3% (30)
Plan for supporting organizational and practice change ( <i>n</i> = 479)	1.49 (.62)	57.6% (276)	35.7% (171)	6.7% (32)
Other ( <i>n</i> = 59)	1.41 (.65)	67.8% (40)	23.7% (14)	8.5% (5)

**Practice Model Components Rankings:**

**Practice Principles:**

Respondents were asked to select the top 3 practice principles from a list of principles according to their importance in defining Colorado’s practice model. Out of the six practice principles listed the majority of respondents ranked protection (90%), permanency (72%) and professional competence (49%) as the top 3 most important practice principles in defining Colorado’s practice model (see Table 3). Other important practice principles were partnership (32%) and organizational competence (28%).

**Table 3: Practice Principles (*n* = 622)**

<b>Practice Principles</b>	<b>Number of Responses</b>	<b>Percentage Of Respondents</b>
Protection	561	90%
Permanence	448	72%
Cultural Responsiveness	126	20%
Partnership	202	32%
Organizational Competence	179	28%
Professional Competence	307	49%
Other	43	7%

**Table 4: Skills** (*n* = 622)

Skills	Number of Responses	Percentage Of Respondents
Engaging	378	60%
Teaming	190	31%
Assessing	356	57%
Planning	182	29%
Intervening	127	20%
Monitoring	121	19%
Coordinating	220	35%
Supervising	106	17%
Evaluating	158	25%
Other	28	5%

listed, the majority of respondents ranked child safety (96%), child permanency (84%) and child well-being (77%), consistency in practice (56%), and competence (54%) as the top 5 most important outcomes in terms of their importance to evaluating of a practice model (see Table 5). Other outcomes rated important were family satisfaction (32%), and organizational collaboration (28%). Respondents mentioned a variety of “other” outcomes including using integrated case plans, families feeling respected, and having a diverse workforce.

## Open Ended Questions

An important purpose of the practice model survey was to gather information from counties about what child welfare staff perceived to be the major strengths and challenges of their current practice. In addition, as the PMW begins its work, it would be essential to hear from child welfare staff across the state regarding what they feel is important to for the PMW to keep in mind as they proceed in their development work. Towards that end, three open ended questions listed below were included in the practice model survey:

- In your opinion what are the strengths of your county’s current practice?
- What are some of the challenges that your county faces in conducting your current practice?
- What else would you like the Practice Model Workgroup to remember as they start to develop Colorado’s practice model?

### Practice Skills:

Respondents were asked to select the top 3 skills from a list of practice skills according to their importance in doing their job. Out of the nine skills listed respondents ranked engaging (60%), assessing (57%) and coordination (35%) as the top 3 most important skills they needed to do their jobs (see Table 4). Other top skills were teaming (31%), planning (29%) and evaluating (25%). The most commonly mentioned “other” skills were organizational and multi-tasking skills.

### Outcomes:

Respondents were asked to select the top 5 outcomes from a list of outcomes in terms of their importance to evaluating a practice model. Out of the ten outcomes

**Table 5: Outcomes** (*n* = 619)

Outcomes	Number of Responses	Percentage Of Respondents
Child Safety	595	96%
Child Permanency	523	84%
Child Well-Being	476	77%
Family Satisfaction	200	32%
Cultural Responsiveness	169	27%
Using data in decision making	98	16%
Organizational collaboration	173	28%
Consistency in practice	349	56%
Competence	333	54%
Professionalism	153	25%
Other	26	4%

## Method of Analysis

A content analysis was conducted on the responses to the three open ended questions. The raw data for these analyses were the individual comments given by each respondent who chose to answer each of the three questions. There were a total of 120 pages of responses to the three questions. Atlas.ti qualitative data analysis software was utilized to conduct the content analysis.

Each respondent's individual response to each question was coded into categories according its content. An individual response could contain more than one sentence, statement and/or topic, and therefore could be coded into multiple coding categories depending on the content. There were 36 categories into which responses could be coded (see Appendix B: Category Definitions & Example Quotes). Category definitions were developed from the primary domains of a Comprehensive Organizational Health Assessment (COHA) developed by the University of Denver-Butler Institute for Families for assessment of the organizational health of child welfare agencies. Some domains were dropped or added to the COHA domains during the conceptualization of the practice model survey coding design. Inter-rater reliability checks were conducted during the coding process. After all responses were coded, frequency counts of categories by primary state and county demographics were conducted. Primary demographics included county size, and staff position. The total number of comments coded was 2,828.

In the tables below, the rankings for the top five categories for the whole state, for counties by size, and for child welfare staff position are illustrated (see Appendix C: State & County Frequencies for the full list of categories and frequencies). Rankings were determined by calculating the highest frequency of coded comments in each category. For both the statewide and county frequencies, approximately 50% of the total number of coded comments fell into the top five categories.

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*Partnership Strength Comment:*

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*"Our County collaborates well with other agencies in the community. They support the individual workers and teams."*

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## County Reported Strengths

Across the small, medium and large counties the top five strengths rankings based on frequency of coded responses were partnerships, family engagement, innovation, individualized care, and safety, in that order. Partnerships comments were in the top five strengths rankings for both the state and counties (see Table 6). Individualized care was ranked in the top five strengths by the state, and medium and large sized counties, as was maintaining safety. Medium and small size counties both had similar rankings for the top two strengths categories, partnerships and team cohesion, and both ranked consistency as a top strength (3<sup>rd</sup> and 5<sup>th</sup> respectively).

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*Small County Strength Comment:*

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*"As a small community, I believe our county has the opportunity to connect with our families more than other larger counties."*

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For large counties the ranking order for the top five categories was: family engagement, innovation, partnerships, individualized care and safety. Small counties ranked their size as a strength.

**Table 6: Top Strengths Statewide & by County Size**

In your opinion what are the strengths of your county's current practice?				
	Small Counties	Medium Counties	Large Counties	Statewide
Consistency	⊘	⊙		
County Size	⊙			
Family Centered	○			
Family Engagement			●	⊙
Individualized Care		⊘	○	○
Innovation			⊙	⊙
Partnerships	●	●	⊙	●
Safety		○	⊘	⊘
Team Cohesion	⊙	⊙		

**Rankings**

- #1
- ⊙ #2
- ⊘ #3
- #4
- ⊘ #5

**County Reported Challenges**

There was substantial agreement about top challenges based on the frequency of coded comments (see Table 7). Four of the top five challenges categories were similar across the counties. Workload was in the top two for all counties, followed by resources, consistency, and budget and fiscal concerns.

In addition, staffing, which included comments about high turnover and lack of staff, ranked in the top five for medium and large counties.

**Table 7: Top Challenges Statewide & by County Size**

What are some of the challenges that your county faces in conducting your current practice?				
	Small Counties	Medium Counties	Large Counties	Statewide
Budget/Fiscal Concerns	○	⊘	⊙	⊘
Consistency	⊙	⊙	○	⊙
County Size	⊘			
Resources	●	●	⊘	⊙
Staffing		○	⊙	○
Workload	⊙	⊙	●	●

Consistency Challenge Comment:

“Lack of consistency - inter and intra county - in investigations, assessment, threshold, findings, institutional investigations.”

**County Reported “Things to Remember”**

Again, there was much agreement among rankings among different size counties on “things to remember” when working on Colorado’s practice model. Workload and consistency were among the top five rankings (see Table 8). Resources were ranked in the top three by small and medium size counties, and individualized care was the 5<sup>th</sup> ranked issue to remember by both small and medium counties. Both inclusivity and training and professional development issues ranked high for large counties as an important issue to remember when working on Colorado’s practice model, and small counties ranked their size as an issue to remember. Both medium and large counties ranked state-county relationships high as well.

*Inclusivity “Things to Remember” Comment:*

*“If the practice model will be for everyone, even if everyone doesn’t get to participate in the development (of course), then everyone should be allowed to know what the progress is and what is happening.”*

**Table 8: Top Categories “Things to Remember” by Statewide & by County Size**

What would you like the Practice Model Workgroup to remember as they start to develop Colorado’s practice Model?				
	Small Counties	Medium Counties	Large Counties	Statewide
Consistency	●	●	●	●
County Size	●			
Inclusivity			●	○
Individualized Care	○	○		○
Other			●	
Resources	●	●		○
State-County Relationship		○	○	○
Training & Professional Development			○	●
Workload	○	●	●	●

**Rankings**

- #1
- #2
- #3
- #4
- #5

*Team Cohesion Strength Comment:*

*In the intake caseworker and on-going caseworker teams, we support each other and help each other all the time.*

**Staff Reported Strengths**

When analyzing strengths rankings by staff position, based on the frequency of coded responses, partnerships and family engagement ranked in the top five for all staff positions. For coded caseworker comments, partnerships and family engagement were tied for the top ranking (see Table 9). Innovation, individualized care and maintaining safety ranked as top strengths for supervisors, caseworkers, and other staff; and team cohesion was a top strength for both caseworkers and other staff. For other staff, team cohesion and innovation were tied for the top ranked strength, partnerships and safety were tied for the 2<sup>nd</sup> ranked strength, and family engagement and commitment were tied for the 3<sup>rd</sup> ranked strength.

**Table 9: Top Strengths by Position**

In your opinion what are the strengths of your county's current practice?				
	Management	Supervisor	Caseworker	Other
Commitment	○			⊙
Consistency	●			⊘
Family Centered			⊘	
Family Engagement	⊙	●	●	⊙
Individualized Care		⊘	●	○
Innovation		⊙	○	●
Other	⊘			
Partnerships	●	●	●	●
Safety		○	⊙	●
Team Cohesion			○	●

Rankings	
●	#1
●	#2
⊙	#3
○	#4
⊘	#5

**Staff Reported Challenges**

There was substantial consistency among the top five challenges rankings for the four staff positions (see Table 10). Four challenge categories all rated in the top five for all staff positions: workload, resources, budget/fiscal concerns, and staffing. State – county relationships stood out as a top ranked challenge for management, and organizational culture was ranked high as a challenge for supervisors. Consistency ranked in the top five challenges for both caseworkers and other staff.

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*Organizational Culture Challenge Comment:*

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“...an unprofessional and negative workplace culture, defensiveness amongst line staff, supervisors, administrators.”

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**Table 10: Top Challenges by Position**

What are some of the challenges that your county faces in conducting your current practice?				
	Management	Supervisor	Caseworker	Other
Budget/Fiscal Concerns	○	●	⊘	●
Consistency			⊙	⊘
Organizational Culture		⊘		
Resources	●	●	●	○
Staffing	⊙	○	○	⊙
State-County Relationship	⊘			
Workload	●	⊙	●	●

**Rankings**

- #1
- #2
- ⊙ #3
- #4
- ⊘ #5

**Staff Reported “Things to Remember”**

There was good agreement among all staff on the top five “things to remember” when working on Colorado’s practice model. Workload ranked as either the first or second top issue to remember, based on frequency of coded comments, by all staff positions (see Table 11). Consistency was ranked first by management, second by caseworkers and third by both supervisors and other staff as an important issue to remember when working on the practice model. For management, state –county relationships and consistency were ranked equally for the top issue to remember, and resources and training and professional development were tied for the third ranking issue to remember. Training and professional development was also a top issue to remember for caseworkers and other staff.

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*Training & Professional Development “Things to Remember” Comment:*

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“Better overall training for workers that includes curriculum that can be used to “deepen the learning” by equipping supervisors with curriculum, training, and tools to help with application back at the office. Training Academy is great for new workers, but doesn’t provide what is needed to support seasoned workers in continued growth.”

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**Table 11: Top Categories to Remember by Position**

What would you like the Practice Model Workgroup to remember as they start to develop Colorado's practice Model?				
	Management	Supervisor	Caseworker	Other
Consistency	●	⊙	⊙	⊙
Family Engagement		⊘	⊙	
Inclusivity		⊙		
Individualized Care		○	⊘	⊘
Other				●
Resources	⊙		⊙	
State-County Relationship	●			
Training & Professional Development	⊙		○	○
Workload	⊙	●	●	⊙

Rankings	
●	#1
⊙	#2
⊙	#3
○	#4
⊘	#5

**Conclusion**

Overall, the practice model survey ratings, rankings and open ended questions results provide valuable information about how county staff across the state of Colorado view their current practice, as well as their concerns about what the Practice Model Workgroup should remember as they embark on the model development work. Examining the frequency of comments made by county size and staff position can begin to give a snapshot of child welfare staff perspectives, and is only one step in an ongoing process of gathering feedback and input while building Colorado's practice model. It is important to remember that the survey results are not representative of the entire state of Colorado or of small, medium or large counties. These results are intended to inform the work of the Practice Model Workgroup as a first look at child welfare staff perspectives across the state.

## APPENDIX A: COLORADO PRACTICE MODEL SURVEY

### Survey Introduction

Thank you for participating in this 10 minute survey about Colorado Practice Initiative in Child Welfare. This survey is intended to help us to understand the most important components of your practice with children and families. The survey is **completely confidential** and the results will be combined and summarized into a report that will be used as the building blocks of Colorado's statewide practice model development process. This summary information will be provided to a workgroup that will include state and county staff, stakeholders and consumers, who will begin to develop a Colorado practice model. You will be hearing more from this group in August 2010, when they will be talking to staff in different regions of the state about Colorado's practice model.

The **CDHS Division of Child Welfare and the MPCWIC** are partnering in this survey effort. If you have any questions about this survey, please feel free to call Julie Morales at the Butler Institute for Families at the University of Denver at 303-871-4873.

### Background:

#### What is a practice model?

A practice model includes the vision, mission, core values, beliefs, principles, and standards of practice that guide what child welfare and its partners do to achieve safety, permanency, and well being for the children of Colorado with clear measurable outcomes.

#### Why do we need a practice model?

Since 2007 eight comprehensive studies of the child welfare system in Colorado found that we need to improve in the areas of accountability, clarity and consistency in expectations, use of data driven decisions and practice, training and support of direct practice personnel, and relationships with all stakeholders.

**Over the next 6 months the Practice Model (PM) Workgroup will be reviewing practice models in the state of Colorado and across the country.**

**Please answer the following questions to help the PM Workgroup in their work:**

1. A practice model often includes a formal plan on "how to practice". We have listed several common elements of a practice model below. Please rate each element to indicate if each one: is a strength, is adequate, or needs improvement, FOR YOUR COUNTY.

In my county ...	Is a strength	Is adequate	Needs improvement	Don't know
Core principles, agency values, and standards of professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies and functions to achieve the core principles, agency values, and standards of professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan for assessing service needs and engaging families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to measure family outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to measure agency and worker outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for measuring and sustaining organizational success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for supporting organizational and practice change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Now we would like to hear what you think about CDHS and the Division of Child Welfare and their practice model. Please rate each element to indicate if each one: is a strength, is adequate, or needs improvement FOR THE STATE OF COLORADO.

In the state of Colorado ...	Is a strength	Is adequate	Needs improvement	Don't know
Core principles, agency values, and standards of professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies and functions to achieve the core principles, agency values, and standards of professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for assessing service needs and engaging families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to measure family outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to measure agency and worker outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for measuring and sustaining organizational success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for supporting organizational and practice change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the TOP 3 **Practice Principles** in terms of their importance to you in defining Colorado's practice model.

Practice Principles	Select 3
Protection	<input type="checkbox"/>
Permanence	<input type="checkbox"/>
Cultural Responsiveness	<input type="checkbox"/>
Partnership	<input type="checkbox"/>

Organizational Competence	<input type="checkbox"/>
Professional Competence	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

4. Please select the TOP 3 **Skills** that you need to do your job.

Skills	Select 3
Engaging	<input type="checkbox"/>
Teaming	<input type="checkbox"/>
Assessing	<input type="checkbox"/>
Planning	<input type="checkbox"/>
Intervening	<input type="checkbox"/>
Monitoring	<input type="checkbox"/>
Coordinating	<input type="checkbox"/>
Supervising	<input type="checkbox"/>
Evaluating	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

5. Please select the TOP 5 **Outcomes** in terms of their importance to evaluating a practice model.

Outcomes	Select 5
Child Safety	<input type="checkbox"/>
Child Permanency	<input type="checkbox"/>
Child Well-Being	<input type="checkbox"/>
Family Satisfaction	<input type="checkbox"/>
Cultural Responsiveness	<input type="checkbox"/>
Using data in decision making	<input type="checkbox"/>
Organizational collaboration	<input type="checkbox"/>
Consistency in practice	<input type="checkbox"/>
Competence	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

6. In your opinion what are the strengths of your county's current practice?

7. What are some of the challenges that your county faces in conducting your current practice?

8. What else would you like the Practice Model Workgroup to remember as they start to develop Colorado's practice model?

9. Please indicate the size of your county:

- Small
- Medium
- Large

10. Please indicate your position in your agency:

- Administrator
- Program Manager
- Supervisor
- Caseworker
- Case Aide
- Other: \_\_\_\_\_

11. Please indicate the number of years of experience you have in the field.

- 0 to 5 years
- 5-10 years
- More than 10 years

## APPENDIX B: CATEGORY DEFINITIONS & EXAMPLE QUOTES

There were 36 categories into which responses could be coded. Category definitions were developed from the primary domains of a Comprehensive Organizational Health Assessment (COHA) developed by the University of Denver-Butler Institute for Families for assessment of the organizational health of child welfare agencies. Some domains were dropped or added to the COHA domains during the conceptualization of the practice model survey coding design.

CATEGORY (Definition)	EXAMPLE QUOTATIONS
<b>Budget/Fiscal Concerns</b> <i>(Covers pay, benefits)</i>	<ul style="list-style-type: none"> <li>• The county has very little financial resources to pay for the extra cost of not having resources in the immediate vicinity.</li> <li>• Budget deficits that reduce the workforce, reduce opportunities for training, and reduce incentive pay</li> <li>• I guess it ALL boils down to MONEY. Money for staff, money for local training, money for services i.e. Drug/Alcohol, Specialized Therapies, Creative Kin placements, etc.</li> <li>• Paying for client's needed services, while still holding them accountable through a fee assessment.</li> </ul>
<b>Burnout</b> <i>(Mention of burnout)</i>	<ul style="list-style-type: none"> <li>• Avoiding worker burnout and losing experienced, expert workers due to the ever-increasing demands created by Federal and State rules. We truly believe that children and families are most important, but it feels like we are only judged by the documentation we complete.</li> <li>• Caseworkers are key and not as replaceable as managers seem to think. They need much support and education to remain on the job instead of burning out!</li> </ul>
<b>Change</b> <i>(Readiness for change)</i>	<ul style="list-style-type: none"> <li>• Not enough communication with all the changes that are currently happening.</li> <li>• The county is going through numerous organizational changes. It is still unsettled and caseworkers feel unsure of the future at times.</li> <li>• The new requirements are coming out so fast and so frequently that it is nearly impossible to manage the constant change in expectations for which we are not trained in any sort of timely, adequate or planned way.</li> </ul>
<b>Commitment</b> <i>(Commitment to values, buy in)</i>	<ul style="list-style-type: none"> <li>• I believe that our county has some very competent, committed caseworker's. They are committed to doing a good job</li> <li>• Lack of Caseworker buy in for particular practices (i.e., referring parents to our Parent Orientation process, doing family team meetings, following through with searching out relatives, talking with foster and bio parents about meeting through a structured icebreaker).</li> </ul>
<b>Communication</b> <i>(Mention of communication issues)</i>	<ul style="list-style-type: none"> <li>• have good communication both within our agency and with our community partners</li> <li>• The challenge continues to be communication and agreement between this agency and corresponding entities.</li> </ul>

CATEGORY (Definition)	EXAMPLE QUOTATIONS
<p><b>Consistency</b> <i>(Mention of standards, protocols, assessments, expectations, shared vision, mission)</i></p>	<ul style="list-style-type: none"> <li>• The lack of consistency from the state in regards to what it expects IE In trainings and evaluations the county is often given contradictory information on what the state wants.</li> <li>• Professionals with a similar focus and goal working to improve outcomes for clients.</li> <li>• I believe that our county tries to have a consistent practice between all of the members of the Department.</li> </ul>
<p><b>County Size</b> <i>(Mention of benefits/detriments to being a small county)</i></p>	<ul style="list-style-type: none"> <li>• Over looking and failing to address small county issues in core training.</li> <li>• Small, rural environment lends ability to know family and their histories.</li> </ul>
<p><b>Cultural Competence</b> <i>(Mention of cultural competence)</i></p>	<ul style="list-style-type: none"> <li>• We are a team and we practice respect for families and their cultural differences.</li> <li>• Often it's made harder to follow the current model if one has differences such as culture or disability.</li> <li>• lack of culturally appropriate services, lack of cultural awareness and responsibility</li> </ul>
<p><b>Data Driven</b> <i>(Mention of using data to make decisions)</i></p>	<ul style="list-style-type: none"> <li>• Our staff is held accountable for important outcomes for families such as safety, self sufficiency</li> <li>• Need more automation and technology in data collection and tracking and in use for the family's needs</li> </ul>
<p><b>Family Centered</b> <i>(As a practice principle)</i></p>	<ul style="list-style-type: none"> <li>• Very family driven with a focus of using the expertise of the family in making decisions.</li> </ul>
<p><b>Family Engagement</b> <i>(Engaging with families (behavioral), families and youth work in partnership regarding their case plan)</i></p>	<ul style="list-style-type: none"> <li>• It is important that case workers spend as much time possible face to face with kids and families so to meet their needs effectively.</li> <li>• We are great at getting the family involved and developing a strong relationship with the family.</li> <li>• Create more teaming with families at the beginning of cases instead of waiting until there is a need to transfer a case.</li> </ul>
<p><b>Generalist vs. Specialized</b> <i>(Mention of Generalist vs. Specialized worker issues)</i></p>	<ul style="list-style-type: none"> <li>• It is hard to be generalists because of how much time you spend figuring out how to complete state requirements like MOE eligibility, IVE eligibility and many other details that larger counties can delegate to experts.</li> <li>• Generalist Workers have to be experts in many areas</li> </ul>
<p><b>Inclusivity</b> <i>(Inclusive organizations have diverse individuals involved and are learning-centered organizations that value the perspectives and contributions of all people, and they incorporate the needs, assets, and perspectives of communities of color into the design and implementation of universal and inclusive programs. Inclusive organizations recruit and retain diverse staff and volunteers to reflect the racial and ethnic composition of the communities they serve. [Adapted from Denver Foundation.]</i></p>	<ul style="list-style-type: none"> <li>• Staff are told not to talk with upper management and this creates division.</li> <li>• Talk to the people who do the work every day when making organizational and structural change; decisions made at a state level with no regard for communities' needs will not improve a system.</li> </ul>

CATEGORY (Definition)	EXAMPLE QUOTATIONS
<p><b>Individualized care</b> <i>(Individualized strengths-based care acknowledges each child and family's unique set of strengths and challenges. Formal and informal supports are used to create services and supports for each child and family (rather than families "fitting in" to preexisting service structures). Issues of culture, gender, age, religious background, and class are addressed in the individualized plan of care. The plan changes frequently based on ongoing individualized assessments of strengths and needs [from Guiding Principles of Systems of Care: Individualized Strengths-Based Care; Child Welfare Information Gateway])</i></p>	<ul style="list-style-type: none"> <li>• We need more treatment modalities that work toward individualizing each treatment plan that identify specific treatment goals and can measure when they have been achieved adequately.</li> <li>• Careful, thoughtful practice. We think about how a decision may set precedence for future practice.</li> <li>• Finding more natural connections in the community that will assist families to become self-sufficient and safe.</li> </ul>
<p><b>Innovation</b> <i>(Mention of innovation)</i></p>	<ul style="list-style-type: none"> <li>• able to think out of the box in order address the community needs with little resources.</li> <li>• Encouraging caseworkers to build on family strengths and think outside of the box in terms of case management</li> <li>• Staff who are reactive and fear based, forget to look outside the box and partner with others</li> </ul>
<p><b>Leadership</b> <i>(Leadership is a process by which a person (at any level of the organization) influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. Leaders carry out this process by applying their leadership attributes, such as beliefs, values, ethics, character, knowledge and skills.)</i></p>	<ul style="list-style-type: none"> <li>• We have a very strong director in place who is able to listen, draw appropriate boundaries and still be very approachable with ideas, problems and questions.</li> <li>• A lot of staff are frustrated with the way higher management treats and respects them and don't feel valued.</li> <li>• Leadership needs to review constructive ways to increase our workforce to cover the demands of the day.</li> </ul>
<p><b>Organizational Culture</b> <i>(Collective understanding of "how things are done" within the organization (hierarchical, etc.))</i></p>	<ul style="list-style-type: none"> <li>• Too often in this field of work, we are consumed with fear-based practice.</li> <li>• An unprofessional and negative workplace culture, defensiveness amongst line staff, supervisors, administrators</li> <li>• We have workers who really care; there is a significant amount of expertise at the Department</li> </ul>
<p><b>Other</b> <i>(Things that cannot be coded to the other categories)</i></p>	<ul style="list-style-type: none"> <li>• Weak understanding of legalities</li> <li>• My thoughts on sabbatical is not just about taking time off, but more so to take time off to study, explore or research a child welfare topic with an ultimate goal of expanding the knowledge base of the field</li> </ul>
<p><b>Partnerships</b> <i>(Within agency, with community providers/organizations)</i></p>	<ul style="list-style-type: none"> <li>• The judge is often a barrier to quick return home time causing the case to stay open longer than necessary.</li> <li>• Every organization involved with our county seek the same practice, to collaborate to a safe and child friendly atmosphere without child violence.</li> <li>• There is a communication between Child Protection units and involved community members, which promotes full understanding of family members.</li> </ul>

CATEGORY (Definition)	EXAMPLE QUOTATIONS
<b>Permanency</b> <i>(Mention of permanency)</i>	<ul style="list-style-type: none"> <li>• The staff who serve children and their families are able to utilize the available services to move children to permanence, at home or in another permanent home in a manner that meets the needs of that child for stability, safety and security.</li> <li>• It is a challenge to really focus on reunification.</li> </ul>
<b>Physical Environment</b> <i>(Includes the external surroundings and conditions within which a child welfare professional conducts his/her job. Examples include the physical building where services are provided, including provisions for worker and client needs. It also includes conditions, such as the availability of private and group meeting space, computer and technological equipment, accessibility to supplies needed for the work.)</i>	<ul style="list-style-type: none"> <li>• Current lack of adequate office space and community meeting space</li> <li>• The trainings are usually held in Metro areas and rural workers have a hard time leaving families and taking care of family obligations to keep their jobs.</li> </ul>
<b>Promotion</b> <i>(Comments regarding opportunities for or lack of promotions)</i>	<ul style="list-style-type: none"> <li>• Workers are consistently not promoted from within to supervision positions.</li> <li>• Caseworkers are also overworked and underpaid leaving no room to grow professionally.</li> </ul>
<b>Psychological Capital</b> <i>(Resilience, optimism, hope, self-efficacy; also comments of good or low morale)</i>	<ul style="list-style-type: none"> <li>• We have high case loads, high stress and dissatisfaction in doing our job. It is emotionally draining on ourselves and personal lives and families</li> <li>• There is major support and good morale from the manager and the supervisors.</li> </ul>
<b>Public Perception</b> <i>(The way that the general population views the work of child welfare agencies and child welfare professionals.)</i>	<ul style="list-style-type: none"> <li>• Generally negative view of Child welfare worker by families, some community members, state CDHS, county commissioners</li> <li>• Response to media instead of best interest of children and families.</li> </ul>
<b>Resources</b> <i>(Mention of resources)</i>	<ul style="list-style-type: none"> <li>• Lack of supportive services close enough to respond quickly to situations and provide needed services. Nearly all of the specialized services we might call upon for assistance are regionalized and thus are not close enough to provide us the support we often need.</li> <li>• County has a strong intra-agency collaborative approach. The County supports its workers to assure that families receive the best possible resources in an efficient amount of time.</li> </ul>
<b>Safety</b> <i>(Mention of safety)</i>	<ul style="list-style-type: none"> <li>• Safety is paramount</li> <li>• Treatment plan completion doesn't always ensure the safety and well being for children.</li> </ul>
<b>Staffing</b> <i>(Turnover, retention, recruitment, lack of staff)</i>	<ul style="list-style-type: none"> <li>• Lack of retention of staff causes the system to continually flounder.</li> <li>• We have competent professionals working in the county.</li> </ul>
<b>State-County Relationship</b> <i>(Mention of state-county relationships)</i>	<ul style="list-style-type: none"> <li>• The State fails to answer county queries, and on nearly all fronts, fails to support the counties, damaging what is already a fragile relationship.</li> <li>• Ability for the county to tailor its services on a county basis. Ability for the county to direct its own practice with limited bureaucratic state involvement</li> </ul>

CATEGORY (Definition)	EXAMPLE QUOTATIONS
<p><b>Supervisor Competence</b> <i>(Supervisor Competence involves the quality of a supervisor to adequately meet supervisory job specifications; knowledge, skill or attitude.)</i></p>	<ul style="list-style-type: none"> <li>• Our supervisor is very knowledgeable about policy, stays on top of best practice methods and is able to share this knowledge with our workers at regular unit meetings and individually in supervision.</li> <li>• The supervisor team does not work well together and it causes inconsistencies in practice amongst the workers.</li> </ul>
<p><b>Supervisor Support</b> <i>(Supervisor Support involves efforts on the part of the supervisor to assist caseworkers with difficult cases and to help prevent burnout, while valuing the input of caseworkers.)</i></p>	<ul style="list-style-type: none"> <li>• Support from superiors for different styles of approach and their appreciation for the effort it takes to do this very difficult job. Many on our staff enjoy longevity on the job due to support and appreciation from supervisors.</li> </ul>
<p><b>Team Cohesion</b> <i>(Peer support, teamwork, "Team Cohesion describes the dynamic process that is reflected in the tendency of the team to stick together and remain united in pursuit of its goals and objectives as they relate to child welfare and effective client services.")</i></p>	<ul style="list-style-type: none"> <li>• We use a team approach on all of our cases holding regular staffings in order to assess what the family is getting, what they need and how they are doing on their treatment plan.</li> <li>• The environment seems very hostile rather than being supportive. Teams look out for themselves instead of the unit working together as a whole to focus on what is in the best interest of our clients and the children.</li> </ul>
<p><b>Technology</b> <i>(Technological resources (hardware, internet access, software, etc.))</i></p>	<ul style="list-style-type: none"> <li>• Field-based supports are needed (notebook computers w/ internet access, cell phones) to better support our workers and ensure their safety when in the field.</li> <li>• Lack of technology to promote efficient practice;</li> </ul>
<p><b>TRAILS issues</b> <i>(Mention of Trails issues)</i></p>	<ul style="list-style-type: none"> <li>• Our workers utilize TRAILS extensively so that data is generally accurate</li> <li>• Increasing demands of TRAILS requirements detract from service time to families.</li> </ul>
<p><b>Training and Professional Development</b> <i>(Mention of training and professional development issues)</i></p>	<ul style="list-style-type: none"> <li>• Training opportunities should be offered in various locations across the state.</li> <li>• Staff are consistently training to improve assessment and monitoring skills.</li> </ul>
<p><b>Well Being</b> <i>(Mention of well-being)</i></p>	<ul style="list-style-type: none"> <li>• Genuine concern for well-being for the entire family</li> <li>• Focus on child well being.</li> </ul>
<p><b>Workload</b> <i>(Paperwork, size of caseload)</i></p>	<ul style="list-style-type: none"> <li>• Workload for direct service workers that is unmanageable, averaging 18 cases per worker when the national standard is 12.</li> <li>• The agency also struggles with reasonable expectations for workers (everything is a 'priority' during times when we are lucky to get the time to see all of our kids in a month due to our high caseloads).</li> <li>• Ability to keep caseloads at a reasonable level for caseworkers to handle the load.</li> </ul>

## APPENDIX C: STATEWIDE & COUNTY FREQUENCIES

<b>TOP STRENGTHS COMMENTS BY COUNTY SIZE AND STATEWIDE</b>				
<b>Question 6: In your opinion what are the strengths of your county's current practice?</b>				
<i>The sum of highlighted counts in each column represents 52% to 57% of responses in the state/county designated.</i>				
<b>CATEGORY</b>	<b>SMALL COUNTIES</b>	<b>MEDIUM COUNTIES</b>	<b>LARGE COUNTIES</b>	<b>STATEWIDE</b>
Budget/Fiscal Concerns	0	1	5	6
Burnout	0	0	0	0
Change	1	3	2	6
Commitment	6	16	39	61
Communication	6	4	6	16
Consistency	15	25	38	78
County Size	17	4	0	21
Cultural Competence (SOC)	2	4	7	13
Data Driven (SOC)	0	1	16	17
Family Centered (SOC)	17	19	30	66
Family Engagement	13	21	84	118
Generalist vs. Specialized	1	0	0	1
Inclusivity	0	3	0	3
Individualized Care (SOC)	10	24	48	82
Innovation	9	7	66	82
Leadership	5	2	12	19
Org Culture	7	6	17	30
Other	3	6	13	22
Partnerships	25	40	56	121
Permanency	9	11	33	53
Physical Environment	0	0	0	0
Promotion	0	0	0	0
Psychological Capital	0	2	3	5
Public Perception	0	0	0	0
Resources	5	6	3	14
Safety	11	24	45	80
Staffing	3	1	4	8
State-County Relationship	2	0	1	3
Supervisor Competence	4	2	4	10
Supervisor Support	1	8	11	20
Team Cohesion	18	29	26	73
Technology	0	0	2	2
TRAILS Issues	2	0	0	2
Training and Professional Development	3	8	26	37
Well Being	3	5	7	15
Workload	0	2	3	5
<b>Totals</b>	<b>198</b>	<b>284</b>	<b>607</b>	<b>1089</b>

**TOP CHALLENGES COMMENTS BY COUNTY SIZE AND STATEWIDE**

**Question 7: What are some of the challenges that your county faces in conducting your current practice?**

*The sum of highlighted counts in each column represents 52% to 59% of responses in the state/county designated.*

<b>CATEGORY</b>	<b>SMALL COUNTIES</b>	<b>MEDIUM COUNTIES</b>	<b>LARGE COUNTIES</b>	<b>STATEWIDE</b>
Budget/Fiscal Concerns	12	23	71	106
Burnout	0	9	14	23
Change	2	6	32	40
Commitment	2	0	5	7
Communication	0	5	11	16
Consistency	16	28	68	112
County Size	10	3	0	13
Cultural Competence (SOC)	0	2	11	13
Data Driven (SOC)	1	3	11	15
Family Centered (SOC)	0	3	6	9
Family Engagement	7	5	9	21
Generalist vs. Specialized	7	2	1	10
Inclusivity	1	1	4	6
Individualized Care (SOC)	0	5	10	15
Innovation	1	1	6	8
Leadership	4	0	13	17
Org Culture	6	8	32	46
Other	7	1	35	43
Partnerships	9	11	27	47
Permanency	3	0	5	8
Physical Environment	1	4	2	7
Promotion	0	1	2	3
Psychological Capital	1	2	14	17
Public Perception	0	4	3	7
Resources	47	36	54	137
Safety	1	0	3	4
Staffing	5	24	78	107
State-County Relationship	6	8	13	27
Supervisor Competence	3	2	10	15
Supervisor Support	1	2	15	18
Team Cohesion	0	2	12	14
Technology	0	0	3	3
TRAILS Issues	3	4	6	13
Training and Professional Development	8	4	19	31
Well Being	0	0	1	1
Workload	16	32	96	144
<b>Totals</b>	<b>180</b>	<b>241</b>	<b>702</b>	<b>1123</b>

**TOP “REMEMBER” COMMENTS BY COUNTY SIZE AND STATEWIDE**  
**Question 8: What would you like the Practice Model Workgroup to remember**  
**as they start to develop Colorado’s practice Model?**

*The sum of highlighted counts in each column represents 53% to 58% of responses in the state/county designated.*

<b>CATEGORY</b>	<b>SMALL COUNTIES</b>	<b>MEDIUM COUNTIES</b>	<b>LARGE COUNTIES</b>	<b>STATEWIDE</b>
Budget/Fiscal Concerns	0	4	10	14
Burnout	0	1	1	2
Change	3	3	5	11
Commitment	0	0	4	4
Communication	1	6	6	13
Consistency	11	21	33	65
County Size	14	2	4	20
Cultural Competence (SOC)	0	3	8	11
Data Driven (SOC)	0	1	6	7
Family Centered (SOC)	5	9	10	24
Family Engagement	2	4	18	24
Generalist vs. Specialized	0	0	0	0
Inclusivity	0	3	33	36
Individualized Care (SOC)	6	9	20	35
Innovation	4	2	8	14
Leadership	1	0	1	2
Org Culture	5	6	8	19
Other	1	5	28	34
Partnerships	3	5	8	16
Permanency	0	1	2	3
Physical Environment	0	1	0	1
Promotion	0	0	2	2
Psychological Capital	0	2	6	8
Public Perception	1	2	2	5
Resources	13	13	10	36
Safety	2	4	7	13
Staffing	1	4	13	18
State-County Relationship	4	10	21	35
Supervisor Competence	0	2	3	5
Supervisor Support	1	1	6	8
Team Cohesion	0	0	3	3
Technology	0	2	1	3
TRAILS Issues	1	2	4	7
Training and Professional Development	4	8	25	37
Well Being	0	0	0	0
Workload	9	24	48	81
<b>Totals</b>	<b>92</b>	<b>160</b>	<b>364</b>	<b>616</b>

<b>TOP STRENGTHS COMMENTS BY STAFF POSITION</b>				
<b>Question 6: In your opinion what are the strengths of your county's current practice?</b>				
<i>The sum of highlighted counts in each column represents 52% to 58% of responses for the staff designated.</i>				
<b>CATEGORY</b>	<b>MANAGEMENT</b>	<b>SUPERVISOR</b>	<b>CASEWORKER</b>	<b>OTHER POSITION</b>
Budget/Fiscal Concerns	0	1	5	0
Burnout	0	0	0	0
Change	0	2	3	1
Commitment	11	13	28	9
Communication	1	5	8	2
Consistency	15	14	42	7
County Size	8	1	12	0
Cultural Competence (SOC)	2	1	7	3
Data Driven (SOC)	5	4	2	6
Family Centered (SOC)	8	10	42	6
Family Engagement	14	37	58	9
Generalist vs. Specialized	0	0	1	0
Inclusivity	0	1	2	0
Individualized Care (SOC)	7	15	52	8
Innovation	10	21	40	11
Leadership	2	6	8	3
Org Culture	9	11	5	5
Other	10	3	7	2
Partnerships	29	24	58	10
Permanency	6	12	28	7
Physical Environment	0	0	0	0
Promotion	0	0	0	0
Psychological Capital	0	1	4	0
Public Perception	0	0	0	0
Resources	3	5	6	0
Safety	6	19	45	10
Staffing	3	2	3	0
State-County Relationship	1	1	1	0
Supervisor Competence	2	2	5	1
Supervisor Support	0	2	15	3
Team Cohesion	5	13	44	11
Technology	1	0	1	0
TRAILS Issues	1	0	1	0
Training and Professional Development	4	10	20	3
Well Being	0	5	9	1
Workload	1	1	3	0
<b>Totals</b>	<b>164</b>	<b>242</b>	<b>565</b>	<b>118</b>

**TOP CHALLENGES COMMENTS BY STAFF POSITION**  
**Question 7: What are some of the challenges that your county faces in conducting your current practice?**

*The sum of highlighted counts in each column represents 55% to 57% of responses for the staff designated.*

<b>CATEGORY</b>	<b>MANAGEMENT</b>	<b>SUPERVISOR</b>	<b>CASEWORKER</b>	<b>OTHER POSITION</b>
Budget/Fiscal Concerns	10	24	57	15
Burnout	4	3	14	2
Change	7	6	22	5
Commitment	1	1	4	1
Communication	3	1	11	1
Consistency	8	15	77	12
County Size	0	0	13	0
Cultural Competence (SOC)	1	3	8	1
Data Driven (SOC)	5	4	3	3
Family Centered (SOC)	1	0	7	1
Family Engagement	2	4	13	2
Generalist vs. Specialized	1	0	9	0
Inclusivity	0	0	6	0
Individualized Care (SOC)	0	5	8	2
Innovation	0	2	6	0
Leadership	3	2	8	4
Org Culture	5	17	14	10
Other	6	7	27	3
Partnerships	9	10	22	6
Permanency	3	1	4	0
Physical Environment	2	0	4	1
Promotion	0	0	3	0
Psychological Capital	0	1	14	2
Public Perception	2	1	3	1
Resources	19	25	80	13
Safety	0	1	2	1
Staffing	12	20	61	14
State-County Relationship	9	5	11	2
Supervisor Competence	0	1	13	1
Supervisor Support	0	2	13	3
Team Cohesion	1	0	11	2
Technology	2	0	0	1
TRAILS Issues	4	1	7	1
Training and Professional Development	3	5	20	3
Well Being	0	0	1	0
Workload	18	20	87	19
<b>Totals</b>	<b>141</b>	<b>187</b>	<b>663</b>	<b>132</b>

**TOP “REMEMBER” COMMENTS BY STAFF POSITION**

**Question 8: What would you like the Practice Model Workgroup to remember as they start to develop Colorado’s practice Model?**

*The sum of highlighted counts in each column represents 54% to 56% of responses for the staff designated.*

<b>CATEGORY</b>	<b>MANAGEMENT</b>	<b>SUPERVISOR</b>	<b>CASEWORKER</b>	<b>OTHER POSITION</b>
Budget/Fiscal Concerns	0	4	7	3
Burnout	0	1	1	0
Change	3	4	3	1
Commitment	0	0	4	0
Communication	2	6	4	1
Consistency	14	10	32	9
County Size	2	3	14	1
Cultural Competence (SOC)	1	0	9	1
Data Driven (SOC)	1	2	2	2
Family Centered (SOC)	2	3	16	3
Family Engagement	4	8	11	1
Generalist vs. Specialized	0	0	0	0
Inclusivity	5	13	15	3
Individualized Care (SOC)	5	8	17	5
Innovation	1	0	11	2
Leadership	0	1	1	0
Org Culture	2	7	10	0
Other	2	6	15	11
Partnerships	3	3	8	2
Permanency	1	0	2	0
Physical Environment	0	1	0	0
Promotion	0	0	2	0
Psychological Capital	0	1	7	0
Public Perception	1	0	2	2
Resources	5	7	23	1
Safety	0	3	9	1
Staffing	3	4	8	3
State-County Relationship	14	5	13	3
Supervisor Competence	2	0	3	0
Supervisor Support	0	2	6	0
Team Cohesion	1	0	2	0
Technology	0	1	0	2
TRAILS Issues	1	1	4	1
Training and Professional Development	5	6	18	8
Well Being	0	0	0	0
Workload	11	17	43	10
<b>Totals</b>	<b>91</b>	<b>127</b>	<b>322</b>	<b>76</b>