Evidence-based Practice in Child Welfare in the Context of Cultural Competence

Meeting Proceedings and Findings

June 11, 2007

School of Social Work
College of Education and Human Development
University of Minnesota

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For the detailed presentations and discussions, see the video presentations, podcast, and PowerPoint files at:
http://ssw.che.umn.edu/EBP-CulturalCompetence.html

The views expressed by the speakers and participants in this forum are their own and do not necessarily reflect those of the University of Minnesota, the School of Social Work, or any of the sponsors and hosts of the meeting.
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In addition to the presentations and discussions captured here, there were discussions by participants in regional groups. Those comments were focused on local and regional concerns and have not been included in this document meant for a general audience.
The Problem

In child welfare, we have long discussed evidence-based practice (EBP) as well as cultural competence. However, these discussions have tended to either focus on identifying the research supports for effective practice or on being sensitive to the diversity we encounter in our client population or populations at risk. We rarely ask, “What works for children and families of diverse populations?” This interdisciplinary meeting was called to begin to address these two critical issues at the same time, each within the framework of the other. Researchers, practitioners, agency administrators, legislators, policy analysts and community representatives from different localities, states and national organizations came together with the goal of spurring ongoing discussion and activities to integrate EBP and cultural competence in child welfare policy and practice.

Through the discussions held on June 11th, we were able to identify the current state of the art in child welfare, current challenges or potential barriers to implementation and next steps for the field. This document presents the proceedings of this meeting for each of these concerns. A companion document, the Meeting Findings and Recommendations, condenses and organizes the proceedings and provides some background information and definitions. It outlines the major issues and concerns in the field and identifies challenges and next steps for professionals seeking to have an impact on child welfare practice and policy.

What Do We Know?

The first step, of course, is to think about what we already know. Two presentations addressed this question.

What We Know about EBP in Child Welfare? (Susan J. Wells)

Conceptually, EBP means that, in practice, we use the most recent valid and reliable information that results in change for children and families and integrate this with each client’s unique context.* Knowledge about what works is based on research that has established: (1) an association between the documented intervention and observed outcome, (2) the intervention always precedes the outcome in the observed association (time order), and (3) the elimination of alternative explanations of the outcome. An example of a possible alternative explanation is that the outcome wouldn’t have happened anyway due to the client’s growth and maturation or due to some third, unmeasured variable. The randomized controlled research design that compares similar groups under the same conditions in which one receives the intervention and the other does not is commonly called the gold standard of practice research. By controlling for as many other

* There has been much discussion about terminology regarding EBP. See the companion document, Meeting Findings and Recommendations to find a more elaborated discussion and definitions. The terms found in this document were used in the context of formulative conversations and may be somewhat less formal or consistent.
explanations as possible, the practitioner can be relatively confident that the intervention was influential in leading to the observed outcome. Additional weight is given to study results when they are reviewed by the researcher’s peers and published in a professional journal. This indicates other researchers have evaluated the study’s methods and claims and have found them credible and worthwhile to the field.

Because science in human services is inexact at best, there are additional steps to building a body of evidence about what works. Studies must be replicated, repeating the documented intervention and the observed outcomes. Further, replications must be done with different populations and in different places to determine where and with whom the results are valid.

After enough replications have been completed, it is possible to do a meta-analysis which combines the findings of many studies to determine whether it can be said with a fair degree of certainty that something works. The meta-analysis will also establish the size of the effect or degree to which the practitioner might expect the client outcome to change when all the studies are considered. After short-term outcomes have been established, it is also important to know whether these outcomes will be sustained over time. Therefore, longer term, longitudinal studies are important in following children and families to observe whether improved conditions or functioning are maintained into the future.

The extant literature from which evidence is drawn may address efficacy or effectiveness. Efficacy is the degree to which change has been observed in the most rigorous and controlled studies. However, these studies may not be representative of the real world; hence, the focus on effectiveness relates to how effective an intervention would be in less idealized circumstances.

Within this framework, it is possible to identify a hierarchy of evidence for practice. At the first level, clinical experience can be a tremendously effective guide for practitioners. Yet the amount and nature of experience change from person to person, place to place and in different situations. It provides sufficient evidence for practice by itself when there is no other source of information, a situation that is becoming less and less likely over time. Case studies provide a more systematic appraisal of interventions and outcomes and are more likely to provide documented observations of associations between the two. However, the validity and generalizability of the conclusions are limited by the uncontrolled conditions in which they are conducted. While observed associations are helpful, they do not carry the weight of the randomized controlled trial in helping to establish cause and effect.

Some cautions associated with the implementation of EBP include the need for a skilled assessment to accurately identify the issues faced by the client. Without an accurate assessment, interventions that are not appropriate may be recklessly and inaccurately applied. Additionally, research results are based on the findings for the group as a whole. There may be specific individual issues that would indicate an
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intervention based on research would not be appropriate even though it is helpful for this group of clients generally. One of the most obvious examples is a client with a dual diagnosis, where one problem interferes with or modifies the treatment of the other. One of the most obvious cautions is client engagement and rapport are paramount. Without engagement, it will be impossible to use even the most effective interventions.

**The best, most effective interventions** are those which are culturally competent, well researched and standardized (manualized), and appropriate to the population, agency mission and services, assessment results, and purposes of the intervention. They are used by a well-trained clinician who can (1) conduct an expert assessment, (2) discern the appropriate interventions and variations needed, and (3) provide the intervention in an expert manner. When used in the context of EBP, effective interventions should be responsive to a family’s race, ethnicity, language and culture, a family’s specific needs and circumstances, and recognizing diversity within cultures.

In child welfare, there are very few controlled studies and they rarely attend to race, ethnicity, language, and culture. The outcomes measured are not always helpful for implementation in the field or the intervention used is not measured or able to be faithfully reproduced. Positive findings are not easily transferred from one place to another and the transfers that do occur often do not consider race, ethnicity, language or culture.

There are a number of reviews of evidence-based interventions that are relevant to child welfare. For example, Barth et al. (2005) conducted an excellent review of parent training programs. Some of the major reviews and seminal articles are included in the attached list of references. For the purposes of this meeting, it is enough to say that EBP in child welfare may be used with the goal of prevention, parenting, therapeutic interventions, or large scale policy changes. The major prevention study focusing on families at risk for child welfare involvement is Family Connections (DePanfilis, 2005) at the University of Maryland. This study focused on the families most at risk for neglect, as identified by partnering schools. These families were very poor, largely African American and over 50% had been child welfare clients at some time in the past although they were not at the time of the referral. Comparing comprehensive services that lasted three months to those lasting nine months, the researchers documented changes in a wide range of outcomes. This is one of the few effectiveness studies that was conceived and carried out with a specific at risk population of color identified at the time of the design.

Studies of parenting with child welfare populations have identified at least three interventions of widely varying cost as effective: Parent Management Training, The Incredible Years, and Parent-Child Interaction Therapy. The Incredible Years is one approach that is now focusing on learning more about effectiveness with families of color. In therapeutic interventions, Abuse-focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy (PCIT), and Functional Family Therapy have been studied with child welfare populations. None of these has made a specific effort to address diverse families although PCIT was found to be effective across ethic groups.
All of these are limited to very specific types of problems in families and are not broadly applicable in child welfare settings.

Large-scale controlled studies have also been conducted. One of the most notable of these with respect to cultural competence was the Illinois Subsidized Guardianship Waiver. This study was based on the findings of a prior study of kinship care in Illinois that recognized the burdens of kinship care and the motivations of family members in caring for these children. Most of these families in Illinois were African American, particularly in the Chicago area. The Guardianship study was designed to reach out to these families by establishing an advisory board through the African American Family Commission, hiring people from the community to work on the study and working with the community to carry out and report on the study findings (Testa, n.d.). In another study of alternative response to reports of abuse and neglect, Minnesota included former clients in the design phase of their project (Personal communication, Erin Sullivan-Sutton, June 9, 2007).

Kauffmann (2004) and Chaffin (2004) summarized some of the barriers and next steps for integrating EBP in child welfare services. Barriers included lack of sufficient funding, lack of advocacy or consumer demand, lack of incentives linking rewards to client outcomes, the gulf between the research and practice communities, the search for the magic bullet or one size fits all solution to the problem of maltreatment, and attitudes regarding EBP in the field. Some of the suggestions by the authors to support improved practice integration include changing funding to support and reward outcomes-based practice, funding implementation grants, increasing the emphasis on EBP in graduate schools, improving the marketing of EBP, fostering a continual evaluation feedback loop in public agencies with a positive climate, demonstrating EBP as a practitioner friendly support and tool, and increasing advocacy and demand for best practices.

These steps are critical for the field. However, there is an additional step to be taken – integrating the discussion of EBP and cultural competence into one issue for consideration rather than as two separate and distinct concerns. In the field of mental health, Issacs et al. (2005) noted:

- Communities of color must be included in planning and development of EBP
- Cultural competence must be defined and required for EBP
- Practice-based evidence must be a critical component of EBP
- The process of developing and credentialing EBP needs to be inclusive of communities of color
- The process of implementing EBP in communities of color must be supported with resources.

Additional work has been done in health and mental health in this area. Dr. Bell’s presentation offers a model for successful intervention that has been demonstrated as effective in a number of different projects. The references and bibliography contain the literature cited herein and additional references of note.

References and Bibliography for Susan J. Wells’ Presentation
Gamble-Skogmo Land Grant Chair in Child Welfare and Youth Policy
University of Minnesota School of Social Work (contact: swells@umn.edu)
Mullen, E., & Shlonsky, A. (2004). From concept to implementation: The challenges facing evidence-based social work. On Faculty Research and Insights: A Series Featuring CUSSW Faculty Research [PowerPoint presentation].
Testa, M. (n.d.) Encouraging child welfare intervention through IV-E waivers. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.


**What We Know About EBP and Cultural Sensitivity? (Carl C. Bell, MD)**

**There are many barriers to cultural dialogue.** It is a sensitive topic and one in which people can often feel victimized or misunderstood. For example, in such discussions white people come away feeling accused and vilified while people of color might feel that their lived experience has been devalued or even denied. The American Psychiatric Association’s Resolution Against Racism has been helpful in addressing these issues. In one summary statement, it states simply, “While the American Psychiatric Association acknowledges progress towards the ideal America as ‘one Nation under God, with Justice and Liberty for all,’ the reality is that racism continues to exist.” (American Psychiatric Association, 2006). This statement recognizes the progress that has been made and, implicitly, the intentions of many to improve the situation, at the same time that it recognizes the very real difficulties of enduring ongoing racism.

**Culture and science in mental health** were brought together in 2001 when the Surgeon General’s report on mental health recognized there was very little published mental health research on cultural racial and ethnic issues in the field (U.S. Public Health Service, 2001). The Surgeon General’s recommendations were to expand the science base, improve access and reduce barriers to treatment, integrate mental health and primary care, improve the quality of care, support capacity development and promote mental health. Characteristics noted to welcome people of color to the table include: accessibility, an integrated approach, continuous involvement and a comprehensive viewpoint. The adoption of this approach suggests the need to strive for cultural competence among all who do this work.

Cultural sensitivity is “The ability to adjust one’s perceptions, behaviors, and practice styles to effectively meet the needs of different ethnic or racial groups.” Cultural competence is “The level of knowledge based skills required to provide effective clinical care to patients from a particular ethnic or racial group” (US DHHS, Health Resources and Services Administration, 2007). It is not possible for someone outside of the culture to be culturally competent in that culture. However, it is possible to learn how to be culturally sensitive, in varying degrees, to different cultures.

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This is a critical issue because science is a powerful force in preventing ongoing institutional abuse inadvertently perpetrated by the social service system. Two vivid examples show why we need science to save diverse populations. Operation Dare and Scared Straight are two programs that sound good and may intuitively make sense to some. Nevertheless, the research shows the programs are not effective and in some cases, such as Scared Straight, may actually increase the likelihood of an adverse outcome such as going to prison (Petrosino, Turpin-Petrosino, & Buehler, 2003).

One theoretical framework that aids in guiding the development of culturally competent science is the Triadic Theory of Behavior Change (Flay & Petraitis, 1994). This theory posits that social and peer influences, cultural identity, psychological influences regarding attitude and behavior change, and personality development act together to influence behavior and behavior change. The figure below illustrates this interaction.

![Diagram](image)

Figure 2. Three Streams of Influence on Health-related Behavior

This theory can be operationalized to support culturally competent interventions and research on intervention outcomes. Briefly, the elements of the model follow.

- Rebuilding the Village
- Improving Access to Health Care
- Increasing Connectedness
- Developing Social Skills

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Building Self Esteem through:
- Activities that create a sense of power
- Activities that create a sense of connectedness
- Activities that create a sense of models
- Activities that create a sense of uniqueness

Reestabishing the Adult Protective Shield

Minimizing the Effects of Trauma


Implementation of knowledge into practice presents another challenge. Unfortunately, as one review suggests it commonly takes an average of 17 years for 14% of original research to be integrated into (physician) practice (Balas, 1998). In general, dissemination of clinical guidelines using passive methods, for example, publication of consensus statements and mass mailings have been ineffective. They result in only small changes in the uptake of new practice. Single source prevention messages are also ineffective (Brownson, Kreuter, Arrington, & True, 2006).

We need to adopt a business model for implementing EBP in work with diverse populations. For example, every demonstration/evaluation should have the potential users integrated into the project from the beginning. In addition, forming partnerships with business leaders or MBAs can help to shorten the time from research finding to use in the field.
A model for transporting knowledge into practice:

Most importantly remember,

Risk Factors are Not Predictive Factors Due to Protective Factors.

A parting thought -

It ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. Because the innovator has for enemies all those who have done well under the old condition, and lukewarm defenders in those who may do well under the new. This coolness arises partly from fear of the opponents, who have the laws on their side, and partly from the incredulity of men, who do not readily believe in new things until they have had a long experience with them. Thus it happens that whenever those who are hostile have the opportunity to attack they do it like partisans, whilst the others defend lukewarmly, in such ways that the prince is endangered along with them.

- The Prince by Nicolo Machiavelli - 1505.

References for Carl C. Bell’s Presentation


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### Questions Regarding Presentations on What We Know

**Q.** In King County (Washington State) we are moving intervention upstream for neglect; we want to do diversion before filing – will services we talked about apply?

**A.** Yes, prevention works. Two-thirds of explanation for adverse outcomes following childhood trauma is unexplained by having had a difficult childhood. Let’s look at resilience and determine what helps prevent problems from happening.

This report presents proceedings of a New England regional conference on Evidence-Based Programs for the Promotion of Mental Health and Prevention of Mental and Substance Abuse Disorders, held on April 26, 2004, in Sturbridge, Massachusetts. The conference was sponsored jointly by the New England Coalition for Health Promotion and Disease Prevention (NECON), with funding support from the Center for Mental Health Services (CMHS), in the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Q. How do policy makers react to difficulties inherent in making systems changes?

A. They were not happy. “Expect a war”

Implementation and Community Response

Implementation

Susan Ault, Ramsey County Human Services: Community engagement and consumer involvement are two key issues to consider. Blanket application of EBP without consulting the community is not fair to that community. We want new strategies to keep families from coming into the system. We started with focus groups with our families and asked, among other things, “What could have kept you out of the system?” The answer basically focused on accessible, culturally competent services; for example, when children and families have difficulties with school. This led us to talk to one elementary school in a diverse and very poor neighborhood. The school professionals noted there seemed to be no other way to connect families with the services they need than to report them to CPS. This led to placing a county social worker in the elementary school. We are studying the results now.

One resource for determining what works includes the CSSP publication on lessons learned on community partnerships for protecting children, funded by the Edna McConnell Clark Foundation. Their recommendations matched with what our parents said – individualized response, network of supports, and so on. We began convening a community group in that community. The network stepped forward. We also involved housing code enforcement people. Shared decision making is a big part of this approach.

The system also needs to look at itself and current practice. A program our county has had great success with is called Strengthening multi-ethnic families Another major contributor to diverting families from the system has been Minnesota’s Family Assessment (alternative response) program.

Citations

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Harold E. Briggs, Portland State University: One critical issue we must address is distinguishing use of empirically supportive treatments (EST) and evidence based treatments (EBT) from EBP. ESTs and EBTs are single interventions with strong empirical foundations and meet the highest standard of scientific validation. There is however, a presumption that scientific validation implies certainty and dependability which cannot be guaranteed (Gambrill, 2007). EBP is a process that involves transparency and uncertainty and based in five key steps (Gibbs, 2003; Gambrill, 2004). As a cultural specific approach it starts with the client’s values, wishes, and expectations which inform the COPES questions: client oriented practical evidence search. An electronic database is then used to identify intervention options and the strengths and limitations of each option. The client and practitioner work together to select the option that fits best for the client. This is an important approach because client collaboration, empowerment, and self determination get left out of discussions of EBP. By including cultural competence in EBP, we are not only concerned with acceptance but with the cultural differences and the need to modify care, systems and policies including social structural interventions. The barriers interfere with getting services – we need to attend to organizational and systemic levels of practice.

Based in work in Chicago and work underway with Family and Youth Driven Institute for Change of St. Louis, I recommend a few practice strategies to consider when using EBP with ethnically diverse individuals, families, organizations, and caring communities: validate and empower the client to pursue solutions. This allows for incentives and motivations – legitimizes them as a major player in the treatment process and minimizes the degree to which the practitioner takes an “I know best” approach. Not all designs have to be group designs. We also need to consider the ecological fallacy – group numbers don’t represent every individual’s experience. We need to attend to individualizing care.

We also need to apply evidence-based management (EBM) in social work. EBM is based on the assumption that practitioners do not know everything, you seek to learn more, and what gets monitored gets done (Briggs, 2007). EBM involves the judicious use of evidence to inform use of strategic interventions and decisions (Kovner, Billings, Elton, and Rundall, 2006). It involves the creation of agency environments which embrace a culture of questioning, learning, trial and error demonstration efforts, openly reviewing errors and mistakes (Pfeffer and Sutton, 2006). It can be implemented in three
different stages or in combination (Kovner and Rundall, 2006) as either a: (1) five step process, similar to EBP (Williams, 2006), or (2) as a decision making strategy, (3) as a four step quality improvement process, and (4) as a combination of either of all three approaches. The point is that as you apply the best available science in work with clients you are also considering the use of the best available science to manage the unique circumstances of the agency environment. EBM is used in nursing, health care management, and business, and in small pilots in social work (Briggs and McBeath, 2007)

Citations


Jacquelyn McCroskey, University of Southern California: To begin with a brief description of our locale, there are 10 million people in LA and eight geographic regions used by the county child welfare agency and other child and family agencies to coordinate and align services. The population is 40% Latino; 40% white; 8-9% African American and about 10% Asian/ Pacific Islander. The county is working hard at building...
relationships and allowing for more regional differences. One stellar program is Point of Engagement (POE), led by the Department of Children and Family Services Regional Administrator in Compton, Eric Marts. The initial study on POE was done by the Children and Families Research Consortium, including five universities in LA. Eric and his team asked staff what they thought was needed to engage families at the point of initial contact, and developed relationships with hundreds of community based organizations, churches and grass-roots groups in Compton. Although the system is often viewed as the center of things in many discussions (e.g., substantiation rates, placements), POE puts strengths and needs of the families at the center of the conversation. The researchers conducted focus groups and individual interviews with DCFS and community partners in South Central Los Angeles to find out what changes when children’s social workers fully adapt the POE philosophy. They told us that POE “changes everything about child welfare practice.” It changes leadership, management, and workers’ comfort talking to families. The workers aid they now feel, “Between us, my community partners and I now have something to offer families no matter what their individual situation is.”

Citation

The Honorable Patricia Torres Ray, Minnesota State Senator: – The importance of giving and the importance of serving are the best lessons to learn. They were practiced by workers I knew 20 years ago as a newcomer to the US and are as important today. However, service alone is not enough. Best practice is expensive. Disparities aren’t new. But best practice requires a lot of resources. This is an invitation to participate in raising funding and resources for EBP. It is most important to realize those infrastructures serving children of color are not sufficiently funded; those professionals do not have the resources to do what they know works best. Hospitals, foster homes, they are inadequate due to lack of resources. My theory is it is the market that drives much of this. At the end of the day, we are trying to save money. We are often asking, “How do we do the best thing for our children without spending money?” We should ask, “How do we advocate for resources that will get us to best practice – how to recruit and train workers from those communities?” It requires money.

Summary Comments from Carl Bell: Working with the community to do the intervention is critical; however, in the quest for client participation and self direction, it would be unethical to use practices that are known not to work. Evidence based management can make a difference, but we also need political will to obtain the necessary resources and vehicle for implementation – if you don’t have the resources, what’s the point?

Community Response Panel
John Poupart, American Indian Policy Center: In thinking about working with the American Indian community, three things are important: research, training & education
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about American Indians, and policy. We have a culture of our own that is different – for example we have different languages, ceremonies, stories. We find it difficult to deal with mainstream interpretation of cultural competence. We also have trouble with best practice. We are a challenge to US institutions. We are an enigma. We haven’t been figured out yet. We have a great challenge before us. We haven’t really been fully participating in the design of models that people reference. There is very little on American Indians. Research which has been done has been in the European model. Social workers – we are still showing them how to work with us. Also, the research that has been done with us has been insufficient. It hasn’t made it into mainstream literature. We aren’t powerful enough to influence those three areas. My comments may not comport with what everyone else is saying, but it is not too late to go back and to be a good person. What’s being asked for is to be a professional, to learn – and to do it with us not on us.

Carolyn Sweets, Family & Youth Driven Institute for Change: I became a foster parent after raising three daughters. I would like to talk about the EBPP – Evidence-based practice process. We should be able to create a program that fits with all cultures. I formed a parent group in St Louis, Family Youth Driven Institute for Change. We (parents and foster parents) are being trained in EBP to learn how to get the best, most effective service. There are no conclusive answers. We want to be trained to become investigators as well as to balance conditions in the African American communities. Part of this process is to make sure we ask parents what their needs are. The values and wishes of individuals are critical. For example, in my experience, wrap-around services didn’t work with my foster child. This was a 10 million dollar project, but it wasn’t helpful because it didn’t attend to what was needed by the individual being served. Money is being spent, but there is no progress for my children. That model needed to be tweaked because it did not deal with individual needs and wishes of the clients or children. It was a global model not tailored to individual needs. Programs need to be tweaked for families and children. In fact, sometimes workers aren’t even honest about what a foster child’s problems are because they want you to take the child. I've found the program didn’t tell me what to do to help her. I had to figure it out myself. I had to attend to the wishes values and expectations of the child who didn’t want to take her medication. We are going to be trained in the EBP process and we are going to train other foster parents. The parents and foster parents need to have documentation ready to go to battle. EBP is the sword and shield.

Nealcheng Thao, Metropolitan State University: There are many things to consider when working with Hmong families. One important issue is how important it is to the extended families to keep children out of foster care. For example, in my experience, when a child was going to be placed, Hmong families came from all over the country to take the child to keep them from being placed. The same kinds of interventions by families are not happening as much now. Maybe some of this issue is the tension between reaching out to find extended family members and confidentiality involved in a CPS case. There is a tension between our cultural approach and your system. It is the family emphasis v. professional/ institutional approach – being a partner or facilitator v a pre-emptive model. So I would say that a culturally competent approach would be to
strengthen the family and community. The second issue focuses on family reactions to CP involvement - buy-in, denial, dependency, confusion, paranoia. A third is accountability – strengths v. deficit model. Social workers might not be able to help unless we empower them to take advantage of the strengths of the community. Yet, to be accepted in the community you need to go to community events nights and weekends. Hmong workers don’t just want to be translators; they want to do the work. This can create role conflict. I want to make sure I fulfill the goals of my employer, yet my teachers are my father and uncle as well as professors in the university. How do I bring these together?

Additional issues to consider include the following.

- Side effects – nowadays, they say we are changing too fast; courts and foster care not equipped to deal with our problems. The old guard feel they are losing power and they are silent.

- Complexity – we have a lot of choice

- Accountability – are we truly culturally inclusive? Where is the real culturally sensitive model?

- Optimism – supervisors and workers of color are important. Make sure work we do is worth the money spent.

Summary Comments from Carol Spignier: Some of the important themes coming out of this discussion include: the extent to which EBP can embrace cultural norms and individual history. There is also a theme of de-culturalization and genocide. Another is the importance of inclusion at every level – case, research, policy, and administration. An important theme to listen to is honesty – the system doesn’t always tell the whole truth. The last theme concerns the question, “Who are we accountable to?” Is it the community or institutions we serve? We have multiple accountability. Tensions between how work is organized and what communities want are important to address and try to resolve.

Discussion of Panelists’ Comments

Comment: One Sky Center does this work of bringing together American Indian perspective and evidence based practice.
Example citation:

Comment: It is critical to split the money received for the work with the community members. For example, paying for participation is important.
Also, full participation is important – cultural, spiritual, emotional. An example of a successful collaborative is the tobacco research done with UMN. See American Indian Health in *Advances*. (Spring 2007). School of Public Health, University of Minnesota, Minneapolis, MN. Quote below is taken verbatim from the publication on the web site. Text from web site [http://www.sph.umn.edu/about/pubs/advances/sp07/feature.html](http://www.sph.umn.edu/about/pubs/advances/sp07/feature.html) (downloaded July 18, 2007)

“The American Indian Community Tobacco Project (AICTP) was founded in 2001 to create a reality-based research model that involves the Twin Cities American Indian community. The AICTP is co-led by SPH professor Jean Forster and John Poupart, president of the St. Paul-based American Indian Policy Center.

AICTP is funded by ClearWay Minnesota, a nonprofit group that funds tobacco research around the state. The AICTP steering council is made up of American Indian community members who have final authority on all aspects of the research. The steering council is charged with developing intervention strategies that take advantage of the traditional strengths of American Indian culture. Their strategies address the spiritual use of tobacco, the importance of children in the community, the widespread acknowledgement of the tobacco problem, and a strong belief in the community's role to serve its people.

"This is reality-based research that's culturally appropriate. It involves [American Indians] from the first stages to the outcomes," says Poupart, a member of the Anishinabe tribe. "We have ownership in the process and product."

Example of publication:

Q. What if community believes findings are disrespectful?

A. In an authentic partnership, the community is part of team and discusses all findings prior to writing up the report so there wouldn’t be anything the community wasn’t a full participant in. (Poupart)

Example of a paper addressing the issue of working with the American Indian community:
American Indian Policy Center. (2001). *To Build a Bridge: Working with American Indian Communities* Author: St. Paul, MN.
This guide is necessary because of the long-standing misinterpretation of American Indian social values, beliefs, and norms. It was developed to improve service delivery in Indian communities; incorporate Indian values into research methodologies when working with Indian people; and educate policy makers and program developers about the unique situation of American Indians. It includes
sections on The History of American Indian Law and Policy, American Indian Cultural Strengths, and How to Work Effectively with American Indians.

**Comment**: Issues to remember: what is the make-up of the Institutional Review Boards (IRB) that protect human subjects? Do they include behavioral and social sciences? When sharing resources for the work, remember the BSW programs; funders haven’t integrated these approaches into their funding activities; need to put research process into words the community can understand.

**Comment**: An example of a project that didn’t have as much success in the collaborative aspect of the work, even though the intervention was successful is Aban Aya.


Sample articles:


The purpose of this paper is to illustrate how the Collaborative HIV Prevention and Adolescent Mental Health Project-South Africa (CHAMPSA) began and to present some of the results from this South African version of CHAMP. This paper informs readers of a number of lessons about international program translation. The first important lesson is that there are universal principles of health behavior change that seem to be useful across cultures. The implementation of these principles, however, needs to be informed by an in-depth understanding of local cultural contexts. The second important lesson is that it is possible to undertake large-scale, scientifically sophisticated community-based prevention research in developing countries through international collaborative research projects. It is the authors’ hope that this mixture of science, service, and business will inspire other public health, community mental health, research, and business professionals to develop international prevention interventions that can be shown to be effective, and disseminated on a wide scale.
See Also:

Dialogue on Implementation of Culturally Competent EBP in Child Welfare Services
(Small Group Discussions by Role)

The charge to the participants was to identify ways in which people in their professional or community circles could support the study and implementation of evidence based practice in the context of cultural competence in child welfare services. The groups were organized by role; community and practice perspectives were represented and the use of agency administration, legislation, research, and national organizations in furthering EBP and cultural competence in child welfare services were discussed.

Practice Group

The practice group believed that practitioners do have an interest in EBP because they are committed to working toward positive outcomes for the children and families. They following main points were made.

Most workers are supportive of EBP

- Workers see good outcomes (increased family involvement) and then there is increased investment in pursuit of EBP. Need to keep dialogue/training going!
- We need to increase worker comprehension of EBP; presently work is driven by program policy/court orders, etc. EBP can get lost in larger “morass.”

There are some practice dilemmas and issues, for example:

- We need to be more strategic – for example, using family group process at earlier time would lead to earlier identification of placement factors, worker resistance factors, etc. to facilitate fully engaged process at earlier stage.
- If we are going to redirect CP focus we need prevention measures - multi-systemic, comprehensive community solutions outside of CP area as prevention
- Constructive working relationships improve child safety. We need to forge better CP/parent relationships. One challenge is dealing with CP stigma with the client (client attitude can be deemed non-cooperative if this isn’t breached).
- We need to more uniformly increase kinship reimbursement (align with traditional foster care).
- Court mandates can sometimes alter best practice intents. For example, we set ourselves (institution/family) up for failure. We need to dialogue w/courts and court administration so we are all on the same team with our efforts and outcomes.
- Challenge – Identifying potential EBP modifications for better effectiveness for specific groups (cultural uniqueness).
- Training at the forefront is very important to work at dismantling racial disparities. The social worker part in this disparity discussion is hard conversation to have, yet very strategic need to shift thinking.
• Addressing practical support needs in order to address the poverty environment in which our clients live is a large part of service delivery.
• We need to be activists not just social workers enacting policy (at community level).

**Barriers, problems and possible solutions**

• How to mobilize consumer base for change?
• How to get everyone to the table?
  o Are resources available in all jurisdictions? Embedded racism in institutional systems (need to be addressed).
  o Staff training example given (1-day week x 4 weeks periodically) to increase sensitivity as well as practice options available.
  o Question – If I’m already a culturally competent practitioner, need resource access for clients more than further training! (Editor’s comment: point on services well taken, for comment on cultural competence, see Bell’s presentation.)
• Too many hoops to jump through for resource access. One successful tool is flexible funding to lessen need of social service/CP in the clients’ lives.
• **Problem:** Same forensic, investigative response when no real danger lurking beneath (child endangerment), example: missing school as system referral
  o Better stewardship of existing resources
  o Blended funding opportunities

• **Problem:** Screening process (once need recognized, etc.) often leads to an outcome of ineligibility. Families are turned away when they are finally asking for help.
  Access is key but recognize that access also leads to less desirable outcomes and is also a problem, for example, in disproportionality in foster care. That is, access may lead to placement which may not be a good outcome for some.
  Subtle changes can make difference – mental referral rather than juvenile court; school record accuracy

• **Policy making** – reality is good intentions are often responsible for poor outcomes (as policy interpretation trickles down). Some ways to handle this are through:
  o Dialogue with staff: Staff presents scenarios, then dialogue occurs as training measure, good exchange and feedback
  o Focus groups (specific cultural groups) in community (Ramsey Cty.) and then ensure that focus group input (read back) was accurately documented

**What supports does line staff need to make CP more equitable and evidence based?**

• substance abuse treatment specific to abuse
• transportation/daycare
- support in court system for families trying to improve family situation (worker not always available)
- communities not always prepared to handle prevention work demand
- issue of worker support is huge - don’t want to be “holding bag” when something goes wrong (child death, etc.). Coverage is needed for CP worker.
- need for introspection, not just training/policy info for worker meetings
- elevate kinship platform
- substance abuse, mental health, kinship funding, respite care - some resource needs not adequately available

**Question** – How to track intervention methods/statistical outcomes that are successful and inform the court system so they can be implemented without this task being placed on line worker’s back?

- Funding problems - poverty results in racial disparities and disparities are reinforced by limited funding availability. This results in a double message to communities.
- We need to collaborate with private companies and find resources there. Problem: (Community organizations such as) faith communities think approaching them means that funding will be forthcoming which is not necessarily the case.
- Improved practices can result in loss of $$ (federal, state) due to the reduction in dollars for placement. It is difficult and often impossible under current rules to reinvest savings into social services prior to placement. This leads to loss of incentive for improvement.
- Loss of income for families (for example, due to imprisonment) is an escalator for other problems (poverty, domestic abuse, etc. stressors).
- We need to prove long term cost savings for reinvestment dollars but this is hard to do.

**Agency Administrators**

The agency administrators identified different approaches that have been used or could be used to make a difference. They also identified supports for success and potential barriers as well as unintended consequences.

**Initiatives from Different States and Localities**

**Data Collection and Analysis**

- In Texas, all data in CP includes race and ethnicity. Having it available has driven legislation on racial disparities. The agency is mandated to report by race to the legislature. The data showed disparities among services, out of home placement, and forced looking more closely at the issue. In King County WA, there is a disproportionality coalition in CP system; judges & criminal justice are involved. They ran data as TX has done and found same disproportionality. As a result they have passed legislation for each county to track this data. The more data you collect, the more you see a need to collect more.
• Is there sharing between CP & the courts? In King County, they have made some efforts but they aren’t always successful. It helps if a judge comes to the table and participates. Now they have signed a data-sharing agreement.

• Is anyone paralyzed with data collection? In TX, we have taken data to community, which has asked for more data, but it keeps the agency accountable. In Hennepin County, we are working on developing mechanisms to collaborate with community. Some of this is still open to question. In LA County, they distribute data by regions within the county, the sharing needs to be done and then community has to decide what to do with the data. (Data is there but not always shared.)

Research
• In Ramsey County, the research collaboration between the Minnesota African American Disparities Committee (hosted by the MN Department of Human Services) and the University of Minnesota was helpful. The research was on a sample of African American children, matched with Caucasian children in four Minnesota counties. It looked at decision points from substantiation through case closure. At first the researchers saw no differences, but (after looking at the interaction of race with other variables and) after looking at narratives of cases, differences were identified. One important difference was the use of police-holds with African American children. Michigan has done a later similar project with matched pairs. It was difficult to understand the dynamics so they have adapted CFSR reviews & used 6 white and 6 black families. They did QSR and documented a difference in services and interventions. They also adapted a tool called “organizational or system audit” that looked at systemic issues and found differences in the way cases are documented such as no facts, only inference, language not true. They are continuing research in MI and also crafting tools. MI uses the SDM tool, this audit raised the question of whether some variables are weighed too heavily. In MN, they have re-calibrated the SDM tool to incorporate considerations specific to American Indian families. In TX, they have re-examined the tools for bias. For example, the issue of anger is judged differently in African American families.

Rules and Regulations
• Some of the barriers to fully using EBP to make a difference for diverse populations are that (1) financial investments are in out of home care, not prevention, (2) kinship care is not funded adequately in many places and (3) maltreatment findings follow families, sometimes to the detriment of a positive outcome.

• In IA, they have an ICWA law that strengthens federal law. This is also true in MN – there is state legislation that supports ICWA. In WA, they have the same, but if you don’t have family engagement, it doesn’t matter what law is because it looks like non-compliance. In MN, alternative response has shown that workers saw families as more cooperative.
• In WA, they are trying to change law regarding subsidized guardianship because of kinship. They also expanded definition of relative to neighbors, second cousins, etc. In MN, in ICWA, they are trying to expand to neighbors for relative placements. In TX, they can place with significant others as kinship placement. They also found a difference in documentation in placement affidavits for African American and white families. Is a difference in workers’ perceptions. (Dee Wilson notes that the more interaction worker has with family, kids out of placement faster.)

• We can’t under-estimate fear in the system, of families and workers. If we start questioning decisions and data, it brings change, and people have courage to question. This speaks to supervision, quality of decision, etc.

• We need a better social work curriculum.
  o We need to change underlying assumptions about CP system.
  o Recruitment of social work students also needs to be looked at; and we need to look at cultural competence training.

• Administrators need to question and look at change. We also need to create an infrastructure that supports workers to meet often with families, to question practices, and participate in the entire process.

• Courts need to be a partner in CP; juvenile court judges have models for good practice, but are still not working together. (In WA, they are lengthening TPR hearings and have opened court hearings which allows families to be there.

What has supported or hindered success?

• In LA County, engagement with the community also involves following up with training in the agency and looking at primary prevention to strengthen families. MN has parent support outreach for kids in TANF. In TX, there was legislation for funds to help neglectful families where poverty is a factor; for example, they can do family group conferencing (FGC). They also received more staff for this. In their experience, they believe family conferencing decreases disproportionality. Findings indicate that time in care is lowered and reunifications increased for all children, especially African American and Hispanic children, as a function of these conferences. MI did research on FGC and was able to reduce kids’ placement. In MN they are moving away from a forensic model to addressing needs, how to help families. May be moving to systems change and hopefully will affect disparities. In Hennepin County, collaborating with churches and will train people to do FGC by volunteers at churches, etc.
How are efforts integrated into the community?

- In LA County, each office is charged with having partnership meetings with the community. In WA, sites partner with Casey and show families in Family Decision Making exiting sooner. LA County is using Title IV-E waiver for dollars to be more flexible and have asked community to prioritize needs – one is to expand FGDM. In TX – family focus division created, and hired a former CP parent (and have hired a former foster care youth); they also have community engagement model to look at disparities, etc. Texas also has field staff to develop the partnership and include judges, TANF, etc. Are developing one-stop service sites in TX.

Unintended Consequences

- (Sometimes initiatives are misunderstood and decisions are made in a blanket way that is not appropriate for some families.) In addition, just as an emphasis on placing children leads to the tragedy of many ruined lives, an emphasis on not placing may result in some errors that have tragic outcomes. In TX, due to the focus on family preservation, a child’s death led some to claim that they were addressing disproportionality at expense of child. It is important to have a good relationship with the community to defend new practices.

- One of the problems is how to help foster care agencies reinvest in ways that support fewer placements. If the number of placements radically decreases, it may result in the failure of some agencies that are working to help support families and children. This is a major issue and will be critical in ensuring success.

Community Leaders

The community leaders and partners addressed the perceptions of EBP in the community, identified potential research questions, and delineated some of the supports and barriers to implementation.

Discussion of EBP in your community

- Community does not use the term EBP on the layman’s level, policy level or practitioner level. No one knows what EBP is. We don’t ask people, “Why it’s not working.” But there should be EBP in the community. The Tribes don’t want to share what’s working for them due to distrust of the larger systems. The information might be misused or ill-used. So there might be EBP, but it’s not shared. Even today, it’s hard to know what the real reason is for doing this meeting or what’s going to be done with the information. There is a lack of trust of the larger systems. The solution is to go back to the community for their articulation of problems and to deal directly with the lack of trust. Real partnerships are shared power.
• It helps in the community if you start with service then move into focusing on practice/research. You can “document what works and why.” In Washington, we have tried and tested the Culturally Competent Professional Practice (C2P2) model. It is a culturally competent approach to practice that integrates knowledge of African American values and norms with known best practices and culturally appropriate service providers. A report of a three year evaluation is available at: http://www.cleggassociates.com/Reports/C2P2_Y3_rpt_FINAL.pdf. The community can also help identify hypotheses to research. In Oregon funding is connected to EBP but not in the community. One of the issues is to make sure that research is directly relevant to practice.

• One good book that is helpful is “Post Traumatic Slave Syndrome.” A positive in American Indian community concept of Sovereignty. Tribes are coming together about Indian child welfare. They know what works for their children and need to consistently be a part of the process.

What kinds of questions would you like to see researchers examine about what practices work for children and families in diverse communities?

• Delving into cultural strengths – what is the strength of the (Asian, American, etc.) community that promotes healing?
• Something righteous about the terms EBP and cultural competency, something prescribed, not truly understood, sometimes we apply the term EBP before we really know that the practice works for other cultures.
• American Indians are not in the curricula, so how can scholars be competent?
• Impact of leadership on EBP and its impact on agency, institutionalization of practices.
• What are indicators of quality cultural competency? What are the key components in helping people get the skills to be culturally competent?
• Needs and issues:
  o A true definition of cultural competency – resulting in a true research process on the topic.
  o Check list of things researchers have done wrong in the past – learning what not to do before going out into the community. Defining cultural incompetence.
  o What’s the outcome of EBP? Why do tribes care? Is assessment complete and thorough? Will it really impact the system?
  o There is a sense of powerlessness at the community level. How can community inform academia?
  o There is talk of collaboration, but no talk of elements of how to effectively collaborate in order to make systemic change
• Phrasing of questions frames it as us/them. Group set up to talk in us/them kind of way.
Some things that work:

- Sometimes everyone knows what’s wrong, but the bureaucratic system makes change difficult and slow (it’s a battle). Other times it may provide a trigger for change. Example: An outside audit triggered change in LA; it was a blessing that resulted in Point of Engagement. But there is still the issue of who’s going to pay for services.

- Kids teach us: What are the characteristics of teachers that work well with African American youth. In Compton the faith-based community has played a huge role in service delivery.

- We’re carrying out policy – we need to organize to push. Policy takes place when there is community outcry. But we can also motivate communities prior to crisis. We don’t have a lobbying group. Something like that would help. In the 60s and 70s there was more emphasis on prevention, now not as much. Participants need to feel that they are on the same playing field. Ideally, the community should be more powerful. This is about the community. Ask the community what questions do you what answered? It’s about empowerment. We need to “internalize that we are the power.” The community needs to set itself free. Communities need to take the power.

Legislators

Legislators and those interested in legislative solutions discussed examples of different approaches, supports and barriers to legislation and possible unintended consequences.

Discussion

- Examples of different approaches
  
  - One theme from TX, WA, and MN seems to be to put together task force/workgroup of stakeholders to look at issues in state – required by legislation to develop plan for further research and implementation
  
  - Working with community stakeholders is key to buy-in and passage of legislation
  
  - Make sure that disproportionality is recognized in making and implementing legislation around child welfare
  
  - Legislators can provide authority/budget: need agencies to develop model
  
  - Deal with issues (dropout rates) from a holistic/wraparound approach – community agencies, faith communities, chamber of commerce, etc.
  
  - Need to be conscious of, and accountable to, expected outcomes of legislation – do we do a good job evaluating if a policy is working?
  
  - Need to put EBP into a framework/guideline to help legislators to put together legislation based on what we know works.
  
  - Need to develop legislation that focuses on results, not necessarily prescriptive laws about practice
  
  - Allocation of resources must be tied to achievement of results
• If we are not getting results with current resources, agencies need to be encouraged to use resources in a different way before looking at new resources
• Mandated research and case practice are not legislative roles

What has made proposed legislation successful or blocked it?
• Legislators only have a short window to convince colleagues, need short, succinct information – problem, solution, action toward achieving result
• Policy based on achievement of results
• Need public outcry/significant media attention to get resources allocated through legislation
• Sensitive administration (governor)
• Access to information about how other states have dealt with issue and their success/failure
• Include smaller issues as part of a larger (more popular) related initiative/legislation
• Look to foundations to fund early research and pilots and then look to state for support
• Racism, funding priorities, personalities/reputation among colleagues, are potential “blocks”
• Important to have a legislative champion
• Credibility/integrity of author

Unintended consequences
• Media misrepresentation of issue/intent of legislation

Other
• Tend to run into issues with confidentiality laws when trying to propose holistic/wraparound initiatives (between different cooperating agencies)
• Do legislators consider the connection between incarceration rates and out of home placement and its contribution to disproportionality?
• Recognize the importance of kinship care in keeping kids out of placement (stipends for kinship care)
• Important that professors/academicians understand the importance of succinct, one-page information on issues – needs to be simple and concrete – this builds credibility with legislators
• Longitudinal analysis is important in proving efficacy of practice (2 years is not enough)
• Legislators interested in what is working – both long-term and pilot projects

Recommendations from Legislative Group

   Legislative approaches:
   • Track disproportionality
   • Themes are: evidence-based task force/work groups, collaboration
   • Task force comes together, forms a plan, looks at evidence
Collaboration between state and stakeholders
Works collaboratively with community
Agency strategy is to look at policy in light of there being “a problem” with disproportionality
Create a model, pilot project, tweak it and roll it out
Agency designs a model, legislators support and provide budget

Outcomes:
• What we “want” to see happen: wrap around approach with abuse, neglect and dropout rates in schools (schools, faith-based community, civic organizations, community agencies) maintain a holistic approach
• Who is accountable and who maintains these programs?
• Do policy makers know what practices are?
• Policy makers need a forum for understanding what best practices are
• What programs work? Example – boy scouts/girl scouts
• Disproportionality: addressing why and how to address it/how do we change it?
• Legislators need the “bottom line” of information (one-page sheet) – they are overwhelmed with many issues
• Proving effectiveness is tied to financing
  o we need outcome measures
  o media influence/public outcry lead to resources

Resources:
• Can we use existing resources in a different way?
• Can agency be creative with existing resources?
• Legislators need results to continue allocating resources (money)
• Look at data from other states to gain evidence of success
• Collaboration between state and agency-based or pilot project

Passing Legislation:
• Very difficult to pass “single issue” bills
• Attach to other initiative for better results
• Attach amendments
• Gear what you say towards who you are talking to

Suggested Strategies:
• Short, concise reports
• Answer questions clearly and concisely
• Outcomes demonstrated/longevity/what has already been done

Potential blocks to legislation:
• Racism
• Funding priorities
• High profile issues taking precedence
- Personality problems
- Poor credibility of legislator

**Researchers**

**Follow-up on this morning’s discussion(s) around research w/ communities:**

- Reaching out to IRBs and assess their cultural competencies and whether it is looked at in the process.
- Disproportionality: Is it appropriate to continue pursuing research questions about disproportionality, given the discussion this morning?

**Populations served through research (or not):**

- Adoptions and nation-wide studies, barriers, post-adoption services, success, etc.
- In OR, lots of American Indian but not as much African-American. Model-development research is needed. EBP is being used with juvenile justice population.
  - Stereotype has been with majority-culture participants. Researchers are asking for more diverse samples in Oregon (except Portland).
    - At least 4 different applications with Latino sample, one is in Mpls-St. Paul.
    - One with African-American population in MI.
    - In Marion County Oregon (which is not largest, most diverse population), they are trying to move some work into African American community but are not yet funded.
    - Asian-American families in Oregon where one parent is involved in correctional institute.
- Nationally, the weakest evidence is in American-Indian populations. The difficulty is that there are many different cultures that make up the American-Indian population. It’s an enigma when researchers work with American-Indian populations – so many challenges that gains made were modest and didn’t encourage investigators to take next steps or clarify what these steps might be. For researchers, it’s hard to request funds when research hasn’t yet been done. Models being used, even when successful in other communities, fail with American-Indian populations.
  - Caseworkers don’t know how to ask, especially in juvenile justice.
  - There are some American-Indian researchers who are working in these populations.
  - Opportunities for states and tribes to work together. The Healthy Marriage Initiative is working on this.
- Asian-American needs to be broken down in the “not researched” populations. Sub-groups differ because patterns are very different even though its easier to aggregate. When you break down these sub-groups, you realize that they are disproportionately represented (some groups are new immigrants, others are not).
- Researchers need to argue why there is a focus on only one or two sub-groups, or heterogeneous groups: scientifically, why is it useful to do this work?
One of the other populations we’re starting to take a closer look at is those who are ages 6-12. These children seem to have much worse outcomes than those who are in different age groups. We are taking a closer look at this in TX to see if we can do something different to try to get these kids out of the system and see if we can get them treated much better. For whatever reason, these kids are not doing as well as younger or older kids. They also tend to be in foster care much longer. Texas doesn’t have a law that says you have to be a licensed relative. You can be, but it is not required.

Another community of interest is GLBT youth. There’s a growing awareness of those kids but that they really need help.

What about kids who are expelled from kindergarten? What about kids who have been expelled from child care? This is an area we should be paying attention to.

○ Sometimes this is out of hand. In some schools children, even very young children, have been treated like criminals for very small things.

One other area is looking at kids who have attachment issues. This is a group of kids who really need help, and this is a critical research area. Kids who have had multiple adult relationships that have been disruptive is an important area that needs more work.

A foster care mom once told me that she makes a partnership with the birth parent. Because when the child turns 18, they go to their biological parents. What she’s found is that she can form a relationship with the parents, things go much better. Children in the system, by definition, are traumatized. Have child protection services been researching the degree to which the system can and does minimize trauma? Are there research projects that relate to these areas?

Root-Cause Analysis in Chicago has resulted in error-reduction EBP to look at the culture of agency environment in order to introduce a culture of innovation as a means to improve permanence planning outcomes.

Questioning evidence: the meaning varies. Logical positivism is focus but other processes need to be introduced. What are the right questions? What is the final product? How am I going to report this to the commissioner?

○ EBP is not new to other countries (Australia, England, etc.). In order to get people to accept evidence, they needed to use post-modern strategies to negotiate the adoption of the implementation. US is missing out what constitutes best-practices. Selling EBP you are bringing in overhead to universities.

○ If one thinks about EBP as using the best available evidence, this allows for a broad collection of evidence. If the tribal leaders are saying to use the best available, it still requires working with the nation that gets to cause-effect level. A more ethnographic approach gets back to what communities need (Making Ends Meet) and being immersed in the community. But these studies are not often supported by NIH (foundations may). Community-based work is currently being funded by foundations, as are R24s for infrastructure development.

○ Practice community uses best practices as they serve their clients. Evidence for decisions is needed – but what’s the nature of the evidence to fit a situation?
Evidence can take years to move.
Qualitative research might provide more information with a meta-analysis of quantitative research. Being flexible with incorporating these could be successful, yet depend on funding.

How are social workers students being better trained (as in CA)?
  o Students are recruited very well and help catch their professors up.
  o Immigration status and ethnic group affiliations – communities and places (geographic region) help answer how to combine and tie strands together.
  o Place-based – There is a block of days in a place (where is transportation, grocery store, etc.) where student is immersed in a location.

Where does cultural competence fit in African-American communities? There is grave concern that a group dynamic is used when researching. How can research be done in a way to capture the diversity of a group?

Research that is underway or would like to do? What kind of approach could be developed? Questions you would like to address?

- How can parents and communities engage mental health programs across board?
- How can we address socio-economic class and engagement of parents?
- How does the application of EBP process enhance the culturally competent experiences and service outcomes of people enrolled in a particular EBP (where is the link between process and practice)?
- Workers are supposed to engage with family and have at fingertips the EBP about many different issues, and now we’re adding cultural competency: how do we get ALL of this info to social workers?
  o Can each of us take one in our area of expertise, and think about ways to disseminate information to each other and back to community? …that is, EBPs that are working in other countries are sitting on a shelf here – we can’t get them or get them to be used properly. This isn’t good for community or for funding. How can we better access this work so that we aren’t continually recreating the wheel?
  o How can the community help identify institutional racism and how our practices are perpetuating problems? People want to see policy and practice changes.
  o Prevention research area is of interest: how can we address something before it becomes a problem? In some focus groups it has been seen in parenting classes there is a need for parent effectiveness training but models (such as discipline) are not coming from African-American communities. Many punishments are learned behavior – carry-over from slavery.
    ▪ In practice, we don’t change what we do b/c we’re accustomed to it (we aren’t measuring for effectiveness in social services).
    ▪ Practices picked up elsewhere but not close to home.
    ▪ Investigators may not be clear of which program is which? For example, Parent Management Training/The Incredible Years are the same thing presented in different ways.
- What are we doing as social workers to make change?
- The differences between treatment and structural issues: What are the mechanisms that you’ve used that can be applied to participatory research?
  - There is community-based research and there’s action-oriented research. Research is supposed to be this really clean thing – it never is – and as social workers we need to make sure that it is useful. We need to take a close look at the structural problems they have versus those that are not. How do you distinguish between structural deficits that are imposed upon society? How do we do research on these structural factors?
  - I have strong feelings about this. I think participatory research is very important – when you are doing participatory research, it’s almost never randomized control trial. That’s real life. I’ve done very few that are experimental and they all have value and although I believe in the gold standard, it just isn’t what the community needs or wants. There are ways to do this – I give findings back right away – “real time” – and it makes it much more useful to the programs. My agency puts much more emphasis on helping the community rather than getting articles published in peer-reviewed journals. We ask our community groups “does this make sense?” and “does this sound right?”. Most of the people in the field where I work do not read peer-reviewed journals.
  - How do we honor the science and honor the community? Each needs to listen more to the other.
  - We also know that the distrust in the community is legitimate. I find that how you approach a community agency affects whether they trust you. Building relationships is critical. Partnerships are very good. It makes the researcher more humble and there’s an interaction between the two that is critical.

**What other projects in your current research relate to cultural competency?**

- (Editor’s note: Different states and localities are at different stages of discovery.) We need to think about the various decision points with the CP system – are children entering in racially disproportionate numbers? Is there disproportionality in foster care? Where is it occurring? For instance, do kids who are placed in kinship care stay longer – we think so.
  - Effectiveness of Child Welfare intervention
  - Intuitively, I think the entire system as it relates to child welfare, is suffering from a collapse of the infrastructure so that only the most egregious cases are addressed. (Editor’s note: this may be deliberate, rather than accidental).
  - Part of the differential impacts is due to which kids enter the system.
  - Families do not really have a sense of participation. The number of services that families get is actually quite limited. I’m not sure we have evidence-based testing on what helps, over time, because our families are in our systems for such a short period of time. My evidence comes largely from rural areas where people are extremely poor and there are so few resources.
Do we know what the rates of re-abuse are for those who are involved in the system? Are we re-opening cases when we shouldn’t? Are the “alternative response” cases just creating a revolving door for child protection?

If you take the legal definition of maltreatment, I don’t think any of us would not want those children to be served.

The question is bigger than that – it’s more about whether it is good for families and children to be involved in child protection. It almost seems more risky for families to become involved in child protection. The control families in the alternative response family study ended up with higher rates of placement. This implies that it’s not necessarily good. The larger question about services is about resources.

- I would rather talk about investing in community-based prevention programming.
- What everyone has been talking about is about asking the question “What is the research telling us?”
- One of the things I struggle with is the difference between cause and treatment. We may be getting better at identifying kids who need help. The treatments that we need to apply might need to be different. Do we solve problems by alleviating poverty? We seem to be fairly loaded on the intervention side. To say that we need to make some serious investments on the prevention side and these are things that have to happen during the earliest years of life. Exposure to poverty is much more harmful for the youngest children.

Each child is born with a particular trajectory of achievement and this trajectory is influenced by environmental factors. What many interventions do not take into account is the timing of the interventions but it seems that we get the biggest payoffs when we invest the earliest. (Heckman)

Minnesota keeps trying to pass legislation that addresses early intervention – it failed again this year – but one thing that occurs to me with this issue is that we might want to talk about is whether it is better to leave families alone than get them involved in the child welfare system. That might be too cynical. There are families, for instance, that a depressed mother has very detrimental affects on children.

Right now I’m working on a project in Ramsey County for universal screening of children for mental health, and culturally appropriate services are critical for this. There are very few culturally appropriate services available, once we do identify a problem. We are using Ages & Stages and we’re trying hard to translate it – simply using it (translated) does not address this issue. We still have a great deal of work to do in this regard. We should be asking the communities “What are you worried about with these children?” For instance, some of our Hmong children score high on some screening tools and we end up not referring them onto services and then we miss the kids who SHOULD get served but don’t. This makes us wonder what does work with certain populations.

- Where is the basic research that would help us culturally norm our assessment tools? Thirty years after medical assessment tools were adjusted (from Boston,
white, middle-class children) we learn that measures were not normed. Our measures need to be normed for certain cultural groups so that we know they measure what we are seeking.

- In some medical studies – such as emergency room studies – Black children are often sent to criminal justice or in to child protection while white kids are “released”. There is an assumption that you can predict based on risk factors and there has to be a lot more work on this.

- Satcher’s report addressed risk and prediction from a twenty year study. When they completed the analysis, whatever the risk factor was, the predictive influence was only a .3. What they concluded is that the risk factors were not as predictive as they expected and what changed outcomes were protective factors. In this report, 50% of males commit a felony-level crime before the age of 18. Why, then, are the majority of those who are in the juvenile justice system Black? Why is this? Even in traffic court. Rarely do you see white people. In Chicago, there are equal numbers of poor white and poor Black people yet you don’t have them concentrated in public housing communities such as Cabrini Green, for example. We use a deficit-based model to address these problems.

  - So in looking at structural models, we need to be examining social fabric and other resources.
  - Related to social fabric: in Iowa, there were two initiatives undertaken to attempt to examine cultural issues in communities of color. The assessment tool takes a look at the social fabric in the child’s life. It becomes important to examine the other resources in the child’s life. The younger police in particular seem to feel that “being responsible” and responsive to a call results in out of home placement. Some new interventions outline for officers exactly what criteria juvenile justice could use for placement/detention and detention decreased dramatically. It forced officers to investigate the social fabric of that child’s life.
  - If we don’t have good risk factors that predict, why don’t we use asset-based predictors? Three that I’ve heard of are IQ, temperament (engagement), someone in the child’s environment passionately cares for that child. These are the factors that seem to protect children, even in the face of many risk factors. What this means is that we need to provide them with these assets if they do not possess them themselves. The child, then, can acquire the protective factors.

  - In our interfaith project, we do the same thing.

- With respect to risk factors, there’s no reason why protective factors cannot be incorporated into a well-structured assessment tool for children. We can incorporate this into the factors that contribute towards re-abuse. There’s also a problem with the either/or (yes/no) nature of our assessment tools. We are going to have more use from an assessment tool that gives us a spectrum of risk. We will pay more attention to the very high-risk family/child, but when there’s a low-risk case and the family is uncooperative, we probably won’t impose ourselves
onto them. We can move beyond risk factors to more fully understand the families we have in front of us. This is where we need to utilize more clinical assessment tools.

- The next big question is to roll that back around – if we give these types of services, how does this impact the risk factors that we are assessing? We don’t very often incorporate our service application into the formula.
- To get to the level of assessment to know the protective factors, we need to actually interact with the individual. We have to actually take more time with each family and child to know this. It isn’t that we are not able to assess protective factors. It takes much more time and it forces us to not treat children like statistics.
- In IA, we had a qualitative analysis of a project where we had a broad team of staff who were multiply involved in the family/child. The ongoing worker stated that as a result of this process the cases were staying open much longer. They are having to talk more to one another and they are taking joint responsibility for outcomes. They have to do more work on each case than before and they learn much more about them – particularly with ICWA where they must do family trees to know as much as possible about history and context.
  - That sounds like evidence-based process. It sounds like everything is pointing in the right direction.

**Group on Statewide or National Organizations and Activities**

The group on statewide or national organizations and activities discussed examples of different approaches that have been used or could be used, supports and barriers to initiatives and unintended consequences.

- Some possibilities for approaches include a program funded by the Children Bureau; another is to work with lawyers and courts around the laws. All federal resource centers have been given the mandate to address racial disparities in some way. This is a very important policy issue; we need to make EBP a reality. We have to recognize that when families come into court, they often come in unnecessarily. We should address how the law can be useful.

- As we look at working with communities, we are looking for places that generate revenue. I don’t know if we have a lot of places that can say they have reduced disparities. EBP and process, like cultural competence, represent one layer; this is really about social justice and what’s right for all human beings. It’s also about social equality and then it’s about how you work with those families and report and analyze those differences; then outcome- how you measure equity. It is really four layers to the equation.

- Much of what we do has to do with accountability requirements of CPS. Specifically to disproportionality we have legislation that addresses that. In TX,
we have policies and procedures that we think contribute. We’re crafting a four stage community engagement model: community awareness & engagement, community leadership, community organization, and community accountability.

- We are training to develop research by the community instead of so formally researched. For example, we had surveys conducted by residents in the community. At the core of all this we have young people who have been a part of the system who are on advisory committees. The theme throughout is that this needs to be anti-racist work. We have done a lot of partnering with the People’s Institute. Everything gets feedback through that lens. We have a one stop model that can be replicated. We are seeing evidence that the approach is working, but it is going to be a few years before we really know. We will be tracking outcomes through the evaluation component.

- We (Partner for Children and Families) partner with different agencies and take on major initiatives. We are trying to connect children back into families that have been in CPS for many years. In all that is the issue of disproportionality. We are trying to look through a systemic lens; pulling people together and figure out how to keep children out of juvenile justice. EBP is also taken on at the legislative level, but sometimes it can be used as a punitive tool. The term EBP changes every year and use among the different departments varies. The state commission stated that we need to engage in and talk about EBP. So that’s the states’ challenge. We know we are going to have revisit this with the legislators in terms of how we roll EBP out.

- Last year, our organization did a survey on disproportionality and ended getting very little information back. We re-sent it and made laundry list and then sent it back to legislatures to see what they were doing. Our emphasis is around organizational effectiveness- first have the organization in right position and readiness to be able to examine the problem. We have also been developing a diagnostic tool, from an organizational viewpoint. It looks at three levels with 10-12 different categories; Societal- what is going on in the societal level? Organizations if they are going to make a change, where are they going to get the biggest bang for their buck? We really want our members to use it and to think about the changes they will be making in disproportionality. Our legislators will have this on their radar screen and will be informing the decision making.

- The valuable thing about the community models- getting everybody involved so when the report comes out people are not surprised. The focus groups were done in partnership with the community leaders and when it comes to strategies they tie back to results. What came out of the group becomes what needs to be done. Tracks back to what to the group states.

Questions and Issues in Implementation

- How do you enhance the capacity where you get cultural competency and EBP in sync with each other?

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• Theme- What do we mean by evidence? Many different kinds?

• Universities should be able to offer the evaluation and adaptation piece and very often you’d like to work with them, but there are constraints that they (the University) have and by time you figure in costs, you can’t do it.

• The problem with EBP is that is so new. There is a book coming out on juvenile status offenders, juveniles who enter the system at 13-14 because of stressed single moms who cannot deal with their behavior problems. Some programs have done work to keep these children out of the juvenile justice systems, but it so new it is hard to say if works long term.
  o We need to write about this work on interim track and not wait until it is done.
  o There’s some caution needed too; there is huge of amount of traction around EBP, but if we’re not careful, we could perpetuate the bad things if we don’t exercise caution.
  o In African American communities there are organizations that are good at getting money and writing grants, but they don’t do good job connecting with families. The opposite exists as well – they are good at connecting families but not good at a grant writing.

• Can’t just pick up a model that was used somewhere. We need to talk about the importance of adaptation and testing.

• Organizations are being told they are not getting funding because they are not evidence based.
  o Is there some flexibility here?
  o The issue here is what counts as evidence?

• Another concern is there will be a backlash when we show things that we have been doing may not work.

• Laws with good intentions are suddenly dumped on welfare agencies.

• Right now we can pretty much predict who will have bad outcomes by knowing their race. If you don’t do EBP, you will not get funding.
  o Will it provide access to important family and community structures?
  o And will it do it in a way that is respectful? If not, it will be the same old thing- good intentions bad outcomes.

What kind of information and collaborative efforts are needed to make cultural competence in evidence based practices? What is the role of child welfare services? From a national or state organization what kinds of roles are needed to approach this in an educational way?

• Paired issues- only going to pay for a certain interventions. There is whole educational process.
  o We’ve got to quickly speak with one voice so that money can be diverted to keep families out of the child welfare system permanently and help re-tool foster care systems in the way they do business.
  o We’ve got to educate the community, the media and the politicians.

• How do we engage communities and representatives from diverse communities in meaningful way?
In Philadelphia they brought together non-custodial dads in a focus group.

In the reunification piece, you are doing the community support on the front end and when the child come home, how can you continue to support them?

It’s not only cultural competence, it’s that inclusion and that needs to be upfront in conversation otherwise that will get lost.

We have a lot of discrete practices in child welfare. These discrete practices can make it difficult. Need more inclusive family services.

- We really sort of talked about a number of things on a national level.
  - National organization can work across the county and can help transfer learning that may work in one state but not another.
  - We need to look at this as a process and engagement from the beginning.
  - All these things are about best practice.
  - Model programs need good evaluations.
Selected Bibliography from Discussions

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Group Discussion Identifying Challenges & Next Steps
Led by Carol Spigner

From our discussions this afternoon, we have been able to glean some themes that set the stage for our closing discussion. In order to identify our high priority challenges and next steps, it is helpful to review some of the themes we have noted so far today. We will then go on to determine what are our highest priority challenges and our next steps for studying and implementing EBP in the context of cultural competence in child welfare practice, management and policy.

Themes Identified Today

State of the Art

Accomplishment:
• There is some evidence available about what works in child welfare and somewhat less about what works in diverse communities

Challenges:
• Current evidence not used in practice
• Current evidence is underdeveloped

Methods of Research

Accomplishment:
• Methods are well developed

Challenges:
• Traditional methods do not support inclusion/participation
• Does not reflect diverse cultural perspective

Administrative Data

Accomplishments:
• All states have some capacity to report on case dynamics
• This data provides tremendous capacity for evaluation

Challenges:
• Data not used to the extent that it could be
• Findings are not systematically shared with the community
**Risk Assessment**

Accomplishment:
- Great deal of research and development on developing risk assessment instruments that are valid and reliable

Challenge:
- Incorporate protective factors in risk assessments

**Team Decision Making**

Accomplishment:
- There is some evidence of effectiveness of group decision-making

Challenges:
- Building capacity to use these approaches
- Making sure all groups have access

**Partnerships**

Accomplishment:
- Getting partners to the table is effective in setting a common agenda and mobilizing resources

Challenges:
- Skills to do it
- Leadership commitment

**Group Identification of High Priority Challenges by All Participants**

Expand the use of EBP process among professionals, families and consumers

- See for example:  

- The individual gets lost in this discussion
  - We need to keep working on how to apply EBP in practice.
So we need to integrate EBP with client preferences and circumstances. This is where culture is important.

- We assume all cultural groups are the same
  - We need to look at differences within groups – and collect data within each of these groups. We need to go beyond the census categories.
  - When we look at the research we need to disaggregate the data.
  - Look at differences between urban and rural groups For example, are there differences in application of EBP in rural communities where geography makes a difference in service accessibility?

Legislators are inundated by the next new thing

- It is important to convince legislators and budget writers that EBP is the evolution of former practices that will achieve desired results (rather than a fad that will soon pass).
  - Then there is a reason for them to invest.
  - The challenge is to tie funding for research in EBP to dissemination For example, researchers need to partner with business schools to develop business plans for dissemination. How can we figure out this technology?

We need to be cautious about blanket replication of an EBP model of intervention

- We are learning a lot about communicating regarding EBP and about community engagement strategies
  - Much is based on where you take the model and how you move it into a region
  - A major challenge is to develop communication strategies within agencies (internal) and to external partners about why EBP & cultural competence are important to address at the same time.
  - Also, connecting with other systems that are also dealing with disparities is important (corrections, etc.).

Research on EBP and incorporation of research into practice has a long term focus. This different that what is needed on the front lines of service delivery. Agencies are operating at a much faster pace.

- What adjustments do we need to make to be relevant to the those working in the field?
- We need to ensure the push for EBP does not create more barriers for organizations who have a good track record with children and families but have little capacity to do research/evaluation.
Current policy changes aren’t evidence-based.

- We don’t have enough investment in evaluation.

- It is important to integrate these goals into Federal law and policy (and be cautious of unintended consequences of policies)
  - We need to help guide this to be responsive to what we are discussing here today.

- Current “industry” of child welfare thrives on children remaining in the system – we need to revise this system.
  - What are the methods we can use to address this? Editor’s note: See for example, Performance Contracting as implemented in Illinois.
  - We need to ensure that we have enough people invested in making the changes we know are necessary to set new practices and policies in place. This will help sustain the work over time.

- A lot of gains made in health and mental health have been consumer driven.
  - Yet our clients are often disenfranchised.
  - How do we engage clients in the process of changing agency practices and policies?

At some point, it will be unethical NOT to do this work. For example, therapeutic foster care works; why aren’t we using it more?


- One issue is that there are some people who are actively opposed to the use of science in helping people. This is a major challenge.

Don’t lose the driving impetus of this work: social justice

Four elements can work together to address needs:
  - Human rights (setting or context)
  - Equality (one goal/desired outcome)
  - EBP (how you intervene)
  - Measurement (the equity piece; outcomes shouldn’t be predictable just by knowing a person’s race).

How do we communicate this succinctly?
Group Discussion with All Participants Identifying Next Steps
Think about next steps that can leverage significant change and are realistic to accomplish

Other people have dealt with dissemination (application of research in practice) effectively. We need to learn from them.

- Consider what England, Canada, and Australia have done in dissemination.

- They have also done a good job of involving the community in these efforts.

We need to figure out what we don’t know. We need systematic reviews to give practitioners clear information.

- The Campbell collaboration does this work but does not receive much funding from the States. Support has been coming from other countries. See [http://www.campbellcollaboration.org/](http://www.campbellcollaboration.org/)

- Implementation – research and dissemination are critically important, for example, NIH is sponsoring a meeting on dissemination research in September 2007.

We need to expand on Briggs’ use of the process paradigm and make it better known so we are all on the same page.
Note: paradigm refers to Briggs’ panel presentation at this meeting (Implementation Panel)

This is also a political issue

In order to support funding, we need to get people’s attention. One way to do this is to….

- Link what we know about EBP in child welfare to the national interest in supporting education.

- We need to consider what we do know: We know the populations and the communities they come from;

- So we need to do more to prevent them from entering the system. (See for example presentations and panels from morning sessions of this meeting)

How can we use this information today?

- Some examples might be talking with community groups wherever they are such as churches, schools, housing developments

- This links to the need to identify target audiences. We need to determine:
  - What is the message?
  - What do we want to ask them to do?
  - What are the goals we are working towards?
• We need a much better concrete link between researchers, community agencies (practitioners), and communities.
  
  o We could structure this locally in order to be able to integrate research at the local level

• What is the degree of community control over and monitoring of CP practices? This is an important step. Editor’s note: See, for example, What Makes Citizen Review Panels Effective? http://cbexpress.acf.hhs.gov/articles.cfm?article_id=927. Abstracted from Children and Youth Services Review, December 2004.

• From our small group discussion, we see that…National organizations can be moderators of dissemination and other aspects.

• A new model in teaching research to social work students –
  
  o Teach students how to interpret literature and how to integrate it in practice. See the model at University of Toronto, Faculty of Social Work as one example.

**It is important to engage those who do not agree with us**

• Otherwise the opposition will inhibit us from moving forward.

**An important next step is to…**

• Take information and materials from this meeting to “socially conscious” MBAs to create a business plan for dissemination.

**What do we hope will come out of this meeting?**

• Putting EBP and cultural competency in the front of our minds

• A series of publications (possibly a special issue of Children and Youth Services Review on EBP and cultural competence)

• Meeting materials and video for further discussion

• Each of us will implement action steps
Evidence Based Practice/Cultural Competence Meeting

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