

National Quality Improvement Center

QIIC • AAG

Adoption & Guardianship
Support and Preservation

A Program funded through a five-year cooperative agreement with
Department of Health and Human Services,
Administration for Children and Families, Children's Bureau in partnership with:
Spaulding for Children
The University of Texas at Austin,
The University of Wisconsin-Milwaukee, and
The University of North Carolina at Chapel Hill

THE CHALLENGES OF ENGAGING ADOPTIVE & GUARDIANSHIP FAMILIES IN PREVENTATIVE SERVICES

QIC-AG
Annual Webinar
September 25, 2017

WELCOME

OVERVIEW OF WEBINAR

- Webinar will be 1 hour and 30 minutes
- Availability of PPT slides
- Webinar will be recorded and posted on www.qic-ag.org
- We will have time for questions after each panelist. Questions can be posted via chat or through phone line

WELCOME

- Melinda Lis, Director, QIC-AG
Spaulding for Children

- June Dorn, Federal Project Officer
National Adoption Specialist, Children's Bureau

PRESENTERS

Dondieneita Fleary-Simmons, QIC-AG Site Consultant for New Jersey and the Winnebago Tribe of Nebraska

Stephanie Hodge Wolfe, QIC-AG Site Consultant for Illinois, Texas and Wisconsin

Christine Feldman, QIC-AG Site Implementation Manager for Illinois

John Webb, QIC-AG Site Implementation Manager, State of New Jersey, Department of Children and Families, Division of Child Protection and Permanency

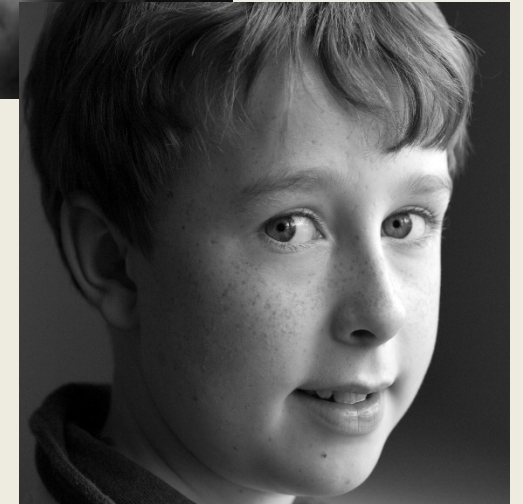
LEARNING OBJECTIVES

- Participants will become familiar with the integrated theory of participation and how it impacts implementation.
- Participants will increase their understanding of the selective interval in the context of the larger QIC-AG permanency continuum framework.
- Participants will gain awareness of reasons adoptive and guardianship families may not proactively engage in preventative services.
- Participants will learn strategies employed/decisions made by sites to try to improve the level of participation with adoptive and guardianship families.
- Participants will understand the implications of the challenges with involvement on future service delivery for adoptive and guardianship families.

OVERVIEW OF THE QIC-AG

QIC-AG GOAL

- Develop evidence-based models of support and intervention that can be replicated or adapted by other child welfare systems across the country
- Achieve long-term, stable permanency in adoptive and guardianship homes for the target populations



QIC-AG LEADERSHIP TEAM



QIC-AG is funded through a five year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

❖ Spaulding for Children



❖ University of Wisconsin-Milwaukee



❖ University of Texas at Austin

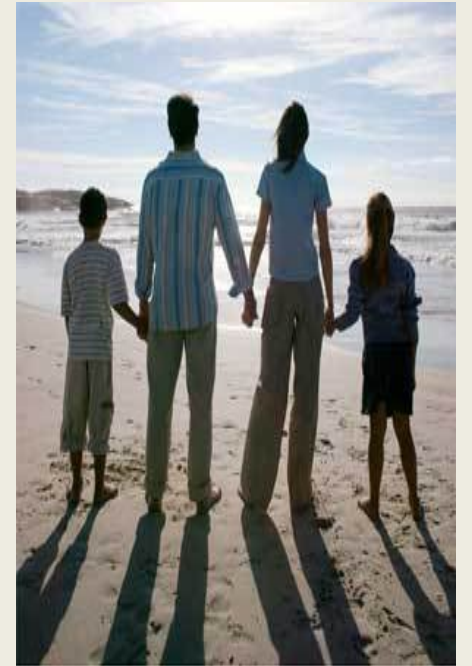


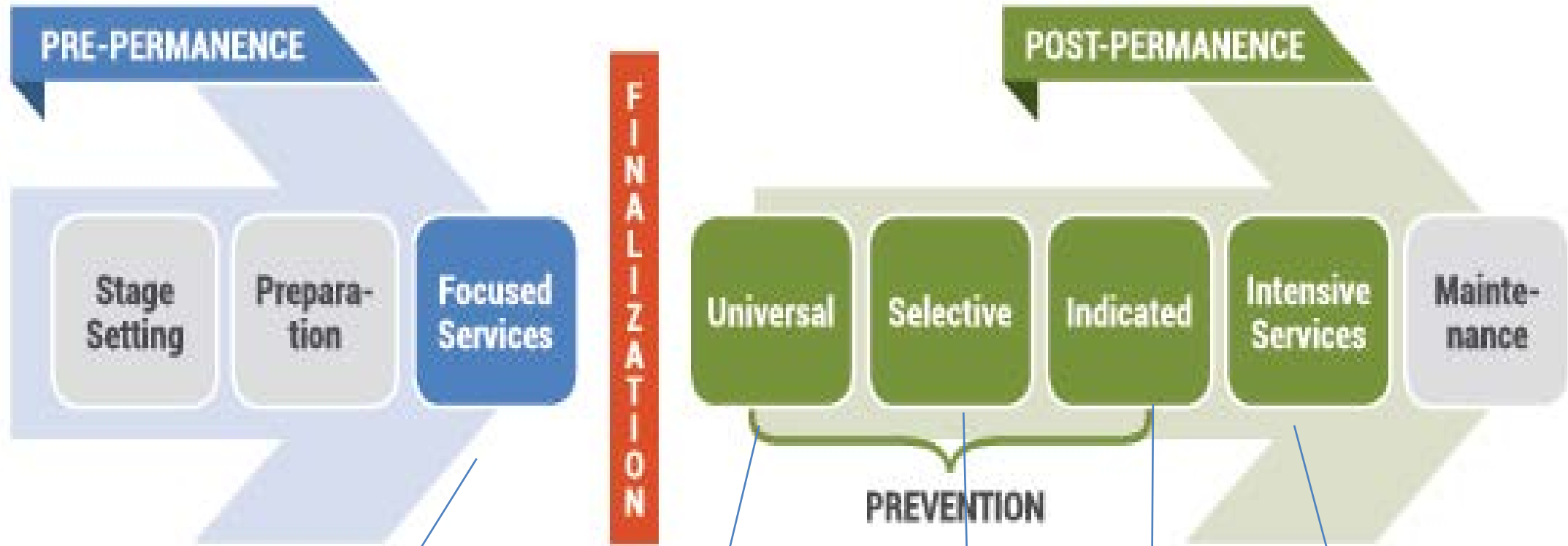
❖ University of North Carolina at Chapel Hill



TARGET GROUPS

- **Target Group 1:** Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- **Target Group 2:** Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.





Texas & Winnebago Tribe

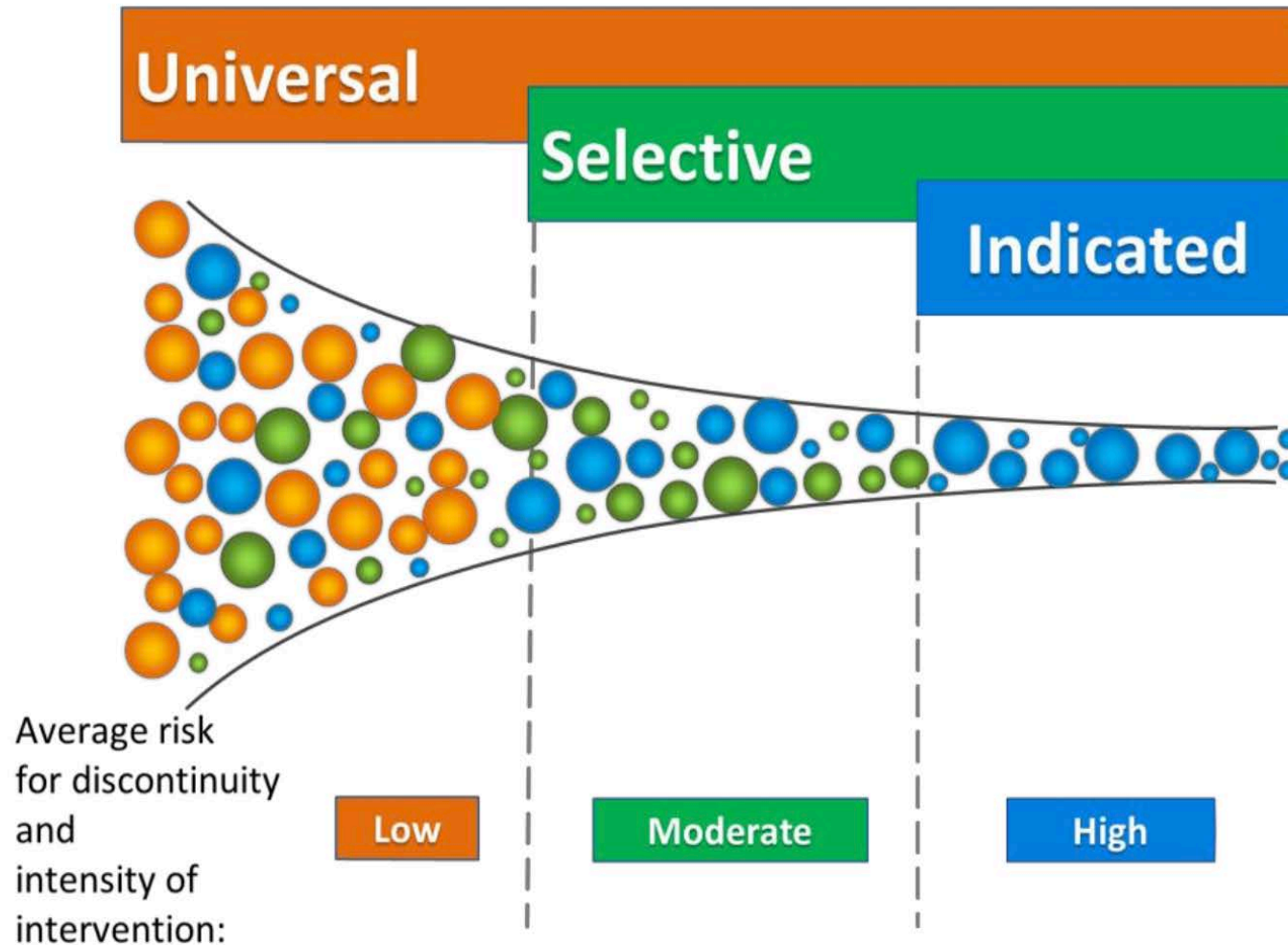
Vermont

New Jersey & Illinois

Wisconsin & Catawba County NC

Tennessee

SELECTIVE INTERVENTION



Selective prevention interventions target outreach to families with risk factors for discontinuity.

PRINCIPLES OF SELECTIVE INTERVENTION

- Services are proactive in nature.
- Prevention efforts targeted at families with characteristics known at the time of finalization that may put them at an elevated risk for discontinuity (instability).
- Decades of child welfare research have yielded significant insight into these characteristics which are then used to identify children and families for proactive outreach.

<http://qic-ag.org/wp-content/uploads/2015/06/QIG-AGContinuumFrameworkFinalMarch6.pdf>

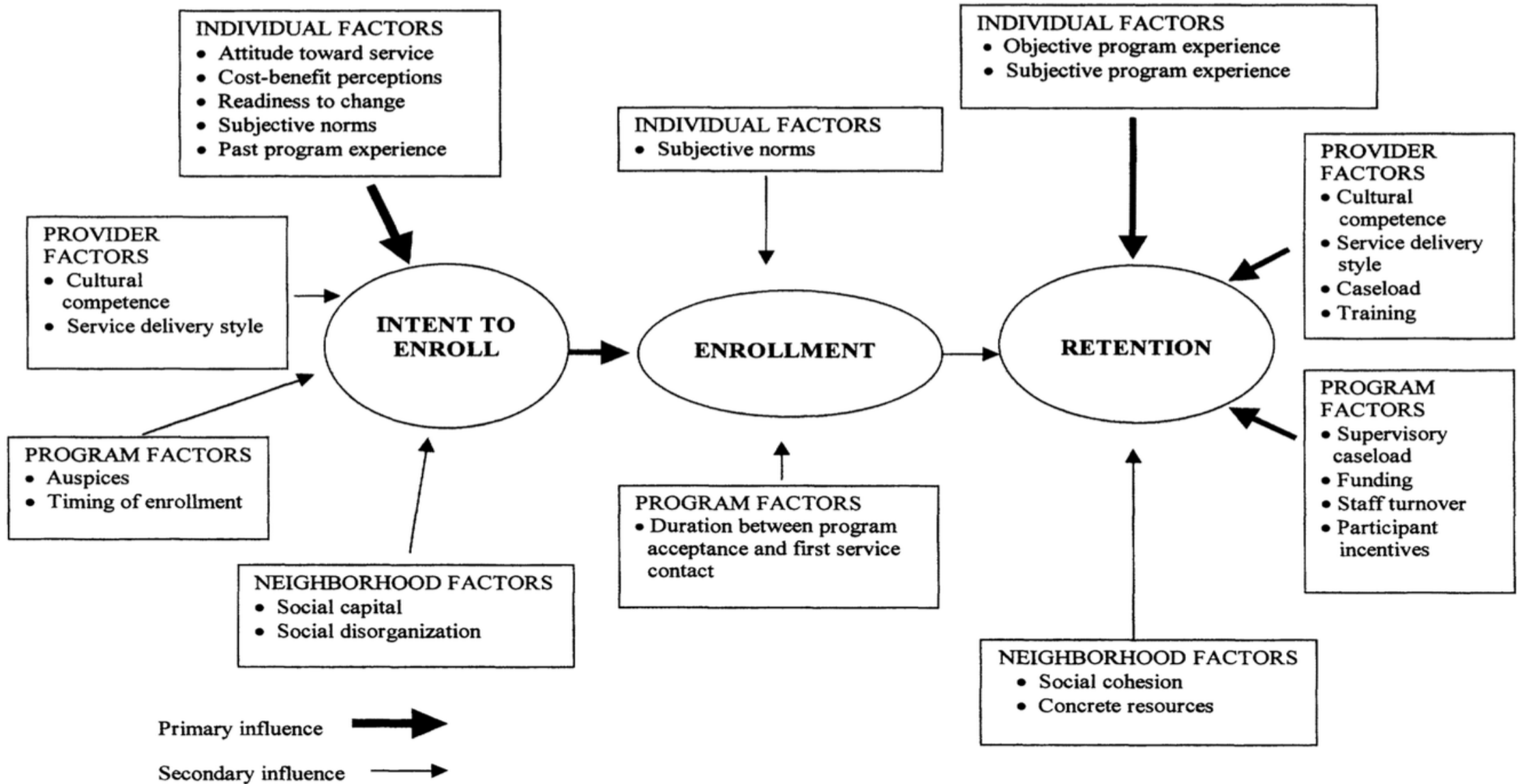
**CHALLENGE:
GETTING FAMILIES TO
PARTICIPATE IN PREVENTION
SERVICES WHEN THEY ARE NOT
ASKING FOR OR SEEKING
SUPPORT**

TYPES OF NON-PARTICIPATION

- ❑ No outreach connection can be made
- ❑ No response- no response to letters and other outreach efforts
- ❑ Refusal: “I don’t want this service”- it does not meet my needs or does not fit into my schedule
- ❑ No show: “Sounds good, I’ll be there”, followed by a no-show which could be a passive refusal (never attending to come) or had intentions to come but ‘life got in the way’
- ❑ Attrition: Initial attendance, followed by spotty or no further attendance

Integrated Theory of Participant Involvement

(McCurdy & Daro, 2001)



NEW JERSEY OVERVIEW: TUNING IN TO TEENS

- Population Served: Families who adopted or assumed kinship legal guardianship of youth between age 6 and 13; eligible for intervention when youth are 10-13. Intervention rotates around the state.
 - Intercountry/domestic adoptive families with children age 10-13
- Intervention:
 - 7-session program for adoptive parents and guardians, cohort model.
 - Topics: focused on understanding child's emotions, developing sense of empathy, recognizing meta-emotions.

NEW JERSEY INTENT TO ENROLL STRATEGIES

■ Individual Factors

- Used Stakeholder Advisory Team to consider the appeal of the intervention to the target population and to develop marketing materials
- Called sessions “workshops” rather than “trainings”
- Created adoption and kinship overlays
- Offered reimbursement for travel and Child Care
- Made up to 6 touches to enhance readiness- save the date, formal invite, up to 4 phone calls
- Held sessions in community locations (2 hours, 1 time a week for seven weeks)
- Provided dinner each week

■ Program Factors

- Volunteers from DCF Subsidy Unit made calls to families

■ Provider Factors

- Provided a script and bulleted call information sheet

NEW JERSEY ENROLLMENT STRATEGIES

■ Individual Factors

- Gave families a choice of location for enrollment
- “Turkey Sandwich” call designed to increase individual investment
- Caregiver could participate with or without a spouse/partner
- Provided detailed instructions via email and letter that included location, time, parking, etc.

■ Program Factors

- Reminder e-mails and letters sent to bridge gap between registration and the start of the program
- Call made to caregiver after first session if he/she did not attend

NEW JERSEY RETENTION STRATEGIES

■ Individual Factors

- Families could put TINT strategies to use almost immediately
- Received certificates of completion for attending

■ Provider Factors

- Teams of facilitators chosen to support groups (varied professional experiences, racial/ethnic backgrounds)
- Facilitators trained/certified in TINT and provided with on-going supervision
- Maximum group size determined to maximize manageability
- Facilitators were flexible so the needs of families could be met

NEW JERSEY RETENTION STRATEGIES

■ Neighborhood Factors

- Safe sharing environment with others from the community
- Week Seven Pot Luck dinner
- Caregivers swapped contact information
- Received adoption/Kinship Legal Guardianship service booklet

■ Program Factors

- On-site observations of facilitators, “check-in” reporting and sessions, and fidelity checklists
- Incentive package for participants: on-going reimbursement for travel and child care, participation in adoptive parent/KLG conference, topic related book and \$25 for survey completion

ILLINOIS OVERVIEW: TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY

- Population Served: Focused on families who have adopted or assumed guardianship of youth in their pre-teen and teen years in Cook County and six central Illinois counties.
 - Intercountry/Domestic Adoptive Families with children ages 10-17
- Intervention:
 - 8-12 home-based sessions with youth. Parent or guardian strongly encouraged to participate.
 - Topics: emotion regulation, impact of trauma, recognition of triggers, thoughts and emotions, and decision making.

ILLINOIS INTENT TO ENROLL STRATEGIES

■ Individual Factor

- Selected an intervention that was seen as potentially beneficial regardless of whether youth was currently experiencing challenges—skill building
- Target population selected based on characteristics that may put the family at risk for post-permanency discontinuity.
- Will be attempting enhanced outreach in October (Central only) to use Parent Café style event as another strategy to interest families in TARGET
- Revised letter and flyer to emphasize (1) potential issues that families might see during adolescence, and (2) taking proactive, preventive steps before issues arise

■ Program Factor

- Decision about where outreach materials should come from based on stakeholder feedback (Illinois Department of Children and Family Services (DCFS) vs Private Agencies), later revised materials to decrease the frequency with which DCFS was mentioned

ILLINOIS ENROLLMENT STRATEGIES

■ Individual Factor

- Offered TARGET in family's home by Adoption Support & Preservation (ASAP) providers
- Parent or guardian encouraged to participate, but not required
- Parent or guardian can decide which of their teens participate (as long as minimum eligibility is met), and multiple children in the family can participate in session
- Gave option for TARGET facilitator to conduct an orientation with parent or guardian only, prior to introducing facilitator/coach to their teen

■ Program Factor

- Case flow process calls for immediate assignment to TARGET facilitator when parent or guardian agrees to participate and timely call from facilitator to arrange first appointment

ILLINOIS RETENTION STRATEGIES

■ Individual Factor

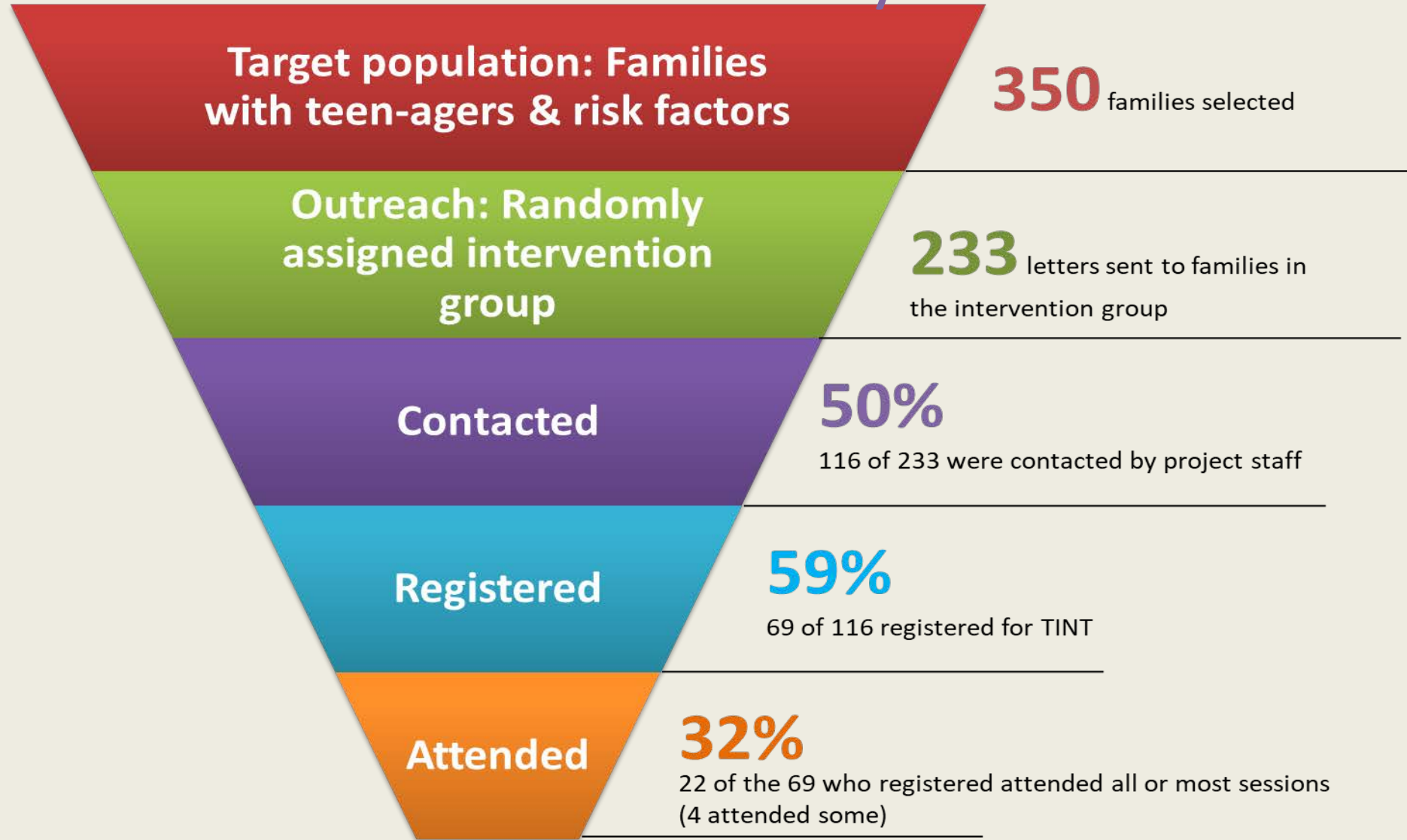
- Scheduling is flexible to accommodate busy families, later added more staff to increase available evening and weekend times
- In addition, families can opt to have TARGET once or twice a week, depending on their schedule
- Can defer participation at outset, but can also take a break during delivery if needed
- TARGET facilitators are trained and obtain on-going coaching to ensure quality service delivery and fidelity to model
- Client Satisfaction Surveys completed at mid and end points

■ Program Factor

- Offer \$25 gift card upon graduation, later added 2nd incentive of additional \$25 gift card at mid-point

New Jersey

Round 2 (Jan., 2017)



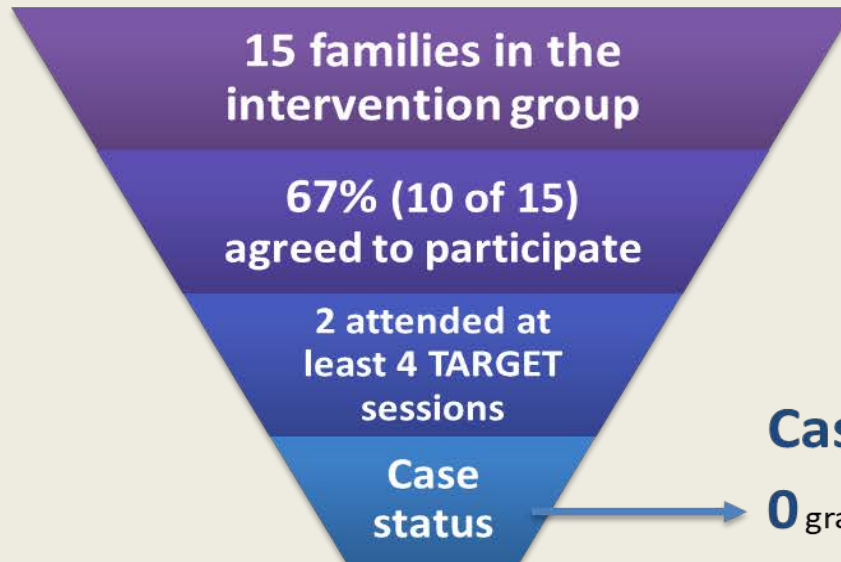
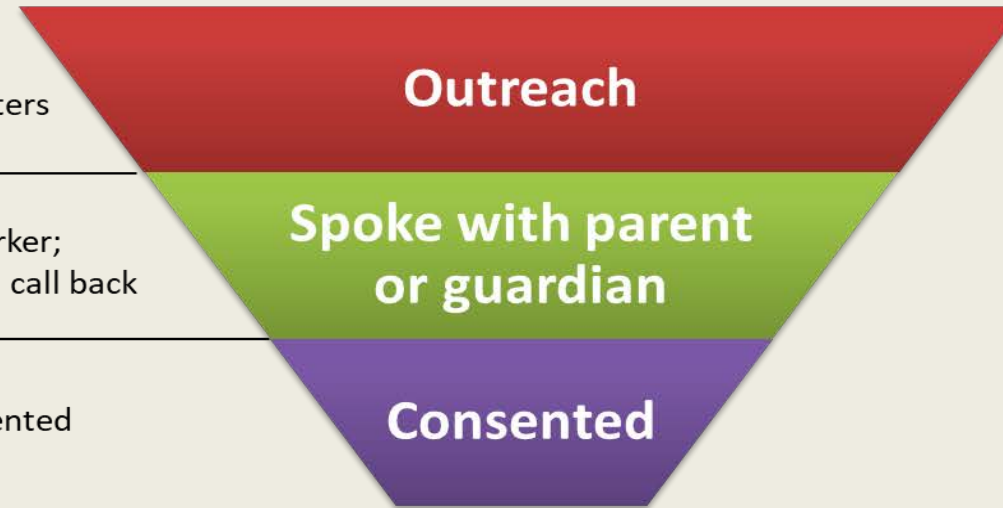
Illinois: Cook County

Cohorts 3 through 6

304 families sent letters

152 spoke with worker;
13 requested a call back

30 consented



Case status:

0 graduated **6** open **4** closed

data as of 28 Aug 17

	New Jersey	Cook County
% of families sent information about the intervention that could be reached/contacted	50%	50%
% of families sent information that agree to participate/register or in Cook County consent	30%	10%

In both sites, we see the number of families that actually show up for the TINT group sessions or follow through with scheduling the TARGET sessions decrease even further.

So what does this mean.....

- Need to look at the continuum and identify where outreach and engagement is most promising. Although it is important to proactively reach out to families with selective and indicated signs of risk, sites may have better success in focusing on services in the universal and intensive intervals.
- When families do seek help, it is critical for sites to offer an array of services that are responsive and evidence based and that meet the unique needs of families.
- Recognize that compared to all families formed through adoption and guardianship, there is only a moderate percentage who will need to seek services from the child welfare system.

CROSS REFERENCING THE SCIENCE OF ENROLLMENT & PARTICIPATION WITH THE DESIGN OF YOUR PROGRAM

- Need to look at research in the prevention field so we can adapt our programming in working with adoptive and guardianship families.
- How we engage with the family, how we explain the services, how we develop it to be 'customer' friendly, and how we outreach to families are all critical when offering preventative services. The relationships with service workers will often be the factor that encourages families to get help.



RESOURCES



- Site Intervention documents: <http://qic-ag.org/partner-sites/>
- Intervention and Program Catalog: <http://qic-ag.org/introduction-qic-ag-intervention-and-program-catalog/>
- Implementation Tools: <http://qic-ag.org/imt/>
- John Webb- NJ: John.Webb@dcf.state.nj.us
- Christine Feldman- IL Christine.Feldman@illinois.gov

QUESTIONS



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