

QIC•AG

TEXAS IMPLEMENTATION MANUAL

PATHWAYS TO PERMANENCE 2: PARENTING CHILDREN
WHO HAVE EXPERIENCED TRAUMA AND LOSS

CHAPTER 1

INTRODUCTION USING THE IMPLEMENTATION MANUAL

The Implementation Manual provides detailed information a child welfare system/agency would need to implement one of seven interventions that were implemented and evaluated as part of the Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG). All of these interventions are geared for children and families who are moving toward adoption or guardianship or children and families who have already achieved permanence through adoption or guardianship.

The Implementation Manual provides a roadmap for using a structured process to 1) determine if an intervention is the “right” intervention for your site and 2) implement the intervention with integrity. The manual will assist with the following:

- » Conducting a system assessment to identify the problem that needs to be addressed and the target population that has the need;
- » Developing a Theory of Change that explains why the change is proposed and the steps needed to achieve the desired outcome;
- » Ensuring the intervention meets the identified need by assessing fit, available resources, expected outcomes, and system readiness and capacity for implementation;
- » Developing a plan to implement the intervention;
- » Identifying and operationalizing supports necessary for implementation;
- » Testing the process to ensure that the intervention is implemented as intended.

Implementing a new intervention will require significant time and resources, and accordingly the manuals that describe the implementation are necessarily detailed. Each chapter contains practical considerations for implementation as well as lessons learned from the pilot sites. You can stop reading the manual if at any point you determine the intervention is not the right intervention for your site.

The manual chapters are as follows:

CHAPTER 2: OVERVIEW OF THE INTERVENTION:

This chapter provides a brief introduction to the intervention including core components, or key elements. In addition, the chapter identifies the supports needed to successfully implement the intervention with special attention to those supports that are most critical.

CHAPTER 3: CORE COMPONENTS:

Only read chapter 3, if after reading chapter 2 you would like to have a more in depth understanding of the intervention. Building on the overview in Chapter 2, core components are further defined and operationalized. Additionally, important considerations or tasks needed to develop or implement each component are provided to fully inform and guide replication. Site-specific strategies and examples are given.

CHAPTER 4: CHOOSING THE RIGHT INTERVENTION

Once you understand the intervention, it is important to determine if it meets the needs of your clients and system. This chapter guides the reader through the **Identify and Explore** phase of implementation, helping to determine if the intervention is right for their system/agency. This chapter includes methodology and tools to identify 1) the problem in need of attention, 2) the target population, and 3) whether the named intervention can be implemented to meet the needs of the target population. Important considerations or tasks needed to develop or implement each component are provided to fully inform and guide replication. Site-specific strategies and examples are given. If the intervention seems like a good fit then move on to chapter 5. If the intervention is not a good fit consider some of the other interventions implemented by the QIC-AG.

CHAPTER 5: PLANNING TO IMPLEMENT

This chapter takes the reader through the critical steps of **Implementation Planning**, focusing on the components critical to support implementation. These components include: 1) research considerations 2) what must be done to ready a system to support high quality implementation, and 3) teaming and communication structures. This chapter also includes a discussion of the structural and functional changes to the system that may be needed to ensure that the intervention can be implemented (installation phase). Important considerations or tasks needed to develop or implement each component are provided to fully inform and guide replication. Site-specific strategies and examples are given.

CHAPTER 6: ASSESSING READINESS: USABILITY TESTING

Usability testing is a process used during the ***Initial Implementation*** phase to ensure the intervention can and is being implemented as intended. This testing period allows for adjustments to be made before full implementation begins. Site-specific strategies and examples of usability testing are given.

CHAPTER 7: TRACKING PROGRESS THROUGH WORK PLANS

Establishing and documenting time frames and responsible parties ensures the project stays on track and progresses as planned. This chapter includes a discussion of the key elements needed in a work plan to effectively track the progress of activities over time and by implementation phase, as well as the benefit of documentation and periodic review.

POST PERMANENCY STRATEGIES

The QIC-AG is a five-year project that worked with sites across the United States to implement evidence-based interventions or develop and test promising practices, which, if proven effective, could be replicated or adapted in other child welfare jurisdictions. The following interventions were implemented:

PATHWAYS TO PERMANENCE 2: PARENTING CHILDREN WHO HAVE EXPERIENCED TRAUMA - TEXAS

The Texas site team implemented Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss, hereafter, referred to as Pathways 2, developed by the nonprofit Kinship Center a member of the Seneca Family of Agencies in California. The Pathways 2 program uses a seven-session group format to guide adoptive parents, foster parents, kinship caregivers, and guardians through robust discussion and activities designed to strengthen their family. Participation in Pathways 2 is limited to “active caregivers” who are either temporary or permanent caregivers for a child living in the home, or an adult who is engaged with the child through visitation, phone calls, or therapy and is willing to have the child return to the home.

FAMILY GROUP DECISION MAKING - THE WINNEBAGO TRIBE OF NEBRASKA

The Winnebago Team adapted and implemented Family Group Decision Making (FGDM) a practice model that honors the inherent value of involving family groups in decisions about children who need protection or care. As opposed to decisions, approaches, and interventions that are handed down to families, FGDM is designed as a deliberate practice where families lead the decision-making process, and agencies agree to support family plans that adequately address child welfare concerns. A trained FGDM coordinator supports the family throughout the process.

THE VERMONT PERMANENCY SURVEY - VERMONT

The Vermont site team implemented the Vermont Permanency Survey. The survey consisted of validated measures and questions identified by the Vermont site team that fell into the following categories:

- » Family well-being: To better understand the factors that can impact the family’s safety, permanency, and stability.
- » Child well-being: To identify and understand the strengths and challenges of children and youth who were adopted or are being cared for through guardianship.

- » Caregiver well-being: To identify and understand the strengths and experiences of caregivers who have adopted or assumed guardianship of a child.
- » Community services: To identify and rate the level of helpfulness of the preparation services families used prior to adoption or guardianship and family support services available after achieving permanence.

TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY – ILLINOIS

Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is designed to serve youth ages 10 years and older who have experienced trauma and adverse childhood experiences. TARGET uses a strengths-based, psycho-educational approach and teaches youth about the effects trauma can have on human cognition; emotional, behavioral, and relational processes; and how thinking and memory systems can be impeded when the brain's stress (alarm) system is stuck in survival mode. The target population was a child between 11 and 16 years old living with an adoptive parent or guardian and youth over 10 years of age, living in families who finalized private domestic or inter-country adoptions.

TUNING IN TO TEENS - NEW JERSEY

Developed at the Mindful Centre for Training and Research in Developmental Health at the University of Melbourne, Australia and implemented by the New Jersey Team, Tuning in to Teens (TINT) © is an emotion-coaching program designed for parents of youth ages 10 to 18 years. The program equips parents with strategies for not only responding empathically to their adolescent's emotions but also helping their teens develop skills to self-regulate their emotions.

ADOPTION AND GUARDIANSHIP ENHANCED SUPPORT - WISCONSIN

The Wisconsin Team created a new intervention, Adoption and Guardianship Enhanced Support (AGES), an enhanced case management model. Designed with the goal of responding to families who expressed feelings of being unprepared, ill-equipped, or unsupported in trying to meet the emerging needs of their children after adoption or guardianship permanence was finalized. An AGES worker assesses the family's strengths and needs and with the family develops a support plan, covering critical areas such as social supports, case management, parenting-skills development, education, and other capacity-building activities. The intervention was implemented in the Northeast Region of Wisconsin.

The development of AGES was informed by two post-adoption programs: Pennsylvania SWAN and Success Coach in Catawba County, North Carolina.

THE NEUROSEQUENTIAL MODEL OF THERAPEUTICS (NMT) - TENNESSEE

The Neurosequential Model of Therapeutics developed by the Child Trauma Academy, is a developmentally informed, biologically respectful approach to working with at-risk children. NMT is not a specific therapeutic technique or intervention, rather NMT provides a set of assessment tools (NMT metrics) that help clinicians organize a child's developmental history and assess current functioning to inform their clinical decision-making and treatment planning process. NMT integrates principles from neurodevelopment, developmental psychology, trauma-informed services, as well as other disciplines to enable the clinician to develop a comprehensive understanding of the child, the family, and their environment. The NMT model has three key components: (a) training/capacity building, (b) assessment, and (c) specific recommendations for selecting and sequencing therapeutic, educational, and enrichment activities matched with the needs and strengths of the individual.

CHAPTER 2

OVERVIEW OF THE INTERVENTION

Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss (Pathways 2) was implemented by a team of child welfare professionals from the Texas Department of Family and Protective Services (DFPS) and the QIC-AG site consultants and evaluators; collectively referred to as the Texas Team. The Texas Team chose Pathways 2 because they determined proactively providing families with tools and skills to help them care for their children was a good approach to increasing the number of families willing and able to move forward with permanence. The Texas Team believed that the Pathways 2 training would make a family feel better equipped to meet the child's needs by fostering the development of skills and knowledge needed to recognize the effects of trauma, manage family stress, and effectively parent while building a new relationship. The Team anticipated that caregivers who felt better equipped would be more likely to make a permanent commitment to the child.

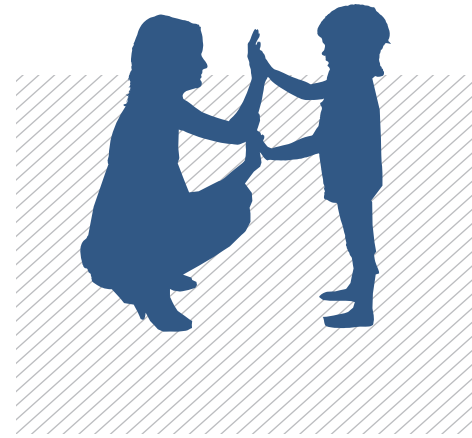
This chapter provides introduction to the intervention and an overview of the core components, or key elements that define an intervention. In addition, the chapter identifies the supports needed to successfully implement the intervention with special attention to those supports critical.

I.

OVERVIEW

Pathways 2 was developed by the Kinship Center, a member of the Seneca Family of Agencies. Pathways 2 is designed for foster and adoptive parents, kinship caregivers, and guardians who are actively parenting children who have experienced trauma and loss. Pathways 2 is a 7-session curriculum that uses a group-based format to enhance parents' and caregivers' abilities to skillfully apply new caregiving strategies with their children. The program is designed to be a clinically informed competency-building training, and is delivered as an interactive learning experience with robust discussion.

Additional information on Pathways 2 can be obtained by contacting the Kinship Center, www.kinshipcenter.org.



II.

INTERVENTION CORE COMPONENTS

The various elements making up interventions vary widely but some core components are critical to the identity and aim of each intervention. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “core components are the most essential and indispensable components of an intervention, practice or program.” The Texas intervention is comprised four core components:

1. **Experienced facilitators**
2. **Experiential delivery of material**
3. **Participant engagement and participation**
4. **Opportunities for participants to apply and practice techniques**

CORE COMPONENT 1: EXPERIENCED FACILITATORS

Use of experienced facilitators includes ensuring facilitators have a sufficient body of knowledge and skills to provide a strong foundation for a successful training. The Pathways to Permanence 2 Facilitator Guide, available through the purveyor, describes types of experience and knowledge that are recommended minimums for facilitators. The combination of knowledge and experience can vary but often draws from education, knowledge about and experience working with children who have experienced trauma as well as families who struggle to meet the needs of such children. The Pathways to Permanence 2 Facilitator Guide also describes necessary or required facilitator skills such as the ability to establish a safe learning environment, the use of effective communication skills, and the ability to respect the roles and responsibilities of co-facilitators. In addition, it is important that facilitators are skilled in managing therapeutic group processes. Last, the Pathways to Permanence 2 curriculum espouses a set of core beliefs and values that facilitators are expected to support:

- » Permanency in a family is what I work toward for every child.
- » Every child deserves a family.
- » Children must have permanency to achieve their full potential.
- » Children and adolescents need families for a lifetime, not just for childhood.
- » Healthy, functional families can provide a stabilizing and healing environment for previously traumatized and abused children.
- » Keeping children’s previous, positive connections facilitates and deepens the attachment to the new caregivers.
- » Adoption, foster care, and relative caregiving involve complex issues requiring specialized training for the caregivers.
- » Children and their families must receive interventions that are culturally competent and built on strengths-based, family systems models.

CORE COMPONENT 2: EXPERIENTIAL DELIVERY OF MATERIAL

Experiential delivery of material is defined as the use of activities during sessions, the sequential order of sessions, and maintaining an appropriate class size. Pathways 2 sessions include activities that help participants develop a greater understanding of themselves while exploring the impact of trauma, grief, and loss on all aspects of child development.

Pathways 2 is a seven-session series designed to be delivered sequentially with sessions building on content covered in preceding sessions. Sessions should always be taught in the order designed, and never taught as stand-alone sessions. Classes with approximately 12–15 participants are considered ideal because this smaller class size allows for greater participation and sharing. Facilitators should avoid classes with fewer than 6 or more than 20 participants.

Facilitators are expected to be comfortable participating in and conducting experiential activities, and should not rush through these experiential opportunities during sessions. Two facilitators should be considered for larger groups, and at least one of the facilitators should be present for all 7 sessions to maintain continuity.

CORE COMPONENT 3: PARTICIPANT ENGAGEMENT AND PARTICIPATION

Participant engagement and participation in the training is fostered by the facilitator’s ability to establish a safe, non-judgmental environment that encourages participant involvement and self-reflection. The Facilitator’s Guide helps support engagement by providing prompts the facilitator can use to encourage active dialogue.

CORE COMPONENT 4: OPPORTUNITIES FOR PARTICIPANTS TO APPLY AND PRACTICE TECHNIQUES

Opportunities for participants to apply and practice techniques outside of the classroom are critical to the learning process. As such, only caregivers who are actively parenting a child should participate in Pathways 2. Caregivers participating in Pathways 2 apply and practice learned techniques by completing the “homework” assigned at the end of each session.



GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

Implementation supports refers to the infrastructure developed to facilitate the successful implementation of an intervention, which also helps to ensure the stability of the intervention over time. Without implementation supports, the system will not have the capacity to support the delivery of the intervention to the target population. Because implementation supports facilitate intervention delivery, assessing these supports is crucial.

1. Staffing

The purveyors' materials describe the necessary qualifications of Pathways 2 facilitators. Qualifications include experience working with families who have children that have experienced trauma. In addition, facilitators must be knowledgeable about the major concepts and content of the curriculum. A thorough understanding of conceptual frameworks that include the *Seven Core Issues* in adoption, developmental re-parenting, attachment, and decoding behaviors is also needed. Facilitators should also have knowledge about the following: Knowledge of adult learning principles; the lifetime impact of adoption and permanency; normative child development; disrupted development; and cultural competency. The purveyor recommends that the following areas of experience be considered in the selection of facilitators:

- » Education
- » Work History
- » Trainer/Facilitator History
- » Parent Group Facilitation History
- » Social/Therapeutic or Direct Service Delivery History
- » Personal experience as a member of the adoption/permanency constellation

2. Training, Coaching, and Supervision

The required training for Pathways to Permanence 2 facilitators consists of a 3-day interactive training conducted by two master trainers from the Kinship Center. The facilitator training provides both content knowledge and hands-on training experience. One day is devoted to content training, followed by 2 days of “train the trainer” that focuses on adult learning and parent group dynamics.

The Kinship Center can provide technical assistance in the form of coaching via telephone consultation or through webinars. These sessions are designed to support the Pathways 2 philosophical and theoretical framework as well as practical concerns of staff.

3. Fidelity

QIC-AG worked with the Kinship Center to develop and operationalize the Pathways 2 core components. Once operationalized, evaluators developed tools to assess the core components. The fidelity tools were piloted during usability testing and revised for full implementation for the QIC-AG project, but had not yet been integrated into the Facilitator's Guide. Potential adopters should discuss the status of fidelity with the purveyors.

4. Policies and Procedures

The need for policy changes is system specific and may or may not be necessary.

5. Data Systems

There is no standard data collection system, so a site implementing Pathways 2 will need to determine what data must be collected and how it will be captured. Data that the site might want to capture includes eligibility screening, consent processes, pre- and post-survey completion, number of sessions completed, incentives provided and received, enrollment and fidelity data.

6. Program Expert

The Kinship Center is available to provide technical assistance to a site implementing the intervention. The amount of assistance can be negotiated but may include: guidance during implementation to help guide decision making, demonstrations of the delivery of training content by a Kinship Center Master Trainer, consultation to support facilitator preparation for sessions, and de-brief opportunities following the delivery of sessions. Technical assistance can be provided via teleconference, web-conferencing or during in-person meetings with the purveyor.

7. Financial and Material Considerations:

In addition to the costs associated with training, coaching, and staffing, it is necessary to consider costs for training venues, on-site child care, and if provided, food, transportation and participant incentives. It is important to contact the purveyor for cost information to ensure that your budget allows for initial implementation and on-going support.

CHAPTER 3

CORE COMPONENTS

The various elements making up interventions vary widely but some core components are critical to the identity and aim of each intervention. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “core components are the most essential and indispensable components of an intervention, practice or program.”

This chapter addresses the following topic:

I. INTERVENTION CORE COMPONENTS

This section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the Texas Team implemented the process, activity, or task; (d) lessons the Texas Team learned during implementation.



INTERVENTION CORE COMPONENTS



The Pathways 2 is comprised four core components:

1. **Experienced facilitators**
2. **Experiential delivery of material**
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CORE COMPONENT 1: EXPERIENCED FACILITATORS

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- » Keeping children's previous, positive connections facilitates and deepens the attachment to the new caregivers.
- » Adoption, foster care, and relative caregiving involve complex issues requiring specialized training for the caregivers.
- » Children and their families must receive interventions that are culturally competent and built on strengths-based, family systems models.

WHEN DETERMINING HOW TO SELECT FACILITATORS, START WITH THE FOLLOWING TASKS:

- » Determine a process for facilitator selection that includes an assessment of the candidate's knowledge and skills.
- » Consider the total assigned responsibilities for staff who will facilitate Pathway 2 sessions to ensure that facilitators will have the time needed to prepare for and deliver sessions.

In Texas, staff selection took into consideration the qualifications described by the Pathways 2 purveyor; however, the staff identified to be facilitators were not selected based solely on those qualifications. The Texas Team decided to limit recruitment of Pathways 2 facilitators to current Department of Family and Protective Services (DFPS) staff in a specific job classification who volunteered; therefore, the facilitator recruitment did not include an application or a screening process. Even though the DFPS staff selected as Pathways 2 facilitators were experienced in foster care and adoption development, each had varied experience delivering training.



LESSONS LEARNED

- » Selecting staff with the right skill set is critical to the success of the intervention. It is worth noting that if the Texas project had used a structured recruitment and selection process that included an assessment, then the recruiters could have been more strategic in identifying staff from the outset. A structured process would have allowed the Team to select only those applicants who demonstrated an ability to learn and teach the Pathways 2 principles with fidelity. Ultimately, the Texas Team interviewed and brought on additional facilitators from partner agency providers and community entities. This recruitment effort integrated staff with a diversified skill set into the curriculum delivery. In addition, this co-training model presented a robust, comprehensive experience for participants.
- » It is important to carve out sufficient time for staff implementing an intervention to do the work. Although staff were recruited on a volunteer basis and were made aware of the additional demands on their time, DFPS did not make reductions in their duties to accommodate the additional responsibility of facilitating Pathways 2 sessions, resulting in the need for staff to work additional hours.
- » Preparation for the delivery of a training curriculum often takes more time than anticipated. In Texas, the limited hours allocated for staff to participate in training and to study the complex material made mastery of the content challenging.

CORE COMPONENT 2: EXPERIENTIAL DELIVERY OF MATERIAL

Experiential delivery of material is defined as the use of activities during sessions, the sequential order of sessions, and maintaining an appropriate class size. Pathways 2 sessions include activities that help participants develop a greater understanding of themselves while exploring the impact of trauma, grief, and loss on all aspects of child development.

Pathways 2 is a seven-session series designed to be delivered sequentially with sessions building on content covered in preceding sessions. Sessions should always be taught in the order designed, and never taught as stand-alone sessions. Classes with approximately 12–15 participants are considered ideal because this smaller class size allows for greater participation and sharing. Facilitators should avoid classes with fewer than 6 or more than 20 participants.

Facilitators are expected to be comfortable participating in and conducting experiential activities, and should not rush through these experiential opportunities during sessions. Two facilitators should be considered for larger groups, and at least one of the facilitators should be present for all 7 sessions to maintain continuity.

WHEN DETERMINING THE EXPERIENTIAL DELIVERY OF MATERIAL, START WITH THE FOLLOWING TASKS:

- » Ensure that sessions are delivered sequentially in their prescribed order (i.e., not delivered independently or out of designated order).
- » Consider how often the 7-session series will need to be offered to ensure an optimal number of caregivers are participating in the intervention.
- » Determine if there are sufficient resources to use a co-facilitation model; if a co-facilitation model is not possible, consider the implications (e.g., smaller class sizes, procedures when a facilitator is ill or has an emergency).

Facilitators followed pre-determined class schedules so that sessions were delivered in sequential order as designed. Ensuring appropriate class sizes was accomplished easily in Texas because the process prevented delivery of class sessions when participant enrollment was too low or exceeded recommended class sizes. If necessary to ensure appropriate class size, the Texas Team would combine or cancel classes.

To ensure the integrity of the experiential learning process, facilitators completed logs after each session to record what content was taught as intended, what content was taught with changes, and what content that was not taught. Often, facilitators would not have enough time to teach all the prescribed content and would cut the time intended for activities. In part, this situation was due to underestimating the time needed to manage emotionally charged conversations. Overall, it seemed challenging for most facilitators to cover the material, provide a break, and deliver the activities as intended within the allotted time frame. Facilitators were provided with feedback about time-management strategies that could be used to help reduce time constraints.



LESSONS LEARNED

- » Consider using co-facilitation whenever possible. When using a co-facilitation model, both facilitators should be prepared to teach the entire session. In Texas, facilitators experienced challenges when their co-facilitator was not present as scheduled due to an unexpected circumstance.
- » Allowing time for facilitators to become truly familiar with the material can help make training more efficient. Technical assistance, practice, and communication among co-facilitators can improve time management. Facilitators were provided with opportunities to learn more about the curriculum content from the developers and had access to recorded examples of the material being taught by a member of the Kinship Center staff.
- » Having a formal protocol for facilitators to follow leading up to the delivery of sessions can reinforce the need for preparation. Facilitators were asked to follow three preparation steps: (1) view recorded technical assistance sessions, (2) review tip sheets and timing agendas, and (3) meet with the co-facilitator to plan delivery of content.
- » Consider developing a definitive policy around class registration that includes protocols for enrollment as well as cancelling or combining class series. In the Texas implementation, more people registered for each session than actually attended. The incidence of “no shows” meant that to try to ensure an appropriate class size, it was practical to register more participants than a class could accommodate. In one instance a class series was cancelled due to low enrollment. In another case, two class series that were scheduled to be conducted simultaneously were combined into one class due to low participation. A policy that clearly outlines the factors to consider when making enrollment decisions might help ensure the most efficient use of resources.

CORE COMPONENT 3: PARTICIPANT ENGAGEMENT AND PARTICIPATION

Participant engagement and participation in the training is fostered by the facilitator's ability to establish a safe, non-judgmental environment that encourages participant involvement and self-reflection. The Facilitator's Guide helps support engagement by providing prompts the facilitator can use to encourage active dialogue.

WHEN DETERMINING HOW TO SUPPORT PARTICIPANT ENGAGEMENT AND PARTICIPATION, START WITH THE FOLLOWING TASKS:

- » Ensure facilitators are comfortable and skilled in eliciting participant involvement and their contributions to discussion.
- » Consider developing facilitators' skills around supporting participants' personal reflection and managing participant reflections during class sessions.

Overall, the facilitators were highly effective in eliciting participation, involving participants in discussions, and facilitating connection among group members. Initially, some facilitators were more didactic in their teaching style, but as they became comfortable with the material, they became more focused on engaging participants.



LESSONS LEARNED

- » It is important to balance lecture and instruction with practice and exercises to keep participants engaged. As facilitators become more comfortable paraphrasing key messages and incorporating those messages into their vernacular, their presentation of content feels more conversational and engaging to participants.

CORE COMPONENT 4: OPPORTUNITIES FOR PARTICIPANTS TO APPLY AND PRACTICE TECHNIQUES

Opportunities for participants to apply and practice techniques outside of the classroom are critical to the learning process. As such, only caregivers who are actively parenting a child should participate in Pathways 2. Caregivers participating in Pathways 2 apply and practice learned techniques by completing the “homework” assigned at the end of each session.

WHEN DETERMINING THE OPPORTUNITIES FOR PARTICIPANTS TO APPLY AND PRACTICE TECHNIQUES, START WITH THE FOLLOWING TASKS:

- » Plan class schedules to allow sufficient time between sessions for participants to integrate new ideas and practice new skills.
- » Ensure that recruitment and enrollment procedures limit participants to caregivers who are actively parenting.
- » Create an expectation that facilitators should thoroughly describe assignments and allow enough time for questions about assignments from participants. In addition, ensure that facilitators express excitement about participants sharing their experiences with their newly learned skills during the next Pathways 2 session.

In the Texas implementation of Pathways 2, sessions were held weekly, skipping weeks only for holidays. To ensure that the program was offered only to active caregivers, the Texas Team conducted screening to confirm active caregiver status.



LESSONS LEARNED

- » It is important to strike a balance between ensuring sufficient time between sessions for participants to digest and practice new skills and conducting sessions close enough together so that content is not lost between sessions. Weekly sessions seemed to work well for the Texas Team.
- » It is important to allow time during the session to explain exercises and to review homework assignments with participants. During early observations of facilitators, homework was touched on but was not reviewed in depth, which resulted in missed opportunities to assist caregivers to recognize, identify, and practice with the new tools they had learned during the series.

CHAPTER 4

CHOOSING THE RIGHT INTERVENTION

It is critical to determine if the intervention is a good fit for your site so that limited resources are not used to support a program that does not meet the needs of the children and families in your system.

This chapter addresses the following topics:

I. IDENTIFY THE PROBLEM AND THE TARGET POPULATION

II. DEVELOP A THEORY OF CHANGE

III. RESEARCH AND SELECTION OF AN INTERVENTION

Each section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the Texas Team implemented the process, activity, or task; (d) lessons the Texas Team learned during implementation.

I.

IDENTIFY THE PROBLEM AND THE TARGET POPULATION

To determine if an intervention is the right intervention for your site, make sure the intervention addresses the root cause of the problem and meets the needs of your identified population. The QIC-AG Population Template (Appendix A) is a helpful tool for (a) clearly defining the population that will be the target of the intervention and (b) for gaining a clear understanding of the problem that the intervention must address. By using system data and other available information sources, the Population Template can help identify the underlying causes of the needs of the target population.

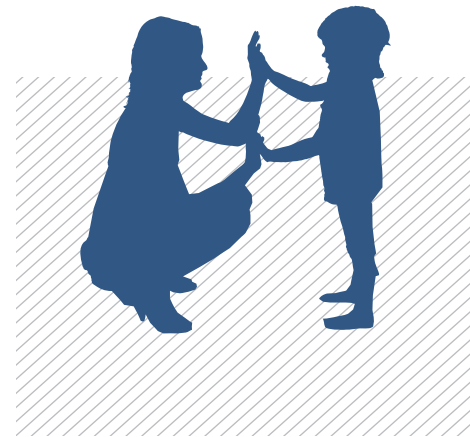
Notably, the QIC-AG Population Template can help a project team accomplish the following foundation tasks:

- » Identify the population most affected by the problem
- » Understand the needs of the target population
- » Refine the eligibility criteria for intervention participation
- » Develop a theory of change
- » Provide a geographic focus for implementation and evaluation of an evaluable intervention

The next step in determining if the intervention is right for your site is to determine the system strengths and needs. This step can be accomplished by completing a critical assessment. The Texas Team used the QIC-AG Continuum Assessment Template (Appendix B) to guide their macro- and service-level assessment of system functioning and services availability.

When completed, the Continuum Assessment enables a site to:

- » Identify existing services offered at each interval of the continuum
- » Identify gaps and strengths along the continuum of service provision
- » Identify areas within the system in need of strengthening



Ultimately, completion of the Continuum Assessment and the Population Template are critical steps in determining if an intervention such as Pathways to Permanence 2 is a worthwhile intervention for your site and population of interest.

The final piece of the system assessment is to obtain the feedback of consumers of post-permanency services and providers who serve that population. This assessment can be carried out using a structured stakeholder interview guided by the Stakeholder Focus Group Questions (Appendix C).

The Evaluation Team supported the development of the population template, using historical information from the Texas Department of Family and Protective Services (DFPS) Data Book. A variety of data elements were reviewed, including the number of children awaiting permanence, child characteristics, and the length and type of each placement. The Evaluation Team also examined the characteristics of children achieving permanence and those not achieving permanence.

Prior to the QIC-AG project, child protective services in Texas had undergone a number of system reviews conducted by several entities, including Casey Family Programs, the Stephens Group, and the Sunset Advisory Commission. These reviews were a rich source of information and used by the Texas Team to complete the continuum assessment and to drive the focus of the QIC-AG project as the site delved more deeply into the needs of the target population.



LESSONS LEARNED

- » Be sure to consider all sources of information. Although challenging to integrate, data from multiple sources can make for a more complete and compelling understanding of the target population.

II.

DEVELOP A THEORY OF CHANGE

The theory of change provides a road map that addresses how and why change will happen in a practice, program, or organizational system to promote the attainment of a desired result. Essentially, the theory explains why the change being proposed should work by explaining how the steps being taken are expected to lead to the desired results. A well-crafted theory of change serves many purposes. Most important, the theory of change serves as a guide for identifying the intervention that will be implemented.

The theory of change should be based on research. To avoid theories based on assumptions, it is important to consider available theories and existing research evidence. Examples of existing research evidence include peer-reviewed articles and other less rigorously reviewed child-welfare products/publications. The research evidence should support the pathway to change proposed in the theory of change.

Developing a theory of change can be a time-consuming practice, but given that the theory of change guides the selection of the intervention, it is crucially important to invest the time needed. If chosen correctly, the intervention (in Texas' case, Pathways to Permanence 2) should facilitate the change identified in the theory of change.

TEXAS THEORY OF CHANGE

If Texas identifies a model that focuses on identifying families and preparing them to become legal guardians or adoptive parents, with an emphasis on parenting children in Texas Permanent Managing Conservatorship (PMC) who have been exposed to trauma, grief and loss and begins this work immediately, then:

- » More families will be identified who are willing and able to be permanent families;
- » Families will be well prepared to become adoptive parents or legal guardians of children who have experience trauma, grief, or loss; and
- » The children will be equipped with skills in preparation for legal permanency.

If all of these elements occur, then an increased number of children in Permanent Managing Conservatorship will move to permanence.

A site can use the Texas theory of change to support the rationale for implementing Pathways to Permanence 2, but each site must ensure the theory of change applies to what has been learned about their target population and system gaps.



LESSONS LEARNED

- » Identifying the root cause of a problem is key to implementing an effective intervention. By “peeling the onion,” the Texas Team determined the reason that children lack permanence is that families feel unprepared and ill-equipped to manage challenging behaviors and mental health issues.



RESEARCH AND INTERVENTION SELECTION

Once a site selects one or more interventions to address the identified need, tools can be used to explore the viability of implementing the intervention. One such tool is the Hexagon Tool, which was developed by the National Implementation Research Network. Using the Hexagon Tool to explore and ask questions in broad areas will help determine if Pathways to Permanence 2 is the right intervention to implement in your site.

Although an intervention might sound exciting and innovative, the program might not be practical to implement. The Hexagon Tool helps a site consider the practicality of implementing a specific intervention.

- » **NEED:** What are the community and consumer perceptions of need? Are data available to support that the need exists?
- » **FIT:** Does the intervention fit with current initiatives? Is the intervention consistent with the site's practice model?
- » **RESOURCES AND SUPPORTS:** Are training and coaching available? Are technology and data needs supported? Are there supports for an infrastructure?
- » **OUTCOMES:** Is there evidence to support the outcomes that can be reasonably expected if the intervention is implemented as designed. Are the outcomes worth it?
- » **READINESS FOR REPLICATION:** Is a qualified purveyor or technical assistance available? Is a manual available? Are there mature sites to observe?
- » **CAPACITY:** Does staff meet minimum requirements? Can the intervention be implemented and sustained structurally and financially over time?

Texas created a workgroup charged with using the Hexagon Tool to vet six interventions. The purveyors of the top-scoring interventions were invited to give a presentation to the Texas Team, thus providing an additional exchange of information that helped to determine which of the interventions would be the best fit for the Texas QIC-AG project.

The Hexagon Tool completed by the Texas Team is located in Appendix D.

¹ <https://implementation.fpg.unc.edu/resources/hexagon-exploration-tool>



LESSONS LEARNED

- » Do not rush through the Hexagon Tool. It is important to thoughtfully consider each category. Thinking through these elements can save a site from trying to implement an intervention that cannot or will not be supported by the system or agency. For example, when assessing site capacity, it might become clear that the agency does not have staff with the qualifications needed to implement a particular intervention or that a site has a hiring freeze that will prevent hiring the additional staff needed for the intervention. Completing the Hexagon Tool will help prevent a site from expending energy on an intervention that the system is not equipped to administer.

CHAPTER 5

PLANNING TO IMPLEMENT

Successful implementation, defined as implementation with fidelity and integrity, takes planning. If done well, planning has multiple benefits, including the promotion of a well-developed, logical approach to implementation and the description of strategies to address ongoing implementation issues.

Planning activities provide the process for thinking through each of the intervention's critical components, enabling planners to anticipate possible barriers and develop steps to address these barriers. Moreover, the planning process also helps to develop a common understanding of how the identified program goal will be achieved. In addition, a carefully considered plan can serve as a communication tool with leadership to promote buy-in and sustain support.

Planning should be captured in an Initial Design and Implementation Plan (IDIP) (Appendix E). The IDIP document guides the implementation of the evaluable intervention, supports the use of an intervention to address an identified problem, and outlines the steps to be taken to ensure the intervention is delivered as the intervention's developers intended. Having a single, comprehensive document can help organize and guide the work as the project moves forward. In addition, the IDIP helps bridge knowledge gaps if turnover occurs in key positions.

In Texas, the IDIP was developed by subcommittees formed from the Implementation Team (IT). The subcommittees met in person to work on various sections of the plan. However, competing priorities and initiatives meant that team members were not always

available to do this work. To address this challenge, the Site Implementation Manager (SIM) and site consultants worked together to develop plan content. The plan content was then reviewed and edited by key members of each subcommittee. Regular communication with the IT kept all members informed of the IDIP development. When complete, the IDIP was used to guide installation and implementation of the intervention. As the intervention progressed, the IDIP helped to keep team members on track and abreast of project progress.

This chapter addresses the following topics:

I. RESEARCH CONSIDERATIONS

II. GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

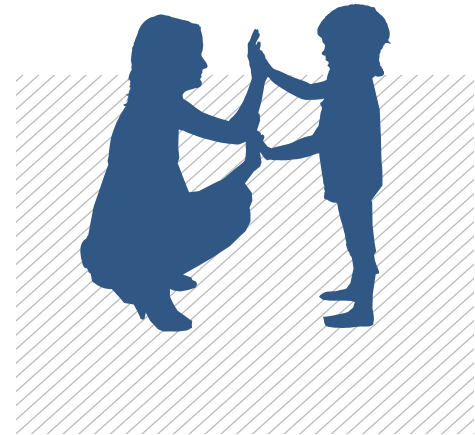
III. WHO WILL DO THE WORK: TEAMING AND COMMUNICATION

Each section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) how the Texas Team implemented the process, activity, or task; and (d) lessons the Texas Team learned during implementation.

I.

RESEARCH
CONSIDERATIONS

It is always important to evaluate the impact of the intervention to ensure the intervention is effective and achieving the delineated goals. Given the critical role of evaluation, it is important to implement the intervention in collaboration with partners with research skills such as an in-house evaluator or university partner. Evaluation starts with a well-formed research question that is directly relevant to the problem at hand and phrased in a way that leads to precise answers.² Testa and Poertner have recommended the PICO framework, which requires careful articulation of four key components:³



- P** a well-defined target population;
- I** the intervention to be evaluated;
- C** the comparison group; and
- O** the outcomes expected to be achieved.

This section addresses the following topics:

1. **Developing the research question**
2. **Creating a logic model**
3. **Case flow/project enrollment**
4. **Data collection**



² Richardson, W., Wilson, M., Nishikawa, J., & Hayward, R. (1995). The well-built clinical question: A key to evidence-based decisions. *ACP Journal Club*, 123, A12.

³ Testa, M. F. (2010). Evaluation of child welfare interventions. In M. F. Testa & J. Poertner (Eds.), *Fostering accountability: Using evidence to guide and improve child welfare policy* (pp. 195–230). New York, NY: Oxford University Press.

1. DEVELOPING THE RESEARCH QUESTION

The importance of having a clearly defined research question cannot be overstated. The research question will be answered by the evaluation of the intervention. Following the PICO framework, a well-formed research question has four components that must be delineated:

P

TARGET POPULATION: Target Population: Using the Population Template (Appendix A) as a starting point, additional data from a data system should be used to clearly define the population that will receive the intervention. Developing this component can include incorporating the following types of data from the target population:

- » Characteristics, demographics, or past experiences (e.g., age, race, ethnicity, placement history, family structure)
- » Eligibility and exclusionary criteria
- » Geographic service areas
- » Needs (e.g., parents or guardians who lack the capacity to address trauma-related issues, or lack of parental skills and ability to manage behavior)
- » Estimates of the total number of children or families who will be served

I

INTERVENTION: An intervention is an intentional change strategy offered to the target population.⁴ An intervention has core components designed to affect a desired outcome.

C

COMPARISON GROUP: Randomized controlled trials (RCTs) are considered the “gold standard” of research because this true experimental design enables researchers to determine if the observed outcomes are the result of the intervention. An RCT design includes a treatment group that receives the intervention and a comparison group that receives “services-as-usual.” RCTs use random assignment of participants to either the treatment /intervention group or the control group. Comparison groups are also used in research using quasi-experimental designs. The most common quasi-experimental design uses the pre-test/post-test comparison group design.

O

OUTCOMES: A result or consequence of the intervention. Outcomes are specific to the intervention and linked to the theory of change.

⁴ Fraser, M. W., Richman, J. M., Galinsky, M. J., & Day, S. H. (2009). *Intervention research: Developing social programs*. New York, NY: Oxford University Press.

The elements of the PICO framework are identified below in the Texas project's research question:

Will children in Permanent Managing Conservatorship (PMC) of Texas in Region 7 whose parents have had parental rights terminated for both parents, or have been in care for 2 or more years with parents who have had partial/no parental rights termination (P) and whose families are provided with Pathways to Permanence 2 (I) experience increased permanency outcomes; decreased time to finalization, permanency or time in care; increased placement stability; improved child and family well-being; and improved child or youth behavioral health outcomes (O), as compared with families who receive services as usual (C).

P

TARGET POPULATION: Initially, the study population included (a) children with termination of parental rights (TPR) but no finalization hearing scheduled within 60 days of eligibility screening, and (b) children in PMC who had been in care for 2 or more years, regardless of TPR status. As part of an evaluation design change, the Texas Team removed the requirement around length of time in care, so that the study population could be drawn from all children in PMC Region 7 who did not have a finalization hearing scheduled within 60 days of eligibility screening. Because Pathways 2 is not designed for birth parents, the study excluded children who met the target population criterion but for whom reunification, transfer of PMC, or joint temporary managing conservatorship was planned with a birth parent. In addition, the study excluded children who were on runaway status, placed in unauthorized placements, or those placed in congregate care settings without an identified caregiver.

I

INTERVENTION: Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss (Pathways 2)

C

COMPARISON GROUP: The initial evaluation design did not yield the anticipated enrollment numbers. Although the Texas Team wanted to carry out a RCT, it was ultimately decided that a change to a quasi-experimental design was needed, with Region 8 (San Antonio area) identified to serve as a comparison group.

O

OUTCOMES: The Texas project's short-term outcomes are:

- » Improved family relationships
- » Increased caregiver resiliency
- » Decreased caregiver strain
- » Increased caregiver knowledge about child trauma, grief, and loss
- » Improved ability for caregivers to respond to challenging behaviors
- » Increased caregiver commitment

2. LOGIC MODEL

A logic model illustrates the conceptual linkages between core components and intervention activities, and expected outputs and short- and long-term outcomes. The logic model should clearly explain how specific activities or services are expected to produce or influence their associated outcomes. The Texas Logic Model is located in Appendix F.



LESSONS LEARNED

- » It is important to recognize that logic models can evolve over time as the details of the intervention become more clearly delineated.

3. CASE FLOW/PROJECT ENROLLMENT

As previously discussed, if an intervention uses an RCT design, then the project team/site team will need to determine a method for assigning participants to the intervention group and the comparison group (i.e., services-as-usual). This will include the development of a case flow that clearly depicts the criteria for assignment the intervention group or the group receiving services-as-usual.

Project enrollment consisted of a two-part screening process. The initial screening was based on a report obtained from the Texas DFPS Big Data CPS Warehouse which contains data for all children in substitute care in Texas. Children with PMC status, TPR status, and those who had been in care for more than 2 years were identified. DFPS Region 7 staff then completed a second screening to ensure youth who met exclusion criteria were screened out. Once eligible children and families were identified, post cards were developed and mailed to these families to alert them to the fact that Pathways 2 would be coming to their area. Closer to class dates, a flyer with the class details was mailed to eligible families. The flyer was also provided to field staff so they could share it with eligible families. Project materials include project contact information and informed families they could enroll in Pathways 2 by contacting the Project Implementation Assistant (PIA) or Site Implementation Manager (SIM). The PIA and the SIM also reached out to eligible families to offer the class and enroll families. Families provided consent to participate in the study when completing the pre-survey, which was administered online.

For the comparison group, a similar initial and secondary screening process was used. Surveys were administered to the comparison group via e-mail only. The Texas Team gathered e-mails from the DFPS IMPACT system and coordinated with DFPS Region 8 residential contract managers to request the assistance of Child Placing Agencies in the collection of known e-mails. Using this method, the Texas Team was able to recruit a sufficient number of comparison group members.

At each Pathways 2 session, the Texas Team provided food for all participants and their children. Food helped to keep the participants engaged as well as created opportunities for the group members to interact informally during a casual, shared experience.

The Texas Team addressed two known barriers to participation: availability of child care and transportation costs. Recognizing that many families struggle with securing appropriate caregivers for their children, even for a short period, the Texas Team contracted with a private provider to offer on-site child care. Child care was provided by qualified attendants who cleared background checks and had the skill set needed to watch children dealing with trauma and loss.

To address transportation barriers, the Texas Team provided families with \$10 gift cards to offset travel expenses. Cards were distributed at the end of each session. For families who relied on public transportation, additional supports were needed to enable these families to attend sessions held at night or on weekends. The Texas Team worked with families with these transportation hardships to develop and secure alternative transportation. It should be noted that when families were asked about the various supports provided to remove barriers to attendance, most said the provision of child care was the most important, and although the reimbursement for travel was appreciated, it was not a necessity.



LESSONS LEARNED

- » Consider adjusting your process if it isn't working. When enrollment levels are not reaching the desired levels, it is important to be open to making adjustments. In the Texas implementation, taking the time to critically examine the case flow process resulted in significant increases in enrollment.
- » Providing child care can eliminate one of the most common participation barriers. In Texas, on-site child care allowed more parents to register, participate, and attend Pathways 2 training consistently. When on-site child care cannot be provided, an alternative is to provide incentives, subsidies, or reimbursement to help participants secure child care on their own.
- » Provide food and transportation support for participants to drive training registration and sustain engagement over time. Pathways 2 sessions were often delivered near a meal time, so providing food was a practical tool that encouraged families to attend by removing the burden on families of preparing a meal, thus easing the family schedule. In terms of transportation, some rural families had to travel long distances to the training venue, and even for those closer to the venue, participation in a "free" class still had transportation costs. The transportation expense reimbursement and cash-value incentives emphasized that their participation was valued and appreciated.
- » Do not underestimate the logistical support needed when implementing an intervention. The Texas Team spent hours managing logistics around training locations, child care, and food arrangements. These were important elements to the success of the intervention, but could be time consuming.

4. DATA COLLECTION

The Health and Human Services, Office of Research Integrity defines data collection as “the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes.”

At the time of enrollment, study participants in the intervention group completed a pre-survey. Participants were encouraged to complete the survey before attending the first session, but pre-surveys were accepted through Session 3. Pathways 2 participants were also asked to complete a post-survey 6 months after attending a Pathways 2 series (approximately 9 months after completing the pre-survey). The survey questions were mapped to the short-term outcomes to ensure sufficient data would be gathered to meet the outcome reporting objectives. The surveys were administered primarily via an online link; however, paper surveys were available, if needed or preferred by participants. The comparison group also completed a post-survey, which was available online only. The post-survey was administered in one cohort after all of the Pathways 2 class series had been completed.

Texas DFPS staff were not permitted to disclose who consented to participate in Pathways 2, and caregivers had the right to disclose (or not to disclose) to their workers their decision to participate or their participation level. Participants were assigned IDs that were used on evaluation forms and surveys to ensure that none of the information they shared could be traced back to them. Results were aggregated or clustered together, so that researchers could not link individual participants to responses. Finally, families were informed that as mandated reporters, facilitators who had concerns about child maltreatment and/or neglect were required to report their concerns, which would require a breach of confidentiality.



LESSONS LEARNED

- » Consider making enrollment and participation data available to the whole team to allow for comprehensive monitoring of the training process. The Evaluation Team used a shared drive platform that contained various spreadsheets and tools to collect enrollment data to help the Texas Team better understand the status of the enrollment process. Having this data available in an organized and readily accessible way was essential to helping team members work in an informed and efficient manner.

II.

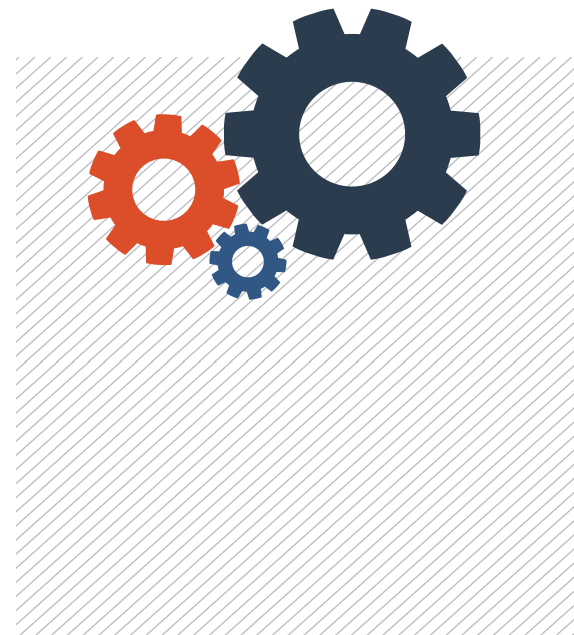
GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

Once an intervention is selected, it is important to know how the system will be readied to support service delivery. The term implementation supports refers to the infrastructure developed to facilitate the successful implementation of an intervention, which also helps to ensure the stability of the intervention over time. Without implementation supports, the system will not have the capacity to support the delivery of the intervention to the target population. Because implementation supports facilitate intervention delivery, assessing these supports is crucially important and should be carried out during the initial implementation stage to allow modifications before full implementation.

In addition to identifying the system's capacity to support service delivery, the project team will need to identify the work that needs to be done to develop additional supports. Further, it is critically important that the project team not only identifies potential barriers to implementing the intervention but also determines strategies for addressing such barriers.

This section addresses the following topics:

1. **Staffing**
2. **Training, coaching, and supervision**
3. **Fidelity**
4. **Policies and procedures**
5. **Data systems**
6. **Program expert**
7. **Financial and material considerations**
8. **Leadership**
9. **System partners and community linkages**



1. STAFFING

Staffing is the process of recruiting, selecting, and hiring qualified people for the support positions.

WHEN CONSIDERING STAFFING, START WITH THE FOLLOWING TASKS:

- » Examine the effectiveness of the recruitment and selection process. For example, were the selection criteria correct? Did the recruitment process get the “right” staff to apply; did the interviews yield the information needed to make staffing decisions?
- » Determine the skills, knowledge, and abilities needed by implementation staff.
- » Determine the workload-to-staff ratio.
- » Determine the number of staff (by position) needed to support full implementation.
- » Determine if any internal capacity or barriers exist to obtaining qualified staff

The purveyors’ materials describe the necessary qualifications of Pathways 2 facilitators. Although staff selection considered these qualifications, the staff identified to be facilitators in Texas were not selected based only on the purveyor’s qualifications. The decision to tap into specific staff also had to do with the overall organizational structure and workload. To implement the intervention, 11 Foster Adoptive Home Development (FAD) staff and one Family Group Decision Making staff were trained to be facilitators of Pathways to Permanence 2. The project relied on these existing staff to implement the intervention, with their Pathways 2 responsibility falling under their “other duties as assigned” workload. The Texas Team planned to use these facilitators to provide two series each; however, scheduling became challenging due to the demands of facilitators’ regular workload as well as personal obligations that limited the number of evenings and weekends these facilitators were available to deliver Pathways 2. Because of the overall workload demands on DFPS Pathways facilitators, a second cohort of facilitators was recruited outside of DFPS staff.



LESSONS LEARNED

- » Ensure staff have adequate time allowed in their workload to complete project and intervention tasks. The delivery of an informative, interactive program requires staff to have sufficient time to prepare for and facilitate the sessions. However, when staff roles with an intervention

fall into the category of “other duties as assigned,” staff experience competing priorities. DFPS staff initially selected as Pathways 2 facilitators had other primary responsibilities to manage, and when competing priorities arose, their existing job responsibilities often took precedence. The system must find ways to staff the intervention with dedicated positions so that staff can commit the time needed for a full, high-quality implementation of the intervention.

- » Alternately, consider compensating staff for activities outside of their normal workload. When the intervention responsibilities are assigned “above and beyond” existing job duties, staff should receive additional compensation. Compensation demonstrates the program’s value as well as the value the program places on staff, and deepens the staff’s commitment. Without compensation, staff members might be more likely to give priority to existing job duties. If providing additional pay is not feasible, then it is important to consider offering other types of meaningful recognition or reward for taking on additional tasks. In the Texas intervention, DFPS allotted funding to provide merit pay for the Pathways 2 facilitators.

2. TRAINING, COACHING, AND SUPERVISION

Training is the process of providing the information and instruction an individual will need to successfully execute a specific function within a program.

Coaching is a structured process in which a practitioner with expertise in a specific intervention works closely with someone who is learning the intervention to enhance his or her skills, with the goal of delivering the intervention with fidelity.

Supervision is the process of reviewing the work of another individual to determine the person's extent of alignment with established performance standards.

WHEN CONSIDERING THE TRAINING, COACHING, AND SUPERVISION NEEDS OF YOUR PROJECT, START WITH THE FOLLOWING TASKS:

- » Determine the availability of trainers, a training curriculum, supervision, and coaching from the intervention purveyor or other entity.
- » Assess the content of training materials to determine if they are adequate to address the knowledge and skills needed to provide the intervention.
- » If a training curriculum is not available, determine who will develop one.
- » Assess the cost for training.
- » Determine if ongoing training will be needed to reinforce or boost the initial training.
- » Establish the qualifications for trainers.
- » Establish the frequency of supervision to ensure staff are meeting expectations.
- » Select a coaching model that helps staff explore their strengths and weaknesses.

The required training for Pathways to Permanence 2 facilitators consists of a 3-day interactive training conducted by two master trainers from the Kinship Center. The facilitator training provides both content knowledge and hands-on training experience. One day is devoted to content training, followed by 2 days of “train the trainers” that focuses on adult learning and parent group dynamics.

In Texas, facilitators wanted more exposure to the curriculum content to understand the intent and context of the material. The Texas Team requested and received 4 additional days of training from the purveyor. Following this additional training, Texas Pathways 2 facilitators reported feeling much more prepared to facilitate sessions with caregivers. The second cohort of facilitators that received Pathways 2 training attended an overview of the program and a train the trainer session delivered by the purveyor. In addition, the second cohort received a foundational training by attending a Pathways 2 series as a participant, observing training sessions delivered by the first cohort of facilitators.

The Kinship Center provided technical assistance in the form of coaching via telephone consultation or through webinars. These sessions were designed to support the Pathways 2 philosophical and theoretical framework as well as practical concerns of staff. In the project's planning phase, the purveyor had provided a preliminary estimate of 18 coaching sessions of 1–1.5 hours each over the 6–12 months following initial training. The Kinship Center's technical assistance took several forms. During the first technical assistance sessions for facilitators (held via webinar and recorded for reference) the purveyor reviewed content from the Facilitator's Guide for each of the seven Pathways 2 sessions and provided additional tips to support the facilitators' preparation. Second, the Texas Team requested that the purveyor develop a "tip sheet" and "timing agenda" for each Pathways 2 session. Although Pathways 2 has a very detailed, semi-scripted Facilitator's Guide, the additional tools requested by the Texas Team included the goals for each section of content, ideas about where additional content from other sessions could be layered in, and guidance on how much time should be spent on each subtopic within the major topic areas of each session. Finally, an on-demand library of videos showing Kinship Center facilitators demonstrating various ways of delivering material from Pathways 2 sessions was also developed at the request of the Texas Team. The recorded segments included sample presentations on key conceptual frameworks within the curriculum such as developmental re-parenting, decoding behaviors, the seven core issues, and the "developmental buckets." This library of videos was made available to facilitators to use in their preparation activities.

In addition to the technical assistance described above, the purveyor responded to a request for more structured and individualized feedback for facilitators by developing a *videoconference observation process*. This process essentially provided a mechanism to determine the facilitator's alignment with established performance standards. Master trainers observed Texas Pathways 2 trainers deliver portions of the curricula via videoconference, and then provided feedback in the moment and after the session in the form of written feedback, including recommendations for additional skill development and coaching. The purveyor was pleased that the videoconference option yielded stronger than anticipated results in the ability to assess facilitator's skill as well as the facilitators' comfort level with delivering the content. An inter-rater reliability meeting was also conducted that incorporated information provided by the Site Implementation Manager, with specific goals to (a) refine the criteria, tools, and process for Pathways 2 facilitator assessment; and (b) to develop consensus across observations and written assessments. Scoring was remarkably consistent across observers.



LESSONS LEARNED

- » Asking for additional support from an intervention purveyor may be needed. Working with a flexible trainer and coach, in this case the Pathways 2 team, can strengthen the implementation of an intervention. The Texas Team benefitted greatly from the flexibility of the training and coaching staff when unforeseen circumstances arose that required problem solving (e.g., tight time frames, additional training needed for facilitators, changes in technical assistance needs).

3. FIDELITY

Fidelity can be defined as the extent to which the delivery or performance of an intervention is in accordance with the protocol or program design as originally developed.

WHEN DETERMINING HOW BEST TO ENSURE FIDELITY, START WITH THE FOLLOWING TASKS:

- » Obtain fidelity measures from the intervention purveyor, if available. Adapt the fidelity measures, if necessary. If fidelity measures are not available, determine who will be responsible for developing fidelity measures for your intervention.
- » Examine the usefulness of the fidelity measures. Do the fidelity measures support answering the question, “Is the intervention being delivered as the developers intended?”
- » Determine if fidelity measures yield discrete data adequate to support modifying implementation supports such as training, coaching, and supervision.

Although Pathways 2 is a manualized intervention with a semi-scripted Facilitator’s Guide that is supported with a multi-media facilitator’s kit (required for the delivery of the intervention), core components or aspects of the program unique and/or essential to Pathways 2 had not previously been defined or measured. For this study, the Texas Team worked with the Kinship Center to develop and operationalize the Pathways 2 core components. Once operationalized, evaluators developed tools to assess the core components. The fidelity tools were piloted during usability testing and revised for full implementation.



LESSONS LEARNED

- » It is important that staff delivering the intervention clearly understand the purpose and use of fidelity tools. Initially, some forms were returned incomplete and others were not returned in a timely manner. The Texas Team determined the facilitators’ training had not given sufficient attention to the fidelity system and tools. A revised training was developed and delivered that included a review of the core components and an explanation of how each tool is used to measure the core components.

4. POLICIES AND PROCEDURES

Policies and *procedures* are formalized directives guiding the delivery of an intervention or program, and give detailed explanations of program activities. Policies are the principles that guide the decision-making process.

WHEN CONSIDERING POLICIES AND PROCEDURES, START WITH THE FOLLOWING TASKS:

- » Examine the completeness and effectiveness of the policies or procedures to ensure they support the new work and clearly articulate the steps of the new processes.
- » Consider whether policies are accessible to those who need them.
- » Confirm whether policies and procedures have been sufficiently articulated and documented to allow someone else to run the program in the absence of current staff or leadership.
- » Confirm that policies and procedures reflect what has been learned during usability testing.

The Pathways 2 Facilitator's Guide and the additional tools provide facilitators with the information needed to support delivery of the intervention. The Site Implementation Manager executed most other activities (e.g., developing class schedules and coordinating facilitators, identifying class locations, registering participants, securing child care, arranging for the provision of food, and distributing transportation incentives) with support from a Project Implementation Assistant. Some of these processes and procedures were described and documented, but there was no operational manual available as a reference.



LESSONS LEARNED

- » It is important to develop written descriptions of all procedural elements involved in implementing an intervention in the event that the project experiences changes in staff or leadership. While the Texas Team maintained continuity with the Site Implementation Manager through most of the project, it was not clear if another staff person could easily run the program in event of a sudden absence of the person primarily responsible for these functions.

5. DATA SYSTEMS

A *data system* is the network that will identify, collect, organize, store, analyze, and transfer the data.

WHEN DEVELOPING A DATA SYSTEM, START WITH THE FOLLOWING TASKS:

- » Ensure the effectiveness of the hardware and software that collects and manages information related to implementation.
- » Determine staff capacity to effectively use the database.
- » Confirm that technology resources are available to support the technology needs of the project.
- » Identify and test processes for the secure transmission of data.
- » Determine if a data sharing agreement is necessary. Obtaining a data sharing agreement can take considerable time. If such an agreement is required, begin the process early in the project.
- » Determine if the system can capture the data needed to determine fidelity, outputs, and needs assessments of participants.
- » Determine if the reports generated from the data system inform the process and outcomes in a standardized manner.
- » Determine whether data are reliable, collected on a standardized schedule, easily accessible, and reviewed by implementation support teams.
- » Confirm that the data system is backed-up regularly.

Due to a lack of funding, time constraints, and competing priorities, the data system DFPS uses to record case information could not be used to capture data related to delivery of Pathways 2. Manual tracking systems (primarily Excel) were created to record information such as eligibility screening, consent processes, pre- and post-survey completion, number of sessions completed, and incentives provided and received. The Texas Team used a Web-based file sharing platform to house the various spreadsheets and tools to collect enrollment data and to help ensure this information was readily accessible to all members of the Texas Team. This approach allowed for comprehensive monitoring by showing details about how cases were moving through the process.

The fidelity system also collected data on the delivery of the intervention. A process was developed for the submission of fidelity documents following each Pathways 2 class. Facilitators were provided with a packet with the required tools, a checklist, and a pre-paid FedEx envelope. Because the facilitators experienced challenges dropping off the FedEx envelope quickly following classes, this process was refined, including moving several tools to an electronic format for ease of completion and submission.



LESSONS LEARNED

- » Consider creating an online file sharing system. Regardless of the system selected, a file sharing will ensure that all members of the team who need data can access it. In Texas, having the project data readily available created efficiencies and prevented having to rely on any one team member for up to date information.

6. PROGRAM EXPERT

A *program expert* is a person with extensive knowledge, skills, and ability based on experience, occupation, or research in a specific program or practice. Typically, a program expert is the individual or entity that developed the intervention.

WHEN CONSIDERING INVOLVEMENT OF A PROGRAM EXPERT, START WITH THE FOLLOWING TASKS:

- » Examine the effectiveness and usefulness of the program expert in supporting the implementation of the intervention. For example, determine whether the program expert is able to provide your project with materials that facilitate implementation as intended such as manuals, fidelity measures, or a train-the-trainer curriculum.
- » Assess the program expert's availability for coaching.
- » Determine if the program expert supports the development of internal supervision.
- » Determine if the program expert supports adaptations to the intervention or changes to service delivery systems required by the intervention.
- » If available, interview the purveyor.

The Texas Team established a strong relationship and collaboration with the Kinship Center (intervention purveyor). A weekly teleconference provided an avenue for consistent communication among the Texas Team during all phases of the project: intervention selection, implementation planning, installation, and implementation. During these calls, Team members discussed all potential process changes and adjustments to ensure proposed changes would not negatively impact the intended outcomes of the intervention. The Texas Team also developed a relationship with the Adoption Council of Ontario (another agency implementing Pathways 2) to collaborate on the development of fidelity measures, tools for outcome measurement, and to share general implementation strategies.



LESSONS LEARNED

- » Having a flexible purveyor can help keep implementation on track, especially when changes are being made along the way. As noted earlier, the purveyor was open to the Texas Team's feedback regarding the need for more training for facilitators, and the purveyor was responsive to the Texas Team's requests to develop new strategies for technical assistance. The purveyor sought out and was open to feedback regarding improvements that could be made to the materials used in the delivery of Pathways 2.
- » Program experts may exist beyond the purveyor or developer. While the support of the purveyor of Pathways 2 was critical, the Texas Team's collaboration with the Adoption Council of Ontario was also helpful because the Canadian team provided a different perspective and shared the strategies they had used to work through implementation barriers.

7. FINANCIAL AND MATERIAL CONSIDERATIONS:

Financial and material considerations are the costs and materials needed to develop and deliver the intervention.

WHEN EXPLORING FINANCIAL AND MATERIAL CONSIDERATIONS, START WITH THE FOLLOWING TASKS:

- » Determine the costs associated with the implementation of the intervention, and then determine if resources are available to implement the intervention with fidelity.
- » Plan for and include associated costs such as purveyor fees, training or coaching fees, facility and technology fees, and the cost of implementation staff.
- » Determine if opportunities exist to leverage the support or funding of existing programs.

In addition to the costs associated with training, coaching, and staffing, the Texas Team needed to consider costs for training venues, on-site child care, and the food and transportation incentives. It was important to find neutral locations (other than DFPS) to host the class series so that families could feel comfortable. As addressed in Chapter 3, the provision of child care and reimbursement for transportation costs eliminated two major barriers that are attendance roadblocks for many parents. To accommodate the on-site child care, the training location needed to have separate spaces for classes and child care. Given that classes were offered in the evenings and on Saturday mornings, a light meal was provided to make it easier for families to participate. A \$10 gift card was provided to each family at the end of each session to offset transportation costs. To assist with the provision of child care, the Texas project also purchased games and toys. In some cases, when facilitators were not geographically close to the class location, the project incurred added costs for facilitators' lodging, meals, and transportation.

As part of their contract, the Kinship Center provided each trainer a Facilitator Kit, which included the Facilitator Guide, Participant Resource Notebook files, PowerPoint presentations, props, and videos needed to conduct trainings.



LESSONS LEARNED

- » Don't underestimate the workload of managing training logistics. Secure the training venues and map out training schedules as far in advance as possible to minimize hassles and maximize participation. Initially, Pathways 2 scheduling and venue setting was done quarterly; however, for many families, knowing upfront where the training sessions would be held made it easier for them to commit to the program. Ultimately, the Texas Team changed course to set the schedule and locations a year in advance. Setting the schedule earlier also provided more time for conducting outreach efforts such as mailing promotional materials and enabling community partners to promote the intervention to the families they served.
- » Even free space comes with a cost. With a limited budget, a top priority was finding free meeting spaces, but free spaces were difficult to locate, especially when multiple rooms were needed for child care and the training. This issue was compounded by the length of time these spaces were needed. Although at times there were community organizations willing to let the project use their space at no cost, these spaces sometimes came at the risk of being “bumped” if the organization needed the space. Ultimately, the site team decided it made more sense to pay for space, which would streamline planning time for project staff and the families.
- » Take the time to sort through the materials provided to conduct the intervention. In Texas, some DVDs that were written into the curriculum were no longer readily available for purchase to be included in Facilitator Kits. While most of these issues were able to be resolved, the process required effort to work out solutions. In addition, facilitators experienced difficulties with changes in DFPS-issued equipment that made playing DVDs challenging—which resulted in a need for materials to be made available in digital formats that could be easily played with laptops designed to interface with projector systems rather than DVD players that might not be compatible with the newest generation of projector systems.

8. LEADERSHIP

Leadership refers to those in a position of influence within an agency, organization, or system.

WHEN CONSIDERING PROJECT LEADERSHIP, START WITH THE FOLLOWING TASKS:

- » Assess the status of state, county, and local leadership buy-in to the project.
- » Identify leadership members who could be potential project champions.
- » Determine areas where further engagement with leadership is needed.

Throughout the QIC-AG project, several leadership changes occurred at DFPS. Each DFPS region in Texas has a regional director who has overall responsibility for service delivery in their assigned area. Within each region, program administrators, who report to the regional director, oversee all aspects of service delivery in the various counties within the region. Two key leaders in Region 7, the region in which the intervention was implemented, left their positions during the intervention installation phase. Fortunately, a member of the Implementation Team (who eventually became the top administrator for the region) provided a key element of continuity during the leadership transition period. Changes in executive level leadership at DFPS were frequent throughout the project as well, emphasizing the need for strong levels of communication to ensure ongoing commitment to the project. Overall, the project successfully navigated leadership changes.



LESSONS LEARNED

- » Continuity in staff is a key factor in successful implementation of an intervention. Despite the many leadership changes experienced by the Texas project, the continuity provided by the Site Implementation Manager and key members of the Team ensured the intervention stayed on track.

9. SYSTEM PARTNERS AND COMMUNITY LINKAGES

Systems partners and community linkages are those entities within the service network that provide services or supports to the target population. Some examples of system partners are other social service agencies, advocacy groups, mental health providers, and the education system.

WHEN CONSIDERING SYSTEMS PARTNERS AND COMMUNITY LINKAGES, START WITH THE FOLLOWING TASKS:

- » Identify partners or collaborators on board with your project.
- » Identify those not on board and determine what efforts are needed and most likely to engage these entities.
- » If community resources are required for providing the intervention, identify the availability and quality of linkages to community resources.
- » Consider a public–private partnership. This partnership can provide a variety of perspectives, increase the diversity of the project, and provide an opportunity to leverage system resources.

Initially there were challenges in reaching families to secure enrollment into the intervention. Key partners were engaged to support recruitment of families. DFPS staff who were working directly with families in the target population were asked to consider a personalized outreach to families that would highlight the ways that Pathways 2 could be helpful to their work with the child. Residential contractors and child placing agencies were provided with a list of their eligible families, copies of recruitment materials, and talking points for to use in the outreach with their families when advising them of the opportunity to participate.

The Texas Team engaged in outreach with foster parent associations and supervised visitation contractors to secure a contract to provide on-site childcare. As noted earlier, a second cohort of facilitators was selected intentionally from the private agency community, and these facilitators were critical to delivering the number of Pathways 2 sessions that were planned.



LESSONS LEARNED

- » It is important to be open to the involvement of system partners. In Texas, there were multiple changes made to the project design and case flow processes during initial implementation. These changes created opportunities for collaboration where they had not previously existed, such as involving Child Placing Agencies in recruitment. Keeping partners engaged throughout the process allowed the Texas Team to tap into the resources of these partners when needs emerged.

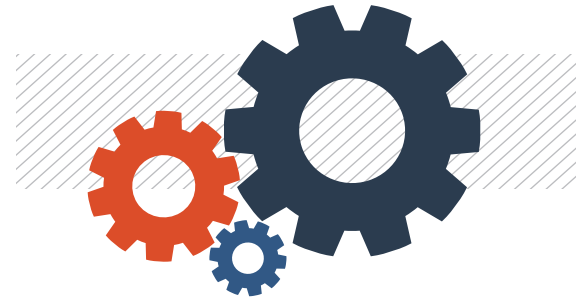


WHO WILL DO THE WORK: TEAMING AND COMMUNICATION

Determining who will be responsible to complete the work is essential to moving the project forward. The teaming structure should include decision makers, stakeholders, and implementers. A plan is needed to communicate project progress internally and externally.

This section covers the following topics:

1. **Teaming Structure**
2. **Communication Strategies**



1. TEAMING STRUCTURE

An effective teaming structure ensures a site has the capacity and decision-making authority to get the work done. Sites need to think about a teaming structure that supports the work as well as the roles and responsibilities of members of the teams. Although structures will change over the life of a project, consider starting with the following structural components:

- a. **Project Management Team (PMT).** Forming a PMT can help not only to ensure leadership capacity for the duration of the project but also to ensure the sustainability of the intervention and **Texas** leadership capacity. Members of a PMT are higher-level staff with decision-making authority in their respective departments.
- b. **Stakeholder Advisory Team (SAT).** A SAT is essential to providing the project with the perspective of the consumers of the service and community providers engaged in serving that population. The **Texas** SAT identified the unmet needs of children and families in the community. This SAT included representatives from agencies that serve the post-permanency population, other social service and adoption agencies, mental health and educational providers, and adoptive, guardianship and kinship families.
- c. **Implementation Team (IT).** An IT guides the overall project and attends to the key functions of the initiative. The IT has a two-fold purpose. First, the IT organizes and prioritizes the work that needs to be done, establishes tasks and timelines, analyzes data, and troubleshoots problems. Second, the IT provides leadership and guidance to support the staff implementing the intervention. Including decision-makers as members of the IT is important because the IT is charged with overseeing the implementation and will have to resolve challenges that arise.

Texas DFPS determined the project would be led primarily by Region 7 leadership with the support of the State Office. Representatives from various departments with DFPS made up the primary membership of the PMT.

A caregiver focus group was conducted early in the process to engage adoptive parents and guardians in a discussion about the strengths and gaps in the current system. An overview of the Stakeholder Advisory Team (SAT) was provided to the focus group participants, and those interested in serving on the SAT were referred to the Site Implementation Manager. In addition to adoptive and kinship parents, the SAT membership included foster parents and young adults who had been in care in the DFPS system, representatives from STAR Health (managed care organization), Cenpatico (mental health managed care organization), CASA (court appointed advocates for children), and the Children's Commission. The SAT members representing organizations provided expertise on how to engage additional regional partners as well as how their systems could assist with monitoring outcome measures.

The Implementation Team was comprised of representatives of the Region 7 administration, and included the regional director, supervisors, evaluators, and state policy specialists. Several workgroups were established within the Implementation Team, each of which took the lead responsibility for different aspects of the implementation plan.



LESSONS LEARNED

- » Project teams must be flexible, especially in the planning phases of a project. Teams are fluid over time and the structure will change depending on the project's phase of implementation and the tasks that need to be completed at various phases.

2. COMMUNICATION STRATEGIES

Communication strategies can range from face-to-face exchanges to electronic reports. Using a variety of communication strategies is key to keeping team members and stakeholders informed about the project status.

WHEN CONSIDERING COMMUNICATION STRATEGIES, START WITH THE FOLLOWING TASKS:

- » Determine the methods you will use to communicate information about the intervention and to whom the information will be communicated (e.g., broad internal or external communication).
- » Think through the *when* and *how* information will be disseminated.
- » Put protocols in place that specify how information is communicated across networks.

A subcommittee of the Implementation Team formed a Communications Workgroup. The Workgroup coordinated with key representatives from the Project Management Team (PMT) and Stakeholder Advisory Team (SAT) to assist with developing messages for various audiences. To support various implementation activities, the Communications Workgroup focused on maintaining consistent, ongoing communication with community stakeholders, including foster parent associations, provider agencies, CASA, the legal community, and local child welfare entities.

The Texas Team met regularly with the Implementation Team, and the Site Implementation Manager maintained regular communication with leadership at the Texas DFPS to keep these parties up to date regarding the status of the project. In addition, the Site Implementation Manager maintained frequent contact with the Pathways facilitators to keep them engaged in the project and to coordinate the delivery of Pathways classes.

A dedicated e-mail inbox was established to assist with addressing questions or concerns from staff, stakeholders, and the community regarding the Texas QIC-AG project. The SIM received and responded to these messages.



LESSONS LEARNED

- » Open communication is critical to project success. Effectively informing system partners encourages cooperation and engagement.

CHAPTER 6

ASSESSING READINESS: USABILITY TESTING

Once the implementation planning is done, it is important to make sure the intervention is working as intended and the implementation supports are in place and effective.

The chapter addresses the following topic:

I. USABILITY TESTING

This chapter includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the Texas Team implemented the process, activity, or task; and (d) lessons the Texas Team learned during implementation.

I. USABILITY TESTING

According to the Children’s Bureau’s 2016 publication, *Providing Technical Assistance to Build Implementation Capacity in Child Welfare*:

Usability testing is the process of establishing the innovation within the organization and learning whether procedures, processes, or innovation components need to be adapted for implementation to move forward. The purpose of usability testing is to help further operationalize the essential functions of the innovation, implementation supports (training, coaching, recruitment, selection, and fidelity assessment), and data collection. (p. 69)

Thus, usability testing is the initial implementation phase of the intervention when the first participants receive the intervention. This phase is a critical time to ensure implementation supports are effectively facilitating the delivery of the intervention and that the intervention is being delivered as intended.

Creating a structured process to evaluate findings from usability testing is the key to a successful full implementation. Findings from a critical evaluation will identify what worked, what did not, and what requires modification. Ongoing evaluation can be carried out by developing a matrix or grid that is reviewed regularly and allows for the usability findings to be documented for each intervention component.

It is important that usability reports include or describe the following:

- » Usability questions for each core component
- » Measures or metrics for each usability question
- » Summary of what the team learned from the metrics
- » What worked as intended and what did not work as intended
- » What needs to be done to address gaps or problems
- » What changes are needed or what changes have been made

By applying the findings from usability testing, modifications can be made to the project processes and procedures. Once all components are evaluated and modifications are made, the intervention is ready for full implementation.

The Texas Team modified processes that did not perform as intended during usability testing. Adjustments were made to the outreach and service delivery processes, including modifications to screening steps, timing changes related to randomization, and refining the data collection tools such as the short-term outcome survey. In addition, after the usability testing, the utility of fidelity tools as a mechanism to inform technical assistance needs of Pathways 2 facilitators also became more clear to the Texas Team.

An example of a substantive change based on usability findings was altering the geographic approach to training delivery. The original approach required the division of 30 counties into four quadrants, with two class series per year offered in each quadrant. However, after executing this plan, low enrollment made it clear that the four-quadrant design hindered rather than supported family participation. Upon further examination, the team learned more about the travel patterns of families in need of services and supports in Texas. For example, in certain large counties, families do not typically travel from one end of the county to the other; instead, families are more likely to travel to a neighboring county that is fewer miles away. After re-evaluating the quadrant approach, the team re-divided Region 7 into six areas to maximize participation opportunities for families.

The Usability Testing Plan and Tracking Tool (Appendix G) was used to complete usability testing. The tool provides a structure to delineate the questions to be answered and the metrics that will be used to answer the questions. The tool also allows for the tracking of changes made a result of the usability testing.



LESSONS LEARNED

- » It was important to critically assess the processes and procedures of each component with a limited cohort to ensure that the processes worked. This approach allowed the Texas Team to make a number of modifications prior to full implementation that improved the effectiveness of the intervention.

CHAPTER 7

TRACKING PROGRESS

Establishing and documenting time frames and responsible parties ensures the project stays on track and progresses as planned. A work plan has maximum benefit when reviewed regularly and incorporates procedures for documenting progress and keeping track of unanticipated delays.

The chapter addresses the following topic:

I. TRACKING PROGRESS THROUGH WORK PLANS

This chapter includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the Texas Team implemented the process, activity, or task; (d) lessons the Texas Team learned during implementation.

I.

TRACKING PROGRESS THROUGH WORK PLANS

A work plan is a tool that can be used to track the progress of the activities that have to be completed at each implementation stage.

A work plan should include the following components:

- » **Activity**
- » **Responsible manager or team**
- » **Target date**
- » **Completion date**

The Texas Team used the work plan to keep focused on the necessary tasks and established time frames during each phase of the intervention. The Team frequently referred to the work plan to identify upcoming activities and to evaluate progress on project goals.



LESSONS LEARNED

- » A work plan keeps a project team organized and focused. At a minimum, the Texas Team reviewed the work plan each quarter; however, during periods with heavier workloads, the work plan was used to create the agenda for weekly team meetings.

APPENDIX

A. QIC-AG Population Template

B. QIC-AG Continuum Assessment

C. Stakeholder Focus Group Questions

D. Hexagon Tool: Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma

E. Initial Design and Implementation Plan

F. QIC-AG Logic Model: Texas

G. Usability Testing Plan and Tracking Tool

APPENDIX A

QIC-AG POPULATION TEMPLATE

A

QIC-AG POPULATION TEMPLATE: TARGET GROUP 2

The population template is designed to help sites clearly define a population that will be the target of the evaluable intervention associated with the QIC-AG. Through this process each site will gain a clear understanding of the problem that needs to be addressed, the population that is most impacted by the problem, and ultimately, to initiate thinking about how the problem can best be addressed. Understanding the problem and the population can be accomplished by using data and other available information and anecdotes which allow you to consider the underlying causes of the needs of the identified population.

The population template will be used to: 1) understand the continuum of services; 2) understand the needs of the target population; 3) develop a theory of change and 4) provide a geographic focus for implementation and evaluation of an evaluable intervention.

Completion of the population template will be completed by the site with assistance from the evaluation team with support from the consultants. Each site is asked to complete as much of the template as is possible given the availability of quantitative data, qualitative data, and anecdotes. No new data should be collected to complete the template. In the event that no information is available to answer a question, please make a note of this and if possible, move on to the next question.

BACKGROUND: WHAT IS THE PROBLEM?

PRIMARY PROBLEM DEFINITION

The primary problem to be addressed by the QIC-AG with Target Group 2 is post-permanency discontinuity. Post-permanence discontinuity occurs when a child experiences one of the following:

- » Re-enters state custody (e.g. a traditional foster care placement, residential or hospitalization) for behavioral, psychological or other issues
- » Re-enters state custody (e.g. a traditional foster care placement, residential or hospitalization) due to the death or incapacitation of their adoptive parent or legal guardian
- » Enters or resides in an out of home placement without re-entering state custody (e.g. residential or hospitalization, living with a relative) and remains in the legal custody of the adoptive parent or legal guardian
- » Termination of an adoption or guardianship subsidy for reason other than those listed above.

BACKGROUND

The QIC-AG will build on an existing evidence base that recognizes that the problems facing families after legal permanence often stem from the complex behavioral and mental health needs of traumatized children and youth. Adoptive parents and legal guardians (caregivers) are often ill-prepared or ill-equipped to address these needs. Furthermore, the supports and services that are provided are often too late (when families have a weakened sense of commitment or are in crisis, rather than as a preventative measure), or inadequately address the needs of these families. The development of appropriate culturally responsive supports and services is needed to address the unique and challenging behavioral, mental health, and medical issues that may threaten stability and long-term permanency commitments of these families. Finally, interventions which support families from pre-permanence through post-permanence are necessary to successfully achieve safety, well-being, and lasting permanence.

Child welfare interventions that target families who have adopted or assumed legal guardianship of children previously in foster care who are having difficulties maintaining the adoptive or guardianship placement are often provided too late, and therefore, do not serve the best interests of children, youth and families. Even though most adoptive parents and permanent guardians are able to manage on their own, when the need arises, it is in everyone's best interest to receive evidence-supported, post-permanency services and supports (PPSS) at the earliest signs of trouble rather than at the later stages of weakened family commitment. Ideally preparation for the potential for post-permanency instability should begin prior to adoption or guardianship

finalization though evidence-supported, permanency planning services (PPS) that prepare and equip families with the capacity to weather unexpected difficulties and to seek services and supports if the need arises.

The best way to ensure that families will seek-out needed PPS and PPSS is to prepare them in advance for such contingencies and to check-in periodically after finalization to identify any unmet needs of the children, youth and families. It may also be necessary to assess the strength of the permanency commitments, which while firm at finalization, can weaken as unexpected difficulties arise and child problem behaviors strain the family's capacity to meet those challenges.

1. SOURCE OF PROBLEM DATA

BACKGROUND

Child Welfare Adoptions and Guardianships

The QIC-AG wants to develop the ability to track children from pre-permanence through post-permanence. In order to do this, a system for linking children who have exited foster care through adoption or guardianship to their foster care records needs to be developed so that we can use these histories to identify potential risk and protective factors. For children who were previously adopted through the child welfare system, the linking of pre- and post-adoption IDs is complicated. One difficulty is that names and social security numbers associated with these youth often change after adoption and child welfare systems deliberately don't link pre and post adoption identities. As part of this initiative, we will work with sites to develop and use a linking file that allows pre- and post-adoption IDs to link. The same issue does not exist for guardianship cases as their IDs do not change.

An additional issue is that states may not have physical addresses and current contact information for these families. Many states have moved from mailing subsidy checks to direct deposits of subsidies. Often there is not a mechanism for keeping current contact information on this population after finalization. In addition, many states have stopped sending annual recertification letters to families receiving adoption or guardianship subsidies so states may not have updated contact information for the families.

Furthermore, the tracking of children after adoption or guardianship finalization is complicated by the fact that these children and their families are no longer under the care, protection and monitoring of the child welfare system. As such, changes in placements, difficulties the children and youth are experiencing, are not often tracked by the child welfare system. Children and youth can become homeless, enter residential treatment facilities, be placed in the care of relatives, or move out of the home for a variety of reasons (e.g., rehom-ing) and these actions may not be tracked through the child welfare data systems. Sometimes they may be known to child welfare staff, and other times they may not be known to the staff.

SITE SPECIFIC INFORMATION REQUEST

In responding to the questions below, please include the source of data or information. When you have data, use it; otherwise do your best to tell the story.

A. How many children in your site are currently receiving an adoption subsidy? Please provide state and county-level data.

B. How many children in your site are currently receiving a guardianship subsidy? Please provide state and county-level data.

C. How many children in your site have been adopted internationally in the past year? Please provide state and county-level data.

D. How many children in your site have been adopted privately in the past year? Please provide state and county-level data.

2. WHO IS AT RISK OF EXPERIENCING THE PROBLEM?

BACKGROUND

While there is consistency in the finding that the vast majority of adoptive families do not formally disrupt or dissolve, researchers have cautioned the field not to overlook the needs of these families, noting that the child-parent relationship may break down in other ways, and that many families struggle after adoption from foster care (Festinger, 2002; Smith & Howard, 1991). Some factors that may impact discontinuity:

- » Behavioral problems
- » Caregiver commitment
- » Biological relationship between the child and caregiver
- » Marital status of caregiver
- » Siblings
- » Age of child at time of permanence
- » Formal supportive services
- » Number of moves in foster care

Sources: Barth & Berry, 1988; Barth, Berry, Yoshikami & Carson, 1988; Festinger, 2002; Houston & Kramer, 2008; Koh & Testa, 2011; Rosenthal, Schmidt & Commer, 1988; Smith & Howard, 1991; Smith, Howard & Monroe, 2000; Zosky, Howard, Smith, Howard & Shelvin, 2005

SITE SPECIFIC INFORMATION REQUEST

Please include the source of data or information. When you have data, use it; otherwise do your best to tell the story.

CHILDREN ADOPTED THROUGH THE CHILD WELFARE SYSTEM

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post adoption finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, monetary subsidy issues, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents' inability to effectively address behavioral issues).
- » Who were the people asking for services (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
- » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).

B. Over the past year, how many children or families (post adoption finalization) came to the attention of your

site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues).
- » Who were the people asking (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
- » How many families are targeted?
- » Is there a geographic focus of your outreach?
- » Why has this group been identified?

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?

CHILDREN EXITING FROM THE CHILD WELFARE SYSTEM THROUGH GUARDIANSHIP

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post guardianship finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, monetary subsidy issues, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
- » Who were the people asking (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
- » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).

B. Over the past year, how many children or families (post guardianship finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues).

- » Who were the people asking (e.g., grandparents, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
- » How many families are targeted?
- » Is there a geographic focus of your outreach?
- » Why has this group been identified?

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?

INTERNATIONAL ADOPTIONS

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post international adoption finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
- » Who were the people asking (e.g., children from specific countries, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
- » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).

B. Over the past year, how many children or families (post international adoption finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues).

- » Who were the people asking (e.g., children from specific countries, parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
- » How many families are targeted?
- » Is there a geographic focus of your outreach?
- » Why has this group been identified?

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?

PRIVATE DOMESTIC ADOPTIONS

In this section, we are looking for information on the needs of children, some of these needs will be general in nature and others may be crisis-orientated. We realize that the two groups may overlap (some families may have both general and crisis needs). We also recognize that in some sites these data may be kept at a call level (how many calls did you receive in the past year) and others may be kept at a family or child level. We ask at the child level, but encourage you to provide it at any level.

Responses to questions A, B, and C below will help to answer question D.

A. Over the past year, how many children or families (post private domestic adoption finalization) came to the attention of your site because they had general needs (e.g., questions about where to go for services, referrals)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues)
 - » Who were the people asking (e.g., parents of teens, rural families, homeless youth)?
 - » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
 - » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).
 - » Describe the three most prevalent reasons families are identifying as to why they are having difficulties (e.g., lack of social support, lack of sufficient services, unrealistic expectations, inadequate parental preparation/training, inadequate or insufficient information on the child and his or her history).
-

B. Over the past year, how many children or families (post private domestic adoption finalization) came to the attention of your site because they had crisis needs (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)? Please describe any differences in need by region (e.g., in county A are the needs are different than in county B?).

- » What were the needs the children or families expressed? Here we are looking for the circumstances and conditions families expressed that can be remedied (e.g., difficulty with emotional or behavioral regulation in children; parents inability to effectively address behavioral issues).

- » Who were the people asking (e.g., parents of teens, rural families, homeless youth)?
- » Describe the three most prevalent characteristics of the children in need of assistance (e.g., substance abuse, internalizing and externalizing behavioral issues, school problems).
- » Describe the three most prevalent characteristics of the family in need of assistance (e.g., parent competency, housing instability, substance abuse).

C. Is there a specific group of families that your site has proactively reached out to (e.g., is there a specific age group, developmental stage, or problem at the time of adoption) in the past year?

- » How are these families identified?
- » How many families are targeted?
- » Is there a geographic focus of your outreach?
- » Why has this group been identified?

D. Of all the issues discussed above, what are the most pressing issues? Which characteristics put children most at risk for post-adoption discontinuity? What is the cause of these needs? Why do you think families or children are experiencing these issues?

APPENDIX B

QIC-AG CONTINUUM ASSESSMENT FOR PARTNER SITES

B

QIC-AG CONTINUUM ASSESSMENT FOR PARTNER SITES

OVERVIEW

The QIC-AG Continuum Assessment builds off of the initial assessments that have already been completed with the sites for target population 1 and 2. Target population 1 and 2 are defined as follows:

- » **Target Group 1:** Children with challenging mental health, emotional or behavioral issues who are waiting for an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home for whom 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.

The continuum assessment is composed of two separate but inter-connected elements. The first element gathers macro level organizational information on the site. This information is organized by capacity domains that fall under process, outcomes and cost. Listed below are the capacity domains broken out by the categories.

PROCESS

- » Infrastructure (includes questions related to legal and policy)
- » Functioning (includes questions related to structure, communication and assessment)
- » Operations (includes questions related to inter and intra agency relationships, monitoring/management , programs/interventions and availability/access)

OUTCOMES

- » Knowledge (includes questions related to training)
- » Ability (includes questions related to provider capacity)

- » Attitudes (includes questions related to culture of the system)
- » Critical reflection and evaluation (includes questions related to needs identification and impact)

COST

- » Resources (includes questions related to finances)

The second element gathers specific information about the programs/interventions that are offered at each of the intervals on the QIC-AG continuum framework:

- » Stage setting
- » Preparation
- » Focused
- » Universal
- » Selective
- » Indicated
- » Intensive
- » Maintenance

The completed continuum assessment will: 1) clarify the existing services offered at each interval of the continuum; 2) assist in identifying gaps and strengths along the site's continuum; 3) inform the identification of evaluable interval assignment; and 4) identify areas for capacity building. Ultimately, the continuum along with the population template will lay the foundation for the work that will be done with the sites over the course of the initiative. A similar assessment will be completed at the conclusion of the project with each site to assess changes that have been made to both the macro level system and the continuum of services since the start of the QIC-AG. This information will be critical to the evaluation of the QIC-AG.

ELEMENT #1

MACRO LEVEL ORGANIZATIONAL INFORMATION

PROCESS

INFRASTRUCTURE

Legal and Legislative: Legislation is in place that supports the provision of services to target group 1 and 2.

- » What legal mandates/legislation/statutes positively or negatively impact target group 1 and/or 2? Please describe including date they were instituted.
- » Are there any active lawsuits and the impact on target group 1 and 2? If yes, please describe including start and estimated end date.
- » Is there any pending legislation that may impact target group 1 and 2? If yes, please describe.

Policy: The agency has written policies and procedures that promote and support service delivery to target group 1 and 2.

- » What are the policies and procedures that impact service delivery to target group 1 and 2 (i.e.: subsidy eligibility)?
- » Are there gaps in these policies and procedures that hinder the work with target group 1 and 2? What has been done to address these noted gaps? When did the efforts occur?

FUNCTIONING

Structure: The agency has methods in place to identify needs of target group 1 and 2 and this information is used to develop and structure services for the Target Group 1 and 2.

- » What are the site's current plan for the identification, development and refinement of services for adoptive and guardianship families? How is this plan used to inform your practice model?
- » Are post adoption/guardianship family's needs and issues represented in the site's current strategic plan? (If so, how? What process was used to get this information) (If their needs are not included, what is the willingness to include this information?)

- » What is the current structure to coordinate and support pre- and post-adoption/guardianship service providers?
- » Is there an existing committee or governance structure that coordinates work related to services for target group 1 and 2?
- » How does the site currently determine needs, develop strategies, and prioritize projects and initiatives related to target group 1 and 2? How does the site assess program effectiveness? What and how are stakeholders involved with this process?

Communication: The agency has developed strategies to ensure information is consistently obtained about target group 1 and 2 and that this information is shared among key services providers and stakeholders relevant to the population.

- » What are the current outreach and engagement plans that target adoptive/ guardianship families?
- » How is information shared across departments, systems, private and voluntary sectors related to the needs of adoptive and guardianship families?
- » Are there current statewide information systems/processes that collect information on target group 1 and 2 and provide this information to service providers (i.e. performance dashboard, monthly QA reports, survey results, policy transmittals)?

Assessment: The agency has established methods to gather information on the needs of individual children and families in target group 1 and 2 and uses this information to inform the development and delivery of services.

- » How is the site conducting comprehensive screening and functional assessments of children to ensure appropriate service intervention?
- » What standardized assessment tools are used to identify risks, protective factors and treatment needs of children and families in target group 1 and 2?
- » What is the linkage between assessments, interventions and outcomes? In other words, how is data from assessments used to target interventions and to determine the extent to which selected interventions contributed to the outcomes?

OPERATIONS

Interagency and Intra-Agency Relationships: The agency has developed cross system, interdepartmental and community partnerships that maximize resources for target group 1 and 2.

- » Are there any relationships with private provider networks/associations involved with target group 1 and 2? If yes, please describe their role and relationship with the child welfare agency.
- » Does your site have a state/local foster/adoptive/guardianship parent association? If yes, describe their role and relationship with the child welfare agency. How do they provide input regarding the needs of Target Group 1? Target Group 2?
- » Are the coordinated referrals and hand-offs between pre and post adoption and guardianship services/workers? If yes, please describe.
- » Are there formal linkages between cross system service providers (i.e. mental health and child welfare committee meetings, human service coordinating bodies) that coordinate services for target group 1 and 2? If yes, please describe their role and relationship with the child welfare agency.

Availability/Access: The agency has developed methods and strategies to consistently inform adoptive parents and guardians of the availability and process for accessing services for target group 1 and 2.

Pre Adoption/Guardianship (target group 1):

- » How are families informed of services that will be available to them after finalization of adoption/guardianship?
- » Are there any services/vendors that start providing services prior to finalization and continue to provide services post finalization?

Post Adoption/Guardianship

- » How and when are adoptive and guardianship families made aware of the services that are available to them?
- » Are there families that you are aware of that do not know how to access services? How do you become aware of these families and what do you do to assist them?
- » Is there a centralized process for families to access services? If yes explain. If not explain the process for accessing services.
- » Is there currently a warm or hotline for pre- and post-adoptive/guardianship families to contact? If yes, what are the hours?

- » Is there currently an up to date online database that families can access to get information on pre- and post -adoption and guardianship services? Who keeps this up to date? If there is not an online database, what other methods are families using to get information on pre- and post-adoption and guardianship services?
- » Do you routinely track the reason families call for services? What barriers do adoptive and guardianship families most often report in accessing services?

Monitoring and Management: The agency has developed methods and strategies to gather detailed information on programs and services provided to target group 1 and 2 and uses this information to refine their processes.

- » How does your site monitor programs/interventions that serve the target groups?
- » How is this information used to increase staff effectiveness (improved knowledge, skills, attitudes/ perspectives, behaviors) or improve program components?
- » What challenges do you face in monitoring these programs/interventions?
- » Are there standard implementation/outcome expectations for vendors that provide services to target group 1 and 2? If yes, what are the expectations and how are they monitored?
- » Does your site have a current client satisfaction process for foster parents and/or adoptive parents/ guardians?

Programs/Interventions: The agency has developed culturally sensitive methods and strategies to identify the services and interventions that will respond to the needs of target group 1 and 2.

- » What assessments are done routinely to identify the needs of target group 1 and 2?
- » How are assessments and diagnoses currently used to identify the program or interventions that appropriately matches the identified need?
- » What is the process to roll out a new intervention in the state/county/tribe?
- » How does the site identify and assess the appropriateness of a new intervention before implementation? (i.e. Evidence Based Intervention (EBI) Integration Committee, a specific department/unit) Who are the key staff involved in these decisions? Can you describe any success or failures in trying to implement EBI in the past?

OUTCOMES

KNOWLEDGE

Training: The agency has a training and education process that includes components to prepare staff and families to respond to the needs of target group 1 and 2 in a culturally sensitive/relevant manner.

- » What trainings are offered to providers that serve target group 1 and 2 (i.e.: related to assessment, intervention, and evaluation)?
- » What regular trainings are offered to foster, adoptive and guardianship families? Are any offered to youth?
- » Are there current expectations and standards related to the level of adoption competency for staff that work with target group 1 or 2? If yes, describe.
- » Is there a training structure that will be included in the planning and support of the QIC-AG initiative?
- » What trainings are offered to integrate trauma informed practice into the service environment?

ABILITY

Capacity of Providers: The agency has processes in place to identify and monitor the capacity of providers working with target group 1 and 2.

- » How does the site currently assess the capacity of providers to respond to the needs identified for target group 1 and 2?
- » Are there sufficient providers with adoption/guardianship competency to respond to the needs of target group 1 and 2?
- » How does the system measure the ability of providers to effectively serve target group 1 and 2?

ATTITUDES

Culture: The agency has an understanding of its current culture and uses this information to guide the plans for positive change.

- » How often has the site implemented new interventions in the past year? past five years?

- » What is the history of the site in terms of implementation and expectation of utilizing new practices for target group 1 and 2?
- » How motivated are line staff, middle managers and directors to implement new practices for target group 1 and 2?
- » Does the agency administration perceive there to be a need to change the continuum of services for target group 1 and 2? Do line level staff?
- » What is the current workload and time pressures for staff providing services to target group 1 and 2?
- » Does the agency value the philosophy of trauma informed services? How has trauma informed practice been integrated into the practice philosophy?
- » How does the site feel about the significance of developing an evidence base to support child welfare practice? Does the agency culture support/value the use of evidenced supported intervention?

CRITICAL REFLECTION AND EVALUATION

Needs Identification: The agency has developed strategies that routinely assess needs and preferences of target group 1 and 2.

- » Are there currently any standardized processes at a macro level to determine what needs and additional supports may be necessary for target group 1 and 2?
- » How are adoptive and guardianship families involved in the identification of services/interventions?

Impact: The agency has a process in place to collect outcome data on services/interventions offered to target group 1 and 2.

- » Is there a research/data division that does or can provide information about the outcomes of services that focus on target group 1 and 2? If yes, how frequently are the outcome data collected and what information is currently being collected on the continuum services?
- » Is there an outside vendor(s) that your system works with to collect outcomes on interventions for target group 1 or 2?
- » What data is currently available establishing the effectiveness of interventions designed for target population 1 and 2?

COST

RESOURCES

Finances: The agency has resources to develop and implement services to meet the needs of target group 1 and 2.

- » What is the site’s ability to financially support the development and implementation of services to meet the needs of target group 1 and 2?
- » What is your site’s current budget for target group 2?
- » Is the availability of services for target group 1 and 2 driven more by resources or need? Explain.
- » Are there any barriers to identifying and hiring sufficient staff with the necessary characteristics and attitudes to serve as implementers?
- » Is the site currently under or expecting any budgetary reductions that could impact their ability to allocate resources and staff time to this initiative?

ELEMENT #2: PROGRAMS/INTERVENTIONS OFFERED AT EACH INTERVAL ON THE QIC-AG CONTINUUM FRAMEWORK

DIRECTIONS

Conduct a thorough assessment of all services/interventions offered by the site that work with the QIC-AG target populations. For each service/intervention identified, answer all of the questions below. We are interested in collecting information for each of the intervals along the QIC-AG continuum: Stage Setting, Preparation, Focused, Universal, Selective Indicated, Intensive, and Maintenance. Services/interventions listed below should be directly related to target group 1 and/or 2. Please note that we are asking for specific services rather than programs. For example ASAP may be the program that provides post adoption services in TN. However, ASAP provides many services. Each of these services should be listed below and not lumped under one entry called ASAP. Please also note that we are looking for services/interventions that are offered anywhere in the site (i.e. designated state, county that is working with QIC-AG).

Following the interval specific questions, there are some broad questions about the site's overall continuum.

Questions to be asked for each service/intervention in the interval:

- » Type of service (Information and referrals, educational programs or materials, support programs (groups, mentors, buddy families, etc.), in-home counseling, out-of-home counseling, respite, residential/day treatment, mediation, assessment, specialized recruitment and development, educational advocacy, other)
- » Name of service/intervention
- » Length of time service/intervention has been in use
- » What is the primary goal of the service/intervention?
- » Who are the current providers?
- » Practitioner characteristics (Number of staff, minimum educational standards, training requirements, case ratio, clinical supervision, types of practitioner such as social worker, physician, parent, current workload and time pressures of staff who are providing current service)

- » **Regions/locations served:**
 - › Eligibility criteria for service/intervention

- » **Characteristics of service/intervention**
 - › Evidence supported/promising practice (name, if applicable)
 - › Risk factors/protective factors addressed by service/intervention
 - › Intended client
 - › Service delivery (frequency, duration, source of referrals)
 - › How did the site originally identify the need for the program?
 - › What assessment tools are used (functional, resiliency, mental health) and are these used to determine eligibility for the service/intervention

- » **Outcomes**
 - › Is output and/or outcome data collected?
 - › How is data collected?
 - › Number of clients served in last fiscal year?
 - › What was impact on families served in last fiscal year?
 - › Is there a standard set of outcome measures for this program/intervention?

Questions to be asked for each the interval:

- › What services/interventions are missing in this interval to meet the needs of target group 1 or 2?
- › What are the major barriers in this interval to providing services to target group 1 or 2?
- › Are there major barriers target group 1 or 2 encounter accessing services in this interval?
- › What are the major strengths in this interval to providing services for target group 1 or 2?

APPENDIX C

QUESTIONS FOR CAREGIVER STAKEHOLDER INTERVIEWS

C

QUESTIONS FOR CAREGIVER STAKEHOLDER INTERVIEWS

As participants enter have them put their first name on the table tents and give them a copy of the consent form to read and sign. Answer any questions that may arise about the consent form. Have participants also fill out the sign in sheet.

INTRODUCTION

HELLO, I'M _____ FROM _____. I REPRESENT THE QIC-AG WHICH IS A NATIONAL PROJECT FUNDED BY THE CHILDREN'S BUREAU TO IMPROVE SERVICES OFFERED IN (NAME STATE) TO FAMILIES THAT HAVE ADOPTED AND ASSUMED GUARDIANSHIP OF A CHILD OR ARE PLANNING TO ADOPT OR TAKE GUARDIANSHIP OF A CHILD. WE WANT TO KNOW HOW YOU FEEL ABOUT THE SERVICES THAT ARE AVAILABLE TO HELP YOU SUPPORT THE CHILD IN YOUR HOME WHO YOU HAVE/OR PLAN TO ADOPT OR ASSUME GUARDIANSHIP. THIS INFORMATION WILL HELP (NAME STATE) IMPROVE THE SERVICES AVAILABLE TO FAMILIES WHO ARE WORKING TOWARD PERMANENCE OR WHO HAVE PERMANENCE THROUGH ADOPTION AND GUARDIANSHIP.

YOUR PARTICIPATION IN THIS MEETING IS VOLUNTARY, AND YOU MAY CHOOSE NOT TO ANSWER ANY OF THE QUESTIONS ASKED. THE INFORMATION WE LEARN FROM YOU WILL BE COMBINED TOGETHER WITH THE RESPONSES FROM OTHERS SO THAT NO ONE OUTSIDE OF THE ROOM WILL BE ABLE TO IDENTIFY WHO SAID WHAT. YOUR COMMENTS WILL BE USED TO HELP US GAIN AN OVERALL UNDERSTANDING OF THE SYSTEM.

AS MENTIONED ON THE CONSENT FORM, WE WILL NOT USE ANY OF YOUR PERSONAL INFORMATION. HOWEVER, WE WILL BE TAKING NOTES DURING THE MEETING.

THE MEETING IS SCHEDULED TO RUN ABOUT 2 HOURS. DO YOU HAVE ANY QUESTIONS FOR ME BEFORE WE START?

TO START, WE WOULD LIKE TO GET A SENSE OF WHO WE HAVE IN THE ROOM WITH US TODAY. EVERYONE SHOULD HAVE A PIECE OF PAPER TITLED DEMOGRAPHICS OF THE GROUP. DO NOT PUT YOUR NAME ON THE PIECE OF PAPER. WE WILL READ EACH QUESTION OUT LOUD AS WELL AS THE ANSWER CHOICES. PLEASE PUT AN "X" NEXT TO THE ANSWER THAT BEST DESCRIBES YOU.

The rest of the questions will help us better understand the services that are offered in (name state) to children and families that have finalized adoptions or guardianships as well as children and families moving toward adoption and guardianship. This understanding will help the project determine where to focus efforts to improve services.

OPERATIONS

1. What services did you receive before the adoption or guardianship was finalized that helped you be the most prepared to adopt/assume guardianship?
2. What services/information would you have liked to have received prior to making a decision to adopt/assume guardianship?
3. Before your adoption/guardianship was finalized, were you told about services that you could get for your child after finalization?
4. If you needed services for your adopted/guardianship child today, who would you call to get help?
5. What services have you received after finalization that have been the most beneficial to your child or your family?
6. Since you adopted or assumed guardianship what services have you or your child needed that were difficult to get? Why were the services difficult to get?
7. Are you aware of a foster/adoptive/guardianship parent peer group (association or support group) that you can join? If yes, what is the name(s) of the group(s)?
8. What services have you needed that you have been unable to get?

KNOWLEDGE

1. Have you attended any training to help you in your role as adoptive parent/guardian? If yes, what trainings did you find most helpful?
2. Are you aware of training in your state/county/tribe that is offered to adoptive parents/guardians?
3. Are you aware of training in your state/county/tribe for youth who have been adopted/moved to guardianship?
4. Has your child attended training regarding adoption/guardianship? If yes, what trainings did your child find most helpful?

FUNCTIONING

1. How do you learn about services that you and your family can use?
2. Is there a place (number, person, etc.) that adoptive and guardianship parents can contact to voice their opinions or suggestions about the child welfare system?

ATTITUDES

1. Overall how would you rate the following statement: The child welfare agency helps families make well thought out decisions about permanency for children who are not able to return home to either adoption or guardianship? *Strongly agree, agree, neutral, disagree, strongly disagree*
2. Overall how would you rate the following statement: The child welfare agency is there to help children and families that need help after adoption or guardianship has been finalized? *Strongly agree, agree, neutral, disagree, strongly disagree*

THAT IS ALL OF THE QUESTIONS THAT I HAVE FOR THE GROUP. WE TRULY APPRECIATE YOUR WILLINGNESS TO SHARE YOUR THOUGHTS.

APPENDIX D

HEXAGON TOOL

PATHWAYS TO PERMANENCE 2:
PARENTING CHILDREN WHO HAVE
EXPERIENCED TRAUMA

D

HEXAGON TOOL: PATHWAYS TO PERMANENCE 2: PARENTING CHILDREN WHO HAVE EXPERIENCED TRAUMA

NEED – HOW WELL DOES THE PROGRAM OR PRACTICE MEET IDENTIFIED NEEDS AS DESCRIBED IN THE TOC

GUIDING QUESTIONS

- » How well does this program address the identified needs around child preparation/readiness?
 - » Based on what factors?
- » How well does this program address the identified needs around parent preparation and support?
 - » Based on what factors?

NOTES

A fundamental belief is that all children who are removed from their families are exposed to trauma, grief, and loss. Circumstances related to the children’s removal, time in care, and subsequent termination of parental rights can compound trauma, grief, and loss and lead to mental health, behavioral or emotional needs. There are children who are in the permanent managing conservatorship (PMC) of Texas that are not achieving timely permanency or permanency. They are not achieving timely permanency or permanency because they have not adequately addressed trauma, grief and loss and are therefore not prepared and ready for permanency. In addition, families willing to adopt or assume guardianship have not been identified, prepared and connected to community supports that can help them to meet the existing needs of the child. **(Texas’ Problem Statement)**

If Texas identifies a model that focuses on identifying families and preparing them to become legal guardians or adoptive parents, with an emphasis on parenting children in Texas Permanent Managing Conservatorship (PMC) who have been exposed to trauma, grief and loss and begins this work immediately, then:

- » more permanent families will be identified;
- » families will be ready and prepared to become adoptive parents/legal guardians of these children; and
- » the children will be equipped in readiness for legal permanency.

If all of this happens, then an increased number of children in PMC will move to permanence. (*Texas' Theory of Change*)

The Texas site team identified that caregivers needed a better understanding and set of skills to address the trauma, grief, and loss experienced by many children involved with child protective services (CPS). Pathways 2 is a parent-centered intervention designed with the goal of strengthening parents/caregivers' skills for meeting the challenges and issues unique to adoptive/guardianship families.

Pathways 2 is designed for foster and adoptive parents, kinship caregivers, and guardians who are actively parenting children who have experienced trauma and loss. Pathways 2 is a seven-session series that uses a group-based format to enhance parents' and caregivers' ability in skilled application of strategies. The program is designed as a clinically informed competency-building training, and is delivered as an interactive learning experience with robust discussion. As designed by the program's developer, the Pathways 2 intervention has the following goals:

- » Provide parents/caregivers with a foundational understanding (based on science and experience) of childhood trauma, grief, and loss, as well as an understanding of the impact of these issues on their children
- » Help parents/caregivers to recognize, identify, and address the core issues of adoption/guardianship permanency
- » Empower parents/caregivers to have more empathy as their skills increase
- » Stabilize families helping children heal from trauma

Given that Texas is implementing Pathways 2 with the intended population for which the program was developed, few adaptations are needed.

The Texas site team determined that the best approach to reversing trends of adoption/guardianship disruption, and to increase the number of families willing and able to move forward with permanence, was to proactively provide families with tools and skills that would help them care for their child.

SCORE [5 POINT RATING SCALE. HIGH=5, LOW=1]: **4**

FIT – DOES THIS PROGRAM OR PRACTICE FIT WITH CURRENT STATE AND/OR LOCAL INITIATIVES, PRIORITIES, OR OBJECTIVES?

GUIDING QUESTIONS

- » To what degree does this program or practice align with current state agency initiatives, priorities, or objectives?
 - › Specify the initiatives where you see alignment.

- » To what degree does this program or practice align with local regional initiatives, priorities, or objectives?
 - › Specify the initiatives where you see alignment.
 - › Discuss fit with strategic plan.

NOTES

Texas has identified Pathways to Permanence 2 and ACT from Kinship Center as the models to help children in the Permanent Managing Conservatorship of Texas address trauma, grief, and loss issues. These models will focus on identifying and preparing families to become legal guardians or adoptive parents with an emphasis on parenting children exposed to trauma, grief, and loss.

Pathways 2 aligns well with Texas CPS' Positive Permanency model of building and sustaining strong families with lifelong connections. Kinship Center's commitment to permanent rather than temporary solutions aligns well with the Texas CPS' Practice Model and Permanency Strategic Plan efforts that focus on positive permanency. In the past, as an agency Texas has addressed the child's needs, but addressing grief, loss, and trauma is a community effort and requires training community partners, caseworkers, judges, CASA and child placing agencies.

As noted in the Texas CPS Permanency Strategic Plan, positive permanency is the desired outcome for children served by the Texas CPS system: that all children leaving DFPS conservatorship exit into a permanent setting, which involves a legal relationship to a family. Simply put, positive permanency is reunification with a parent or parents, transfer of custody to a relative or extended family member or other suitable individual, or adoption. DFPS staff seek a positive permanency outcome when engaging in permanency planning for all children in DFPS care. This outcome is based on the premise that every child has the right to a permanent and

stable home, preferably with his or her own family. There is no adequate substitute for stable, permanent family ties. Family ties provide a child with a sense of belonging and connection to the larger world. When a child is unable to return home safely, DFPS staff actively seeks another permanent family setting for the child. If DFPS is unable to achieve positive permanency for a child or youth, then the agency identifies, develops, and supports connections to caring adults who agree to provide life-long support to the youth once he or she ages out of the foster care system.

SCORE [5 POINT RATING SCALE. HIGH=5, LOW=1]: **4**

RESOURCES – WHAT EXISTING RESOURCES AND SUPPORTS COULD BE LEVERAGED TO SUPPORT THIS PRACTICE OR PROGRAM?

GUIDING QUESTIONS

- » To what degree could existing resources and supports be leveraged to implement this intervention?
- » Consider the following leverage points:
 - » Public vs private agency
 - » Training resources
 - » Legislation or regulations that support or would need waived or adapted?
 - » State data systems
 - » Technology supports
 - » Human resources/staffing (at regional and local level)
 - » Other?

NOTES

If an outside agency needs to implement the intervention, it may not work and may not be feasible. We could use the Train the Trainer model like the PRIDE Master Trainers. This allows for sustainability.

SCORE [5 POINT RATING SCALE. HIGH=5, LOW=1]: **2**

EVIDENCE – WHAT IS THE EVIDENCE OF POTENTIAL BENEFITS OF THIS PRACTICE OR PROGRAM?

GUIDING QUESTIONS

- » What research or evidence exists to demonstrate the benefit of using this intervention?

NOTES

Level of Evidence:

- » Kinship Center has used these three training programs together for the last 15 years, however, there has never been research evidence established.
- » Pathways to Permanence 2 is a manualized program that can be used with or without ACT training (for professionals) or Pathways to Permanence 1.
- » Program reports a 2% disruption rate for families who have participated in Pathways to Permanence 2
- » QIC Catalog lists ACT Training as LEVEL 4: Promising Practice (ACT was evaluated by University of Texas at Austin; however Pathways to Permanence 1 and 2 were not part of this evaluation)

GUIDING QUESTIONS

- » Are there examples of other jurisdictions that have used this intervention with the target population that we have identified?

NOTES

Trainers can see caregiver knowledge evolving over the seven weeks of Pathways to Permanence 2. Trainers can see parenting stress decrease. They have seen parents in tears saying, “I thought I was the only one. I didn’t know other families had these challenges.” Caregivers have stated that they had gone home and applied elements from the class and couldn’t believe it made such a tangible difference. It is very practical, and Kinship Center encourages them to go home report on application the following week. The seven week period is important; it helps identify crises that are happening in the home over time, so that those issues can be brought into the class and discussed. *(Interview with purveyor, January 22, 2016)*

Once an organization has become self-sufficient in replication, there is no feedback loop or evaluative measure. However, Kinship Center occasionally obtains anecdotal information from organizations that have replicated their model, but they don't track it because there is no way to ensure fidelity of the original model (organizations sometimes adapt models to fit their independent needs). *(Interview with purveyor, January 22, 2016)*

SCORE [5 POINT RATING SCALE. HIGH=5, LOW=1]: **3**

READINESS – WHAT IS OUR STATE'S AND/OR LOCALS' LEVEL OF READINESS TO IMPLEMENT/REPLICATE THIS PRACTICE OR PROGRAM?

GUIDING QUESTIONS

- » Do we have access to program developer/purveyor?

NOTES

Texas has established a relationship with Kinship Center, the purveyor of Pathways to Permanence 2 and ACT. The Texas QIC-AG team has been in regular communication with Kinship Center related to gathering information for intervention selection.

GUIDING QUESTIONS

- » Are there mature sites that have used the intervention/program?
- » How many places has the program been replicated?

NOTES

Kinship Center has been conducting parent training for 31 years. In 1998, Pathways to Permanence 2 was developed for child welfare in Orange County that needed training for parents actively parenting children who experienced trauma and loss. Pathways to Permanence 2 has been in place for 15 years in Southern California and 10 years in Northern California. In California, community colleges have contracts with the Child Welfare System to provide relative and adoptive parent training. Several community colleges have replicated Pathways to Permanence 2. In San Francisco County, Kinship Center taught a preliminary course for objective review before purchasing the curriculum. San Francisco County invited Foster Parents and the Foster Parent Association who were critical of child welfare to the preliminary course. After the first session, the Foster Parents wanted to know why it took so long to get this training. The recipients viewed the training favorably.

Ontario, Canada has replicated ACT and Pathways to Permanence 2. They plan to expand the model across Canada. As a part of their contract, they will be adapting the trainings to modify for First People and it will be done in collaboration and they will share it. New Mexico received ACT, but state administration and funding changed. In addition, ACT I was modified and created ACT II for residential boarding schools in Oregon and Utah and can be used in other residential settings.

GUIDING QUESTIONS

- » What support exists within the local area for this program/practice? At the staff, supervisory, administrative level?

NOTES

A DFPS Program Director who attended ACT training several years ago when it was piloted in Houston reported it was one of the best she has ever attended. In her words, “it did reduce adoption disruptions.” She still applies knowledge learned and finds it effective. ACT is the foundational curriculum for Pathways to Permanence 2.

SCORE [5 POINT RATING SCALE. HIGH=5, LOW=1]: **3**

CAPACITY – WHAT IS OUR STATE'S AND/OR LOCALS' CAPACITY TO IMPLEMENT PRACTICE OR PROGRAM?

GUIDING QUESTIONS

- » Does our state agency have sufficient foundational staff competency to implement this practice?
- » Are there any staff qualifications that are need for the program or practice that will be challenging to secure?

NOTES

Staff meet minimum qualifications for implementing Pathways to Permanence 2.

GUIDING QUESTIONS

- » To what extent do we believe that youth would “buy-in” to this program/practice?
- » To what extent do we believe that parents “buy-in” to this program/practice?

NOTES

Retention and completion is high. Very few do not complete the course. If they come of their own volition, they do well, but occasionally when sent by their social worker, they may drag their feet. Some discover that this is not like other training or requirements. They had a very hostile attendee recently, but in the end he was very grateful for the course. **(Interview with purveyor, January 22, 2016)**

SCORE [5 POINT RATING SCALE. HIGH=5, LOW=1]: **2**

APPENDIX E

QIC-AG INITIAL DESIGN AND IMPLEMENTATION PLAN (IDIP)

E

QIC-AG INITIAL DESIGN AND IMPLEMENTATION PLAN (IDIP)

INTRODUCTION

The Initial Design and Implementation Plan (IDIP) is a document that serves as a tool for the QIC-AG site to thoughtfully and strategically plan for successful implementation of the initiative and to ensure that the initiative has intervention validity and implementation integrity. The result of the implementation plan should be a document that guides the implementation of the evaluable intervention, supports the use of an intervention to address an identified problem, and outlines the steps that need to be taken to ensure that the intervention is delivered to clients in the way that it was intended. To accomplish this, the Initial Design and Implementation Plan (IDIP) will describe the following:

1. Project Overview
2. Key Components of your Research Question
3. What will be implemented
4. How the system will be modified or readied to support the intervention
5. Who is going to do the work

If done well, an IDIP has many benefits, including the promotion of a well-developed, logical approach to implementation and the description of strategies to address on-going implementation issues. Planning activities provide the process for thinking through the intervention's critical components, allowing for anticipation of possible barriers and the steps to address them and developing a common understanding of how the identified program goal will be achieved. In addition, the plan can serve as a communication tool with leadership to promote buy-in and sustain support.

Please note: All components of the plan do not require the development of new materials or content. In some sections of the plan you will simply need to pull together and/or expand upon existing materials, documentation or products to complete that element of the plan. Having just one comprehensive document will help guide the work as the project moves forward.

I. PROJECT OVERVIEW

A. PROBLEM

Using the information gathered during the “Identify and Explore” stage, briefly state the problem and the QIC-AG interval your intervention will address.

B. THEORY OF CHANGE

Insert the QIC-AG approved site specific theory of change.

II. KEY COMPONENTS OF YOUR RESEARCH QUESTION

A well-built research question is one that is directly relevant to the problem at hand and is phrased in a way that leads to precise answers (Wilson, Nishikawa & Hayward, 1995). Testa and Poertner (2010) recommend the PICO framework, which requires careful articulation of four key components: P – a well-defined target population; I – the intervention to be evaluated; C – the comparison group; and O – the outcomes expected to be achieved. Please note: Intervention (I) will be discussed in Section III. To complete this section, expand upon the QIC-AG approved PICO question.

A. TARGET POPULATION

Using your population template as a starting point, supplemented with additional data from the evaluation team (as available) or through your site’s data system, clearly define the target population for the evaluable intervention. This may include data on the following:

- » Eligibility and exclusionary criteria
- » Geographic service areas
- » Characteristics, demographics, or past experiences (e.g., age, race, ethnicity, or placement history, family structure)

- » Needs (e.g., parents or guardians who lack the capacity to address trauma-related issues, or lack of parental skills and abilities to manage behavior)
- » Estimates of the total number of children that will be served by the QIC-AG each year

B. COMPARISON GROUP

Describe the criteria for selecting your comparison group, and any anticipated concerns or processes that need to be developed for the comparison group. Please describe services as usual as they will be provided to the comparison group.

C. OUTCOMES

Short-term outcomes: Short-term outcomes will be specific to your selected intervention. Describe the short-term outcomes you expect to achieve with this initiative. In your description, please discuss how your short-term outcomes are linked to your theory of change. Also explain how these outcomes are different or similar to outcomes previously examined with the intervention.

Long-term outcomes: Please note that each site will be examining the same long term outcomes regardless of the selected intervention. The long-term outcomes are as follows:

- » Increased post permanency stability
- » Improved child and family well being
- » Improved behavioral health for children and youth

D. LOGIC MODEL

Present a logic model that illustrates the conceptual linkages between core components and your selected intervention, expected outputs, and short-term and long-term outcomes. The logic model should clearly explain how specific activities or services are expected to produce or influence their associated outcomes. Please include the visual representation of the logic model as an appendix.

E. CASE FLOW/PROJECT ENROLLMENT

Describe how participants will be identified, selected or recruited to participate in the initiative. Please include

when and how randomization will occur and when and how consent will be obtained. Also please describe any anticipated issues that may prevent the processes from occurring as planned.

F. DATA COLLECTION

Describe the process for collecting information related to implementation (outputs, core components and fidelity measures). Indicate any concerns regarding the processes that need to be developed. In addition, describe the process for collecting data to support short- and long-term outcome measures. Indicate any concerns regarding the processes that need to be developed.

III. DESCRIBING THE WHAT: INTERVENTION

Using your completed Hexagon Tool as a starting point, describe the intervention that was chosen for the QIC-AG evaluable intervention including the following:

A. PHILOSOPHY, VALUES, AND PRINCIPALS

The philosophy, values and principals of the intervention and how the intervention's fit with current initiatives and values of the site (examples: families are experts about their children, children with disabilities have the right to be integrated into classrooms, culture sensitivity is critical to child welfare service delivery).

B. CORE COMPONENTS

- » The core components of the intervention (if core components do not exist, then note that the development of core components is needed). Core components are features of the intervention that must be present to achieve the intended impact (examples: use of modeling, practice, and feedback to acquire parenting skills, acquisition of social skills, and recreation and community activities with high functioning peers). If there are optional intervention components specified, please describe.
- » The research and theory that demonstrates that the core components support the theory of change. Core components should be grounded in research or theory that supports the theory of change.
- » The operationalized definition of each core component. Core components must be operationalized

to ensure that they are teachable, learnable and doable and facilitate consistency across practice.

- » For the operationalized core components please describe any difficulties in execution that may arise.

C. MATERIALS

Any materials that are available to support implementation such as manuals, training videos, assessment instruments, etc.

D. FIDELITY

Any fidelity measures that have been created for the intervention. Please note if the fidelity measures have been positively correlated with better outcomes and if yes, what specific outcomes have been impacted.

E. ADAPTATION

A description of any adaptation or development work that will need to be done to ensure that the intervention meets the needs of the target population and any concerns that exist regarding this work. If adaptation work is necessary please make sure to include this activity in the intervention specific work plan described in Section IV. B.

F. DEVELOPMENTAL PHASE OF THE INTERVENTION

Using the “Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare” developed by the Child Welfare Research and Evaluation Framework Workgroup (AKA the “flower”), determine within which phase the intervention falls.

IV. DESCRIBING THE HOW: IMPLEMENTATION SUPPORT

Once an intervention is selected it is important to know how the system will be readied to support service delivery. In this section describe the system’s exiting capacity to support service delivery, as well as work that needs to be done to develop supports that are not currently available. Please include discussion about any anticipated concerns and strategies for addressing them. Please note that any work that needs to be done

to support the development of the implementation supports should be reflected in the intervention specific work plan (See Section IV. B.). Use information documented in your completed Hexagon Tool and Purveyor Interview Tool as starting point for this section.

A. IMPLEMENTATION SUPPORTS

- » **Staff:** Qualification of staff and other criteria needed to select, recruit, and retain staff as well as the number of staff needed. Any barriers to obtaining appropriate staff.
- » Training: Training curriculum and supervision or coaching plan, and the length of the training.
- » **Fidelity:** Measures and protocols to assess practitioner’s implementation of essential functions and core components.
- » **Policies and procedures:** Policies and procedures to support the new work; adaptations that are required and barriers to accomplishing this work.
- » **Data systems:**
 - › Required hardware and software or modifications needed to collect and manage information related to implementation (core components and fidelity measures). Anticipated barriers to accomplishing any modifications or acquisitions.
 - › Required hardware and software or modifications needed to collect and manage information related to short- and long-term outcome measures. Anticipated barriers to accomplishing any modifications or acquisitions.
- » **Leadership:** Current status of state, county, and local leadership buy-in and where further engagement may be needed.
- » **Community linkages:** Availability and quality of linkages to community resources if necessary to provide the intervention.
- » **Systems partners:** Availability of partners or collaborators, including those who are on board and those who are not yet on board (e.g., mental health, education, courts, substance abuse providers, other providers), and what is needed to engage these partners.
- » **Program experts:** Experts who have been engaged, or need to be engaged in the use of the intervention.

B. INTERVENTION SPECIFIC WORK PLAN

The intervention specific work plan will be incorporated into the site specific work plan. It is necessary to create a plan that delineates the developmental activities that need to occur before the first clients can be served. These tasks will support the modification or adaption of the selected evaluable intervention as well as the development of implementation supports. The work plan should support the site work plan submitted to QIC-AG leadership, but will likely be more detailed with respect to tasks and will focus only on the evaluable intervention. The following detail should be captured:

- » Activity
- » Responsible team
- » Start date
- » End date

V. DESCRIBING THE WHO: TEAMING AND GOVERNANCE STRUCTURE

Once you have determined the intervention and the necessary systems modifications, it is important to understand who will actually be responsible for the work that needs to be done. This section will capture the existing teaming structure and any additions/modifications that have been developed to ensure that the work can be completed. Please attach completed team charters as appendices.

A. TEAMING STRUCTURE

Review the existing teaming structure and charters for the PMT and Stakeholder Advisory Teams as well as any other teams that have already been developed. Make necessary modification to support implementation, including expanding the teaming structure. For example, develop an implementation team if not already in place.

B. TEAM CHARTERS

Develop team charters for newly defined team(s). A team charter describes the work a team will do, how the work will be done, and who on the team is responsible for the various work areas. The team charter should

support the Intervention Specific Work Plan.

C. COMMUNICATION STRATEGIES

Detail the processes, procedures, and strategies for maintaining efficient and effective communication among leadership, staff, and partners who are:

- » Paid by the cooperative agreement
- » Members of a team as defined by the teaming structure

Critical to the successful implementation and utilization of the intervention (have an active role).

APPENDIX F

QIC-AG LOGIC MODEL: TEXAS

LONG-TERM OUTCOMES

SHORT-TERM OUTCOMES

PROGRAM OUTPUTS

IMPLEMENTATION

PROGRAM INPUTS

Population

Children in Permanent Managing Conservatorship (PMC) of Texas in Region 7, who meet one of the following criteria:

- » Parental rights for both parents have been terminated and do not have a finalization hearing scheduled for 60 days, or
- » In care for at least two years with no/partial parental rights terminated

Intervention

Pathways to Permanence 2

Comparison

Services as usual

IRB completed
Finalized materials

- » Outreach, consent and recruitment material
- » Core components
- » Fidelity + pre/post measures

Trained staff

- » # of caseworkers trained to do outreach
- » # of Pathways to Permanence 2 facilitators trained
- » # ACT workers trained

Families recruited and enrolled

- » # of families recruited, consented, and enrolled
- » # of pre and post surveys collected

Pathways to Permanence 2

- » # of children served
- » # of sessions delivered
- » # and % of participants completing survey

Randomization balance

Improved family relationships

Increased caregiver resiliency

Decreased caregiver strain

Increased caregiver knowledge around child trauma, grief and loss

Improved ability for caregivers to respond to challenging behaviors

Increased caregiver commitment

Increased permanency outcomes
Decreased time to finalization/permanency or decreased time in care

Increased placement stability
Improved child and family well-being

Improved behavioral health for children and youth

Unintended consequences:

- » Improved ability of caregivers to talk with youth about kinship, adoption, and birth families
- » Improved ability of staff to support and prepare families
- » Improved knowledge and ability of staff to assess caregiver readiness
- » Non-target population children will benefit from Pathways to Permanence 2 trained caregivers

EXTERNAL CONDITIONS

- » Leadership and Staff Changes
- » Simultaneous Priorities and Initiatives
- » Ongoing Lawsuit - Master Legislative Sessions
- » Foundation of Pathways to Permanence 2 will be supported by ACT training in 5 counties; ACT workers will be equally distributed in I and C groups

THEORY OF CHANGE

If Texas identifies a model that focuses on identifying families and preparing them to become legal guardians or adoptive parents, with an emphasis on parenting children in Texas Permanent Managing Conservatorship (PMC) who have been exposed to trauma, grief and loss and begins this work immediately, then:

- » more permanent families will be identified;
- » families will be ready and prepared to become adoptive parents/legal guardians of these children; and
- » the children will be equipped for readiness for legal permanency.

If all of this happens, then an increased number of children in PMC will move to permanence.

END VALUES

- » Stakeholder solidarity
- » Increased experience with Implementation Science and Evidence-based Practices change management
- » Collaboration with national partners

APPENDIX G

USABILITY TESTING PLAN AND TRACKING TOOL

