



QIC•AG

VERMONT IMPLEMENTATION
MANUAL

VERMONT PERMANENCY SURVEY

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

The Vermont Permanency Survey was implemented by child welfare professionals from the Family Service Division of the Vermont Department for Children and Families (DCF); Lund, a non-profit adoption services organization; University of Vermont researchers; and the QIC-AG site team of consultants and evaluators. Hereafter, this group is referred to as the Vermont Team. Prior to the Vermont's involvement with the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG), the state's child welfare system did not prioritize universal outreach to families after adoption or guardianship was finalized. In working with the QIC-AG, the Vermont Team established the following priorities:

- » **Conduct universal outreach to all families to understand the experiences of those who are doing well and the needs of families going through challenges.**
- » **Gain a better understanding of families who are doing well to help inform best-practice strategies to prepare families during the pre-finalization stages of adoption or guardianship with the knowledge and skills needed to recognize and address issues that might emerge after finalization.**
- » **Offer services and supports to the families experiencing challenges to prevent post-permanency discontinuity.**

To meet these priorities, the Vermont Team surveyed post-permanency families about their experiences as adoptive or guardianship families.

This chapter provides an 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

The Vermont Team embarked on a project to determine if universal outreach to all adoptive and guardianship families would enable the system of care to identify both those families who are doing well and those families who are experiencing challenges. Specifically, the Vermont Team had a two-fold goal for the Vermont Permanency Survey: (a) to foster an understanding of the strengths and protective factors associated with families who are doing well; and (b) to develop a feasible, acceptable process for early identification of families who are struggling or facing elevated challenges post permanence.

The survey was designed to identify family strengths and protective factors. The survey gathered data about family characteristics; child, family, and caregiver well-being; respondents' beliefs around permanence and service needs; and their sense of belonging and integration within their community. When implemented as intended, the survey was expected to yield findings useful for informing systemic changes to improve both pre-permanency and post-permanency services, inform the larger system of care about the needs of post-permanency families, and trigger services for those families who identified a need. In sum, this intervention helps determine the needs, risks, and strengths of families post permanence, with the aim of providing timely, relevant services and supports.



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 Vermont Permanency Survey is comprised five core components:

1. **Survey development**
2. **Family and child identification**
3. **Information tracking and transfer**
4. **Assertive outreach**
5. **Data collection, analysis, and reporting**

CORE COMPONENT 1: SURVEY DEVELOPMENT

Survey development is the construction of the instrument that will be used to conduct the survey and gather data.

The Vermont Permanency Survey focuses on the following areas:

- » **Family well-being**
- » **Child well-being**
- » **Caregiver well-being**
- » **Adoption experiences**
- » **Community services**

CORE COMPONENT 2: FAMILY AND CHILD IDENTIFICATION

A statewide master adoption list was used to identify all Vermont families receiving an adoption or guardianship subsidy. Regional cohorts were developed so the survey could be administered in cycles with similar numbers of participants. A random selection process using the master adoption list was used to identify a target child for the survey.

CORE COMPONENT 3: INFORMATION TRACKING AND TRANSFER

Research Electronic Data Capture (REDCap), a secure Web application designed for building and managing online databases and surveys, was used to manage the survey data. More information on REDCap is available online (<https://projectredcap.org/>). Other databases to consider include Qualtrics and other Structured Query Language (SQL) data systems.

The Family Tracking Workbook (FTW), an EXCEL workbook was created specifically to track participant data for this project. The FTW housed sensitive data, including participant identifying information, sample selection criteria, child selection criteria, participant contact information, and participants' requests for post-permanency services. This data and the master adoption listing was exported from the FTW and uploaded to REDCap.

CORE COMPONENT 4: ASSERTIVE OUTREACH

Assertive outreach is the process of encouraging participant response through planned, periodic communications and can include a pre-notification letter to alert families they will be receiving a survey, or a postcard mailed after the survey to remind families to complete the survey. Responses received should be tracked to determine the impact of that assertive outreach effort.

CORE COMPONENT 5: DATA TRANSFER, ANALYSIS AND REPORTING

Survey data must be extracted from the database and exported or transferred to a program that allows the data to be analyzed.

Once responses are entered in the database, determine a reporting framework to manage the project. At a minimum, the following will be needed:

- » **Management reports that track response rates**
- » **Data reports that target system concerns**
- » **Outcome reports**
- » **A staff person to generate these reports**



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 crucial.

1. Staffing

Having the right staff is critical. Key positions include a Project Manager and administrative assistant. The Vermont Implementation Manager was responsible for overseeing the development and implementation of the project. The Administrative Assistant was responsible for locating and contacting participants, managing the printing and mailing of surveys and assertive outreach materials, and tracking day-to-day tasks.

2. Training, Coaching, and Supervision

Staff need to be trained on using data systems such as REDCap and Excel. The Project Manager supervised and coached the Implementation Manager. A regular schedule of supervision meetings was established with a focus on ensuring progress was made and barriers were addressed and resolved, when possible.

3. Fidelity

The survey response rate was monitored on a weekly basis along with the impact of assertive outreach on the response rate. By closely monitoring the response rate, there were timely indicators of whether the assertive outreach strategy needed adjustments to achieve an acceptable response rate and maintain intervention fidelity.

4. Policies and Procedures

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

5. Data Systems

A data system is needed to manage online surveys and data from other databases. REDCap was used for survey uploads, tabulation of responses and the generation of progress reports. After data collection was completed, survey data were exported from REDCap for analysis.

6. Program Expert

No program expert was used, but there are organizations that specialize in survey design and administration that can be consulted or hired to facilitate the process.

7. Financial and Material Considerations

The primary cost associated with the intervention was the salary for the implementation manager and administrative assistant position. Other significant costs included the printing costs for the 28-page survey and postage costs. Postage costs included mailing introductory postcards, survey packets to participants for whom we could not verify an e-mail address, reminder letters to generate response, and incentive gift cards for participants responding.

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 topics:

I. INTERVENTION CORE COMPONENTS

II. CONSIDERATIONS IN SURVEY ADMINISTRATION

The first section discusses the core components of the survey intervention and the second section provides a roadmap of key considerations and tips for replicating this survey.

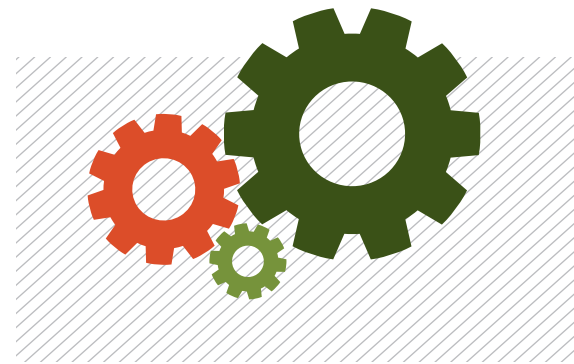
Each section includes the following elements: (a) a general description of the process, activity, or task; (b) implementation considerations or suggestions; (c) a description of how the Vermont Team implemented the process, activity, or task; (d) lessons the Vermont Team learned during implementation.



INTERVENTION CORE COMPONENTS

The Vermont Permanency Survey is comprised five core components:

1. **Survey development**
2. **Family and child identification**
3. **Information tracking and transfer**
4. **Assertive outreach**
5. **Data collection, analysis, and reporting**



CORE COMPONENT 1: SURVEY DEVELOPMENT

Survey development is the construction of the instrument that will be used to conduct the survey and gather data.

When exploring survey development, complete the following tasks:

- » Identify areas that the survey will explore and the expected outcomes.
- » Decide whether to use an existing survey in its entirety, draw questions from existing surveys, or develop new questions.
- » Review available validated measures, instruments that have been tested to ensure reliable results, selecting questions that address your area of interest/inquiry, and will measure desired outcomes.
- » Determine if a measure could be adapted to your population, and if so, whether you will need to secure permission from the developer to adapt the measure.

- » Include the perspective of the population that is the focus of the survey. Once survey questions have been developed, vet the survey with stakeholders to obtain their feedback and use their input to modify the survey as necessary. Obtaining stakeholder feedback and refining the survey should be done in all instances, regardless of whether the project will use an existing survey instrument or will create a project-specific survey.

The Vermont Team determined the survey should focus on the following areas:

- » Family well-being
- » Child well-being
- » Caregiver well-being
- » Adoption experiences
- » Community services

The Vermont Team explored a number of validated measures and other survey instruments, several of which had been adapted for use with adoptive and guardianship families. Using the measures and tools shown in the table below, the Vermont Team explored family, child, and caregiver well-being.

FAMILY WELL-BEING	CHILD WELL-BEING	CAREGIVER WELL-BEING
Family Protective Factor Survey	Child and Adolescents Needs and Strengths (CANS)-Child Strengths subscale (adapted)	Brief Resilience Scale
Belonging and Emotional Security Tool (BEST)	Behavior Problem Index (BPI)	Caregiver Strain (adapted)
National Survey of Adoptive Family Survey Items	Educational items from the National Children’s Health Survey, National Survey of Adoptive Parents, and the National Survey of Child and Adolescent Well Being	Adverse Childhood Experiences (ACES)
National Survey of Adoptive Parents		Illinois Caregiver Commitment Questions

In addition to questions drawn from existing survey instruments, the Vermont Team designed survey questions to assess family perception of usefulness and availability of post permanency services and supports. Responses to these questions identified barriers to service access and availability and the efficacy and helpfulness of services by agency.

The Vermont Permanency Survey is available at vtadoption.org.



LESSONS LEARNED

- » Vetting the survey with different stakeholder groups is critically important. Each group that reviewed the Vermont survey provided distinct, varying perspectives and valuable input. The Vermont Team vetted the survey with parents, adoption advocates, and community stakeholders.
- » Ask a professional who is not associated with your agency or your target population to review the survey topics and questions. Having a fresh set of eyes review the survey can be helpful in identifying jargon that might be unclear to survey respondents, questions that need clarifying, and key areas that might have been overlooked.

CORE COMPONENT 2: FAMILY AND CHILD IDENTIFICATION

The project team must develop a method for identifying families to participate in the intervention and selecting the particular child who will be the subject of the survey, referred to as the *identified child*. Selecting an identified child within each family is important because a family should not be asked to complete a lengthy survey on more than one child.

WHEN DETERMINING HOW BEST TO IDENTIFY CHILDREN AND FAMILIES AS POTENTIAL PARTICIPANTS, START WITH THE FOLLOWING TASKS:

- » Determine the process that will be used to identify potential participants from the target population. Information about families receiving adoption and guardianship subsidies in each state can be found in the Statewide Automated Child Welfare Information System (SACWIS) or a statewide subsidy payment system.
- » Determine the process that will be used to select the identified child. This can be accomplished through a random selection process or a pre-determined method.

The Vermont Team used a statewide master adoption list to identify all Vermont families receiving an adoption or guardianship subsidy. To facilitate management of the project, the Team developed regional cohorts so the survey could be administered in cycles with similar numbers of participants.

Initially, the Vermont Team selected the identified child using a strategy called the Kish method (1949), in which the identified child is the child whose birthday was the closest to the date the participant received the survey. However, the Team determined this method would present significant challenges to linking the identified child to other data. Therefore, the Vermont Team switched to a random selection process using the master adoption list, and exporting the data to the Family Tracking Workbook, which was a macro-driven Microsoft Excel workbook created for the project.



LESSONS LEARNED

- » Anticipate the likelihood that a strategy might not work as well as expected, and be prepared to implement contingency plans.

CORE COMPONENT 3: INFORMATION TRACKING AND TRANSFER

Throughout all phases of the intervention, you will need a system to merge and manage participant information and survey data.

When planning for information tracking and transfer, be sure to involve staff with research and programming experience. Staff who have specialized knowledge and skills in data collection and management can be helpful in designing systems to extract survey data from the database and transfer those data to a database with analytic capacity.

WHEN DEVELOPING A TRANSFER AND TRACKING SYSTEM, START WITH THE FOLLOWING TASKS:

- » Determine the database that will be used to store and manage the survey data.
- » Identify internal capacity to manage the database, including programming capacity and familiarity with the chosen database.
- » Determine how participant data can be uploaded to the database and linked to the survey instrument.
- » Establish an *information transfer process* to transmit the data (i.e., survey responses) to the analytics software.
- » Determine how participant confidentiality will be assured.
- » Determine whether non-responders can be identified.

For its database needs, the Vermont Team chose Research Electronic Data Capture (REDCap), which is a secure Web application designed for building and managing online databases and surveys. REDCap was chosen because it was available to the project through the partnership with the University of Vermont (UVM) and is available at no charge to non-profit organizations. In addition, the UVM researchers collaborating on the project were experienced in using REDCap. More information on REDCap is available online (<https://projectredcap.org/>). Other databases to consider include Qualtrics and other Structured Query Language (SQL) data systems.

The Vermont Team’s Initial Design and Implementation Plan (IDIP) guided the management of participant data. The IDIP outlined the details of using the Family Tracking Workbook (FTW), an EXCEL workbook created specifically for this project, to export data from the master adoption list and upload the data to REDCap. The FTW also housed sensitive data, including participant identifying information, sample selection criteria, child selection criteria, participant contact information, and participants’ requests for post-permanency services. A format for an IDIP is included in Appendix E.



LESSONS LEARNED

- » Executing information transfers and tracking processes requires careful attention to complex steps. As such, it is important to build enough time into the timeline to test processes and links before the survey goes “live.” Conducting REDCap stress tests helped the Vermont Team to ensure the processes and linkages worked as intended. Moreover, a stress test was conducted each time the survey was modified.

CORE COMPONENT 4: ASSERTIVE OUTREACH

Assertive outreach is the process of encouraging participant response through planned, periodic communications.

A lower response rate will detract from the significance of findings so it is necessary to develop a plan to remind participants to complete the survey. *Assertive outreach* can include a pre-notification letter to alert families they will be receiving a survey, or a postcard mailed after the survey to remind families to complete the survey. Responses received should be tracked to determine the impact of that assertive outreach effort. However, too many reminders can be irritating and may diminish response rates and negatively impact the participant's view of the entity sending the survey.

WHEN DEVELOPING AN ASSERTIVE OUTREACH PLAN START WITH THE FOLLOWING TASKS:

- » Establish a survey response rate goal.
- » Develop an assertive outreach plan detailing when and how the outreach plan will be put into action.
- » Determine the availability of resources needed to carry out the assertive outreach plan.
- » Develop a tracking system to monitor the impact of the assertive outreach on participant response rates.

The Vermont Team sent a pre-notification letter to all participants 7 days before the survey release. After the surveys were sent, families who responded within the first 10 days were removed from the assertive outreach contact list. After 10 days, the first wave of assertive outreach consisted of reminder e-mails and postal mailings sent to non-responders 10 days after survey release. Responses to these reminders were tracked and responders were removed from the outreach list. The second wave of assertive outreach occurred approximately 24 days after the survey was released and consisted of phone calls to those who had not yet responded.



LESSONS LEARNED

- » The timing of assertive outreach is important. Be aware of other events occurring near or at the same time as the assertive outreach efforts that could reduce the impact of your communication. For example, the Vermont Team sent an introductory postcard to all families in the targeted population, but the mailing occurred at the height of the primary election season when households were flooded with campaign mailings. The postcard generated a low response rate.
- » Anticipate problems with materials. The Vermont introductory postcard had an attractive high-gloss finish that created problems with the mailing labels sticking to the postcards.
- » Take advantage of events that might find families at home. Surveys mailed during the school system’s winter break and snow days generated a larger response. Conversely, cohorts contacted over the summer months had the lowest response rates.
- » Consider diminishing returns. The Vermont Team’s first three reminders or assertive outreach attempts increased response rates; however, after the third outreach effort, response rates diminished.

ASSERTIVE OUTREACH SCHEDULE

Day 1	Send postal notification
Day 8	Send e-mail with survey link
Day 12-15	Send paper surveys
Day 18	Second e-mail request
Day 24-29	Call e-mail non-responders Send link or paper survey
Day 33	Call paper non-responders
Day 30-37	Send paper survey to e-mail participants
Day 45	Send reminder e-mail
Day 50	Reminder to postal participants
Day 59	Send final e-mail reminder
Day 78	Close survey

CORE COMPONENT 5: DATA TRANSFER, ANALYSIS AND REPORTING

Survey data must be extracted from the database and exported or transferred to a program that allows the data to be analyzed. How the data are transferred depends on how the survey is administered. Once analyzed, the data results are reported in a format established by the team.

Procedures for tabulating survey data will vary based on the database used. The project team will need to determine how to input responses from paper surveys into an electronic survey platform. A unique identifier embedded in each survey will enable the project team not only to determine which participants have or have not responded but also to use that information to target their assertive outreach to non-responders.

Once responses are entered in the database, determine a reporting framework to manage the project. At a minimum, the following will be needed:

- » Management reports that track response rates
- » Data reports that target system concerns
- » Outcome reports
- » A staff person to generate these reports

WHEN CONSIDERING THE COMPLEX PROCESS OF EXECUTING DATA TRANSFER, CONDUCTING ANALYSES, AND GENERATING REPORTS, START WITH THE FOLLOWING TASKS:

- » Determine how participants will be identified and their responses linked to other data sources such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) while ensuring confidentiality of data.
- » If the survey database does not have analytic capacity, determine how survey data will be downloaded into a format that allows analysis.
- » Identify the analytic software that will be used for data analysis.
- » Determine the audience and format for data reports (i.e., who will review the reports and what information will they be interested in learning).
- » Determine what resources are available to support the research and evaluation aspects of the project.

E-mailed surveys were embedded with a unique identifier. When participants responded, REDCap automatically tabulated the responses. Paper surveys were also assigned a unique identifier.

Vermont survey data were exported from REDCap into a comma-separated values (CSV) file; a CSV file can be opened by any spreadsheet program. The CSV file was uploaded to the Statistical Package for the Social Sciences (SPSS) software, a program for complex statistical analysis. Paper surveys were returned to the University of Vermont, where research assistants manually entered response data into REDCap.

Initial cycle reports were frequency reports that reflected the percentage and type of response to a specific question. However, the Vermont Team found frequency reports of limited value. For example, although the frequency reports provided insight into the distribution of responses, more sophisticated analytic methods such as multivariate analysis were needed to enable the Team to delve deeply into the characteristics of respondents. A staff person should be assigned responsibility for analyzing data and generating reports.

The Vermont Team established the following levels of reporting:

- » **Weekly data and assertive outreach reports:** Frequency reports used by the Implementation Manager to track the weekly assertive outreach efforts.
- » **Cycle reports:** Frequency reports that aggregates cycle responses.
- » **District reports:** Frequency reports that aggregates regional responses.
- » **Statewide report:** Survey cycle data that includes more sophisticated analysis.



LESSONS LEARNED

- » Tracking progress is key to ensuring the process in place is effective in meeting project goals. The Vermont Team used a weekly report that tracked the percentage of participants who responded either electronically or by paper. Response rates were considered in conjunction with the type of assertive outreach to understand what forms of outreach had the best response rate.
- » Establish realistic, feasible timelines by first determining the type of reports you want to generate and then factoring in the time needed for data transfer and analysis.

II.

CONSIDERATIONS IN SURVEY ADMINISTRATION

This section builds on the five core components by focusing on the organizational elements of survey administration. This section covers decisions that must be made about methods, procedures, and processes. Additionally, this section provides a framework for survey delivery.

This section addresses the following topics:

1. **Survey introduction**
2. **Response structure**
3. **Confidentiality of responses**
4. **Survey cycles**
5. **Survey delivery**
6. **Validate participant contact information**
7. **Incentives**
8. **Timeline for survey cycle release**

1. SURVEY INTRODUCTION

The key elements of survey introduction include communicating with the target population in advance of the survey roll-out, informing participants when to expect the survey, explaining the purpose of the survey, and providing participants with project contact information for obtaining additional information. Introductory communication should engage participants while encouraging their investment in the eventual outcome.

WHEN EXECUTING A SURVEY INTRODUCTION, START WITH THE FOLLOWING TASKS:

- » Communicate through a postal or electronic mailing in advance of the survey roll-out.
- » Develop an engaging subject line for e-mail communications to reduce the likelihood that the message will be deleted without reading.
- » Promote the survey through discussions at meetings, conferences, and events likely to involve members of the target population.
- » Include an announcement about the survey in newsletters that reach the target population.
- » Send postal and e-mail communications from an agency familiar to the target population to increase likelihood that correspondence will be opened.

Several months before the Vermont survey release, an informational postcard was sent to all members of the target population announcing the upcoming survey and requesting their email address. Seven days before the survey link was emailed to those with a good address, an introductory letter was mailed to all participants without a verified email address who would be receiving a paper survey by mail. These communications came from a well-known private agency that serves the target population.

To introduce the survey, Vermont Team members spoke at meetings and conferences throughout the state. The Team collaborated with post-permanency service providers to first spread the word about the survey among the families engaged in post-permanency services, and then to encourage those families to complete the survey.

**LESSONS LEARNED**

- » Consider other events that generate mass mailings and avoid mailing introductory communications at those times. The initial introductory postcard was mailed during the primary election period when households were overwhelmed with campaign mailings. Because of this timing issue, the introductory postcard resulted in little feedback or engagement. When families were polled about the postcard, less than half recalled receiving the mailing.

2. RESPONSE STRUCTURE

The response structure refers to the way that a site will collect or structure information received from participants. In other words, the response structure determines the format in which the questions will be answered. The type of information that the project site wants to collect will determine the response structure of the questions.

Two types of response structures were used

- » A multi-response question has scaled or a range of responses. For example, a multi-response question might have a five possible responses ranging from *strongly agree* (coded 1) to *strongly disagree* (coded 5). Multi-response questions yield **quantitative** or discrete data. Quantitative data have precise numerical values associated with each response option.
- » Another type of response structure is the open-ended question. These questions are phrased to elicit a statement response. For example, a participant might be asked, “What are the most important service needs for families post-permanence?” Responses to open-ended questions yield **qualitative** data. Qualitative data are descriptive. Although qualitative data are more difficult and time-consuming to analyze than quantitative data, qualitative data can contribute to a nuanced understanding of participants’ experiences and perspectives.

WHEN DETERMINING THE RESPONSE STRUCTURE FOR A SURVEY, START WITH THE FOLLOWING TASK:

- » Determine what type of structure will be used (i.e., quantitative questions only, qualitative questions only, or a mixed-methods structure that uses both quantitative and qualitative questions).

Although the Vermont survey contained both types of responses, the survey primarily consisted of quantitative questions. Responses to these questions provided insight into the way the family viewed their child, family functioning, and the family’s beliefs about adoption. In addition, the survey included open-ended questions designed to elicit participants’ perceptions of their service needs, service efficacy, gaps, and barriers.



LESSONS LEARNED

- » Analyzing qualitative data is a time-consuming process that is best done with a minimum of two evaluators to ensure inter-rater reliability. Because this process can tax available evaluation resources, it is important that the site team ensures the availability of sufficient research and evaluation supports.

3. CONFIDENTIALITY OF RESPONSES

Protecting the confidentiality of survey participants is a paramount concern. The project team must have a well-developed plan to assure families that their confidentiality and the confidentiality of their responses will be protected.

The introductory letter sent with the survey assured participants' confidentiality would be protected. Participants were advised their responses and other data would be de-identified and aggregated with other responses. Further, when reported, their data would be part of the data collected from their survey cycle and would not be linked to individuals or reported in such a way that someone could deduce their identity.

WHEN ADDRESSING CONFIDENTIALITY OF RESPONSES, START WITH THE FOLLOWING TASKS:

- » Determine if responses will be anonymous (not able to be identified) or confidential (data are de-identified).
- » Establish a method to ensure participant confidentiality.
- » Research with human participants involving active data collection require the review of an Institutional Review Board (IRB) of study procedures for collecting and storing data as well as the protocol for protecting confidentiality. If an IRB approval is required, the approval must be obtained before any participants are recruited or data collection begins. The plan to maintain confidentiality must be carefully detailed in the IRB application.

The Vermont survey responses were confidential, and the data were de-identified. The implementers knew the identity of the participants, but not participants' responses. In contrast, the researchers knew the responses but not the participants' identities. REDCap permissions to access certain data fields were based on these roles. Implementers could not access the response fields. Researchers knew participants only by an assigned survey ID number.

The Vermont site project included two university partners: the University of Texas at Austin (UT) and the University of Vermont (UVM). A UT professor was the principal investigator and submitted the required paperwork to the University of Texas IRB for approval.



LESSONS LEARNED

- » It is important to allow sufficient time for IRB approval. Approval is not immediate and the IRB might request additional information before making a final decision.

4. SURVEY CYCLES

A *survey cycle* is the time from survey initiation to survey closure. A survey implementation can include multiple cycles, with cycles occurring simultaneously or sequentially. Surveys can be administered in one large group or they can be administered in smaller groups over time.

WHEN DETERMINING SURVEY CYCLES, START WITH THE FOLLOWING TASKS:

- » Determine if it possible to target all eligible participants at one time. If the participant pool is large, establish smaller, more manageable cohorts or groups of similar size.
- » Determine if a specific population or geographic area should be surveyed. For example, you might want to survey families who adopted teenagers or families who live in a certain region of the state. It will be easier to develop cycles that group those participants together than to extract data for those participants from all survey responses.
- » Determine how often (i.e., how many cycles) the survey will be administered.

In Vermont, the survey was administered to six cohorts in five cycles. In Cycle 1, the survey was delivered to a random sample 51 families across the state as a usability test of the intervention. In a usability test, the full intervention is evaluated by testing it with representative users from the target population. Participants in Cycles 2-4 were linked to their DCF district and the 12 DCF districts were then grouped by region, creating three cohorts of comparable size. Cycle 5 consisted of a cohort of families from across the state that were not included in their DCF district's cycle because their adoption or guardianship finalization occurred after the district was surveyed. The Vermont Team included an additional cohort in Cycle 3 for a subpopulation of families who had completed private adoptions (either inter-country or domestic).



LESSONS LEARNED

- » Although the Team voiced concerns about the challenges of effectively managing a large survey cycle, the Vermont Team managed two cycles with more than 450 participants each with ease.

5. SURVEY DELIVERY METHOD

A survey can be delivered to participants in several ways, including electronic delivery (by e-mail or via a website) and delivery as a paper survey mailed to participants. Surveys can also be conducted by phone or face-to-face. The delivery method is usually determined by factors such as time, cost, and relative effectiveness of the method.

WHEN DETERMINING SURVEY CYCLES, START WITH THE FOLLOWING TASKS:

- » Determine the best method of survey delivery for your system.
- » Include the expense of survey delivery in the cost plan. E-mail delivery is inexpensive and expeditious.

The Vermont Team selected two methods for survey delivery: (a) electronic delivery via e-mail to participants for whom the Team had obtained verified e-mail addresses and (b) delivery of a paper survey via postal mail for the remainder of the participants. Participants in the e-mail group who did not respond to the survey within 3 weeks were mailed a paper survey via postal mail.



LESSONS LEARNED

- » The survey delivery method may impact response rates. In Vermont, participants in the e-mail group responded at a higher rate (57%) than the paper group (46%). The overall response rate for the target population was 55%.

6. VALIDATE PARTICIPANT CONTACT INFORMATION

Valid contact information (e-mail and postal addresses) is key to ensuring that participants receive the survey. E-mail addresses are often unknown or no longer valid. Valid contact information must be obtained to ensure participants receive the survey.

WHEN VALIDATING CONTACT INFORMATION, START WITH THE FOLLOWING TASKS:

- » Determine the type of address you need to deliver the survey to participants. For example, will the survey be sent via e-mail, postal mail, or both?
- » Routinely request current e-mail addresses and mailing addresses from families at various points of contact such as case closure, meetings, and so forth.
- » Determine the accuracy of postal and e-mail addresses on file by sending a postcard to the postal address requesting the participant's e-mail address.
- » Consider collecting e-mail addresses via consortiums or groups that work with a similar or related population. Obtain contact information from families already receiving a newsletter from adoption advocates or support groups.
- » Use a search engine to identify e-mail and postal addresses.

The Vermont Team had a master list of all families receiving an adoption or guardianship subsidy. A postcard was sent to all families on this list requesting that the recipient verify or update their address and e-mail contact information. Less than 3% of the families responded. A more successful strategy was to obtain contact information for the families served by a pre- and post-permanency provider. Although more successful than the postcard, this strategy still only yielded verified contact information for less than 10% of the target population.

The Vermont Team adopted a more aggressive approach of using a search engine to obtain e-mail and postal addresses, and in limited cases, phone numbers. The team contracted with LexisNexis, a search engine the State of Vermont was already using in other programs.

The LexisNexis search process produced a listing of all e-mails associated with an individual. However, LexisNexis cannot verify that a specific e-mail address is actively used by the individual. Therefore, the next step was to institute a process to verify the user's active e-mail. An e-mail was sent to all e-mail addresses gener-

ated by LexisNexis, requesting the recipient send a reply response to validate the active e-mail address. When possible, phone calls were made to families who did not respond to any attempt to verify their e-mail or postal address.

The Vermont Team managed the process of obtaining contact information cycle-by-cycle. Efforts to obtain a valid address for a participant continued until the roll-out of their survey cycle. The roll-out of one cycle signaled the beginning of efforts to obtain valid contact information for the next cycle. The Vermont Team invested considerable effort into obtaining current contact information to ensure participants received the survey.



LESSONS LEARNED

- » Validating participant contact information is a time-consuming process over which the project team has little control because the timing is affected by the time it takes participants to respond to an e-mail or a mailing.
- » Do not underestimate the time-consuming process of obtaining e-mail addresses or verifying postal addresses. With an initial population of 1,440 families, obtaining current contact information proved to be an arduous task.
- » Ensure the contact information project is assigned to staff who are detail-oriented and proficient with Microsoft Excel or other spreadsheet programs.
- » There is no guarantee that contact information is accurate even if it is available through current agency records. This disparity is especially true when agencies are using direct deposit for subsidies and families are not compelled to update addresses.

7. INCENTIVES

Incentives are dollars or goods offered to participants to increase the likelihood that they will do what has been asked of them. An incentive is a strategy that is used to increase survey response rates.

WHEN ESTABLISHING INCENTIVES, START WITH THE FOLLOWING TASKS:

- » Determine the type and amount of the incentive that will be provided.
- » Make sure to inform participants about the incentive in the initial contact, specifying that an incentive will be given to participants who complete the survey.
- » Develop a system for tracking delivery and receipt of the incentive such as using certified mail.
- » Ensure the project budget accounts for costs of providing and delivering incentives.

The Vermont Team provided a \$20 gift card incentive for participants who completed the survey. To manage and track the incentive distribution, the Team used the Family Tracking Workbook (FTW), an Excel workbook created specifically for this project. It is important to maintain accurate records of incentive distribution to document fiscal accountability.



LESSONS LEARNED

- » Documenting the incentive distribution can be cumbersome and expensive. The postage cost for mailing the gift card with a mechanism that confirmed delivery was \$6.76 per gift card.

8. TIMELINE FOR SURVEY CYCLE RELEASE

Because many activities are associated with the roll-out of a survey cycle, it is important to develop an implementation timeline for each survey cycle to keep the overall administration of the survey on track.

WHEN DEVELOPING A TIMELINE FOR SURVEY RELEASE, START WITH THE FOLLOWING TASKS:

- » Determine the date the cycle will open (when survey links are released or mailings are sent) and the date when surveys will no longer be accepted (the date after which responses will no longer be included in the sample).
- » Develop a timeline that includes activities leading up to the cycle release, assertive outreach activities during the cycle, data collection, and evaluation tasks after the cycle closes.
- » Ensure the project budget accounts for costs of providing and delivering incentives.

The Vermont survey was open 78 days from the day the pre-notification letter was sent to participants until the survey closed. Paper surveys were accepted for another 7-day period following the cycle closing. E-mail surveys were not received after the closing date.



LESSONS LEARNED

- » A timeline helps a team anticipate and stay focused on the next step in the implementation. In Vermont, implementation tasks were tracked using a work plan that detailed all of the project implementation activities, due dates, and responsible parties. The work plan is discussed in detail in Chapter 6.

CHAPTER 4

CHOOSING THE RIGHT INTERVENTION

This chapter helps determine if the intervention is a good fit for your site, and if so, provides guidance on how to implement the intervention.

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 Vermont Team implemented the process, activity, or task; (d) lessons the Vermont 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 your 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 Vermont 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 a survey intervention such as the Vermont survey 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).

Data from the Vermont master adoption list of subsidized adoptive and guardianship families were used to complete the Population Template and identify eligible participants. Additionally, information was obtained from providers of post-adoption services related to the needs the families expressed and the child and family characteristics of families seeking post-permanency services.

Vermont does not have a centralized data system, and the absence of this system presented significant challenges in completing the template. However, the completion of system wide assessment although difficult lent itself to a rich understanding of the system's structure as well as staff practices and perceptions of the system.



LESSONS LEARNED

- » Data can refute assumptions. The Vermont team wondered if families would reject continued contact with a child welfare agency after finalization, but survey responses indicated that most Vermont families would welcome a periodic “check-in” from social workers.

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 Vermont's case, the permanency survey) should facilitate the change identified in the theory.

THE VERMONT THEORY OF CHANGE

If the system of care prioritizes early outreach to all adoptive and guardianship families then:

- » The system of care will be able to identify families who are doing well, and understand the strengths and protective factors associated with those families, and
- » The system of care will develop a viable process for the early identification of families post-permanence that are struggling, and families who may be at increased risk of discontinuity.

If the system of care is able to clearly identify these families then:

- » The system of care will better understand the strengths of families who are doing well, and
- » There will be a valid process for the early identification of families most at risk for discontinuity for whom prevention can occur. The system of care will be able to determine when to intervene and how to intervene with strategies that reduce familial stress and prevent discontinuity. The data collected from the valid process will also help us to identify the regional gaps in service, the amount and type of service/support needed, and the timeliness in accessing these services.

A site can use the Vermont theory of change to support the rationale for implementing the survey, but each site must ensure the theory of change applies to their own 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 Vermont Team determined that families often did not have access to the supports they need at the time they need them, leading the Team to think about the importance of the timing and type of outreach, which became the basis for the theory of change described above.



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.¹ Using the Hexagon Tool to explore and ask questions in broad areas will help determine if this survey 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?

The blank Hexagon Tool can be found in Appendix D.

¹ <https://implementation.fpg.unc.edu/resources/lesson-1-hexagon-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 the intervention or that a site has a hiring freeze that prevents 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 Vermont, the level of detail in the IDIP proved essential when there was turnover in the Implementation Manager position. The plan was sufficient to bring the newly hired manager up to speed on the project by becoming familiar with the processes in place to implement each component as well as prepare for the next steps. The Implementation Manager stated, "This [IDIP] was the most important piece of information going forward." This chapter guides the development of an IDIP that will ensure intervention validity and implementation integrity.

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 Vermont Team implemented the process, activity, or task; and (d) lessons the Vermont 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: 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 Vermont project's research question:

Will families with children in the State of Vermont whose parents or guardians currently receive an adoption or guardianship assistance agreement subsidy (P) experience a reduction in post-permanency discontinuity and improved child and family well-being (O) if families are provided assertive outreach to complete a survey with anticipatory guidance (I).

The Vermont evaluation design did not include a comparison group.

P **TARGET POPULATION:** In Vermont, the target population was defined as all families receiving an adoption or guardianship subsidy. One of the Vermont project goals was to explore parents' and caregivers' perception of post-permanency services in Vermont; therefore, the Vermont project excluded subsidized families who were living outside the State of Vermont. Families participating in the intervention would receive the Vermont Permanency Survey with assertive outreach to encourage a high response rate.

I **INTERVENTION:** The Vermont Permanency Survey

C **COMPARISON GROUP:** Because the Vermont Team wanted a high response rate, the survey was administered to the entire population of families receiving an adoption or guardianship subsidy and living in Vermont. As such, the Vermont project did not have a comparison group.

O **OUTCOMES:** The Vermont project's short-term outcomes included the following:

- » Early identification of families struggling post permanence who might be at risk of discontinuity.
- » Improved ability of the State of Vermont to identify post-permanency service needs by region and provider.
- » Improved ability to share information with the system of care regarding families' post-permanency needs, risks, and protective factors.
- » Improved capacity to deliver data-driven, relevant, and timely prevention and intervention services to adoptive and guardianship families.
- » Increased understanding of the profiles of families who respond to various levels of assertive outreach.

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 Vermont 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). However, answering the Vermont project research question did not require using a comparison group, and therefore, the Vermont Team did not use a comparison group and administered the survey to all eligible adoptive and guardianship families.

4. DATA COLLECTION

The Health and Human Services, Office of Research Integrity⁵ 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.”

The Vermont Team mapped the survey questions to the short-term outcomes to ensure sufficient data would be generated to meet the outcome reporting objectives. To aid with data collection and analysis, once the survey was developed, researchers created a *data dictionary* that defined all the variables or data elements being collected. To manage confidentiality, the Vermont Team used the permission structure in REDCap to limit data access based on the user role (i.e., implementer or evaluator). A copy of the consent form was embedded in the first page of the electronic survey. The paper survey was part of a survey packet that included the survey, consent form, and a pre-paid postage return envelope.



LESSONS LEARNED

- » The expertise of university research professionals was invaluable to planning and implementing the data collection for the Vermont project. Partnering with a local university can provide sites with access to the expertise of researchers, evaluators, and programmers. In addition, partnering with a university can provide a site project with access to other resources such as REDCap.

⁵ U.S. Department of Health and Human Services, Office of Research Integrity. (n.d.). *Data collection*. Retrieved from https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dctopic.html

II.

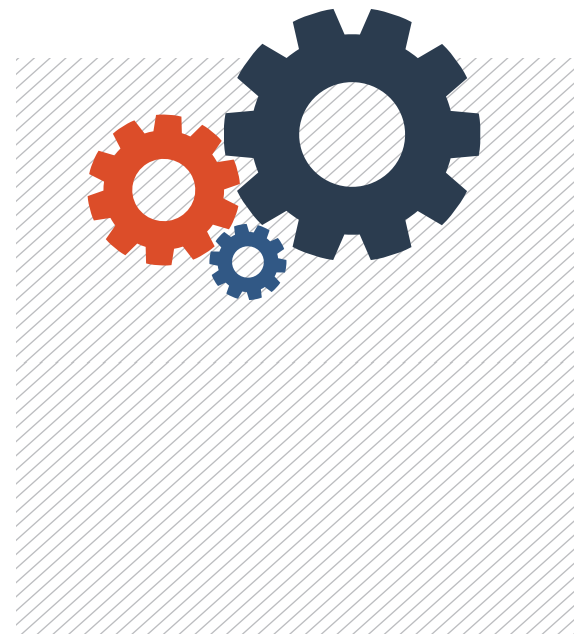
GETTING YOUR SYSTEM READY: IMPLEMENTATION SUPPORTS

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 positions necessary to implement the intervention, including professional and 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 Vermont Team used existing relationships within Vermont’s system of care to staff the project. Because potential staff were known, the site was able to hire individuals who had the needed skill sets, thus reducing the staff learning curve.



LESSONS LEARNED

- » Having the right staff is critical. Key positions include a Project Manager and administrative assistant. The Vermont Implementation Manager was responsible for overseeing the development and implementation of the project. The Administrative Assistant was responsible for locating and contacting participants, managing the printing and mailing of surveys and assertive outreach materials, and tracking day-to-day tasks. Having competent, capable people in these positions was crucial to delivering the intervention as planned.
- » Choose an Implementation Manager with program knowledge, management capacity, and technical skill in database management.
- » Ensure the Administrative Assistant is detail oriented, has excellent computer skills, and the ability to communicate with various groups.
- » Do not underestimate the staff resources needed for planning and process development.

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.

Vermont project staff needed to be trained on using REDCap and Excel, and the staff received ongoing coaching from a UT researcher to manage the Family Tracking Workbook.

The Project Manager supervised and coached the Implementation Manager. A regular schedule of supervision meetings was established with a focus on ensuring progress was made and barriers were addressed (and resolved, when possible).



LESSONS LEARNED

- » At project inception, assess the training needs of project staff and develop a timeline to deliver the training at the right time (i.e., at the time staff can begin applying the training). The Vermont Team did not do this, and consequently, some trainings were not effective.
- » If using a search engine such as LexisNexis to locate participant contact information, schedule training specific to that search engine. Similar to training for any data system, LexisNexis training was helpful in navigating the search engine and conducting efficient searches.
- » Check-in with staff periodically to assess proficiency with systems and schedule booster training sessions if needed.
- » Invest in the training needed. If team knowledge is lacking, it is wise to invest in expert consultation for a short time. When asking for a technical training, be certain about the training needs. For example, the Vermont Team asked for an overview of REDCap that was informative but of no value in using the database. The Team did not have enough understanding of REDCap to know what training was needed. Consulting with an expert can help identify training areas when “you don’t know what you don’t know.”
- » Invest time and money in ongoing training. The Vermont project required ongoing training and coaching for REDCap and Excel. As the project and data systems became more complex, training needs changed, with the need to integrate REDCap and Excel training becoming very apparent. Receiving the right training at the right time was key to increasing staff capacity.

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.

When a survey cycle was open, the Vermont Team began weekly monitoring of the survey response rate and the impact of assertive outreach on the response rate. The weekly report was developed by the UVM researchers and reviewed during weekly team meetings. By closely monitoring the response rate, the Vermont Team had timely indicators of whether the aggressive outreach strategy needed adjustments to achieve an acceptable response rate and maintain intervention fidelity.



LESSONS LEARNED

- » Establish a detailed outreach plan to implement the assertive outreach, specifying frequency of monitoring survey response rates and assertive outreach activities. Weekly monitoring gave the Vermont Team the information they needed to determine if modifications to the outreach processes were necessary.

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 Vermont policies regarding the survey intervention were captured in the IDIP. The IDIP details all processes and practices necessary to implement the intervention.



LESSONS LEARNED

- » Develop a work plan that details the projects tasks, processes, and timelines from project inception to the conclusion of the survey. Establishing a work plan will keep the team focused on moving the project forward.
- » A working knowledge of a data management programs, such as Microsoft Excel is important in managing a large data set.
- » If employing assertive outreach, develop a plan that specifies the type and timing of the outreach.
- » Obtain feedback from project staff and administrators regarding the clarity and completeness of policies and manuals required to implement the intervention. What is clear to the writer might not be clear to the reader.

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 a database.
- » Confirm that technology resources are available to support the technology needs of the project.
- » 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.
- » Identify and test processes for the secure transmission of data.
- » 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. .
- » 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.

The Vermont Team used REDCap to build, initiate, and manage the survey. REDCap was designed to build and manage online surveys and databases. The survey was uploaded to REDCap, and survey responses were tabulated in REDCap. In addition, REDCap was used to generate progress reports. After data collection was completed, survey data were exported from REDCap for analysis.

The survey data were transmitted from the UVM REDCap server to the University of Texas for data analysis. This transmission of data required the execution of a data sharing agreement. Vermont state policy required a contract that specified security requirements and parameters for the transmission and management of Vermont data. The process of developing and executing a data sharing agreement can take a long time depending on the site's procedures or requirements for data sharing agreements.



LESSONS LEARNED

- » REDCap was the optimal system for survey development. The selection of REDCap afforded the Vermont Team the ability to use one database to build, release, and manage both the survey and the assertive outreach. In addition, REDCap was available through the local university and free of charge.
- » Continual improvements to the REDCap platform and reporting capacity requires the development of internal capacity to support REDCap users to sustain the intervention.
- » Anticipate delays in the execution of a data sharing agreement, which in turn, will delay the data analysis. The data sharing agreement is critical and concerted efforts to obtain this agreement must be made during the initial phases of the project.
- » Partner with a university for access to REDCap and research expertise.

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 their availability and support during implementation.

The Vermont Team's expertise was used to develop the survey, drawing from existing scales and with the addition of questions the Team developed.



LESSONS LEARNED

- » When developing a new intervention, enlisting the help of a program expert with expertise in developing similar types of interventions can be helpful to your project.

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.

Although the Vermont project was funded through a cooperative agreement with the Children's Bureau, the professionals from partner agencies contributed in-kind support. A Vermont manager provided ongoing supervision to the Implementation Manager and, during the first 3 years of the intervention, participated in four to six meetings a month.

For the Vermont project, the primary cost associated with the intervention was the salary for the implementation manager and administrative assistant position. Other significant costs included the printing costs for the 28-page survey and postage costs. Postage costs included mailing introductory postcards, survey packets to participants for whom we could not verify an e-mail address, reminder letters to generate response, and incentive gift cards for participants responding.



LESSONS LEARNED

- » Printing and postage costs can be substantial depending on the size of the target population and number of intervention participants.

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.

The Vermont Project Manager, who was also a member of the DCF Executive Management Team, had widespread support within her chain of command for post-permanency services, especially the Vermont project. The Project Manager supervised the Implementation Manager, who was an employee of a private agency. Having access to the DCF leadership allowed the Vermont Team to integrate and implement changes as “up the chain” conversations took place within the DCF.



LESSONS LEARNED

- » Having project leadership with access to the agency’s senior leadership was beneficial to resolving cross-system challenges.
- » Broad-based support for the development and implementation of the Vermont intervention was facilitated by the Team’s depth, knowledge of the workings of the state bureaucracy, and collaborative relationships with provider agencies.

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 who are already working toward improving outcomes for your target population.
- » Identify others who may not be engaged with your target population yet, but who can help support project goals. Determine what efforts are needed and most likely to engage these potential partners.
- » 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 p
- » Provide an opportunity to maximize the use of available resources

The Vermont project was a collaboration between the State of Vermont; the Department for Children and Families; and Lund, which is Vermont's oldest, full-spectrum adoption agency. The Vermont Team partnered with the University of Vermont (UVM), which provided technical support and access to the REDCap database. These relationships were leveraged to communicate information about the project and survey status to stakeholders and system partners. For example, by using these relationships, the Vermont Team was able to disseminate information through articles in newsletters, presentations at conferences, and participation in various meetings.



LESSONS LEARNED

- » Collaboration can be key to a successful implementation. Without this collaborative spirit, it seems unlikely that the Vermont survey would have been implemented or would have been able to collect sufficient data to have a significant impact on future service delivery.

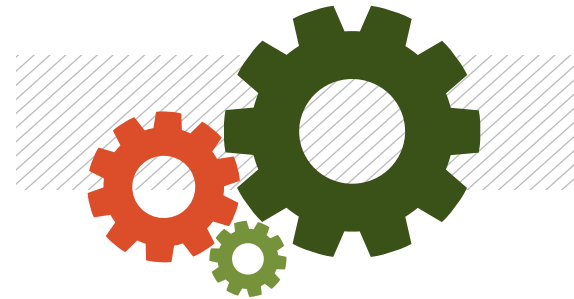


WHO WILL DO THE WORK: TEAMING AND COMMUNICATION

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 the Team's 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 Vermont 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

In Vermont, the PMT met during the first year of the project. As the development and installation of the survey progressed, the decision-making authority shifted to the IT. Quarterly meetings were held with the SAT during which the Vermont Team vetted the survey and the development of an anticipatory guidance booklet with the SAT. The feedback from the SAT informed the development and revisions of both the survey instrument and the anticipatory guidance. On the Vermont project, the IT guided the development and installation of the intervention from its inception to its development to its adaptation and through the closing of the last survey cycle. Over time, the Vermont Team reduced the frequency of their meetings from weekly to biweekly as they had a limited number of agenda items that could be addressed in brief meetings.



LESSONS LEARNED

- » It is important to have varied participation in teams to foster a wide variety of perspectives.
- » The Vermont Project Manager also had a position on the DCF Executive Management Team that facilitated the project's communication both internally and externally. Although having a state-level executive position is not a feasible requirement for hiring a Project Manager, the Vermont site's experience underscores the value of involving high-level decision-makers as members of the project team when possible.
- » Anticipate the likelihood that team members will experience project fatigue over time. It is important to recognize the point at which when the frequency of meetings should be reduced to minimize the fatigue that occurs naturally when implementing an intervention.

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.

The teaming structure developed by the Vermont Team assigned responsibility for communicating intervention progress laterally to the peers of the team members. For example, the Project Manager communicated to the State of Vermont executive leadership and partner agencies. The Implementation Manager communicated to post-permanency staff and parent groups.



LESSONS LEARNED

- » Open communication is critical. 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 Vermont Team implemented the process, activity, or task; and (d) lessons the Vermont 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 Vermont Team tested the survey intervention with a statewide cohort of 51 participants selected at random from the master adoption list. Of this group, 35 participants received the survey electronically and 16 received a paper survey via postal delivery. The Vermont Team designed questions to test the performance of each core component and to determine if each component was functioning as intended.

The Vermont Team modified processes that did not perform as intended in the usability test. An example of a substantive change based on usability findings was the change in the selection of the identified child (i.e., the child who is the subject of the survey). The initial process relied on participants to accurately interpret the directions; however, the usability testing revealed that the directions could be interpreted in many ways. Therefore, the Team elected to use a random selection process to designate the identified child.

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



LESSONS LEARNED

- » Critically assessing the processes and procedures of each component with a limited cohort was important to the Team's ability to determine what worked and what needed changing. Before full implementation, numerous modifications were made 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 Vermont Team implemented the process, activity, or task; (d) lessons the Vermont 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 Vermont Team found it useful to organize the work plan in a format that identified the tasks and time frames necessary to carry out each phase of the intervention. The Team members frequently referred to the work plan to identify upcoming activities they needed to carry out to implement the next survey cycle. For example, as mid-cycle approached, the Team reviewed the tasks necessary to roll-out the next cycle on schedule.



LESSONS LEARNED

- » A work plan keeps a project on schedule. The Vermont Team continually referred to the work plan, updating it quarterly as additional tasks were added or modified. As a result, every survey cycle rolled out on the scheduled date.

APPENDICES

- A. QIC-AG Population Template
- B. QIC-AG Continuum Assessment
- C. Stakeholder Focus Group Questions
- D. Hexagon Tool: Vermont Permanency Survey
- E. Initial Design and Implementation Plan
- F. QIC-AG Logic Model: Vermont
- 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.

Child welfare adoption and guardianship national data. National data are available from 1984 through 2013. In 1984 there were 102,000 children in IV-E substitute care and 11,600 in receiving IV-E adoption subsidies; children in adoptive homes made up 10% of the subsidy population. By 2000, there were 287,000 children in IV-E subsidized substitute care and 228,300 children in IV-E adoptive homes; adoptions made up 44% of the IV-E population. The most recent data show 159,000 children in IV-E subsidized substitute care and 431,500 in IV-E subsidized adoptive placements and adoptions make up the majority (73%) of the IV-E population.

Source: Committee on Ways and Means of the U.S. House of Representatives. (2014). 2014 Green book: Background material and data on the programs within the jurisdiction of the Committee on Ways and Means. Retrieved from <http://greenbook.waysandmeans.house.gov>.

International and Private Domestic Adoptions

We know very little about these children and their families. Many states that provide post-permanency services allow families who have adopted by any means to access services. However, in some states non-child welfare families may not be eligible for post permanency services or may be eligible but required to pay for the services.

International and private domestic adoption national data. Between 1999 and 2013 there were 249,694 international adoptions. Majority of these adoptions were with children two or younger. Primary places for adoption were China and Russia.

In 2013 alone, there were 7,092 international adoptions. Most of the adoptions were with children two or younger but there was an increase in the number of older children being adopted (5 – 12 years).

Source: <http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>

CHILDREN RECEIVING AN ADOPTION SUBSIDY FFY13							
IV-E REIMBURSABLE							
NOT IV-E REIMBURSABLE							
CHILDREN RECEIVING A GUARDIANSHIP SUBSIDY FFY13							
GAP REIMBURSABLE							
GAP REIMBURSABLE							
NOT GAP REIMBURSABLE							
CHILDREN ADOPTED INTERNATIONALLY IN 1999-2013							

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)

APPENDIX B

QIC-AG CONTINUUM ASSESSMENT

- » 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?

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/statues 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



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 OF 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: VERMONT PERMANENCY SURVEY

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: VERMONT



END VALUES

- Improved stability over time in adoptive and guardianship families
- Produced a replicable evidence-based survey process
- Increased capacity to build cross system service and supports based on early identified risk and needs
- Improved access to timely and relevant adoption supports and services

THEORY OF CHANGE

If the system of care prioritizes the early outreach to all adoptive and guardianship families then:

- » The system of care will be able to identify families who are doing well, and understand the strengths and protective factors associated with those families, and
- » The system of care will develop a viable process for the early identification of families post-permanency who are struggling, and families who may be at increased risk of discontinuity.

If the system of care is able to clearly identify these families then:

- » The system of care will better understand the strengths of families who are doing well, and
- » There will be a valid process for the early identification of families most at risk for discontinuity for whom prevention can occur, and the system of care will be able to determine when to intervene and how to intervene with strategies that reduce familial stress and prevent discontinuity. The data collected from the valid process will also help us to identify the regional gaps in service, the amount and type of service/support needed, and the timeliness in accessing these services.

EXTERNAL CONDITIONS

- » Lack of information on the needs of families most at risk for post-permanency instability
 - » Lack of ability to identify these families
- » Families lack of knowledge of services to assist with issues that may arise post permanency
- » Lack of preparation for the complexities of managing family dynamics associated with kinship adoption or guardianship
- » Lack of support systems for families post permanency
- » Lack of certified adoption/trauma informed services that adequately address child behavioral-emotional needs
- » Lack of normalization around issues impacting families (i.e. reaching out for support prior to crisis)
- » Variation in services between urban and rural areas
- » Heroin epidemic in Vermont
- » Increase in the number of youth placed with kin
- » Overrepresentation of adopted youth in residential treatment
- » As children get older, there is an increased risk of discontinuity

APPENDIX G

USABILITY TESTING PLAN AND TRACKING TOOL

