

QIG-AG Continuum Assessment

Background

The goal of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) was to develop evidence-based models of support and interventions that could be replicated or adapted by other child welfare systems across the country to achieve long-term, stable permanency in adoptive and guardianship homes for waiting children as well as for children and families after adoption or guardianship has been finalized.

Adapted Continuum Assessment

During the first five years, eight QIC-AG pilot sites used a structured process to examine their population, existing infrastructure, and service array to determine areas of potential need. The QIC-AG was approved for a no-cost extension for FFY 2021. As part of the extension, the QIC-AG will work to enhance the continuum of services for non-pilot sites. To effectively support families who have adopted or finalized guardianship, sites must understand how their system currently attends to the needs of these families across the continuum. The Continuum Assessment, if used correctly, will help a site consider not only their population, but also the organizational structure of the service delivery system that impacts their population and the current service array offered.

The QIC-AG adapted the Continuum Assessment that was used with pilot sites to allow for an expedited process for new sites. The adapted Continuum Assessment is composed of three separate but inter-connected elements. The first element gathers population information, the second element examines macro level organizational information, and the third element gathers information about the services and interventions that are offered at each of the intervals on the QIC-AG continuum framework. The Continuum Assessment examines these three elements as they relate to two target groups:



Target Group 1: Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home, but the placement has not resulted in finalization for a significant period of time.



Target Group 2: Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

Element #1: Population Information

Collecting and examining population information will assist the site in gaining a clear understanding of the characteristics of the target populations, as well as the potential scope of service needs. Supported by the site consultant, the site will work with key partners to complete Element #1 with as much available information as possible.

Element #2: Organizational Information

Macro level organizational information is collected in capacity domains that fall under process and outcomes. This information helps sites determine if there is sufficient infrastructure in place to support the target populations. Listed below are the capacity domains broken out by the categories to be explored.

Process



Infrastructure (includes questions related to policy)



Functioning (includes questions related to structure, communication and assessment)



Operations (includes questions related to inter and intra agency relationships, availability/access, and monitoring/management)

Outcomes:



Knowledge (includes questions related to training)



Ability (includes questions related to provider capacity)

The QIC-AG site consultant will facilitate a guided discussion to assist the site in determining if there is sufficient infrastructure in place to support the target populations.

Element #3: Services and Interventions

The third element of the assessment gathers information about the services and interventions that are offered at five of the eight intervals on the QIC-AG continuum framework. This helps the site clarify the existing services offered and assists the site in identifying gaps and strengths along the site’s continuum. The QIC-AG continuum framework intervals are listed below.



Focused



Selective



Intensive



Universal



Indicated

The QIC-AG site consultant will assist the site with the assessment of services offered to each target group. When complete, Element #3 will highlight areas of strength and need across the QIC-AG continuum framework.

Element #1 Population Information

Collecting and examining population information will assist the site in gaining a clear understanding of the characteristics of the target populations, as well as the potential scope of service needs. Supported by the site consultant, the site will work with key partners to complete Element #1 with as much available information as possible.

NUMBERS OF CHILDREN IN FOSTER CARE

- How many children in your site are currently in foster care?
- How many children in your site have a goal of adoption?
 - How many do not have a permanent family identified?
- How many children in your site have a goal of permanent legal custodianship (guardianship)?
- How many children are placed in an identified adoptive or guardianship home, but the placement has not resulted in finalization for more than two years?

Note: Consider state and county-level data for each question. Determine how demographic information (age of children, length of time in care, etc.) may provide further context.

NUMBERS OF ADOPTIONS AND GUARDIANSHIPS

- How many children in your site are currently receiving an adoption subsidy?
- How many children in your site are currently receiving a guardianship subsidy?

Note: Consider state and county-level data for each question. Determine how demographic information (age of children, length of time in care, etc.) may provide further context.

Who Is At Risk?

Target Group #1: Consider the following questions for children who have challenging mental health, emotional or behavioral issues and who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home, but the placement has not resulted in finalization for a significant period of time.



- What is known about the characteristics of children with a goal of adoption or guardianship who have not finalized for two years or more?
 - What are the ages of these children?

- To what degree are sibling groups part of this population?
- What types of special needs characterize this population?
- What types of behavioral challenges exist for this group?
- What is the average number of placements?
- In which geographical region do these children reside?

Target Group #2: Consider the following questions for 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.

- Over the past year, how many children or families (post adoption or guardianship finalization) came to the attention of your site? Describe any differences in need by region (e.g., In county A are the needs are different than in county B?).
 - How many families reached out for *basic informational needs* (e.g., subsidy issues or other technical questions, connection to a resource for an already identified need)?
 - How many families expressed *general needs* (e.g., requests for assessment and/or diagnosis; difficulty with emotional or behavioral regulation in children; internalizing and externalizing behavioral issues; school problems; parents' inability to effectively address behavioral issues)?
 - How many families expressed *crisis needs* (e.g., sexually aggressive behavior, fire-starting, immediate removal from home, suicidal ideation)?
 - Who were the people asking for services (e.g., grandparents, parents of teens, rural families, homeless children)?
 - What are the reasons that seem to be contributing to unmet needs (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)?
- 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?

Element #2 Organizational Information

The QIC-AG site consultant will facilitate a guided discussion to assist the site in determining if there is sufficient infrastructure in place to support the post adoption and guardianship population.

PROCESS

INFRASTRUCTURE:

Policy: The agency has written policies and procedures that promote and support service delivery to children who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home where the placement has not resulted in finalization for a significant period of time. Policies and procedures are also in place to support 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.

- Are there gaps in these policies and procedures? How do these gaps hinder service provision to children/families? What has been done to address these noted gaps? When did the efforts occur?

Note any areas in need of improvement:

Potential activity that could help address the identified problem area:

FUNCTIONING:

Structure: The agency has methods in place to gather information about and identify the needs of each target group, and uses this information to develop and structure services.

- Are there current statewide information systems/processes that collect information on the target groups? How is this information used to develop structure and services?
- How does the site determine needs, develop strategies, and prioritize projects and initiatives related to each target group? Are these strategies working to improve service delivery to the target population?
- How do adoptive and guardianship families inform the system of their needs (committees, focus groups, advisory groups)? How is this information used to develop structure and services?
- What plans are in place to address the needs of children who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home where the placement has not resulted in finalization for a significant period of time?
- Are post adoption/guardianship family's needs and issues represented in the site's strategic plan? If so, how? If their needs are not included, what are the barriers to including this information?

- What is the current structure to coordinate and support service providers for each of the target groups? Is there an existing committee or governance structure that coordinates work related to services for the target group?

Communication: The agency has developed strategies to ensure information about the needs of the target groups is consistently shared among key service providers and stakeholders relevant to the populations.

- How is information related to the needs of each target group shared across departments, systems, and private and voluntary sectors, to ensure service providers working with the target populations understand the issues facing children/families?
- What mechanisms are in place to ensure that information collected about the needs of the target populations is accessible to service providers (i.e. performance dashboard, monthly QA reports, survey results, policy transmittals)?
- How is information collected from adoptive and guardianship families communicated to services providers and stakeholders?

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

- What standardized assessment tools are used to identify risks, protective factors and treatment needs of children and families in each target group?
- How are assessments and diagnoses currently used to identify the program or interventions that appropriately matches the identified need?
- 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?

Note any areas in need of improvement:

Potential activity that could help address the identified problem area:

OPERATIONS:

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

- Describe the relationship between the child welfare agency and private providers involved with each target group. Do existing partnerships work well to support delivery of services to families? What are the challenges with existing partnerships?

- 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 the target groups?
- Are there 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 each target group? 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 foster/adoptive parents and guardians of the availability and process for accessing services for each target group.

- 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.
- What are the current outreach and engagement plans that target adoptive/ guardianship families?

For Target Group #2:

- How and when are adoptive and guardianship families made aware of the services that are available to them?
- Are there any services/vendors that start providing services prior to finalization and continue to provide services post finalization?
- Is there currently a warm or hotline for 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 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 post adoption and guardianship services?

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

- How does your site monitor programs/interventions that serve the target groups?
- How does the site assess program effectiveness?
- 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 the target group? If yes, what are the expectations and how are they monitored?
- Does your site have a current client satisfaction process for foster parents and for adoptive parents/guardians?

Note any areas in need of improvement:

Potential activity that could help address the identified problem area:

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 each target group.

- What trainings are offered to providers that serve the target group?
- What regular trainings are offered to Foster families? Adoptive and guardianship families? Are any offered to youth?
- Are there current expectations and standards related to providing trauma informed care for staff that work with each target group? If yes, describe.
- Are there current expectations and standards related to the level of adoption competency for staff that work with Target Group #2? If yes, describe.

Note any areas in need of improvement:

Potential activity that could help address the identified problem area:

ABILITY:

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

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

Note any areas in need of improvement:

Potential activity that could help address the identified problem area:






Element #3

Services and Interventions

The QIC-AG site consultant will assist the site with the assessment of services offered to each target group. When complete, Element #3 will highlight areas of strength and need across the QIC-AG continuum framework.

The QIC-AG has adapted the AdoptUSKids Support Services Assessment¹ Tool to assist sites in assessing their continuum of services. The tool is an Excel spreadsheet that compiles ratings given by the site team about each service across the continuum. To get the clearest picture of the service array, both quality and accessibility of each service needs to be considered. The quality and accessibility metrics that can be rated for each service include²:

Quality Metrics

-  Adoption/ permanency-competent
-  Trauma-informed
-  Designed with family and youth input and feedback
-  Family-focused
-  Outcome-evaluated/ evidence-based (with positive results)

-  Broad eligibility
-  Financially accessible
-  Geographically accessible
-  Well known/publicized
-  Rapid availability
-  Ongoing availability/sustainability
-  Culturally relevant and accessible

Accessibility Metrics

Depending on the capacity of the site team and the time available to conduct the assessment, it may be challenging to rate each service using all quality and accessibility metrics. Rather than use every metric, site teams may select metrics that align most closely with their interests and service goals. It is recommended that at least two metrics from each area be used to complete service ratings.

Consider the services and interventions offered for the following intervals along the QIC-AG continuum: Focused, Universal, Selective, Indicated, and Intensive. Services in the Focused interval should be those available to children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home, but the

¹ AdoptUSKids. (2019). Guide to the AdoptUSKids Support Services Assessment Tool. Adoption Exchange Association.

² See Appendix I for descriptions of each metric.

placement has not resulted in finalization for a significant period of time (Target Group #1). Services and interventions in Universal, Selective, Indicated, and Intensive should be directly related to children and families who have already finalized the adoption or guardianship (Target Group #2). This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions. Please make note of specific services rather than programs. For example, Adoption Support And Preservation (ASAP) programs typically offer many different types of services. Each of these services should be listed separately in the appropriate interval. In cases where multiple providers offer a service (respite, counseling, etc.) rate the service category as a whole (do not list individual providers).

After rating all provided services across both quality and accessibility, you will begin to see a picture of how well your team believes support services are currently meeting the needs of resource families in your system.

Rating Instructions

On your tool list each service in the appropriate interval and answer if the service is provided within your system by indicating “yes” or “no.” Including services that your system does not provide is important to help you identify gaps in your current service array. Include all services available to Target Population 1 and 2, regardless of who provides the service (do not limit your assessment to services provided by the child welfare system). For all services that are marked “yes”, use the first sheet to assess the quality of the service and the second to assess the accessibility of the service.

The ratings to be used for each metric are: 1 = poor; 2 = fair; 3 = good; 4 = excellent. Ratings do not have to be whole numbers. For example, if you feel a service is between “fair” and “good,” you may rate it as 2.3 or 2.7. Decimal ratings can lead to a more nuanced assessment and give you a better picture of how services are truly perceived. The tool automatically color-codes the individual cell based on the rating given. A rating between 1.0 and 1.99 will be red, a rating between 2.0 and 2.99 will be yellow, and a rating between 3.0 and 4.0 will be green. The tool also automatically provides average ratings within service categories, as well as an average of how well a particular service performed across all quality or accessibility metrics.

Rating Tips



Work as a group or in subgroups to discuss each service and come to an agreement on a rating together. Differing opinions and disagreements that happen among stakeholders during discussions are a valuable part of the process.



Consider designating a notetaker to capture the details of discussions in addition to the results of the assessment ratings.



Avoid judging your results as the assessment is taking shape. If you see a row or column full of red cells, it may be tempting to decide right then that you need to devote attention to a particular service or metric. Remember that the discussion that is informing your ratings is just as valuable—if not more valuable—than the numeric results of the assessment. Wait until your full assessment is complete, and take additional steps to understand your results, before making an action plan.

The tool will automatically generate a four-quadrant matrix model to plot how each service or service category is doing across both quality and accessibility metrics. The chart allows you to more easily identify strengths and needs and can help you decide on priorities for system improvement.

Interval Summary

After all services have been rated, consider the following questions for each interval (Universal, Selective Indicated, Intensive, and Maintenance).



What are the major strengths in this interval to providing services for the target group?



What services/interventions are missing in this interval to meet the needs of for the target group?

Appendix I Quality and Accessibility Metrics Definitions

Quality Metrics

Adoption/permanency-competent: Providers have specialized training in the core issues in adoption, foster care, and kinship care, and the impact of these on identity, development, and relationships. Program staff also have expertise on the higher incidence of disabilities, mental health issues, prenatal exposure to drugs and alcohol, and behavioral challenges in children and youth who are or who have been in foster care or who suffered early deprivation. Adoption-competent programs also examine clinical and ethical issues in preparing for and supporting permanency.

Trauma-informed: Treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-informed and trauma-responsive care acknowledges the effect trauma has on individuals and their families; modifies services to respond to those effects; emphasizes skill- and strength-building rather than symptom management; and avoids further traumatization by focusing on the physical and psychological safety of the child or youth and family.

Designed with family and youth input and feedback: Youth and young adults who have experienced foster care and resource parents shaped the design and implementation of the service and are continually involved in service provision and improvement. There are opportunities for those served to give feedback, and that feedback has the potential to result in changes to services. Family and youth continue to be involved in the assessment and improvement of the service over time.

Family-focused: The service engages the entire family appropriately. Each child is seen as a unique individual who is an integral part of a family system, understanding that the actions of each family member affects the entire family. All children and youth in the family—whether birth, adopted, step, or foster—are affected by one another, and their individual and group relationships can shape the entire household. As a result, a family-focused program provides services to the whole family, not only the child or the parents.

Outcome-evaluated/evidence-based (with positive results): Through rigorous evaluation practices, the service has been found to be effective, consistently yielding positive outcomes for families. The service is continually evaluated and claims of effectiveness are supported by evidence.

Accessibility Metrics

Broad eligibility: The population eligible for the service is broad. An example of broad service eligibility would be post-adoption counseling services that serve all adoptive families living in the state, rather than only families who adopted from foster care.

Financially accessible: The service is offered at no or little cost to the family or on a reasonable sliding-fee scale.

Geographically accessible: The service is offered widely in your state, tribe, or region; families located in rural or remote areas are able to access the service.

Well known/publicized: Families are aware that the service is available, that they are eligible for the service, and how to access it.

Rapid availability: The service is offered soon after a referral is made; there is no waitlist to receive the service.

Ongoing availability/sustainability: The service is reliably funded; families can count on its availability in the future.

Culturally relevant and accessible: The service is respectful of cultural traditions and values of all members of the community it serves; it is available in all appropriate languages.