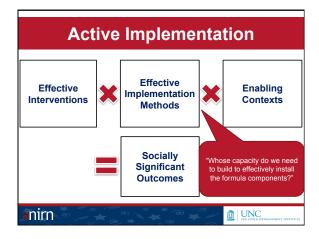


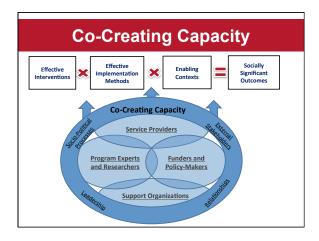
Today's Plan

- Setting the Stage
- Active Implementation Frameworks
- Case Study of Implementation
 - Catawba County Child Wellbeing Project

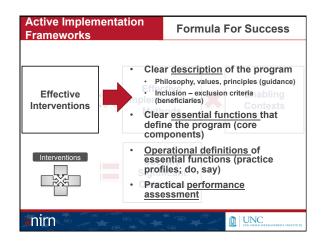
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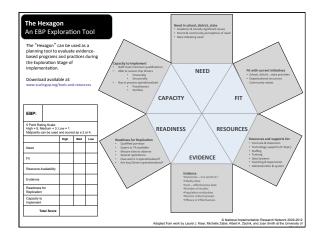


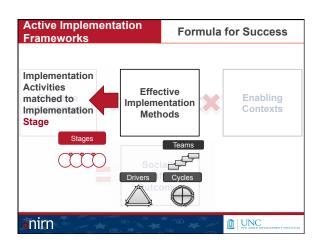


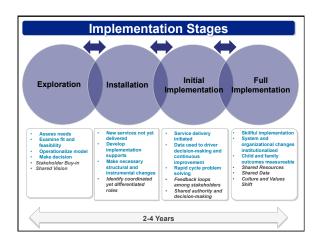


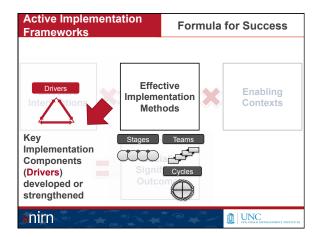


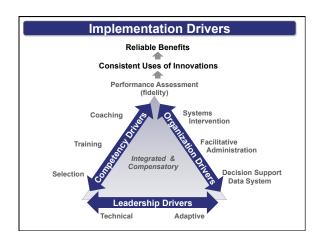


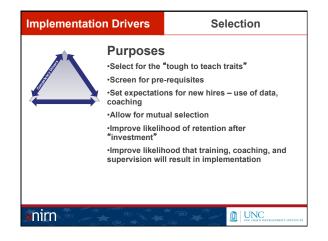


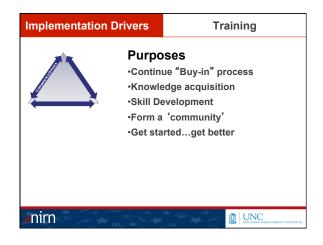


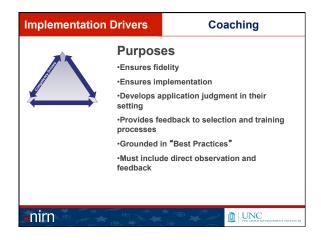


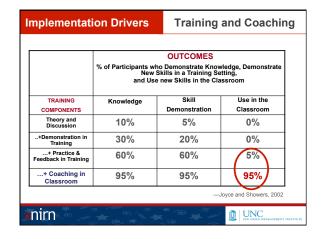






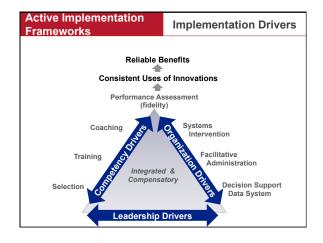








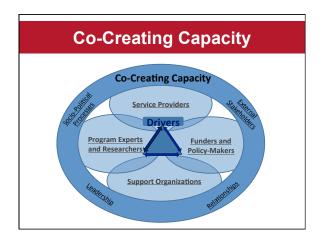


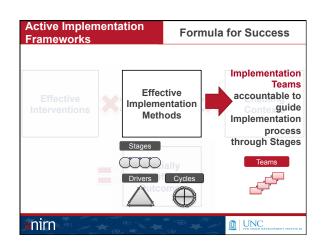


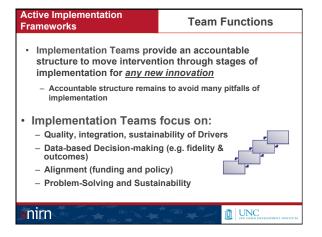
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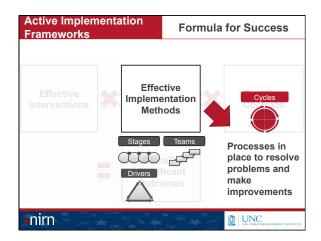
Decision Support Data Implementation Drivers Systems Purposes Monitor and improve child and family outcomes through data-based decisions Provide information to assess effectiveness of intervention and prevention practices Analyze the relationship of fidelity to outcomes Guide further program development Detect discrete issues as well as systemic issues Engage in continuous quality improvement Of the Intervention and the Drivers · Celebrate success Be accountable to families, partners, and funders UNC nirn **Facilitative** Implementation Drivers <u>Administration</u> **Purposes** •Creates an internally hospitable environment for the new way of work – at the level of the "agency" · Facilitates the installation, implementation, and improvement of the Drivers for each innovation •Takes the lead on Systems Interventions ·Looks for ways to make the direct work of practitioners (e.g. workers, agency staff) and directors more effective and less "burdensome"!! nirn UNC **Implementation Drivers Systems Intervention Purposes** ·Identify and "lift up" systemic barriers and facilitators to the next level to improve support for the new way of work •Create an externally "hospitable" environment for the new way of work ·Engage key system partners and stakeholders •Contribute to cumulative learning in multi-site projects

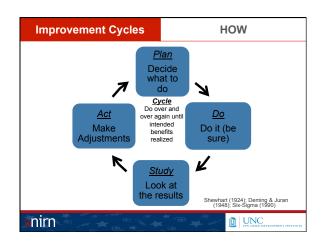
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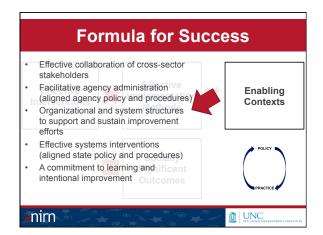


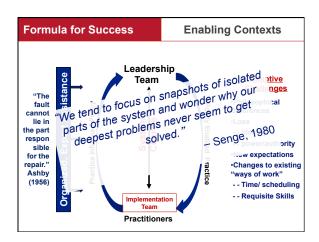


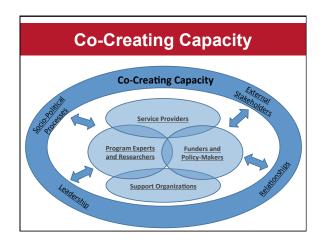




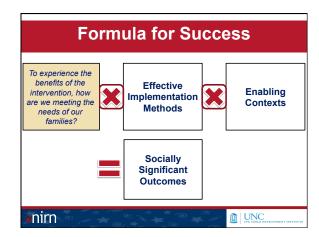




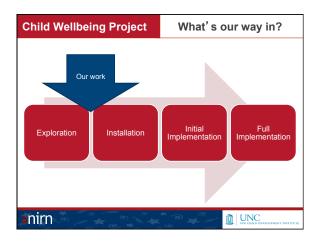








Expand services for children and families engaged in child welfare system beyond the mandated service continuum with the goal of improving foster children's wellbeing and transition to adulthood. Ensure children and youth: - Are employable - Are connected (civically, spiritually, and to family) - Have stable housing - Have medical home - Make appropriate and wise decisions







Child Wellbeing Project Get Started... When we started the conversation, Catawba County had selected models... Descriptive analysis of administrative data Guided discussions with staff Focus on EBPs



| Child Wellbeing Project | Needs Assessment |
|---|---|
| What was missing? Multiple perspectives on perr Statistical modeling to refine Barriers to care Theory of change Evidence-base through an im Engagement of opinion leade | nanency and wellbeing subpopulation needs |
| nim | UNC PRO CHILD DEVELOPMENT INSTITUTE |

Child Wellbeing Project Where to begin? • Engage Exploration Team • Practitioner and community-informed decisions • Natural champions • Cross-discipline teaming • What do we know? • EBPs retrofited to logic model • What else do we need to know? • Theory of Change



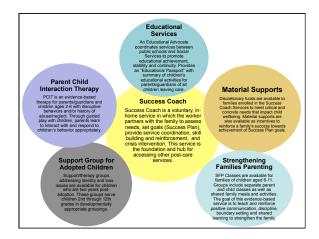
Multiple perspectives on child permanency and wellbeing Birth parents, adoptive parents, legal guardians Community stakeholders (schools, courts, advocacy) Practitioners across divisions (investigations, in-home services, foster care, mental health) Managers and administrators

Child Wellbeing Project Needs Assessment Analytic modeling to refine subpopulations needs · Conduct further data mining on subpopulations • Employ statistical models that allow for controlling specific variables (e.g., age of entry into care) while isolating the predictive value of other variables (e.g., parental substance nirn **Child Wellbeing Project Needs Assessment** Identify and confirm barriers to care · Given subpopulation needs, what are practice and systems level barriers to care? · Conduct case record reviews · Survey key stakeholders nirn UNC **Child Wellbeing Project Needs Assessment** · Six areas of need identified: - Ongoing emotional support and case management for families - Mental health services for children to address attachment and externalizing behaviors - Educational services, supports, and advocacy to improve educational achievement - Material supports to provide financial assistance and child care - Parent education to enhance parenting skills - Emotional supports to help adopted children normalize adoption experience nirn UNC

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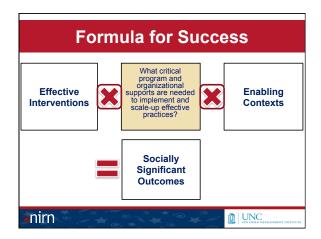
Child Wellbeing Project Needs Assessment Develop theory of change prior to model selection •Child Wellbeing Project was informed by risk and resiliency theory. - Risk factors increase the probability of a child's reentry into foster care - Protective factors promote child and family wellbeing, reducing the probability of reentry into foster care nirn **Child Wellbeing Project Theory of Change** Families with children who have exited foster care face potential risk factors for reentry into care not alleviated easily by current child welfare post-care services. To bring about change, resources must be dedicated to provide families with mental health, educational advocacy, parenting education, ongoing emotional support and case management, material supports, and When these services are provided, risk factors are decreased and protective factors are increased, which in turn produces increased family and child wellbeing. Increased wellbeing leads to decreases in reentry in care and ensures children and youth are employable, educated, connected, have stable housing and medical homes, and make appropriate and wise decisions. nirn UNC **Child Wellbeing Project Needs Assessment Review the Evidence-Base** · Potential models that can contribute to underlying theory of change · Fit and feasibility analysis Engage opinion experts · Leading child welfare researchers on post-care

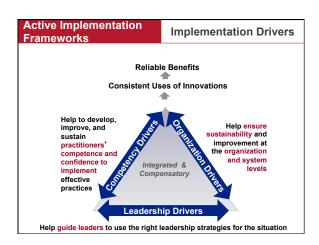
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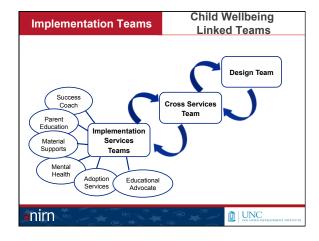
Identifying the Problem What's the Way Forward? What rationales come to mind for conducting a robust needs assessment? Are you working in jurisdictions that have conducted less than comprehensive needs assessments? How has this affected the work? What might be some next right steps in supporting deeper needs assessments in jurisdictions?

Catawba county child wellbeing project BUILDING THE INFRASTRUCTURE What's our way forward?





Implementation Teams Design Team Cross-Services Team Practice Teams Enabling Context Vertical Alignment – leadership, management, and practice Horizontal Alignment – cross-sector representation



Implementation Teams

Initial Engagement

Developed team-specific Terms of Reference and Linked Communication Protocols

- Established common ground and a common understanding
- Ensured agreement about important dimensions of the project.
- Helped the teams talk more openly about diverse opinions and reach consensus.
- Ensured mutual accountability among teams to each other

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Implementation Teams

Ongoing Engagement

What kept the teams coming back?

Shared vision

Preparation and purposeful agenda setting for each meeting Homework assignments that produced actionable information Mutual accountability within and among teams

Decision-making and empowerment

Being a part of something bigger than yourself

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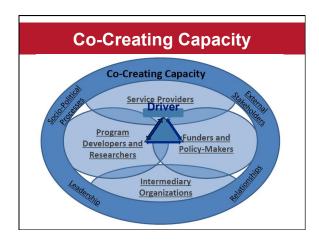


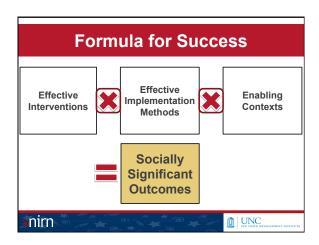
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| Metz, et. a | al., 2014 | | from Child ing Project |
|----------------------------------|------------------|--|-------------------------------|
| Component | T1 | T2 | Т3 |
| Selection | 1.44 | 2.00* | 1.89* |
| Training | 1.33 | 1.5* | 1.10 |
| Coaching | 1.27 | 1.73* | 1.83* |
| Perf. Assessment | 0.78 | 1.34 | 2.0* |
| DSDS | 0.18 | 1.36 | 2.0* |
| Fac. Administration | 1.38 | 2.00* | 2.0* |
| | 1.29 | 1.86* | 2.0* |
| Systems Intervention | 1.29 | 1.00 | 2.0* |
| Average | | | |
| Composite Score | (1.1 | 1.68* | 1.83* |
| Fidelity (% of cases) | 18% | 83% | 83% |
| | | ense program devel empanying implemen | |
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| | | | FPG CHILD DEVELOPMENT INSTITU |
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| mplementation | | | Example |
| How did Im | plementation | n Teams impro | ove fidelity? |
| | | ng based on imp and program da | |
| Improved | coaching, adm | ninistrative suppo | ort, and use |
| | | making; adapte | |
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| Diagnosed | d adaptive cha | llenges, engage | d |
| stakeholde | ers, inspired ch | nange | |
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| Implementation | reams | Case Ex | ample: EBMs |
| How did Imple | amentation T | Leams interfac | α with |
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| national EBP | developers's | , | |
| Worked with | outside consul | tants to ensure t | that best |
| | | fidelity assessme | |
| installed (SFF | | , | |
| | | uoro and santi | a to atranathan |
| Maintained co | ompetericy driv | vers and continu | e to strengthen |
| organizationa drivers shifted | | en the locus of c | ontrol for the |
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UNC PPG CHILD DEVI

| Metz, e | t. al., 2014 | | Results from Child Wellbeing Project | | |
|-------------------------------|--------------|--------|---|---------|--|
| Component | SFP T1 | SFP T2 | PCIT T1 | PCIT T2 | |
| Selection | 1.56 | 1.67 | 0.33 | 0.78 | |
| Training | 1.00 | 1.20 | 2.00 | 1.80 | |
| Coaching | 1.82 | 1.50 | 1.64 | 1.42 | |
| Perf. Assessment | 1.89 | 2.00 | 1.33 | 2.00 | |
| DSDS | 1.90 | 2.00 | 1.91 | 2.00 | |
| Fac. Administration | 1.88 | 2.00 | 1.75 | 2.00 | |
| Systems Intervention | 1.86 | 2.00 | 1.63 | 2.00 | |
| Average Composite Score | 1.70 | 1.77 | 1.51 | 1.71 | |
| Fidelity (% of cases) | 93-100% | 92-98% | 85% | 82% | |
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Implementation Infrastructure Did high fidelity implementation lead to improved outcomes? Early outcomes include... • Stabilized families • Prevented re-entry of children into out of home placements • Improved parenting knowledge and skills • Reductions in externalizing behaviors for children





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