PII-TTAP

PERMANENCY INNOVATIONS
INITIATIVE

Training & Technical
Assistance Project

GUIDE TO DEVELOPING, IMPLEMENTING, AND ASSESSING AN INNOVATION

Volume 2: Exploration

Children's Bureau

Acknowledgements

To support the Permanency Innovations Initiative (PII) Grantees in better meeting the needs of children and families, the PII Training and Technical Assistance Project (PII-TTAP) team created the Development, Implementation, and Assessment Approach (the Approach). The Approach helps organizations develop new innovations or adapt existing ones and effectively implement them to ultimately improve outcomes for children and families. The PII-TTAP team created this Guide which operationalizes the Approach and aids in the transfer of learning by providing detailed information, tools, and instructions for innovation development and adaptation, data and fidelity monitoring, and sustainability planning within child welfare systems. It is based on lessons learned working with the tools, guidance, and resources provided to PII Grantees. This Guide was created by:

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Exploration

The Exploration stage includes activities that help to coordinate teaming structures and identify the role of leadership in the implementation of an innovation; define the target population and desired outcomes of change; select and promote buy-in for an intervention; and plan for implementation of the innovation. These efforts: (1) create readiness for change (i.e., create a hospitable environment for a new way of work); (2) examine the degree to which proposed innovations meet the needs of children and families; and (3) determine whether the innovations are appropriate for a given organization and if implementation is feasible.

The *Guide to Developing, Implementing, and Assessing an Innovation* (the Guide) focuses on five steps to comprise the Exploration stage.

Identify the Problem and Understand the Target Population: Analyzing administrative and program data helps to identify factors that put certain populations at risk of problems related to child welfare. This analysis helps to identify barriers that impede progress for children and families, and helps implementation teams to articulate desired outcomes.

Develop a Theory of Change: This step includes articulating the assumptions underlying a pathway to change for the target population and identifying research evidence that indicates how the pathway will lead to the desired outcomes.

Assess and Select the Innovation: In this step, teams use research literature and data to identify evidence-based interventions and assess their appropriateness for a given organization and whether they will meet the needs of the target populations.

DEVELOPMENT, IMPLEMENTATION, AND ASSESSMENT APPROACH

Develop Theory of Change

Assess & Select Innovation

Implementation Supports Overview

Plan for Implementation

Identify & Understand Population

TEAMING

Develop or Adapt Innovation

Plan for Sustaining the Innovation

Monitor & Assess the Innovation

Initial Implementation & Testing

Develop or Adapt Supports

Implementation Supports Overview: Understanding resources and system supports that facilitate implementation helps teams evaluate their existing systems and determine which supports they may need to plan for and to effectively implement the selected innovation.

Initial Assessment and Implementation Plan: This step assists in the development of plans that specify the target population to be served, innovations to be implemented, and desired outcomes to be achieved. The plan specifies timelines to explore how existing innovations may be adapted to fit local contexts and to develop strategies for preparing the environment to support implementation.

Getting Started With Exploration

The questions included in the Introduction section of the Guide should have helped you determine which implementation stage you are in and which volume of the Guide is right for you. If you are currently in the Exploration stage, answer the questions below to help you determine which step and corresponding section of the Guide is the most appropriate starting place for you. An answer of "no" to any of the questions most likely indicates your initiative is currently in that step and is where you should begin using the Guide.

Section 1: Identify the Problem and Understand Target Population(s)

- Do you have a clearly identified outcome you are seeking to change?

- Have you identified the target population most affected?
- Do you understand the underlying needs or root causes that are affecting the outcomes of your target population?

Section 2: Develop a Theory of Change

- Have you conducted research to inform your hypothesis about what activities, if implemented, will change outcomes for the target population?
- Can you articulate the process by which you believe outcomes for the target population will change?

Section 3: Assess and Select an Innovation

- Have you researched innovations that address the underlying needs of your target population?
- Have you assessed the research or evidence base for these potential innovations?
- Have you assessed the fit of the potential innovations with your system and agency?
- Have you assessed the alignment of the potential innovations with your theory of change?
- Have you made a decision about the innovation you will implement to meet the needs of the target population?

Section 4: Implementation Supports Overview

- Are you familiar with the implementation supports that need to be in place for effective implementation?
- Do you understand implementation best practices?

Section 5: Initial Assessment and Implementation Plan

- Do you understand the program development work that is required to adapt or develop your innovation to meet the needs of the target population?
- Have you developed an implementation plan?

Identify the Problem and Understand the Target Population

This section helps you identify the problem you would like to address and understand the characteristics of who is at risk of experiencing the problem (i.e., target population). It helps you to articulate the root cause of the problem and to specify the desired outcomes of your innovation.

The problem, target population, root causes, and desired outcomes form the foundational information for choosing an innovation.

Use the quiz at the end of this section to test your understanding of the concepts. A tool is provided to guide you in the process of identifying the problem you would like to address and understanding the characteristics of those at risk of experiencing the problem.

Identify the Problem and Understand the Target Population

Overview

The first step in the implementation process described in the Guide is to identify and understand the problem that your child welfare organization wants to solve. Identifying a problem requires the use of data to understand its characteristics.

Learning Objectives: After completing this chapter, you will

- Better understand the process for identifying the problem and understanding the target population
- Understand why outcomes of interest for the target population should be identified
- Consider how systemic barriers may affect the team's ability to achieve outcomes of interest

Competencies: After meeting the learning objectives, you will have foundational knowledge to

- Guide the process of understanding the problem and identifying the target population
- Define the scope of the problem
- Determine the outcomes of interest for the target population
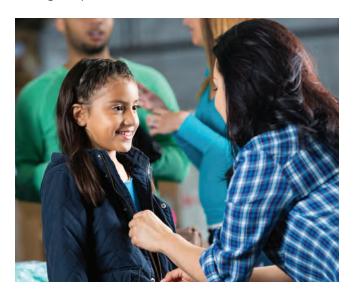
Key Terms

Outcomes of Interest – Changes in condition(s) of some kind (e.g., a policy, law, behavior, attitude, knowledge, state of the environment) among people, institutions, and systems. Desired outcomes should be realistically achievable, and everyone involved should be able to understand them. In child welfare, desired outcomes address some aspect of safety, permanency, or well-being.

Root cause – The cause underlying the symptoms that identifies why the target population is experiencing the problem.

Systemic barriers – Concrete issues within an agency and child welfare system or something more abstract like values, beliefs, and commitment to change that affect the agency's culture and ability to successfully implement an innovation.

Target population – The population at risk of experiencing the problem the innovation seeks to address.

Assemble a Team

To identify and understand the problem, a team must be assembled to investigate the problem and learn about the target population. The team should have an understanding of its responsibilities and a strategy for communicating with each other and with the implementation team (if it is a separate team). The information in the Teaming and Communication Linkages section of the *Guide* can help in assembling a team and developing a communication strategy.

The team should be drawn from agency leadership, field staff, and supervisors. Child welfare agency leadership should be represented for efficiency in making decisions regarding target populations and innovations. Leadership involvement may assist in quickly addressing systemic barriers. Capacity for critical thinking is crucial during these initial steps; therefore, including child welfare agency staff devoted to Continuous Quality Improvement (CQI) activities will be helpful. Pursuing partnerships with universities or other entities to conduct data analyses, if this capacity does not exist in the agency or organization, is also worthwhile. In addition, involving external stakeholders in this process may help to gain buy-in and support for the initiative.

Identify the Problem

After a team has been assembled, its goal is to determine or confirm the problem to address. The team needs to understand "what" the problem is and "why" the problem exists. Agency leadership or others in key roles in the agency may have ideas about a problem that needs to be addressed. For example:

- An unmet need (e.g., not enough foster homes)
- An identified need for improvement (e.g., visiting children in their foster homes twice a month)
- An unaddressed mandate from policy or court order (e.g., decreasing the rate of maltreatment in care to below a certain threshold)

The team should conduct research at the outset to better understand the "what" and the "why" in regard to a problem that the agency faces, to develop a theory of change and ultimately select an innovation. The information the team needs to answer these questions may not be available through a single source. Therefore, multiple reports or sources of information may be needed. For more information, see Chapter 1.2 on identifying the problem and root causes.

Identify the Target Population

After the problem has been identified, describe *who* is at risk of experiencing it, in other words, who is the target population. Because risk factors are predictive, not descriptive, the conditions that put the target population at risk of experiencing the problem need to be identified. Next, subpopulations that may also be at risk of experiencing the problem should be analyzed. To determine who is at risk, the team will need to conduct research and gather evidence about families in the local child welfare system to clearly define the target population. It should look at data longitudinally—that is, the same type of information on the same subjects at multiple points in time. It should also note factors related to exclusions, geography, or disproportionate representation. For additional information on understanding the target population, please refer to Chapter 1.3.

Examples of Target Populations

Grantees participating in the Permanency Innovations Initiative (PII), were asked to identify who, in their jurisdictions, were at risk of staying in long-term foster care. Each Grantee identified a target population based on analyses of qualitative and administrative data about children in the care of the state or local child welfare agency. Some of the target populations they identified were:

- African American and Native American children
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children, aged 7–16
- Children in care for more than 12 months with one or more identified risk characteristic and an available parent to participate in an innovation
- Young people aged 13–17 ½ in care for more than 2 years

This target population variation is instructive and beneficial because it demonstrates that the interpretation of data in different systems resulted in the identification of unique and specific target populations.

Define the Scope

Describe the scope of the problem in terms of the number of individuals in the target population. The scope can include the breadth of the problem as it relates to the location of the target population in the jurisdiction.

Use Data and Other Information Sources

Conducting the research and gathering the evidence required to answer the fundamental questions posed in this chapter are not trivial undertakings. Research will need to focus on the conditions and cases in each jurisdiction. In addition to agency case files and administrative data, local child welfare data, including statistical data bases, surveys, and focus groups, will be useful.

It may also be useful to gather information from other research conducted about the children and families in the state or local child welfare system. Bibliographic databases (such as the Child Welfare Information Gateway) can provide reports and articles about the target population that may help clarify its needs. The appendix at the end of this volume provides an example of how a child welfare agency used research and data analysis to understand the target population.

Partner With Other Organizations

Many child welfare agencies choose to partner with research organizations, such as think tanks or universities, to help conduct the research required to understand the problem and identify the target population. Teams should investigate whether research on the target population has been done elsewhere, such as at a private university or national foundation, and consider whether a partnership opportunity with one of those institutions may be possible.

Use Analysis Tools and Techniques

Among various methods available for analyzing the collected data, data mining helps to identify the target population. A process of analysis used to explore large amounts of data in search of consistent patterns or relationships between variables, data mining differs from other forms of research in that it can be used to explore a dataset without testing a specific hypotheses. For more information on using data mining for identifying target populations and understanding their characteristics, refer to Section 1.3 below.

Additional research can be used to confirm or reject identified patterns or relationships that suggest a target population. Geographic information systems can be used to further enhance statistical analysis and simplify complex information by providing a visual or spatial context for the data. If the capacity to do this analysis does not exist in the organization, it is helpful to seek assistance from university partners or others who have those capabilities.

Determine the Outcomes of Interest

After the target population has been determined, teams should identify which outcome(s) should be improved for the target population. Clearly identifying the outcomes of interest for the target population will guide the selection of an innovation and help to define what constitutes success.

Identifying who is at risk of experiencing the problem, narrowing the target population, and articulating desired outcomes are important activities to help develop a theory of change. This information can also inform an evaluation to determine whether the innovation is achieving the desired outcomes.

Identify the Needs

Using data from the research about the child welfare system, the team should look at the needs of the target population. The needs define the circumstances and conditions that can be remedied.

Example of Needs

One PII Grantee identified the target population as: "Youth, aged 11–16, who have been in care for nearly 2 years and are experiencing mental health symptoms or have had at least one placement change." Research on barriers to permanency for those youth revealed poor skills and limited abilities of the adults in the youths' lives, including:

- Difficulty with emotional and behavioral regulation in birth parents due to histories of trauma
- Foster parents who are unprepared to care for children with trauma-related and mental health symptoms

Identify the Root Causes

After the needs have been identified, the team should investigate their root causes, or the reasons why the target population is experiencing the problem. The team should use research and evidence to determine whether the cause can be remedied by an innovation. It is likely that more than one root cause contributes to the needs, and identifying root causes is not always straightforward. When looking for the root causes of a problem, the team should not mistake a cause for a symptom. For more information on symptoms and causes, see Chapter 1.2 on identifying the problem and root causes.

Look at Systemic Barriers

After the target population, needs, and root causes of the problem have been identified, the team needs to consider what systemic barriers exist or may exist that will affect the team's ability to achieve the desired outcome(s) to address the problem. These barriers may be concrete issues within an agency (such as lack of adequate staff to implement a new innovation), or something more abstract (like values, beliefs, and commitment to change) that affect the agency's culture and ability to successfully implement an innovation. This information will be important for two reasons. First, it is crucial that the team be aware of these barriers to determine whether a theory of change and a possible innovation can feasibly be pursued. Second, if barriers are known in advance of the selection of an innovation, they can be communicated to leadership and stakeholders who can assist in addressing them. Systemic barriers may be related to staffing, leadership, or organizational supports. Specific examples of barriers can be found in Chapter 1.3 on identifying the target population.

The Target Population Template included in the appendix at the end of this volume provides an example of barriers at a child welfare agency. The Identifying the Problem and Understanding the Target Population Tool at the end of this section can assist a team in conducting its own analysis. Ideally, coordination with an evaluator will begin at this point, if a formal evaluation of the innovation is planned. Sharing this completed tool with the evaluator or partnering with the evaluator to complete this tool is advised.

Identify the Problem and Root Causes

Overview

The main questions discussed in this chapter are:

- What is the problem the agency is trying to solve/address?
- How does an implementation team know that it is a problem?
- Why does the problem exist?

The answer to the "what" question is a clear and data-supported description of what the problem is. The answer to the "why" question is a clear and data-supported description of the potential cause or causes of the problem. To address a problem effectively, the answers to both types of questions must be "data-supported," meaning they must rely on data—not anecdotal information or opinions.

Learning Objectives: This chapter will

- Enhance understanding of the problem an organization wants to solve and how to use data to define the problem
- Develop understanding of the root causes of the problem and why the problem exists

Competencies: Meeting the learning objectives will develop foundational knowledge to formulate questions stimulated by data analyses to more deeply understand the problem.

Identify the Problem—Defining the "What"

The first part of identifying the problem, or answering the "what" question, is making sure the problem

to be addressed is actually a problem and that it can be clearly defined through data analysis and communicated to others. In child welfare, problems can be identified through:[1]

- Internal monitoring and review
- Federal monitoring
- External oversight, investigation, auditing or review

Certain measures are usually used to assess performance. These measures generate statistics that are often conveyed in terms of a percentage, for example, the percentage of children who experience reunification within 12 months of entry into care or the percentage of caseworkers who met with a child in care on a monthly basis.

Time to Reunification - 2013 (%)[2]	
Less than 12 months	71.4
At least 12 months, but less than 24 months	23.7
At least 24 months, but less than 36 months	3.9
At least 36 months, but less than 48 months	0.8
48 or more months	0.2
Missing Data	0.0
Number	6,995

When using percentages, a series of questions must be asked to clearly define the "what." They are:

- **What does the percentage represent?**
  Understanding what the percentage represents requires understanding how it was calculated. This means clearly specifying the numerator, the denominator, and the timeframe included in the measure, even if the data were received from an external source. Different denominators and numerators for seemingly similar phenomena

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[1] Framework Workgroup. (2014). *A framework to design, test, spread, and sustain effective practice in child welfare*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

[2] Data retrieved on 4/3/15 from http://cwoutcomes.acf.hhs.gov/data/tables/seven_one?year=2013&viz=table&states%5B%5D=7&state=&region=.

represent different measures and will yield percentages with different meanings. For example, in the table below, the numerators and denominators are different, based on whether the child received a visit in the home or a visit in general. While the first measure indicates the percentage of children seen in each month for the given year, the second represents the number seen in the home. This may raise the question of where, exactly, the remaining children were seen.

Table: Caseworker Visits for Children in Foster Care 2010–2013[3]				
	2010	2011	2012	2013
Children Receiving Monthly Visits (%)	N/A	N/A	87	87
Numerator	N/A	N/A	83,292	82,428
Denominator	N/A	N/A	96,206	94,985
Children Receiving Visits in the Home (%)	N/A	N/A	79	80
Numerator	N/A	N/A	66,074	65,638
Denominator	N/A	N/A	83,292	82,428

• **Does the percentage indicate a problem to be addressed?** All states attempt to meet child welfare national standards related to safety, permanency, and well-being. In addition, many states and jurisdictions have specific standards in response to consent decrees, settlement agreements, and court orders resulting from class action lawsuits. These standards normally provide a minimum threshold for agencies to evaluate whether a particular percentage relevant to child outcomes or case practice is or is not a "problem." However, standards are not in place for all practice areas. Therefore, creating guidelines for deciding whether a percentage indicates a problem needing attention is helpful. Additionally, a single percentage may not provide enough information to determine whether something is a problem. Additional analysis completed by experts in statistical analysis and child welfare may be necessary. If this is not

possible, additional research into the problem in general, as well as further exploration of the agency database, is ideal.

• **Does the percentage figure accurately reflect the extent of the problem?** The next step is to examine whether the results, particularly the percentages, accurately describe the phenomenon. To figure this out, data quality must be assessed by determining whether the data used to understand the problem are accurate. If the percentage figure is based on a sample of the population, determining whether the sample is representative of the entire population being assessed is also important.

• **Is the problem statewide, or is it restricted to a particular local area or type of local area—such as an urban or rural county?** Sometimes, either an analysis of the data, or of data from a representative sample of cases, will determine a problem. But later investigation will reveal that the problem only exists in a few areas of the State. These may be large urban areas, for example, whose high numbers may suggest, at first glance, a statewide problem. To be clear about what the percentages reflect, this possible misread of data should be taken into consideration when determining the problem the organization wants to address.

Root Causes—Why Does the Problem Exist?

After the team identifies the problem they want to address, the next step is to identify the root cause of the problem. This can be accomplished through a process called Root Cause Analysis. A key principle of Root Cause Analysis is that the underlying causes of a problem must be understood before the problem can be addressed. The basic approach of Root Cause Analysis is to continue asking and answering why the problem exist until the problem's cause or causes are understood. Identifying a root cause won't necessarily

³ Data retrieved on 4/3/15 from http://cwoutcomes.acf.hhs.gov/data/tables/seven_one?year=2013&viz=table&states%5B%5D=7&state=&region=.

mean getting to the "bottom of it," but the goal is to go as far down the chain of causality as possible until being satisfied the identified root cause can be addressed by the agency.

Who Can Help?

Gathering and analyzing the data used to answer the questions above should not be undertaken by one person. A team approach to problem solving helps ensure that a broader and more representative group contributes to understanding the issue, owns the solution, and spreads knowledge throughout the agency and community.

It is important to gather an implementation team to focus on the problem. The capacity for critical thinking is necessary for these initial steps. Each member needs to bring the skills, authority, and expertise to contribute to understanding the problem and developing and implementing an effective solution. This team serves two purposes:

• To organize the work necessary to address a specific problem by drafting work plans, analyzing data, researching potential solutions, guiding the implementation of the solutions, and monitoring, adjusting and sustaining the solution

• To provide the leadership, guidance, and consultation necessary to support those implementing the solutions.

The team can be drawn from a variety of sources, such as other staff in the agency, people from the local university, and other available stakeholders. When looking to identify and address a specific problem, the following people should be considered for possible members of the team[4]:

• Leadership

• Program evaluators

• Funders

• Child welfare staff with experience using data for decision-making and improvements

(More about teams, team building, team functioning and communication can be found in the Teaming and Communication volume.)

5 Whys Method[5]

Simply put, the 5-why's method involves asking "Why does the problem exist?" until the underlying cause becomes clear (the question could be asked less than, equal to, or more than five times). The first answer to the "why" question may generate further "why" questions, so the team should continue asking why the problem exists until it thinks it has identified a root cause. Asking "why" should lead to an apparent action that can be taken to address the problem and prevent it from recurring. When answering the question, the responses should be factual, not based on assumptions or personal beliefs.

The implementation team (or other team tasked with this work) should complete this activity in a group forum. Participants should have an understanding of what occurs or has occurred to provide factual information

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related to the identified problem. A facilitator should lead the group through the 5-whys method, jotting down each answer as the group continues to ask why. The group should keep asking why until it reaches agreement on the root cause and an apparent action to address the problem has been identified.
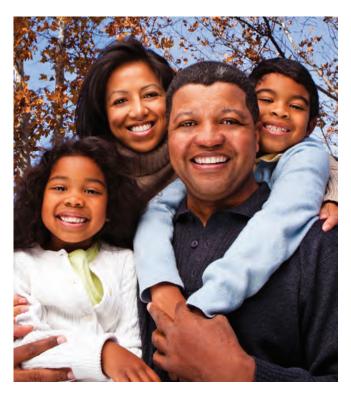
Data Sources for Answering the "Why" Question

The team should identify the factors that may be associated with the problem. This can be done through a literature review, focus groups with knowledgeable staff or the target population, convening an advisory group, or reviewing other reports. Then, all of the possible factors associated with the problem should be examined using statistical and/or qualitative analyses to determine whether there is factual support. Asking the "why" question is easy; identifying and using the right data to answer it is the hard part.

Possible data sources include existing data in the organization's database and new data collected through case record reviews and surveys. Other data sources, such as reports from foster care review boards and other review or oversight teams, stakeholder interviews, focus groups, and case studies, provide important in-depth information when a particular root cause is being explored. However, the primary data sources for a data-driven investigation of why the problem exists are the organization's data system, case record reviews, and surveys.

- Data system – Using an agency's information system to answer the "why" questions typically involves assessing the relationships between and among factors that may be associated with the topic of interest and may also involve looking at the relationships between and among the various outcomes. Before deciding what factors to consider, it is helpful to explore information in the research literature, access information from advocacy organizations and advisory groups, and solicit input from caseworkers and supervisors.

Because there are so many interrelationships, these analyses may be complex and require specialized skills.

- Case record reviews – Case record reviews, especially those incorporating interviews with individuals involved in the case, can often provide important information for answering why the problem exists, especially when the question can't be answered by quantitative data. The sample selected for the case record review must be sufficient so that findings can be considered representative of the full population.

- Surveys – Surveys also provide useful information that's not available from either the organization's data system or a case record review process. Surveys of specific groups of people, such as foster parents, caseworkers, parents, supervisors, and youth in foster care can provide insights into the causes of a problem from a very different perspective than can be found in the case record review process. Again, the usefulness of survey information will depend on how representative the sample is.

Identifying a Target Population

Overview

After the problem has been identified, the next step is to determine exactly who is most at risk of experiencing it. Also known as the target population, this is the population whom the innovation seeks to address. The Identifying the Problem and Understanding the Target Population Tool at the end of this chapter provides a guide for identifying the problem the organization wants to address and understanding the characteristics of the target population at risk of experiencing the problem.

Learning Objectives: After completing this chapter you will

- Better understand of the problem the organization wants to solve
- Identify and understand the target population most affected by the problem
- Understand why outcomes of interest for the target population should be identified
- Consider how systemic barriers may affect the team's ability to achieve outcomes of interest

Competencies: Meeting the learning objectives will develop foundational knowledge to

- Formulate questions stimulated by data analyses to more deeply understand the problem
- Identify a target population, including the needs and characteristics of that group

Defining the Target Population

In child welfare, the target population can be defined in terms of child characteristics, placement characteristics, or family characteristics. Below are a few examples of how the population can be further defined within each of these categories.

The identification of the target population must be supported by evidence. In other words, data need to show that the identified target population is, in fact, experiencing the identified problem. The best way to identify the target population is to conduct a risk analysis.

Table: Child, Placement, and Family Characteristics		
Child Characteristics	**Placement Characteristics**	**Family Characteristics**
• Age • Race or ethnicity • Gender • Sexual orientation/gender identity • Developmental disability • Mental health diagnosis/problems • Medical problems • Internalizing/externalizing behaviors • School problems • History of child abuse/neglect • Substance abuse • Homelessness/housing instability • Poverty/resource insufficiency	• Initial reason for removal • Type of removal (court/voluntary) • Number of prior removals • Type and number of living arrangements	• Family structure • Siblings • Parent competency • Developmental disability • Mental health diagnosis/problems • Medical problems • Substance abuse • Housing instability • Parenting attitudes • Lack of social support

Risk Analysis

A risk analysis uses various statistical methods to identify the population conditions and factors that place children or subgroups of children at greatest risk of experiencing the identified problem. Existing research is also used in this process.[6] A risk analysis is often done when a rigorous evaluation is being conducted and is undertaken by someone with experience performing advanced statistical analyses with data from a child welfare population. An organization or agency may be able to turn to a local university, research institution, or think tank for help in conducting a risk analysis.

Collecting and Analyzing Data

If a risk analysis is not an option, it is important to gather as much data as possible about what is believed to be the target population. A basic, but very useful, first step is to conduct a thorough literature review that identifies what specific characteristics would increase the risk of the target population experiencing the identified problem and why. Asking "why," as suggested when conducting a Root Cause Analysis, may also help to more narrowly define the target population. See Chapter 1.2 Identify the Problem and Root Cause for more information on finding the root cause.

The next step is to collect data and gather evidence about the families in the jurisdiction to more clearly define the target population within that specific location. When defining the target population, use data from the agency in which the problem was identified, as problems and target populations can vary from agency to agency. Data collected longitudinally will be most helpful. Data sources include:[7]

- Case files/case record reviews
- Administrative data
- Surveys and focus groups

After collecting the data, the next step is to analyze it. Many possible methods are available when analyzing, but as discussed in Chapter 1.1, a common method is data mining. Data mining is used to explore large amounts of data in search of consistent patterns or relationships between variables.

Data mining entails six phases: (1) problem conceptualization; (2) data collection, selection, storage, and retrieval; (3) data preparation; (4) data modeling; (5) data analysis, model understanding, and model validation; and (6) information visualization and dissemination.

The problem conceptualization phase should have been completed while identifying the problem and understanding the root causes (Chapters 1.1 and 1.2). The next phase involves identifying and collecting existing and original data. As identified above, there are multiple sources from which to collect data. Existing data can be found in case files, record reviews, and administrative databases, while original data is derived from surveys or focus groups. The data preparation phase includes a quality control process designed to ensure the data set is realistic, does not contain obvious errors, and is ready for further analysis. Data modeling includes selecting the key variable for analysis and developing the conceptual framework.[8]

[6] Testa, M. F., & Poertner, J. (Eds.). (2010). Fostering accountability: *Using evidence to guide and improve child welfare policy*. Oxford University Press

[7] JBS International (2014). *CQI Training Academy*.

[8] Schoech, D., Quinn, A., & Rycraft, J. R. (2000). Data mining in child welfare. *Child Welfare-New York, 79*(5), 633–650.

Performing the data modeling and the data analysis required to identify the target population is best undertaken by someone with experience working with child welfare data. It might be useful to partner with think tanks and/or universities for help with this task. If this type of partnership is not possible, staff involved in Continuous Quality Improvement (CQI), or others in the organization with experience performing data analysis, would make ideal partners.

The last phase involved in data mining, the information and dissemination phase, allows for the results of the analysis to be presented in a way that is understood by a variety of audiences.[9] The desired result of these efforts is an identified number that establishes how many children in the target population are affected by the identified problem. If the problem addresses multiple geographic areas, the number should be presented by each geographic area. The target population number should be accompanied by an explanation or a basis for the number in the target population. For example, was the number associated with the target population derived from the number in the system at a point in time, the number within an entry cohort such as case opening or foster care placement, or perhaps the number served in a year?

Barriers

Identifying the problem, the root cause(s), and the target population also necessitates an examination of the systemic barriers that exist within the system that may affect the ability of the agency to implement an innovation that addresses the problem and target population. These barriers can be divided into three different categories: staffing barriers, organization support/service barriers, and leadership barriers. The following lists, while not exhaustive, provide examples of possible barriers that may be encountered and should be considered and planned for when trying to determine a solution to the identified problem. The Target Population Template in the appendix at

Table: Systemic Barriers to Implementation		
Staffing Barriers	**Organization Support/Service Barriers**	**Leadership Barriers**
• Staff recruitment restrictions • Hiring qualifications • Training • Caseload sizes • Staff attitudes	• Availability of appropriate family homes • Absence of permanency planning services • Lack of physical health services • Lack of behavioral health services	• Agency • Legislature • Courts • Inter-agency collaborations • Provider agencies

the end of this volume provides an example of identified barriers at a child welfare agency.

Identifying the Problem and Understanding the Target Population Tool

The Identifying the Problem and Understanding the Target Population Tool on the following pages applies the concepts in this chapter to the process of articulating the root cause of the problem, understanding the needs and characteristics of the target population, and specifying the desired outcomes of an innovation. The problem, target population, root causes, and desired outcomes form the foundational information for choosing an innovation.

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9   Schoech, D., Quinn, A., & Rycraft, J. R. (2000). Data mining in child welfare. *Child Welfare-New York*, 79(5), 633–650.

IDENTIFYING THE PROBLEM AND UNDERSTANDING THE TARGET POPULATION TOOL

FROM THE *GUIDE TO DEVELOPING, IMPLEMENTING, AND ASSESSING AN INNOVATION, VOLUME 2*

This tool provides a framework for your team to define the problem that your agency or organization wants to address. Use the questions below to dig deeper into the nature of the problem, understand the needs of the population that should benefit from the chosen innovation, and define the outcomes of interest. These research-based activities set the stage for the selection or development of an innovation that has the best chance of addressing the identified problem.

This tool may be used in two ways:

1. *Print the following pages and use them as a discussion guide with your team. Write your answers in the space provided.*

2. *Type your information into the space provided and save to your computer. This will allow you to print the completed document or e-mail it to your team members.*

WHAT IS THE PROBLEM?

What Is the Problem?

Write a brief statement about the problem. Is it an unmet need, an identified need for improvement, or an unaddressed mandate?

Source of Problem Data

Use multiple sources of data to identify or confirm this as the problem.

Who Is at Risk of Experiencing the Problem?

Source of Risk Data

WHO IS THE TARGET POPULATION?

Target Population

WHAT ARE THE OUTCOME(S) OF INTEREST?

Outcome(s) of Interest

WHAT ARE THE NEEDS?

Identified Needs of Target Population

Identified needs should be items that can be remedied.

Source of Target Population Data

Root Causes

Root cause(s) should explain why the target population is experiencing the problem.

Source of Root Cause Data

WHAT ARE THE BARRIERS?

Staffing Barriers

Organizational Support Barriers

Leadership Barriers

Test Your Understanding

The following questions will test your understanding of the material in Section 1. An answer key is provided at the end of this volume.

1. It is critical to identify and understand both the problem and the target population in order to:

    a. Select and implement an innovation that will result in the desired outcomes

    b. Properly implement an innovation

    c. Be absolutely positive that the problem can be fixed

    d. Ensure the target population is not already being served by another innovation

2. You are pulling together a team to investigate a problem related to multiple placements and learn about the target population. Who of the following should be included? Check all that apply.

    a. Agency leadership

    b. Supervisors

    c. CQI staff

    d. External stakeholders

3. The team tasked with identifying the problem needs to understand why it exists in order to:

    a. Develop a theory of change and select an innovation

    b. Develop team charters

    c. Develop an implementation plan

    d. Create buy-in from the involved stakeholders

4. After identifying the problem, the next step is to describe who is at risk of experiencing the problem. This is also known as:

    a. Identifying the target population

    b. Identifying the root cause

    c. Developing the theory of change

    d. Gathering evidence of a problem's existence

5. Six child welfare agencies from around the country have each identified families with "multiple reports of alleged maltreatment" as a problem they want to address. The analysis of qualitative and quantitative data from these individual child welfare agencies identified a wide variety of unique target populations. What is the most likely explanation for the variation between the agencies?

    a. Performing data analysis in different child welfare systems results in target populations that are specific to each system.

    b. Qualitative results of the data analysis yield more important information for trying to identify a target population.

    c. The data analysis in each of the different agencies was done at a different period of time.

    d. The different types of innovations in use in each agency require different types of data analysis.

6. Data mining can be used to help identify the target population. Which of the following is a description of data mining?

    a. Data mining is used to explore large amounts of data in search of patterns or relationships between variables.

    b. Data mining is the process of sifting through large amounts of data in order to identify all the outliers.

    c. Data mining is used strictly as a way to explore the qualitative data gathered from a few individuals.

    d. Data mining is the process of exploring large amounts of data with a specific hypothesis in mind.

7. After determining the target population, the team must clearly identify the desired outcomes before it can develop a theory of change. Which of the following outlines why it is important to first determine which outcomes should be improved for the target population?

    a. Because the outcomes will guide innovation selection and define what constitutes success of the innovation

    b. It actually isn't that important. It is better to keep the focus very broad and not identify specific outcomes.

    c. Because it will ensure all data collected throughout the course of implementation will be useful

    d. So the target population can be further refined

8. Why is identifying the needs of the target population an important step?

    a. Because the needs of the target population define the circumstances and conditions that can be remedied

    b. Because knowing the needs of the target population ensures that the implementation of a chosen intervention will be successful

    c. Because identifying the needs of the target population helps when investigating the problem

    d. Because identifying the needs of the target population ensures there will be stakeholder buy-in

9. There is often more than one root cause of the problem experienced by the target population. When investigating the root causes, what question should the team ask?

    a. Why is the identified target population experiencing the problem?

    b. How was this problem identified?

    c. Who should receive the intervention?

    d. How many children experience this problem?

10. When investigating the root causes, research and evidence can be used to:

    a. Determine whether the root cause can be remedied by an innovation

    b. Figure out the target population

    c. Create an implementation plan for the chosen innovation

    d. Determine the geographic location that is most affected by the problem

11. After the target population's needs and root causes of the problem have been identified, the team needs to consider systemic barriers that may affect its ability to achieve the desired outcomes. Why? (Choose all that apply.)

    a. The team must be aware of the barriers to determine whether a theory of change and innovation can be pursued.

    b. If the team knows the barriers in advance, they can inform leadership and stakeholders who may be able to address them.

    c. Being aware of barriers in advance creates an authoritative teaming structure.

    d. Knowing how many people are affected by the barrier will ensure a successful implementation process.

Develop a Theory of Change

A theory of change is the touchstone for any initiative; it provides a researched guide for how to achieve desired outcomes. This section defines theory of change and its key components. Through explanation and examples, it describes how to develop a theory of change by applying the research used to identify the problem and the target audience. The quiz at the end of the section tests understanding of the concepts. The Theory of Change Development Tool can be used to guide the development of a theory of change.

Develop a Theory of Change

Overview

After identifying the problem and understanding the target population, the next step is to develop a well-conceived theory of change, which helps to identify a pathway of change from the root cause of the problem to the desired outcome. This chapter provides an overview of the components of a theory of change and walks through the steps required to develop one. The Theory of Change Development Tool at the end of the chapter can assist with this process.

Learning Objectives: This chapter builds knowledge to

- Describe the benefits of a theory of change
- Identify the five components needed to construct a theory of change
- Ask meaningful questions to test assumptions and the theory of change

Competencies: Meeting the learning objectives will enable development of an effective theory of change.

Key Terms

Assumptions – Beliefs that are accepted as true and explain the connections behind the causal links in a theory of change, thereby supporting understanding of how and why proposed steps will bring about desired outcomes

Causal links – A series of steps considered necessary for the desired outcome(s) to be met

What Is a Theory of Change?

A theory of change is a theory or hypothesis that describes the root cause of the problem, the desired outcome(s), and how to reach those outcomes. A theory of change provides direction for how and why change will happen in a particular practice, program,

or organizational system or systems. It also depicts the changes that need to occur within an agency or organization before the desired outcome can occur.

The theory is based in part on the research conducted and the data mined to understand the target population and the root causes for the identified problem. Continued research is also important, however, and is woven throughout the process of developing the theory of change. By conducting research, an implementation team can collect evidence to support the relationship between the pathway toward change and the desired outcome(s). Additional research can be used to confirm or reject the logic of underlying principles and assumptions. Research, which might include a review of relevant child welfare literature, is also used when selecting an innovation (discussed in detail in Section 3: Assess and Select an Innovation).

Theory of Change vs. Logic Model

A theory of change *is not* a logic model, though the terms are often used interchangeably. The primary difference is that a theory of change does not require the identification of a specific innovation or solution, but a logic model does. A theory of change is used in a logic model, but a logic model cannot be developed without an identified

innovation. A theory of change also differs from a logic model in that it explains the pathways from understanding root causes to achieving the desired outcomes. A logic model, on the other hand, describes the specific components of an innovation, including the inputs, outputs, and expected outcomes for each component.

Benefits of a Theory of Change

Constructing a theory of change is a process for exploring and formulating change in a systematic way. A theory of change provides the foundation for:

- **Strategic Planning.** Developing a solid theory of change sets the stage for working with stakeholders to identify the best solution for the problem. A theory of change helps stakeholders and other partners agree about what needs to happen and who will take responsibility for getting things done.

- **Ongoing Decision-Making.** A theory of change provides a pathway for getting to desired outcomes. It is a detailed guide that articulates outcomes and strategies for achieving them. It serves as a reference for teams in the process of implementing change and making everyday decisions, including understanding implementation supports and elements of the innovation that are tied to the theory of change.

- **Development of a Reliable Evaluation.** Planning an evaluation based on a theory of change will help to identify what to measure and will pinpoint specific activities that should be implemented to achieve the desired outcomes. The theory of change provides a basis for deciding what types of data need to be collected for both implementation supports and outcomes, and for monitoring progress, making adjustments to the innovation, and evaluating outcomes.

Components of a Theory of Change

A theory of change includes five components: desired outcomes, causal links, assumptions, indicators, and narrative.

Desired Outcomes

Developing a theory of change starts with identifying the desired outcome or outcomes based on the root cause of the identified problem and the needs and characteristics of the target population. In a theory of change, outcomes represent changes in conditions of some kind among people, institutions, and systems. For example, an outcome could be a change in a policy, law, behavior, attitude, knowledge, or state of the environment. Desired outcomes should be realistically achievable, and everyone involved should be able to understand them.

Causal Links

A theory of change includes a series of steps that have to unfold for the desired outcomes to be met. Research and data mining involved with identifying the problem and understanding the root causes may be augmented to identify these steps. Only steps that can be linked in a way that show a causal progression toward a desired outcome should be included. (By identifying causal links, an implementation team can avoid efforts that may be positive but do not help achieve the ultimate long-term outcome. They can also help to avoid implementing a mistake.) Together, these steps—"causal links"—make up the pathway of change, from understanding the root cause of the problem to achieving the desired outcome.

To develop causal links, an implementation team should begin with the long-term outcome and work backward toward the earliest changes that need to occur to achieve the desired outcome. The team should ask "why" questions to determine each causal link. This process may seem counterintuitive since planning usually involves identifying activities rather than preconditions for the long-term outcome to be achieved. An initiative may have multiple pathways that lead to the long-term outcome. Each of the causal links should be justified using data (rather than anecdotal evidence or opinions) to ensure that the theory of change is valid. The example below provides additional information about identifying causal links.

Theory of Change Example

The staircase in Figure 1 (see below) provides an example of what a theory of change looks like in a child welfare practice. In Diamond County, a fictive agency, the problem to be addressed is the growing number of youth experiencing multiple placements. Research tells us that the target population is children and youth over the age of nine. The root cause of the problem is a lack of support services for foster parents, which is stated at the bottom of the staircase. At the top of the staircase is the desired outcome of increased placement stability. By working backward from the desired outcome and asking "why" questions, Diamond County was able to articulate their causal links:

Question 1: Why are placements unstable? Foster parents request that children be removed from their home due to behavioral challenges.

Causal link 1: Decrease in foster parents requesting removals

Question 2: Why are foster parents requesting removals? Foster parents are not receiving the appropriate services to help them parent children with behavioral challenges.

Causal Link 2: Increase in foster parents accessing support services

Questions 3: Why are foster parents not accessing services? Caseworkers are not offering services to foster parents.

Causal Link 3: Increase in caseworkers referring foster parents for support services

Question 4: Why aren't caseworkers referring foster parents for support services? Caseworkers are not aware of services for foster parents.

Causal Link 4: Increase in caseworker awareness of available support services

Question 5: Why are caseworkers not aware of support services? Support services for foster parents parenting children with behavioral challenges are not available.

Causal Link 5: Increase in availability of support services for foster parents parenting children with behavior challenges

The causal links of the staircase show the steps toward change that comprise the pathway of change. The causal links are written on each of the green stairs.

DIAMOND COUNTY'S THEORY OF CHANGE

Desired Outcome
Increased placement stability

Pathway of Change

Decrease in foster parents requesting removals

Increase in foster parents accessing support services

Increase in caseworkers referring foster parents for support services
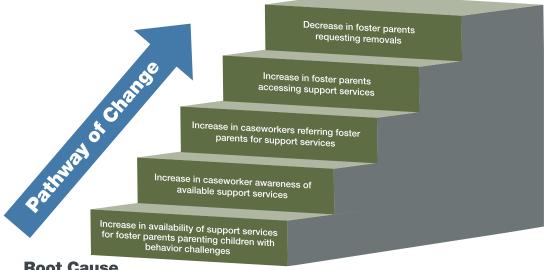
Increase in caseworker awareness of available support services

Increase in availability of support services for foster parents parenting children with behavior challenges

Root Cause
Lack of services

Assumptions

During the process of identifying causal links and clarifying a theory of change, it is important to articulate underlying assumptions related to the causal links. Such assumptions help to explain why the pathway of change will solve the problem. They also lay the ground work for selecting an appropriate solution or innovation for the problem. Supporting assumptions with research from literature in the child welfare and social science fields strengthens the plausibility of the theory and the chances of achieving the desired outcomes.

Discussing assumptions with an implementation team and with other stakeholders helps to identify indicators to track success and strategies to produce desired outcomes. Discussing thoughtful questions about assumptions can test their validity and can generate discussion about ideas that can be tested and measured. Exploring these questions in a group setting may help to develop consensus about the group's common beliefs concerning the identified problem and what needs to occur to solve it.

Assumptions can consist of:

- Beliefs and principles about the underlying causes of the problem, the causal links, and the desired outcome
- Necessary conditions for changing those causes, or the underlying conditions that need to exist for planned change to occur
- Expectations about how and why the proposed pathway of change will work
- Beliefs about social, cultural, and political context of the theory of change

Examples of Assumptions

It helps to list the assumptions while determining the causal links that make up the pathway to change.

The following assumptions might be identified for the Diamond County example:

Principles

- Multiple foster care placements are harmful to the well-being of children.
- Stable placements depend on understanding and meeting the emotional needs of children.

Beliefs about causal links and desired outcomes

- Support services that are specific to children with behavioral challenges are a critical factor for creating stable placements.
- Placement stability will increase if case workers and foster parents are aware of available support services.
- With appropriate support services, foster parents will learn the necessary skills and gain enough confidence to provide stable placements for children with behavioral challenges.
- Placement stability will be increased if each of these causal links is achieved.

Testing these assumptions with pointed questions about their logic may reveal helpful information that can be used in refining the causal links and/or future efforts toward selecting a solution to the problem.

Indicators

After identifying the causal links and the associated pathway of change, the implementation team can determine indicators, which are concepts or ideas that will help later, when the innovation is implemented, to reveal whether the causal links are being achieved. Determining indicators allows the team to monitor and assess progress toward achieving desired outcomes. Indicators are formulated by answering several questions to help determine the evidence that proves that the causal link has been achieved.

Indicators may also be thought of as evidence that the outcome is being achieved. Using the following questions to determine indicators for achieving an outcome of increased placement stability, an implementation team may identify the following evidence:

1. Who or what is going to change?

2. How many of them will change?

3. How much will they change?

4. By when will the change be realized?

Based on these questions, an indicator might be: By the end of this fiscal year, foster parent requests for support services will increase by 5%.

Describe the Theory of Change

When the desired outcomes, causal links, assumptions, and indicators have been thoroughly discussed and documented, the theory of change can be described. In a brief narrative, the implementation team should explain the overall logic and present a compelling case for how and why the initiative is expected to work. The narrative will provide a quick way to explain the theory of change to others and communicate how each of the elements will work together. The appendix at the end of this volume includes an example of a theory of change for one of the Permanency Innovations Initiative grantees.

Testing the Theory of Change: Reflection Questions

It is important to test the quality of the theory of change by asking the questions below.

Is the theory of change:

- Plausible – Does the logic of the pathway of change seem correct: "If these causal links are completed, will we get the results we expect?"
- Feasible – Are the human, political, and economic resources sufficient to complete the causal links?
- Testable – Are there credible ways to measure whether progress is happening as expected?

- Meaningful – Are the desired outcomes important? Is the magnitude of change worth the effort?
- Aligned – Are the desired outcomes aligned with the agency's values, vision, and philosophy?

A Theory of Change May Change

If testing the quality of a theory of change suggests that modifications would make it stronger, the implementation team may adjust it to reflect new modes of thinking or a clearer understanding of the context in which the theory was created. Likewise, as the innovation is implemented and tested, the team may learn that changes to the theory of change would help to more readily reach the desired results. Implementation teams should use the theory of change to adjust actions and learn from their implementation activities what to modify in the theory of change.

Theory of Change Development Tool

The Theory of Change Development Tool on the following pages will help to apply the concepts in this chapter to the development of a theory of change.

THEORY OF CHANGE DEVELOPMENT TOOL

FROM THE *GUIDE TO DEVELOPING, IMPLEMENTING, AND ASSESSING AN INNOVATION, VOLUME 2*

This tool builds on information entered in the tool for Section 1, Identifying the Problem and Understanding the Target Population Tool. It allows you to specify causal links and indicators and to articulate assumptions that help to build a pathway from the root cause of the problem to the desired outcomes. Once you have articulated these elements, space is provided for you to draft a narrative that describes your overall theory of change.

Before completing this tool, you will need to refer back to the Identifying the Problem and Understanding the Target Population Tool to review your identified problem, target population, and root causes, and outcome(s) of interest.

This tool may be used in two ways:

1. *Print the following pages and use them as a discussion guide with your team. Write your answers in the space provided.*

2. *Type your information into the space provided and save to your computer. This will allow you to print the completed document or e-mail it to your team members.*

Outcome(s) of Interest

Enter the Outcome(s) of Interest you identified in the Identifying the Problem and Understanding the Target Population Tool (Section 1).

Causal Links

Enter the series of steps that you believe must be taken for the desired outcome(s) to be met. Only steps that can be linked in a way that show a causal progression toward a desired outcome should be included. It is not necessary to complete all of the Causal Link and Indicator boxes until you have thought through the assumptions and the preconceived social, cultural, and political contexts for the problem and its causes.

Causal Link

Indicators

a.

b.

Causal Link

Indicators

a.

b.

Causal Link

Indicators

a.

b.

Causal Link

Indicators

a.

b.

Assumptions

Enter beliefs and principles about the underlying causes of the problem, the causal links, and the desired outcome; necessary conditions for changing those causes; expectations about how and why the proposed pathway of change will work; and preconceptions about social, cultural, and political context.

Theory of Change Narrative

Write a brief narrative that explains the overall logic of your theory of change and present a case for why you think it will work.

Test Your Understanding

The following questions will test your understanding of the material in Section 2. An answer key is provided at the end of this volume.

1. Which of the following is a benefit of a theory of change?

    a. Plans the evaluation

    b. Requires minimal teaming to develop since it is only a hypothesis of a causal pathway

    c. Serves as a standing document to use in communication with stakeholders and doesn't need to be revisited by the team

    d. Allows flexibility in choosing a solution to an identified problem

2. A theory of change…

    a. Specifies casework activities on which staff need to be trained and coached

    b. Doesn't require a lot of research or data collection because it is used to develop a hypothesis

    c. Depicts the changes that need to occur within an agency or organization before the desired outcome can occur

    d. Is the same as a logic model

3. Which of the following is <u>NOT</u> an essential part of a theory of change?

    a. Root cause

    b. Desired outcome

    c. Solution

    d. Assumptions

Questions 4–7 refer to the following theory of change (Step 1 is the first step in the causal pathway that depicts the hypothesis of how an innovation progresses from the root cause to the desired outcome):

- Step: 1: Adopt a more effective recruitment and training program for foster parents targeted toward fostering sibling groups.

- Step 2: Train new and current foster parents on parenting sibling groups to help increase their competency/openness to parenting sibling groups.

- Step 3: [Missing: see question 4]

- Step 4: Increase social workers' awareness of foster homes willing to take siblings.

- Step 5: Place more sibling groups together upon entry into foster care.

- Step 6: Increased numbers of sibling groups are placed together for adoption

4. Which of the following is a possible causal link for Step 3?

    a. Increase the pool of foster parents willing and able to accept sibling groups.

    b. Collect data on foster parents trained by the agency.

    c. Decrease in approvals for foster parents not willing to take sibling groups.

    d. Foster parents should see the value of keeping siblings together.

5. Which of the following is a possible root cause addressed by the theory of change?

    a. Agency lacks foster parents willing and able to care for sibling groups.

    b. Social workers do not value keeping siblings together in foster care.

    c. Sibling groups tend to be older and have special needs and are difficult to place together.

    d. Siblings should stay together while in foster care.

6. Which of the following would be an indicator for Step 2 in the theory of change?

    a. Increase foster parent attendance at monthly foster/adoptive parent information meetings.

    b. Increase foster parent willingness and ability to care for sibling groups.

    c. Decrease in foster parents who do not pass agency licensing/approval process

    d. Increase in workers' belief that foster parents are willing/able to take siblings

7. Which of the following would be an assumption associated with Step 5 in the theory of change?

    a. Maintaining the sibling bond is a priority in child welfare.

    b. It is not a priority for workers to place siblings together.

    c. It is more critical for siblings to be placed together when they first enter foster care than when they are adopted.

    d. Foster parents should have a voice in the decision to place siblings together when they enter foster care.

8. Which of these is a prerequisite for developing a theory of change?

    a. Knowing what the assumptions are

    b. Understanding how to achieve the steps that will lead to the desired outcome

    c. Having something in mind for a solution

    d. Knowing what the problem is and why it exists

9. Related to theory of change, assumptions consist of…

    a. Research about what the solution should be

    b. Beliefs and principles about the best evaluation design that will address the goals of the theory of change

    c. Beliefs and principles about the underlying causes of the problem

    d. Proposed activities that will help to achieve the desired outcome

10. After the theory of change is complete, the next step should be to…

    a. Review the theory of change to ensure it is aligned with the agency's mission, values, and philosophy.

    b. Develop an evaluation plan.

    c. Contact intervention developers to get help with implementation.

    d. Review the causal links and make changes to the desired outcome if necessary.

Assess and Select an Innovation

This section explores criteria for selecting an existing innovation that is right for an organization and target population or determining that developing an innovation is the right choice for an organization and target population. Section 3 helps for considering important reasons for choosing between adapting or developing an innovation. It reviews key factors in assessing solutions, suggestions for gathering information to inform the assessment, and steps for determining whether the innovation aligns with a theory of change. The quiz at the end of the section tests understanding of the concepts. Two tools, the Innovation Developer Tool and the Innovation Assessment and Selection Tool, are provided to assist in the process of assessing and selecting an innovation.

Assess and Select an Innovation

Overview

After the theory of change is developed and the pathway of change to achieve desired outcomes is identified, research of potential solutions to the identified problem is necessary. Research enables assessment of potential solutions and assists in making a decision about the innovation that the organization intends to implement.[10]

Learning Objectives: This chapter builds knowledge to

- Identify possible solutions to address an identified problem
- Describe key factors to consider in assessing the fit of possible solutions with an organization
- Select a solution that addresses the identified problem for a target population

Competencies: Meeting the learning objectives will build foundational knowledge to

- Identify evidence-supported interventions
- Assess the feasibility of implementing multiple innovations

Key Terms

Innovations – Ideas or practices that are perceived as new[11]

Implementation – A specified set of activities designed to put into practice an activity or program of known dimensions[12]

Urbanicity – The degree to which a particular geographic area is urban.

Identify Possible Solutions

The implementation team, or a smaller task-oriented team, may lead the research efforts to identify potential solutions. If and how to include internal and external stakeholders is an important consideration, as this will help with buy-in to the process and support for the selected innovation, creating readiness for change.

The team should identify an array of possible solutions from different fields and different sources, including websites, peer-reviewed journals, and experts. Multiple websites serve as clearinghouses for evidence-supported innovations that have been used in the child welfare, juvenile justice, and mental and behavioral health fields. Not all, however, use the same criteria for determining what constitutes evidence or for rating practices. One example is the California Evidence-Based Clearinghouse for Child Welfare, which rates the degree of evidence supporting a variety of child welfare programs and practices. Additional examples include:

- Child Trends' What Works/LINKS Database
- Find Youth Info Program Directory
- Office of Adolescent Health Teen Pregnancy Prevention Evidence-Based Programs Database
- SAMHSA's National Registry of Evidence-Based Programs and Practices
- National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices
- Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment (Agency for Healthcare Research and Quality)

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[10] Some of the content in this chapter is based on the work of the National Implementation Research Network (NIRN).

[11] Rogers, 2003.

[12] Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. (FMHI Publication No. 231).

Additional resources for identifying possible solutions include:

- Peer-reviewed and professional journals (If journal articles are inaccessible because they require professional memberships or a fee, consider partnering with a local university.)

- Publicly available reports about child welfare practices not yet included in the clearinghouses, such as reports from research institutions or think tanks

Keys Factors to Consider in Assessing Solutions

Key factors to consider when deciding what to implement include:

- The alignment of the innovation with the theory of change

- Evidence demonstrating improvement in the short- and long-term outcomes of interest for the target population

- The fit of the innovation with the agency or system

- The feasibility and organizational capacity of implementing and sustaining the innovation within an agency or system

- The readiness of the innovation for implementation

The team tasked with identifying a solution can inform the assessment by:

- Using information gathered from identifying possible solutions. Many of the clearinghouses have information about the innovations that will help inform the assessment.

- Interviewing the developers and experts knowledgeable about the program to learn more about the innovation's readiness for implementation. See the Innovation Developers or Experts Interview Tool at the end of this chapter.

- Contacting representatives from other organizations that have implemented the innovation and worked with the developer of the innovation.

The following provides more information about each of the key factors to consider when assessing possible solutions.

Alignment With the Theory of Change

Aligning the innovation with the theory of change involves assessing whether and how it addresses the root causes and needs of the target population and the causal links in the theory of change. If the innovation already has a theory of change, the implementation team should review it to determine whether it matches its theory of change.

Evidence Demonstrating Improvement in Outcomes

Finding evidence that demonstrates that the innovation improves outcomes is an important part of the selection process. Reviewing clearinghouses to identify possible solutions should include close attention to the criteria or evaluation rigor each clearinghouse uses to classify an innovation as evidence-based. The appendix at the end of this volume includes an example of a research review conducted to determine the level of evidence for a proposed practice or intervention.

Target Population and Outcomes

Reviewing an innovation's evidence base should include examining whether the research included the same target population identified by the implementing organi-

zation, and whether the same outcomes were desired. It is acceptable to consider innovations that align with the agency's theory of change but have demonstrated improved outcomes for a different target population. If an innovation that has demonstrated improved outcomes with a different target population is selected, adaptations before implementation may be necessary.

Fit Within the Agency and System Context

The selected innovation needs to fit within the agency and system context. Teams should examine how well it fits with the:

- Current agency priorities and initiatives
- System initiatives and structures
- Community context

If the fit is not exactly right and the innovation is selected, strategies and activities will need to be planned to prepare the agency, system, and community context for successful implementation of the innovation.

Organizational Capacity

Assessing whether an agency has the capacity, or could build the capacity, to implement and sustain an innovation involves consideration of:

- The financial capacity to plan for, implement, and sustain the innovation
- The agency's structure, such as how current policies and procedures support or could be adjusted to support the innovation
- Whether the current infrastructure can support implementation through training, coaching and fidelity assessment
- The staff's capacity to meet the necessary qualifications and whether the current staff meet those qualifications
- Buy-in and support from stakeholders

Readiness of the Innovation for Implementation

It is also important to consider whether the innovation has been successfully replicated, in what type of system, and its readiness for implementation in the organizational system. In this context, "successfully replicated" means that the innovation was implemented with fidelity at least once after its initial implementation, and an evaluation showed that it produced the same desired outcomes. If a potential innovation has been successfully replicated, teams should ask:

- Are practice or program manuals, training and coaching manuals, fidelity criteria, and assessment systems ready for implementation in our system, or will these require adaptation?
- Are the developers of the innovation available to support effective implementation, and does the implementing agency have the resources to contract with the developers?

Selecting a Solution

Whatever the decision-making process used to select a solution, the implementation team will need to discuss the gathered information and the key factors. The Innovation Assessment and Selection Tool included at the end of this chapter can assist the team with the decision-making. After the selection is made, the team should consider whether the innovation will need to be adapted to fit the context of the target population and structure of the organization. The appendix at the end of this volume includes a Target Population Template from a child welfare agency, which provides documentation of the overall initiative and intervention and demonstrates how the intervention would address the identified needs of the target population and reduce barriers to permanency.

Reasons for Adapting an Innovation

One of the most common reasons for adapting an innovation is that it was originally developed for and implemented with a different target population. Target population differences might include child welfare involvement, race or ethnicity, age, gender, education, urbanicity, and income levels.

Another reason to adapt an innovation is differences in the structure of the child welfare system. For example, the innovation might have been:

- Implemented in an all-public child welfare agency system as opposed to one that is fully privatized
- Initially implemented where caseworkers provide services directly to children and families as opposed to one where only caseworkers manage cases and private contractors provide direct services
- Initially implemented in a system that has a practice model and program policies that are different from those of the implementing agency

If adaptation is necessary, it is a good idea to work closely with the innovation developer or another expert knowledgeable about the innovation. See Section 6 in Volume 3 of the *Guide* for more information about adapting an innovation.

In the end, an implementation team may determine that none of the possible solutions is right for its agency and decide to develop an innovation, even if it borrows elements from a variety of innovations. If so, it is important to allow enough time to identify and develop the essential functions of the innovation. Section 6 in Volume 3 of the Guide provides additional information about developing an innovation.

Innovation Developers or Experts Interview Tool and Innovation Assessment and Selection Tool

Two tools are included in this chapter to help apply the concepts to an initiative and to assist in the process of assessing and selecting an innovation. For those who are considering an innovation, or a component of the innovation (i.e., an existing evidence-supported practice), the Innovation Developers or Experts Interview Guide outlines important interview questions for implementation teams from Child Welfare organizations to ask program developers and/or program experts. Developers and experts are in the best position to assist in learning necessary information about the essential functions, successful replication, replication challenges, sustainability, current availability of supports, costs, staffing, training, and quality assurance aspects of the innovation.

The Innovation Assessment and Selection tool will assist in the process of comparing potential innovations and selecting an innovation that addresses the identified problem and meets the needs of the target population. This tool can be used to guide the research of potential innovations.

INNOVATION DEVELOPER INTERVIEW TOOL

FROM THE *GUIDE TO DEVELOPING, IMPLEMENTING, AND ASSESSING AN INNOVATION, VOLUME 2*

The following tool outlines basic questions you should ask an innovation developer when trying to decide whether the innovation is the right one for your organization. Before beginning interviews, it is helpful to have a set of talking points describing your innovation so that the description will be consistent from interview to interview, if more than one developer is being interviewed. Basic talking points include:

- The identified problem and target population(s)
- The reasons the innovation may be relevant for this population
- The context within which the innovation would be delivered (i.e., the full array of services)
- The timeline for implementing the innovation

Before conducting the interview, it might be useful to review the questions and decide which questions will be needed based on your preliminary research of the innovation. If you are trying to decide between multiple innovations or interviewing developers of multiple innovations, you should ask these same questions of each developer to assist in your assessment across the innovations. After asking the innovation developer the questions in the column on the left, write answers or thoughts about those questions in the column on the right. Please note that not all questions will be applicable to all innovations/innovation developers.

This tool may be used in two ways:

1. *Print the following pages and use them as a discussion guide with your team. Write your answers in the space provided.*

2. *Type your information into the space provided and save to your computer. This will allow you to print the completed document or e-mail it to your team members.*

General Areas of Inquiry

Program/Practice Background	
• Please describe your role, if any, in developing this program/practice. • Please describe your role, if any, in facilitating the implementation and replication of this program/practice.	
Essential Functions	
• Are there underlying principles that are central to [insert name of program/intervention]? • How has each of the underlying principles been operationalized? • Please describe the essential functions of [insert name of program/intervention]. – How have you operationalized each of the essential functions? In other words, to what degree do you provide guidance on what practitioners need to do to use the innovation? (Note to interviewer: Probe about specific essential functions mentioned by respondent; for example, "What do you mean by 'engagement'?"— and any information reviewed before the interview). – How do you assess whether the innovation is a fit for the needs we are seeing in our county/state/Tribal agency or system? – Do most implementing entities that you work with change the program when they implement it? If so, how? Why or why not?	
• Based on work to date, have any essential functions been omitted by implementing entities to the detriment of the innovation and its outcomes? If so, which ones? Why did people omit them? Are there any unpublished or in-press studies related to the effectiveness of the innovation, adaptations, and/or use with other populations? Tell us what you are finding.	
Replications	
• Is your group, or are you, directly involved in any way with replication efforts? • Has replication of this program been attempted? If so, how many times? • How many replications have been successful? • How do you measure success for these replications? • What are the key reasons for successful replication? • What are the key problems that led to unsuccessful replication efforts?	

Costs	
• Typically, how much does it cost to run the program? • Are there start-up costs (for instance, materials, curricula, visits that you need to make to meet with us)? • Do you charge fees to help county/state/Tribal agencies? If so, how much? For how long? For what services? • Do you help to identify funding streams for the program? • Do you have any cost-effectiveness data? Any data on the average cost per year per child/family?	

Essential Functions and Implementation Supports

The purpose of this section is to understand the essential functions through an implementation lens. While you may already know the basics regarding the implementation supports for this innovation (based on materials, websites, early conversations, or other information), you may need clarity on the following questions regarding how much support can be provided, what the costs are likely to be, and an understanding of which implementation supports you will need to develop with or without assistance from the developer or expert.

Recruitment and Selection	
• How critical is staff selection to the successful implementation of the program or practice? • What are the staffing requirements for the practitioners (number, position types, specific degrees, years and type of experience)? • Do you provide recruitment or interviewing guides, criteria, or advice? • What do implementing sites find to be most challenging about recruiting, selecting, and retaining the right staff?	

Training
• Describe the kind of training needed for practitioners. – Who conducts the training? Can others be certified or trained to conduct the training?	

• How does staff training facilitate staff ability to implement the essential functions with fidelity?
 	
   – What specific training strategies are used to support the implementation of each of the essential functions? Can you provide examples?
 	
   – Are these training strategies/modules available for us to use or adapt?	

• Describe the kind of training needed for supervisors or coaches. – Who conducts the training? Can others be certified or trained to conduct the training?	
• Is ongoing technical assistance needed or advised? If so, what kind of ongoing technical assistance is provided? For whom (e.g., practitioners, coaches, supervisors, administrators)? How much does it cost?	
• Describe the training or orientation needed or required for administrators and funders. – Who conducts the training? Can others be certified or trained to conduct the training?	

Coaching
• How does coaching facilitate staff ability to implement the essential functions with fidelity? – What specific coaching strategies are used to support the implementation of each of the essential functions? Can you provide examples? – Are these coaching strategies/modules available for us to use or adapt?
• Who delivers the coaching? How and when is it delivered? • What information or data does a coach need to coach well? • Is group coaching or group supervision used? If so, please describe. • Are there coaching elements that you will transition to us or do you continue to provide these services? If you continue to provide them, what is the annual cost?

Fidelity Assessment and Decision-Support Data Systems
• Are fidelity measures available? Have they been validated through research (e.g., higher fidelity correlated with better outcomes)? Please describe the training and resources we would need to use the fidelity tools. • Are other staff evaluation instruments available? Will we have direct access to these instruments? Please describe the training and resources we would need to use them. • Are outcome measurement instruments available? Is software available for data input and analysis? • Please describe training and resources we would need to use outcome measurement instruments effectively. Where would we go for training? What is the cost? • Is training, coaching, or other support available to help us learn to use the data for decision-making? Please describe.

Leadership and Stakeholders	

• What organizational practices are recommended to support the work of practitioners?
 	
• Can you describe specific strategies used by organization and program leadership to support the implementation of the essential functions with high fidelity?
 	
  – How has organization and program leadership promoted staff competencies necessary for effective implementation?
 	
  – How has organization and program leadership eliminated barriers to service delivery?
 	
  – How has organization and program leadership collaborated with system partners to support effective implementation?
 	
  – Are management/administration protocols available for us to use or adapt?	

• How have you worked with system partners and stakeholders to reduce service delivery barriers and promote a hospitable organizational and systems environment for implementing [*insert name of program/intervention*]? • How have you worked to ensure that implementation challenges are communicated to the right system partners and stakeholders so that appropriate actions and decisions are made to support implementation? • How do system partnerships and/or practices support the implementation of the essential functions? Can you provide examples?	
Implementation References	
• Do you have contact information for the last few organizations with whom you have worked? May we contact them? • What do you think they will say about working with you?	

INNOVATION ASSESSMENT AND SELECTION TOOL

FROM THE *GUIDE TO DEVELOPING, IMPLEMENTING, AND ASSESSING AN INNOVATION, VOLUME 2*

The following tool asks questions and allows you to compare up to five different innovations across the categories of innovation selection:

- Alignment of the innovation with the theory of change and evidence of improvement
- Fit with your agency or system
- Feasibility and organizational capacity
- Readiness of the innovation

Because the first category includes alignment of the innovation with the theory of change, you may want to review your theory of change and ensure that you have identified the following: the problem, the target population, the needs of the target population, and the root causes.

Begin by conducting research on possible innovations (refer back to Chapter 3.1 for guidance on conducting research and possible sources of information). Enter the names of each possible innovation your agency or organization has identified at the top of each column. As you complete your research on the possible innovations, answer the associated questions that follow for each innovation.

This tool may be used in two ways:

1. *Print the following pages and use them as a discussion guide with your team. Write your answers in the space provided.*

2. *Type your information into the space provided and save to your computer. This will allow you to print the completed document or e-mail it to your team members.*

Alignment and evidence of improvement

Enter the names of possible solutions

Assessment Criteria	Solution 1	Solution 2	Solution 3	Solution 4	Solution 5
Alignment of the innovation with your theory of change					
Does the innovation address the root causes and needs of your target population?	Yes No	Yes No	Yes No	Yes No	Yes No
Does the innovation align with the causal links in your theory of change?	Yes No	Yes No	Yes No	Yes No	Yes No
Evidence demonstrating improvement in outcomes					
Has the innovation been evaluated previously?	Yes No	Yes No	Yes No	Yes No	Yes No
What was the rigor of the prior evaluation?	High Medium Low	High Medium Low	High Medium Low	High Medium Low	High Medium Low
Did the research include the same target population with whom you will be working?	Yes No	Yes No	Yes No	Yes No	Yes No
Is there evidence that the innovation improves outcomes?	Yes No	Yes No	Yes No	Yes No	Yes No
Are the outcomes the same as the ones you are looking for?	Yes No	Yes No	Yes No	Yes No	Yes No
Comments/Key factors/Notes					

Fit with your agency or system

Fit of the innovation with your agency or system	Solution 1	Solution 2	Solution 3	Solution 4	Solution 5
How does the innovation fit with the priorities of your state/local/Tribal child welfare system?	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all
How likely are the implementation of the innovation and the desired outcomes to be enhanced or diminished by other current initiatives or innovations?	Likely enhanced May be enhanced Neither May be diminished Likely diminished	Likely enhanced May be enhanced Neither May be diminished Likely diminished	Likely enhanced May be enhanced Neither May be diminished Likely diminished	Likely enhanced May be enhanced Neither May be diminished Likely diminished	Likely enhanced May be enhanced Neither May be diminished Likely diminished
How does the innovation fit with current organizational structures?	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all
How does the innovation fit with the current policies, procedures, or contracting relationships?	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all
How does the innovation fit with community values, including the values of diverse cultural groups?	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all	Very Well Somewhat Not at all
What is the mode(s) of delivery for each innovation?					
Comments/Key factors/Notes					

Feasibility and organizational capacity

Feasibility and organizational capacity of implementing and sustaining the innovation	Solution 1	Solution 2	Solution 3	Solution 4	Solution 5
Does your agency have the capacity to implement and sustain the innovation?	Yes No	Yes No	Yes No	Yes No	Yes No
Does your agency have staff who meet the relevant practitioner criteria (e.g., qualifications, prerequisites, experience, attitude, ability) for the innovation?	Yes No	Yes No	Yes No	Yes No	Yes No
Does your agency have the infrastructure to implement and/or sustain the training and coaching needed (e.g., qualified trainers and coaches, availability and access to qualified trainers and coaches)?	Yes No	Yes No	Yes No	Yes No	Yes No
Does your agency have the infrastructure to implement and/or sustain assessments of practitioner fidelity to the innovation?	Yes No	Yes No	Yes No	Yes No	Yes No
Does your agency have the infrastructure to measure, collect, and analyze data for continuous monitoring and improvement of the innovation and the implementation supports?	Yes No	Yes No	Yes No	Yes No	Yes No
Are sister agencies and system partners who will need to collaborate or collaborate differently on board?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Can the innovation be implemented given the current resources available (e.g., experience, skill set, and time availability of staff)?	Yes No	Yes No	Yes No	Yes No	Yes No
What are the funding requirements to implement each of the innovations?					
Comments/Key factors/Notes					

Readiness of the innovation

Readiness of the innovation for implementation	Solution 1	Solution 2	Solution 3	Solution 4	Solution 5
Does this innovation have existing practice or program manuals?	Yes No	Yes No	Yes No	Yes No	Yes No
Has the developer identified, through research and/or theory-building, the essential functions that must be present for the intended outcomes to be achieved?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Does this innovation have existing training and coaching manuals?	Yes No	Yes No	Yes No	Yes No	Yes No
Does this innovation have existing fidelity criteria and assessment protocols?	Yes No	Yes No	Yes No	Yes No	Yes No
Has the innovation previously been successfully replicated in a typical service or community setting?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Are the developers of the innovation or others with expertise available for support?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Does the developer have the capacity to support implementation at the intended level?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Did you conduct an interview with the innovation developer?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Did you talk with others who have implemented the innovation?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Level of Experience needed to deliver the innovation?	HS BA/BS MA PhD Other	HS BA/BS MA PhD Other	HS BA/BS MA PhD Other	HS BA/BS MA PhD Other	HS BA/BS MA PhD Other
Comments/Key factors/Notes					

Test Your Understanding

The following questions will test your understanding of the material in Section 3. An answer key is provided at the end of this volume.

1. When researching potential solutions, the implementation team should consider including internal stakeholders to increase buy-in. Which of the following is the best example of this process?

   a. Involving the agency director at the end so she can approve the chosen solution

   b. Involving front line staff to increase the likelihood of uptake

   c. Involving a group of interested foster parents so they can tell other foster parents

   d. Involving a representative from juvenile court so they can educate the judges about the new solution

2. Partnering with a local university may help in the search for a solution by providing access to:

   a. Peer reviewed and professional journals

   b. Clearinghouses for evidence-supported interventions

   c. Published reports available on the Internet

   d. Reports from other counties who used similar solutions

3. When making a decision about what solution to implement, five key points are important to consider. The innovation's alignment with the theory of change and its fit within the agency should be considered, along with:

   a. Readiness of the innovation for implementation

   b. Evidence demonstrating improvement in outcomes for the target population

   c. Feasibility and organizational capacity of implementing and sustaining the innovation

   d. All of the above

4. Diamond County is trying to decide whether to implement Innovation A or Innovation B. Innovation A aligns with their theory of change, fits within the agency, and is ready for implementation. Innovation B has demonstrated improvements in the short- and long-term outcomes of interest for the target population, is feasible to implement and sustain within the agency, and contains a simple, easy to implement training curriculum. Based on the five key considerations for choosing an innovation, which would be the best choice for Diamond County?

   a. Innovation A because it meets 3 of the 5 key factors for consideration

   b. Innovation B because it meets 3 of the 5 key factors for consideration

   c. Innovation A because it meets 2 of the 5 key factors for consideration

   d. Innovation B because it meets 2 of the 5 key factors for consideration

5. When deciding whether to implement a specific evidence-supported innovation, it is a good idea to speak with the developer or expert because they will:

    a. Help determine whether a fidelity assessment is necessary

    b. Suggest partnering with the local university, because they would be more knowledgeable

    c. Explain the essential functions of the innovation and its readiness for implementation

    d. Help determine the target population

6. When reviewing the list of possible innovations, the team should <u>first</u> consider how well each of the innovations:

    a. Aligns with the philosophy of the agency

    b. Is able to guarantee the desired outcomes

    c. Fits with the theory of change and needs of the target population

    d. Is ready to be put in place "as is" in the implementing agency

7. It is important to examine all possible options when looking for a solution to a problem. Examine the following descriptions of innovations and decide which one seems to be the best choice.

    a. Innovation A is an evidence-based practice that fits with the theory of change and needs of the target population.

    b. Innovation B fits perfectly with the theory of change yet lacks research evidence indicating the innovation actually improves outcomes for the target population.

    c. Innovation C is an evidence-based practice that was used with a different target population than the one being proposed.

    d. Innovation D does not fit with the theory of change.

8. An agency wants to find an innovation designed to help children reunify with their families. In doing research, the team came across an innovation that is designed to be delivered in one-on-one therapy sessions by a master's level clinician. The agency currently authorizes only group-based therapy. This is an example of the potential innovation NOT fitting with current:

    a. Agency priorities

    b. Community context

    c. System structure

    d. Agency initiatives

9. When researching potential innovations, it is important to examine whether the innovation has been successfully replicated. What does "successfully replicated" mean in this context? (Choose all that apply.)

    a. An evaluation showed that the innovation produced the desired outcomes in the target population at a replication site.

    b. The innovation was implemented with fidelity by a replication site.

    c. Another county is currently in the process of implementing the innovation.

    d. After its initial implementation, the innovation was successfully adapted to meet the needs of a different target population.

10. Diamond County has decided to implement a new innovation that targets trauma experienced by children who have long stays in foster care. They must adapt the innovation because it has been previously implemented with children who are involved in the juvenile justice system. This is an example of:

    a. Adapting the innovation to fit the agency leader's mandate

    b. Adapting the innovation to fit the target population

    c. Adapting the innovation to fit in a county-run system as opposed to a state-run system

    d. Adapting the innovation to allow for services to be provided by front line workers

11. If research does not lead to an innovation that fits with an agency, what could the implementation team do?

    a. Choose a new target population

    b. Propose a different theory of change

    c. Change the structure of the agency

    d. Develop its own innovation based on existing research

12. If the team decides to develop a new innovation, what will be important to remember?

    a. It will be possible to implement the developed innovation sooner than if the team had chosen one that had already been developed.

    b. Identifying and developing your own essential functions takes time.

    c. It is not possible to borrow elements from any already existing innovation.

    d. Developing a new innovation does not require writing a training curriculum.

Implementation Supports Overview

This section provides an overview of the supports that need to be in place for successful implementation of an innovation. Topics include staff recruitment and selection, training, coaching, fidelity assessments, identification and use of data, and leadership and stakeholder supports. This overview is provided here to inform the implementation planning process. These supports are discussed in more detail in Section 7, Develop and Adapt Implementation Supports. This section includes a knowledge check that can be used to test understanding of the concepts.

Implementation Supports Overview

Overview

The first three sections addressed identifying a problem, researching its root cause(s), developing a theory of change, and selecting an innovation to solve the problem. This chapter describes implementation supports, processes, and activities that provide an infrastructure for the successful implementation of an innovation. It is intended to provide a broad overview that will support development of an implementation plan that specifies the activities that need to occur to build appropriate infrastructure. (See Chapter 5.1 for additional guidance on creating an implementation plan.) Section 7 provides guidance on critical activities to help build each of these important supports.

Learning Objectives: This chapter will improve understanding of

- Staff preparation and supports needed for the innovation
- The importance of assessing for fidelity
- The importance of collecting and using data to inform decisions
- The organizational leadership and stakeholder supports needed for the innovation

Competencies: Meeting the learning objectives provides foundational knowledge to describe the implementation supports and infrastructure necessary for effective implementation.

Key Terms

Coaching – "A structured process in which a coach uses specific strategies to help learners improve their performance on the job and to contribute to improved agency practice and outcomes"[13]

Fidelity – "The degree to which… program providers implement programs as intended by the program developers"[14]

Implementation supports – "Interactive processes … integrated to maximize their influence on staff behavior and the organizational culture,"[15] providing an infrastructure for successful implementation of an innovation; discussed synonymously with implementation drivers and core implementation components

Implementation Supports

This chapter focuses on six supports that need to be in place for a solid infrastructure and an organizational environment open to and supportive of successful implementation. The six supports are:

- Staff Recruitment and Selection
- Staff Training
- Staff Coaching
- Fidelity Assessments
- Identification and Use of Data
- Leadership and Stakeholder Supports

Below is a brief description of the six implementation supports. More information on each of the supports

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[13] National Resource Center for Organizational Improvement. (2012, Summer). Coaching in child welfare. *Child Welfare Matters*. Retrieved from http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters12.pdf.

[14] Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health Education Research, 18*(2), 237–256.

[15] Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. (FMHI Publication No. 231). Retrieved from http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf.

can be found in Chapter 7: Develop or Adapt Implementation Supports.

Staff Recruitment and Selection

Staff recruitment and selection is the first critical step in the process of building a competent workforce with the knowledge and skills to implement practices that benefit children and families. Recruitment and selection involve:

- Identifying staff members for the recruitment and selection team. It is advisable to include the Human Resources department as early as possible for assistance.

- Developing a strategy for recruiting successful candidates, with a focus on the appropriate qualities, values, skills, and abilities

- Deciding how to assess whether candidates have the necessary qualities and abilities

- Developing an interview process that includes open dialogue and ease of interaction between the candidates and the recruitment team

- Using data gathered from the interview process and the innovation to refine the interview and selection process

Staff Training

Training teaches staff how to provide an innovation. Training focuses on the skills and capacities related to the innovation's essential functions as well as when, where, how, and with whom to use (and not to use) the innovation. Pretests are useful for determining practitioners' existing knowledge and what they need to learn. Training supervisors before training practitioners allows supervisors to assist with the training of their staff.

Staff Coaching

While training introduces the skills and capacities required to successfully deliver an innovation, coaching extends that training. Coaching can help staff apply the skills and capacities introduced in training to carry out an innovation with confidence and competence. Coaching

reinforces skills and capacities on the job, inspiring staff to reach their personal and professional potential.

Coaching has been shown to increase fidelity to implementation and improve sustainability through repetition, feedback, and on-site reinforcement.

Fidelity Assessments

Fidelity assessments are used to determine whether the program or innovation is being implemented as intended. These assessments help ensure that the innovation's essential functions are in place. Fidelity assessment protocols may already exist for an innovation, or they may need to be developed. If they need to be developed, implementation teams should allow extra time to complete this task.

Identification and Use of Data

Identifying and using data for decision-making can help determine whether the innovation is improving practices and producing the expected outcomes for children and families. This includes outcome data as well as the implementation supports generated throughout implementation. Before implementing the innovation, implementation

teams should think through the questions they need to answer and the data needed to answer them. Data should be organized in a way that allows for easy access.

Leadership and Stakeholder Supports

Policies, procedures, and organizational structure, culture, and climate influence the success of an innovation or systems change. Evidence shows that when these organizational factors are functioning well, innovations are more likely to be successfully implemented. Effective leadership, with a strong shared vision, is also critical to the success of an organization, particularly one facing system-wide change. Strong leaders clarify existing goals or develop new ones, engage and support staff, obtain buy-in by connecting the innovation's goals to the foundational goals of child welfare practice, and transform long-standing beliefs and practices. It is important to:

- Adjust organization and leadership factors, as needed, to help practitioners implement the innovation.
- Consider how stakeholders will be engaged so the support system is aligned with the new innovation.
- Identify stakeholders and establish regular communications to create a supportive context for the new innovation.

Test Your Understanding

The following questions will help test your understanding of the concepts in Section 4. An answer key is provided at the end of this volume.

1. Attending to all six implementation supports before beginning the implementation process helps to do all of the following <u>except</u>:

    a. Build a solid infrastructure for implementation

    b. Create an environment that lends itself to successful implementation

    c. Integrate the supports to maximize effectiveness

    d. Ensure the innovation will achieve the desired outcomes

2. Staff training focuses on the skills and abilities needed to deliver the innovation. It also (choose all that apply):

    a. Helps practitioners learn where the innovation should be administered

    b. Allows practitioners to learn how to deliver the innovation

    c. Teaches practitioners why it should always be used with the entire population being served by the organization

    d. Serves as the only instruction practitioners will need to deliver the innovation

3. Staff coaching is an important part of implementation because it:

    a. Is always provided in a group setting

    b. Guarantees that staff will maintain fidelity to the innovation

    c. Helps staff apply the skills and abilities learned in training

    d. Focuses solely on what a practitioner should not do when implementing the innovation

4. Determining whether or not the innovation's essential functions are in place first requires the use of:

    a. Fidelity assessments

    b. Staff training sessions

    c. Regular coaching

    d. Supervisory consultations

5. By assessing for fidelity, an organization can determine:

    a. Whether innovation is effective

    b. Whether the innovation is being implemented as intended

    c. Whether outcomes are improving

    d. For whom the innovation is most effective

6. It is not enough to just collect data related to implementation and expected outcomes; organizations should also use the data for decision making.

    a. True

    b. False

7. Preparation for data collection should include:

    a. Training supervisors before practitioners to help with transfer of learning

    b. Having a general idea of whether the innovation is working

    c. First ensuring the innovation is always being implemented with fidelity

    d. Carefully considering the questions that need to be answered by the data

8. Innovations are more likely to be successful when organizational factors are functioning well. What other organizational support is critical to success?

    a. An engaged target population

    b. An evidence based practice

    c. Effective leadership

    d. The presence of an innovation purveyor

9. Inviting and making sure to include the current foster parents from the community in a monthly meeting regarding implementation of the new innovation is an example of:

    a. A fidelity assessment

    b. A regular communication loop to create a supportive environment for the new innovation

    c. An internal policy change to create support for the new innovation

    d. A coaching service delivery plan

Initial Assessment and Implementation Plan

This section discusses how to assess the selected innovation to determine how much development or adaptation work is needed before implementation can begin. This section also provides guidance on creating an implementation plan, reviewing and adjusting a communication plan in preparation for implementation, and reviewing and revising a team to accomplish the next phase of implementation. Creating an implementation plan will help to clarify time and resource requirements. Adjustments to the team and the communications strategy are necessary to prepare for the next phase of implementation. This section includes a knowledge check to test understanding of the concepts and The Implementation Plan Tool to support the development of an implementation plan.

Initial Assessment and Implementation Plan

⬤ Overview

This chapter serves as a foundation for the next phases of implementation. Before starting this chapter, it is important to complete the implementation supports overview (Chapter 4.1) and have a solid understanding of the supports necessary for effective implementation of the innovation. This chapter focuses on how to determine how much development or adaptation work is necessary and how to develop an implementation plan. This chapter explains the process of assessing the readiness of the innovation for implementation and identifies the work needed to prepare for implementation. The Implementation Plan Tool at the end of this chapter can help to build a comprehensive plan for pre-implementation and implementation activities that will need to occur as an agency or organization rolls out the initiative.

Note: While developing the implementation plan, it is helpful to review and adjust the communications strategy with internal and external stakeholders and assess the existing team in preparation for the next phase of implementation. See Volume 1: Teaming and Communication Linkages for more information.

Learning Objectives: This chapter provides information to

- Assess the readiness of an innovation for implementation
- Identify the work needed to implement the innovation
- Draft an implementation plan to ensure that the innovation and implementation supports are developed and ready for implementation
- Review and adjust a communications strategy with internal and external stakeholders to prepare for implementation

- Assess an existing team in preparation for the next phase of implementation

Competencies: Meeting the learning objectives will develop foundational knowledge to

- Assess organizational and system capacity for implementation
- Develop an implementation plan

Assess the Innovation

Before an innovation is implemented, the implementation team should make sure it fits within the organizational context and create a plan for development or adaptation work. To do this, the team must understand the innovation's readiness for implementation and how much work, if any, will be required to make it ready. After readiness has been assessed, the team can plan the time and resources for necessary development and/or adaptations. These efforts build on the assessment and research conducted while selecting a solution for an identified problem. See Section 3: Assess and Select an Innovation.

What Does It Mean for an Innovation to Be "Ready"?

The National Implementation Research Network (NIRN) suggests that an innovation is ready for implementation when it is teachable, learnable, doable, and readily assessed in practice. For an innovation to be "ready" for implementation, the following features should be articulated:

1. A clear description of the innovation, including the philosophy, values, and principles, and the population that will benefit

2. A delineation of the features that must be present to say the innovation exists; these are the essential functions

3. Behaviorally-based indicators for each essential function that are observable and measurable, to ensure consistency across practitioners delivering the innovation

4. A method of assessing whether the essential functions are being performed as intended

These features define the "it" that will be implemented. They answer the questions:

- What is being implemented? or What is the "it" that is being implemented?
- How will staff and others know that "it" is being implemented?

Clarifying the answers to these questions is critical to successful implementation.

If the selected innovation is an existing evidence-supported innovation and is being directly replicated, most likely the four features mentioned above have already been articulated.

Is the Innovation Ready for Implementation?

The following questions should help determine whether an innovation is ready for implementation.

- Is the selected innovation evidence-supported?
- In other words, has it shown, through rigorous evaluation, the potential to improve outcomes for children?
- Has the selected innovation been developed and tested with a similar target population?
- Does the existing innovation have a program manual or other documentation, such as a practice profile, that operationalizes the innovation?

If the innovation involves adaptation (i.e., making adjustments to fit the target population and the context) or the team is developing an innovation, the answer to at least one of these questions is probably "No." In that case, the implementation team must articulate and document these key points. Articulating these features is often called "operationalizing the innovation." See Section 6: Develop or Adapt the Innovation.

Assess the Implementation Supports

Based on the selected innovation, the readiness of the implementation supports will also need to be assessed to ensure there is a hospitable environment in which the practitioners can implement the innovation. After the readiness of the implementation supports is clear, the implementation team should determine the time and resources needed for development and/or adaptation. This builds on the assessment and research completed when selecting a solution for the identified problem. See Section 3: Assess and Select an Innovation.

If replicating an existing evidence-supported innovation, an established training curriculum, coaching and supervision plan, and fidelity assessment process may be available. However, additional work may be needed to create a protocol for recruiting and selecting practitioners. Work may also be required to ensure that other implementation supports (leadership, stakeholders, data systems, policies and procedures) are aligned to support practitioners' abilities to deliver the innovation as intended. If develop-

ing or adapting an innovation, all of the implementation supports may need to be developed. See Section 7: Develop or Adapt Implementation Supports.

Ask the Team These Questions

The following questions should clarify which implementation supports are already in place and which need to be developed or strengthened. If the answers to any of the questions are "No," time and resources for developing or strengthening the implementation supports should be added to the implementation plan. Are there:

- Established criteria for recruiting and selecting practitioners for implementation?
- Established training curriculum and coaching plans?
- Existing fidelity measures and protocols to assess practitioners' implementation?
- Policies and procedures in place to support the new way of work and the innovation?
- Systems in place to collect information about implementation of the innovation?
- Agency and system stakeholders and leaders engaged to support the innovation?

Develop an Implementation Plan

An implementation plan is a comprehensive plan to guide pre-implementation and implementation activities. It illustrates critical steps for the agency

to prepare to roll out the innovation and serves as a roadmap for the leadership and implementation teams. The implementation plan is a living document used as a monitoring tool to determine whether the process of implementation is on track. This proactive approach should result in implementation in a way that makes rigorous evaluation possible.

What Implementation Plans Include

Implementation plans should describe:

- Necessary activities
- Responsible parties and time frames for beginning and completing activities
- Products or milestones that allow the team to measure progress toward successful implementation
- Activities that should be completed with an innovation developer or expert, especially for teams adapting an innovation

Benefits of an Implementation Plan

An implementation plan provides numerous benefits. It:

- Promotes a well-developed, logical approach instead of reacting to crises or barriers as they occur
- Forces forward thinking and ensures following best practices in implementation
- Anticipates challenges early in the process and allows for developing strategies to address those challenges
- Serves as a communication tool with leadership and stakeholders to gain buy-in and support

Implementation Plan Components

The plan should be developed incrementally. If some elements are unknown, the plan should outline a process and timeline for developing those elements. The plan:

- Clearly defines the problem and the target population

- Describes the theory of change, i.e., how the identified need will be met and the desired outcome(s) achieved

- Describes the selected innovation

- Describes any challenges, real or anticipated, and ways to address those challenges

Included in the implementation plan should be a detailed work plan that outlines:

- All necessary activities (e.g., developing practice profiles, creating a training curriculum, recruiting and selecting staff, adapting the fidelity assessment process, initial testing) and resources required for them

- Involved teams and stakeholders, with clearly defined responsibilities

- Key elements for sustainability, as delineated in Section 10: Plan for Sustaining the Innovation, and elements of a phased approach for rollout to different locations or teams of practitioners (if applicable)

The appendix at the end of this volume includes an example of an implementation plan from a child welfare agency. It provides an overview of the target population, project initiative and associated interventions, expected outcomes, and plans and time frames for preparing to implement—and then implementing—an intervention.

Communicate With Leadership and Stakeholders

An important step in the implementation planning process is to obtain and maintain buy-in and support from agency leadership and other internal and external stakeholders. Outreach to stakeholders and systems necessary to move the innovation forward should be considered, such as those responsible for referring clients, delivering training, and providing services. Including leadership and these stakeholders in the planning process fosters buy-in and support for the necessary changes and reinforces understanding of the time, resources, and commitment needed.

Review and Refine Existing Teams

Based on the plan for activities before and during implementation, existing teaming structures may need to be reviewed to determine whether changes are needed for support. In this case, team members should have the necessary expertise and/or authority to build or strengthen the innovation by operationalizing its components and developing the implementation supports. See Volume 1: Teaming and Communication Linkages for more information about re-visiting teaming structures.

Implementation Plan Tool

The Implementation Plan Tool on the following pages will help to create a plan by first assessing the time and resources for developing or strengthening implementation supports and then outlining the key elements of the implementation plan.

IMPLEMENTATION PLAN TOOL

FROM THE *GUIDE TO DEVELOPING, IMPLEMENTING, AND ASSESSING AN INNOVATION, VOLUME 2*

This tool is intended to guide your team in the development of an implementation plan, a comprehensive plan that illustrates critical steps in pre-implementation and implementation activities. The first set of questions will help you understand and assess what implementation supports are already in place and what supports will need to be developed as you move forward with implementation. (More in-depth information about developing all of the implementation supports can be found in Section 7.) The implementation plan outlines the steps the agency should take to roll out the innovation, and it serves as a roadmap for the leadership and implementation teams. It is a living document used as a monitoring tool to determine whether the process of implementation is on track. The plan should be developed incrementally. If some elements are unknown, the plan should outline a process and timeline for developing those elements.

This tool may be used in two ways:

1. *Print the following pages and use them as a discussion guide with your team. Write your answers in the space provided.*

2. *Type your information into the space provided and save to your computer. This will allow you to print the completed document or e-mail it to your team members.*

Implementation Supports Assessment

If you answer "no" to any of the questions below, you probably need to prepare the implementation supports for your innovation. The time and resources for developing or strengthening those implementation supports should therefore be added when drafting the implementation plan.

Questions	Yes	No
Are criteria established for recruiting and selecting practitioners to implement the innovation?		
Has an established training curriculum and coaching plan been developed for the existing innovation?		
Are there existing fidelity measures and protocols to assess practitioners' implementation of the innovation?		
Are policies and procedures in place to support the new way of work and the innovation?		
Are systems in place to collect and manage information about the implementation of the innovation?		
Are agency and system stakeholders and leaders engaged to support the innovation?		

Implementation Plan Elements

Use the table to below to outline the key elements to include in your implementation plan.

Describe the identified problem and target population - A short narrative that describes the initiative. Summarize the identified problem and target population(s), noting the needs and root causes; and exclusions, geography/locations, or eligibility criteria, if applicable. (This description was developed in Section 1: Identify the Problem and Understand the Target Population.)
Description of the theory of change - A narrative description of the theory of change, noting the outcome(s) that are desired and the pathway to achieve the outcome(s). (This description was developed in Section 2: Develop a Theory of Change.)

Description of the selected innovation - A description of the innovation, noting the research that supports the selection of this innovation to improve outcomes for your target population. Include a statement about the amount of development and/or adaptation work that needs to be done to prepare the innovation for implementation. (This description was developed in Section 3: Assess and Select an Innovation.)

Work plan

Create a plan and estimated timeline for activities associated with pre-implementation and implementation of the innovation. Provide plans and timelines related to teaming structure development, communication strategies, and continuous quality improvement (CQI).

Pre-Implementation Activities - Specify activities for developing or adapting the innovation, including the creation of practice profiles if necessary. Specify activities to develop or adapt the necessary implementation supports for the innovation. Refer to the table above and include any questions that were answered "no." Also include selection of partner agencies, expected processes and dates for hiring staff, and schedules for training practitioners.

Activity	Responsible Team	Start Date	End Date	Milestones (that will serve as evidence of completion)

Implementation Activities - Identify all implementation activities, including plans for initiating service delivery (e.g., referral protocols, selection of first implementing units/sites, and when and how practitioners will begin providing services associated with the innovation). Include plans for conducting fidelity assessments, training additional practitioners, and coaching practitioners.

Activity	Responsible Team	Start Date	End Date	Milestones (that will serve as evidence of completion)

Communication Strategies - Detail the processes, procedures, and strategies for maintaining efficient and effective communication with leadership and stakeholders.

Continuous Quality Improvement - Provide a framework for CQI and describe the role of monitoring and assessment in implementation and refinement of the innovation. This should include processes and teams responsible for making adjustments to the innovation and implementation supports, based on rapid-cycle problem-solving, quality of the implementation (e.g., quality of training, coaching), and quality of the innovation (e.g., fidelity).

Description of sustainability planning - Include preliminary thinking about key elements of sustainability for the innovation and organizational infrastructure (e.g., services provided to the target population), the implementation infrastructure (e.g., staff selection, training, coaching), and financial strategies.

Description of anticipated challenges and ameliorative strategies - Identify anticipated barriers or challenges to executing the implementation plan and potential strategies to address them.

IMPORTANT REMINDERS

- Teaming - After developing your implementation plan, review your existing teaming structures and determine if changes are needed to support the activities outlined above. Team members should have the necessary expertise and/or authority to build or strengthen the innovation by operationalizing its components and developing the implementation supports. See the Section on Teaming and Communication Linkages for more information about assessing your teaming structure.

- Leadership and Stakeholders - Include leadership and stakeholders in the planning process to foster buy-in and support for the changes that need to be made as part of implementation. Leadership and stakeholders benefit from an understanding of the time, resources, and commitment needed.

Test Your Understanding

The following questions will test your understanding of the concepts in Section 5. An answer key is provided at the end of this volume.

1. To implement an innovation, it needs to be "ready." Being "ready" means (choose all that apply):

    a. There is a clear description of the innovation.

    b. There are essential functions with corresponding behaviorally-based indicators.

    c. There is a method to assess whether the functions are being performed.

    d. Data on implementation supports is being collected.

2. Why is it important to define the "it" that is being implemented? (Choose all that apply.)

    a. So staff and other members of the organization are able to recognize the new innovation that is being implemented

    b. So the organization can distinguish between the new innovation and practice as usual

    c. To be able to define the target population that is being addressed

    d. To understand the needs of the target population

3. Assessing whether the innovation is ready for implementation is an important step. During this step, consider whether the innovation is evidence-supported, whether it has been tested with a similar population, and whether it has been operationalized. If this assessment process leads to a training curriculum and the innovation manual, this would be an example of:

    a. An innovation that has been operationalized

    b. The innovation's fidelity assessment

    c. The ability of the innovation to be used with a variety of different target populations

    d. The level of education needed to implement the innovation

4. An innovation that is evidence-supported means it has shown through rigorous evaluation to improve outcomes for the children and families served.

    a. True

    b. False

5. Assessing the readiness of the implementation supports is important because:

    a. It helps to more accurately predict when the innovation will reach full implementation.

    b. It helps to reveal which of the implementation supports may not be needed anymore.

    c. It allows the team to plan for additional time that will be needed to further develop the supports.

    d. It helps determine whether the correct innovation has been chosen.

6. It is important to ensure implementation supports are in place and ready before beginning to implement an innovation. Why?

    a. It guarantees the desired outcomes.

    b. It increases the likelihood that practitioners will be implementing in a hospitable environment.

    c. It allows the organization to go straight to full implementation.

    d. It allows the organization time to change the target population.

7. When assessing which implementation supports are already in place, the team learned that there were no established criteria for recruiting and selecting practitioners for the intervention. When writing the implementation plan, it would probably be useful to include an item similar to the following:

    a. Work with human resources, an expert in the innovation, and others, to develop a position description for posting.

    b. Work with the implementation team to develop a training plan.

    c. Engage external stakeholders in a conversation about different ways to support the innovation.

    d. Schedule conversations with existing practitioners to create buy-in for the new innovation.

8. Essential elements of an implementation plan include:

    a. Time frames and how to measure progress

    b. Activities and responsible parties

    c. A detailed outline of the innovation and the positions responsible

    d. A and B

9. Assessment of the fit of an innovation in an organization has been completed as has the assessment of which implementation supports are already in place and which need to be further developed. Areas of the innovation need to be further developed for use with the target population that has been identified. The next step is to draft an implementation plan that incorporates the work to be done. Why is it important to draft an implementation plan before beginning work? (Choose all that apply.)

    a. It can be used as a communication tool with leadership and stakeholders.

    b. It encourages the planned use of best practices in implementation.

    c. It helps anticipate possible crises that may arise.

    d. All of the above

10. Diamond County is implementing a new innovation and is currently working on writing their implementation plan. They know they can't anticipate all the problems they may face along the way but know that by using an implementation plan they have tried their best to anticipate what needs to be accomplished and barriers that may arise. In starting their document, Diamond County should first outline:

    a. The problem and target population

    b. The theory of change

    c. Who will be responsible for the fidelity assessment

    d. The teams that will be needed to organize the outcome data

    e. A and B

11. The implementation plan developed by Diamond County should be a detailed work plan that describes the many activities required for implementation as well as the resources needed for implementation. For example, it should include a detailed outline of:

    a. A budget for sustainability

    b. The work needed to ensure implementation supports are in place

    c. How to disseminate the long-term outcome data

    d. Possible innovations for use in addressing a similar but different target population

12. For Diamond County to maintain buy-in and support for implementation of their innovation, it is important for them to:

    a. Maintain on-going communication by keeping a relevant teaming structure that includes Diamond County leadership, and internal and external stakeholders.

    b. Include their front line practitioners in every existing team.

    c. Involve their external stakeholders and community members sparingly so as not to let them know too much about the implementation process.

    d. Make sure their teaming structure is rigid and does not change throughout the life of the innovation.

13. After Diamond County has finished writing their implementation plan, it will be helpful for them to review and potentially refine their existing teaming structure. By doing so they ensure that:

    a. Those who make up the current teams have the expertise to move the finalized implementation plan forward.

    b. No one is left out of the planning process.

    c. Those who were part of a team whose purpose is accomplished have the opportunity to use their skills elsewhere.

    d. A and C

VOLUME 2: TEST YOUR UNDERSTANDING ANSWER KEY

Section 1	Section 2	Section 3	Section 4	Section 5
1. d	**1.** d	**1.** b	**1.** d	**1.** a, b, c
2. a, b, c, d	**2.** c	**2.** a	**2.** a, b	**2.** a, b
3. a	**3.** c	**3.** d	**3.** c	**3.** a
4. b	**4.** a	**4.** a	**4.** a	**4.** a
5. b	**5.** a	**5.** c	**5.** b	**5.** c
6. c	**6.** b	**6.** c	**6.** a	**6.** b
7. b	**7.** a	**7.** a	**7.** d	**7.** a
8. a	**8.** d	**8.** c	**8.** c	**8.** d
9. c	**9.** c	**9.** a, b	**9.** b	**9.** d
10. a	**10.** a	**10.** b		**10.** e
11. a, b		**11.** d		**11.** b
		12. b		**12.** a
				13. a

Volume 2: Appendix

LAGLC SYSTEMATIC RESEARCH REVIEW: PII-Evaluation Team (ET)

Evidence-informed practices are programs, policies, and practices that have undergone rigorous testing to determine their effectiveness. The PII ET conducted a systematic research review of the proposed practices being considered by the PII Grantees to determine the level of evidence for each proposed practice (see steps outlined below). Grantees submitted (either in their proposals or through conversations with the ET) intervention practices they plan to implement to reduce long-term foster care. The ET then conducted a systematic review to examine the evidence base for the practices. No review can capture every piece of available information, but the systematic nature of the review ensures that standard search techniques capture much of the relevant information. The ET offers this review as part of their consideration of relevant interventions.

Determining whether a practice is *evidence-informed* first involves reviewing available research and individual practice expertise to establish an evidence base. Through a systematic review of relevant information, the evidence base was gathered. The information was next examined for level of rigor and scientific adequacy. Finally, the findings from the review were synthesized to reach an overall (tentative) conclusion about how adequate the evidence was for a particular practice. The conclusions show how much evidence there is that a practice is effective, thus giving an idea of how tried-and-true the practice is. Systematic reviews follow a specific procedure for gathering information on the practice and determining the level of rigor of the information.

Using criteria from Testa and Poertner (2010), each of the proposed practices was rated from 1-4. The higher the level of evidence that a practice has, the more likely it is that the practice will achieve outcomes when implemented. If a practice has a lower level of evidence, more rigor is needed to evaluate the practice to add to the evidence base. See the table below for a description of each of the levels. These ratings give Grantees information about their proposed interventions to inform decisions about the intervention and add to the knowledge base of what practices have been effective and/or tested.

Steps followed in conducting the review:

1) Phrase the site's intervention in the *PICO* form of a "well-built question" (if offered by Grantee).

2) Conduct a computerized search of electronic databases using keywords related to search topic and question (if offered). Keep a record of the keyword searches and how they are phrased (check "include search strategy" if prompted).

3) Using a university library search system and major e-journal collections (JSTOR, Science Direct, Springer Link, EBSCOhost), a minimum of four articles for analysis are selected.

4) Level of evidence is ascertained using the criteria in the following table (Testa and Poertner, 2010, *Fostering accountability: Using evidence to guide and improve child welfare policy,* Oxford University Press):

LEVEL 4:	*Promising and acceptable treatment with evidence from experts or clinical experience of respected authority or both Thomlinson,2003)*;
Emerging Practices/ Promising Practices	**Rigor of evaluation is low.** Interventions appear to produce results and can show promise in improving client outcomes using non-experimental design. Can have considerable expert consensus but minimal research evidence. Grounded in theory. *Seen **as clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes.*** Can sometimes be used to describe guidelines or practices driven more by **clinical wisdom, guild organizations, or other consensus approaches that do not include systematic use of available research evidence.**
Best Practices	Can include **environmental and relationship, clinical and programmatic factors that by themselves do not constitute a therapy or intervention** *(i.e. approach at the moment, given the situation, the consumer's or family's needs and desires, the evidence about what works for this situation/need/desire, and the resources available.)* **Recognized by professionals and organizations in the field to have an impact.**
LEVEL 3: Pilot studies	Supported and acceptable treatment with positive evidence from comparative studies, correlation studies, and case control studies; one nonrandomized study; or any type of quasi-experimental study. Grounded in theory, and tied to outcomes.
LEVEL 2: Efficacy Studies	Supported and probably efficacious treatment with positive evidence from two or more quasi-experimental studies, or where researchers found positive evidence from only one clinical trial.
Level 1: Effectiveness Studies	Well-supported, efficacious treatment with positive evidence from more than two randomized clinical trials. Cohort studies. High fidelity.
Replication	Large effectiveness trials, meta analysis of RCTs, expert panel review of research evidence, post-dissemination evaluation, and cost benefit studies conducted; *The integration of **best research evidence with clinical expertise and patient values for which rigorous clinical trials involving multiple studies, multiple sites, researchers, populations, and cultures have been conducted using randomized control groups and have been shown to have positive outcomes for specific populations using standard methods of scientific evaluation and analysis**.*

LAGLC RESEARCH REVIEW: PII-ET

1. Title: **The Family Acceptance Project**

2. Reviewer: Natalie Conner, LCSW, Ph.D.

3. Date: February 1, 2011

4. Issue: LGBTQ youth in LTFC.

5. Reviewer's Conclusion:

LEVEL 4

The Family Acceptance Project is a copyrighted research, intervention, education, and policy initiative housed at SFU. Its mission is to decrease major health and related risks (e.g., suicide, substance abuse, HIV and homelessness) for lesbian, gay, bisexual and transgender (LGBT) youth – in the context of their families.) Services include assessment, family work (in partnership with a mental health center) and participatory research.

6. Background:

No prior knowledge of intervention.

7. Search Strategy/ Selection Criteria:

Key words: family acceptance project, LGBTQ, LGBT youth foster care, permanency, outcomes, child welfare, long term foster care adolescents, adolescent family LGBT/LBGTQ foster care

Source	Term(s) located	Level of evidence
Google	Y	Descriptive[1]
Google scholar	Y	Exploratory
Psycinfo	N	
CEBC	N	
Campbell	N	
NREPP	N	
JSTOR, Science Direct, Elsevier, Academic Search Premier	N,N,N,Y	Exploratory

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[1] The article reviewed is connected to the intervention through the lead author, director of the FAP.

8. Selection Bibliography:

Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23 (4)*, 205–213. DOI: 10.1111/j.1744-6171.2010.00246.x

9. Results:

The article does not present intervention outcomes, but reviews the effects of family acceptance as a concept in practice on outcomes for youth. This article is reviewed because the lead author is the Director of FAP, and the article is listed on the prurveyor's website as evidentiary.

Researchers used a quantitative measure (items derived from prior qualitative work) to assess retrospectively: family accepting behaviors in response to LGBT adolescents' sexual orientation and gender expression and their relationship to mental health, substance abuse, and sexual risk in young adults. This participatory action research project used a convenience sample (N=245); inclusion criteria: age (21–25), self-identified ethnicity (non-Latino white, Latino, or Latino mixed), self-identification as LGBT, homosexual, or non-heterosexual (e.g., queer) during adolescence, knowledge of their LGBT identity by at least one parent or guardian during adolescence, and having lived with at least one parent or guardian during adolescence at least part of the time.

In general, findings suggest that family acceptance predicts greater self-esteem, social support, and general health status; it also protects against depression, substance abuse, and suicidal ideation and behaviors. Latino, immigrant, religious, and low-socioeconomic status families appear to be less accepting, on average, of LGBT adolescents.

10. Discussion and Conclusion:

The study has two types of limitations: (1) there is no application to child welfare (published in a nursing journal, the takeaways are directed at this population); (2) the sample is not representative, and the study uses retrospective data.

11. Core Elements of Intervention:

None described in article. Website describes community research, family services (support to youth and families during the coming out process), and a clinical assessment tool developed by researchers.

Permanency Innovations Initiative

Target Population Approval Template

1. What target populations for this initiative are at risk of long-term foster care or disproportionally represented in your long-term foster care population (e.g. Native American, African American, LGBTQ, seriously emotionally disturbed children, trauma-affected children, etc.)?

   The target population for the Illinois Permanency Innovations Initiative is youth ages 11 to 16 who, upon reaching the two-year anniversary of entering care, (1) are experiencing mental health symptoms[1] and/or (2) have had at least one placement change[2]. The Initiative will seek to ameliorate the effects of two prominent risk factors – mental health symptoms and placement instability - and thereby promote the timely achievement of legal permanency.

Complete questions 2 – 5 for each target population listed above.

2. What are the specific child, placement, and family characteristics of your target population that put them at risk of long stays in foster care (check all that apply), and your evidence that each checked characteristic is associated with long stays?

   *Illinois PII Target Population analyses are characterized by a high degree of convergence between (1) Quantitative Analysis of Administrative Data (**A**), (2) Qualitative Analysis of Case Files & Focus Groups[3] (**Q**), and (3) Independent Analyses of Administrative Data by Westat (**W**). A summary of each of these sets of analyses is provided as Appendix A-C. The grid below uses the corresponding codes to highlight the source of the noted findings.*

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
Child characteristics:		
Age of child	√	**A, W:** Extensive exploration of the interplay between age at entry, time in care, and risk of LTFC suggests that the risk of LTFC for youth in care 2 years is greatest for youth who

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[1] Mental Health symptoms will be measured using a theoretically and empirically derived subset of items from the Child and Adolescent Needs and Strengths (CANS) assessment tool as specified in Appendix D.

[2] The criterion for placement instability, (one or more placement changes during the first two years in care) was selected for consistency with Westat's definition of the variable and subsequent findings that youth who experienced one or more placement changes were more likely to remain in care.

[3] Qualitative Review included both case file reviews and focus groups. Thirty case files were randomly selected from among youth in care at least 3 years, and stratified on region (Cook vs. Peoria) and placement instability (less than one move per year, more than 1 move per year). Focus groups, facilitated by the Evaluation Liaison and documented by a Consultant, included two groups of caseworkers and two groups of casework supervisors, one of each in Peoria and one of each in Chicago.

Specify target population:

Characteristic	Check if applicable	Evidence
		entered at age 9 or older. Simple descriptive statistics illustrate the drop-off in exits occurring after the 2-year-mark for youth 9 and over (Appendix A, Table 1), as well as the increasing proportion of youth who entered between 9 and 11 among youth who stay in care for more than four years. Similarly, the Westat splitting algorithm produced a split on age such that a subgroup of youth over age 9 at the two-year mark were more likely to remain in care.
Race or ethnicity of child	√	**A, W:** Multivariate models and bivariate regressions suggest that African American youth entering care outside of Cook County are at greater risk for LTFC (B=-.45; p=.003). However, interpretation of this finding is confounded by the other factors that co-vary with race, and the differential impact of racial dis-proportionality across the state. Westat survival analysis suggested that African American children are at high risk of LTFC, and the Westat splitting model found that among the largest group of children most at risk (which included those with prior placements and no TPR and excluded youth in residential placements) both African American and Hispanic children are at high risk of LTFC.
Gender		
Sexual orientation/gender identity		

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
Developmental disability		
Mental health diagnoses/problems	√	**A, Q, W:** Across all analyses, mental health symptoms, at case opening as well as at the two-year anniversary of entering care, are predictive of LTFC. Quantitative analyses measured mental health symptoms using corresponding CANS items.[4] Initial efforts combined CANS items that were shown through bivariate analyses to be significant correlates of LTFC into a single collection of items that was then used as a dichotomous variable in multivariate predictive models. Ultimately, the most highly predictive indicator was a broader theoretically derived subset of CANS items composed of mental health symptoms potentially secondary to trauma exposure (Appendix D). Youth having any of the mental health symptoms on this subset of CANS items within 90 days of the two-year anniversary of entering care were 2/3 less likely to exit to permanence after the 2-year mark (B=-1.25, p=.000).

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[4] The Child and Adolescent Needs and Strengths (CANS) assessment tool is an inventory of needs and strengths grouped into 9 domains: Life Domain Functioning, Emotional/Behavioral Needs, Risk Behaviors, Trauma Experiences, Traumatic Stress Symptoms, Strengths, Transition to Adulthood, Caregiver Needs & Strengths, and Acculturation. The tool, used in 35 states across the country within Mental Health, Juvenile Justice, and Child Welfare settings, integrates information on child and family functioning from a variety of sources (e.g archival, interview, observational) to arrive at an overall assessment of needs and strengths. It has high inter-rater reliability among trained users (.76-.84; Lyons, 2004). Used in Illinois since the late 1990s, CANS is used in Integrated Assessment, System of Care, Child and Youth Investment Teams (CAYIT), Residential programs, as well as at six-month intervals by caseworkers. The full CANS tool is provided (Appendix G).

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
		Qualitative analyses confirmed the prominence of mental health symptoms, many of which seemed to be responses to trauma, in addition to the lack of a coordinated, effective, informed system response. In the Westat analysis, this was illustrated by the finding that groups with the highest proportion of LTFC also had the highest proportions of youth with risk behaviors as measured by the related CANS Domain score.[5]
Medical problems		
Internalizing/externalizing behaviors	√	**A, W:** After preliminary bivariate analyses indicated that a subset of CANS items measuring internalizing and externalizing symptoms were correlated with LTFC, these CANS items were combined to form a single dichotomous variable which was a significant predictor in multivariate models[6]. In the Westat splitting algorithm analysis, comparisons of the resultant groups yielded significant differences in rates of risk behaviors (externalizing symptoms) as measured by the CANS Domain score for Risk Behavior .
School problems		
History of child abuse/neglect		

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[5] This finding refers to the CANS Domain score representing the total of the scores on each of the Risk Behavior CANS items.

[6] Externalizing items included Anger Control, Danger to Others, and Oppositionality. Internalizing items included Anxiety, Attachment, and Attention Problems.

Specify target population:

Characteristic	Check if applicable	Evidence
Substance abuse		
Homelessness/housing instability		
Poverty/resource insufficiency		
Other (specify): geographic region	√	**A, W**: Not only is the rate of LTFC higher among youth entering care from Cook County than among those entering from other areas across the state, but the risk of LTFC is likely related to different factors for Cook County youth than for others. Bivariate regressions and multivariate models yielded sets of predictors unique to Cook County, and comparisons with other areas that approach the urbanicity of Cook County have not yielded findings of congruence with Cook County predictive models.[7] Findings regarding higher risk of LTFC among cases in Cook County were validated using the Westat splitting analyses, in which youth in their first placements residing in Cook County were more likely to have high rates of LTFC.
Other: Termination of Parental Rights (TPR)	√	**A, W:** Westat findings suggest that there are fewer cases in which parental rights had been terminated among youth in LTFC, a trend more prominent among younger children. Analyses of administrative data suggest that while this finding is significant among youth entering at younger

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[7] Comparisons of Cook County with Champaign, Peoria, St. Clair, and had insufficient power to detect patterns due to small County-level sample sizes. Aggregation of these "urban" county samples did not yield similar results to those in Cook.

Specify target population:

Characteristic	Check if applicable	Evidence
		ages, among youth entering older there are subgroups with TPR who remain at high risk for LTFC. While bivariate analyses among youth ages 11-16 suggest a significant relationship between TPR and LTFC in the non-Cook sample, in multivariate analyses (that include CANS data and other variables) there are no findings for TPR, even downstate.
Placement characteristics:		
Initial reason for removal		
Type of removal court/voluntary		
Number of prior removals		
Type and number of living arrangements	√	**(Number) A, W, Q:** Across analyses and samples, placement instability has been a significant predictor of LTFC. Administrative data analyses indicate that of youth who have already been in care for two years, those who exit to permanency in the subsequent year have significantly fewer placement changes than those who remain in care for 3 or more years (.696 vs. .891 placement changes per year of custody). In Westat splitting models, having had prior placements was the source of the initial split distinguishing youth who would exit prior to 3 years in care and those who would not. In bivariate regressions, youth with 3 or more placements in the first 2 years were significantly less likely to exit

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
		in the third year in Cook (b=-1.01, p=.000), Downstate (b=-.87, p=.000), and Statewide (b=-.94, p=.000).

While cases selected for the Case File Review were stratified on placement instability rate (+/- 3 moves in the first 3 years), cases in the "unstable" category had an average of 10 placements each, and even some youth selected in the "stable" category had multiple disrupted reunifications, another form of instability. Of the 92 placement moves that could be categorized for the 29 cases reviewed, 78% of the moves were related to youth conduct.

(Type) A, W: Of youth who have been in care for two years, those who exit to permanency are significantly less likely to be in detention, hospitalization, or congregate care at the 2-year mark. Ever having experienced a detention stay (b=-1.06, p=.000), ever having run away (b=-.75, p=.000), and ever having a residential placement (b=-1.19, p=.000) are all statistically significant predictors in bivariate regressions on likelihood of exit by year 4.

Westat splitting models found that among youth with multiple placements who had not had TPR, youth placed in residential care were unlikely |

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
		to have exited by the 3rd year in care (85% did not). While the population of youth in residential care among our identified target population is small (15-20%), these youth face substantial challenges due either to (1) the clinical and risk characteristics that warranted residential placement or (2) the time it takes to receive residential treatment.
Other (specify):		
Family characteristics:		
Family structure		
Siblings	√	**A:** Although bivariate regressions suggest that having siblings in care at the two-year-mark increases the likelihood of exit among youth across the state (b=.75, p=.000), upon further analysis this is only true when siblings are placed together. That is, youth placed apart from siblings are not significantly more likely to exit.
Parent competency	√	**A:** Preliminary bivariate and multivariate analyses suggest that inadequate parental supervision, as measured by the CANS at case opening, is a predictor of LTFC (b=-.682, p=.001)
Developmental disability		
Mental health diagnoses/problems	√	**Q, A:** While not easily gleaned from administrative data sources, case file reviews yielded powerful narratives about the impact of intergenerational trauma on

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
		outcomes among youth in child welfare. Namely, there was a high degree of mental health symptoms indicative of trauma experienced by the biological parents of youth in care. These traumatic experiences, contribute to a variety of mental health symptoms including substance abuse, depression, anger control problems, and self-harm. For example, several cases described mothers who experienced sexual abuse as a child, engaged in risky behaviors as an adolescent, and became teen mothers. In some of cases, the mother went on to use drugs & alcohol, and either neglected her child(ren) or harmed them while under the influence of drugs & alcohol. While these parents may have engaged in services as required by the Service Plan, their fulfillment of the requirement was judged using their completion certificates rather than indicators of behavioral change or symptom remission. Administrative data suggest that parental mental health problems were a predictor of LTFC (b=-.447, p=.035).
Medical problems		
Substance abuse		
Homelessness/housing instability	√	**A:** Predictive models suggest that parental residential instability, as measured by the CANS at case opening, is a predictor of LTFC in both bivariate and multivariate analyses (b=-.81, p=.000).

Specify target population:		
Characteristic	**Check if applicable**	**Evidence**
Parenting attitudes		
Lack of social support		
Other (specify):		

3. Provide a summary that prioritizes the characteristics checked in the table above according to their importance as risk factors for long term foster care. Include a description of the results of the data-mining activities that demonstrate that the characteristics checked put your target population at greater than average risk of long-term foster care relative to other groups. For instance, you may provide tables here that show the percentages, relative risks/odds, etc. of those with the characteristic vs. without the characteristic that are in long-term foster care. This could include differences in time in care, number of permanency goals, etc.

> *Prioritization of Risk Factors.* *Of the predictors described in the preceding section, **youth mental health symptoms** and **placement instability** emerge as (a) most consistently predictive across methods and data sources and (b) most amenable to intervention aimed at ameliorating their impact on long term foster care. For these reasons these two factors will be prioritized as the focus of Illinois PII Interventions. Additionally, to ensure that PII efforts target those youth at greatest risk of LTFC, the PII Population will be limited in accordance with findings on the impact of age at entry and time in care on the likelihood of exit. Based on these findings, the sample will include youth who entered foster care at or after age 9 as they reach the two-year anniversary of entering care.*

> *Methodological considerations have also influenced age-related decisions about the target population. To avoid obscuring the evaluation results of the Illinois Kin Connections initiative[8], PII will avoid sampling youth at entry and instead focus on intervening around the two-year anniversary of coming into care. Thus, youth available for intervention at two years (who entered at or above age 9) will be 11 years old or older. To avoid exposing youth to two initiative interventions simultaneously, the PII sample will exclude youth who are 17 years or older at the two-year mark as these youth may be eligible to receive services through the Adult Connections Initiative[9]*

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[8] Kin Connections (ACYF Diligent Recruitment Cluster 2 Grant# 90C01053) project aims to engage and establish family connections for all youth entering care in Cook County at the time that Temporary Custody is taken.

[9] The Illinois Adult Connections Initiative (ACYF Grant# 90CW1142- Improving Service Delivery to Youth in the Child Welfare System) is a multi-agency collaboration that seeks to provide mentoring and enhance readiness for independence among youth 17 and older who will "age out" of foster care, in order to enhance successful emancipations

For more information on the potential overlap between federally funded projects underway in Illinois, please refer to Appendix E.

At this time we do not plan to limit the target population geographically. Work conducted during the intervention and implementation stages may result in further refinement of geographical criteria due to logistic concerns, tempered with an understanding of the increased risk of LTFC among youth in Cook County.

Other factors were eliminated as potential foci of intervention either because of inconsistent research findings(siblings in care, TPR, race), or impediments to measurement at the two-year mark(housing instability and poor supervision among parents).

Barriers to Permanency. *Our understanding of how the interplay between mental health symptoms and placement instability creates barriers to permanence is predicated on the research on trauma. In sum, trauma is often antecedent to mental health symptoms experienced by children at risk of long-term foster care; mental health symptoms diminish the child's capacity to form relationships and regulate behavior; the child's relational limitations and challenging behavior cause stress for the caregiver and may reduce the willingness and/or capacity of the caregiver to commit to the child; the child's placement disrupts; repeated placement disruptions exacerbate the child's relational limitations and challenging behavior. This pattern creates a barrier to the formation of an enduring relationship between the child and caregiver and delays the prospect for achievement of legal permanency, whether through reunification, adoption, or guardianship.*

Research has shown that youth in the child welfare system have often been exposed to chronic and multiple trauma experiences at an early age involving abuse, neglect, family violence, and/or traumatic loss. These experiences may result in major impairments across several areas of functioning that can last through adolescence and into adulthood (Cook et al., 2005). Exposure to chronic trauma can alter the brain's neural systems involved in responding to stress and fear, which can lead to dysregulation in many psychobiological functions (Schore, 2001). A traumatized child – especially one exposed to chronic and repeated interpersonal trauma – often exhibits problems modulating emotions and behaviors, impulsivity, problems with attention, difficulties with social functioning, and impaired ability to attach with caregivers or form consistent relationships with others, as well as impairments across other areas (Cook et al., 2005; Perry, Pollard, Blakely, Baker & Vigilante, 1995; Schore, 2001). Building upon Adverse Childhood Experiences (ACES) studies, as well as work done in collaboration with the American Psychological Association to develop more appropriate childhood trauma diagnoses, research on the Illinois child welfare population by Griffin et al (2011) suggests that the degree of overlap between trauma and mental health symptoms is high and that the presence of trauma symptoms increases the likelihood of mental health symptoms (IRR=1.74; Griffin et al, 2011).

Complex trauma responses- particularly problems with attachment and emotional or behavioral dysregulation - can lead to a range of further difficulties and disruptions in foster care settings. Researchers have also found significant associations between problems with attachment, behavioral difficulties and placement instability in foster care (Strijker, Knorth & Knot-Dicscheit, 2008). Difficulties with externalizing and internalizing problems can be overwhelming for caregivers to handle and have repeatedly been shown to be associated with placement disruptions and instability (Fisher, Stoolmiller, Mannering, Takahashi, & Chamberlain, 2011; Hurlbut, Chamberlain, DeGarmo, Zhang, & Price, 2010 ; Leathers, 2006; UC Davis,2008).

Illinois child welfare studies using the CANS suggest an important link between history of complex traumas and placement disruptions.   Kisiel et al. (2009a) found that youth with multiple and chronic interpersonal traumas were significantly more likely to have placement disruptions or interruptions compared to youth with single type or non-repeated traumas. The possible mechanism for these disruptions included problems with risk behaviors and life functioning, which were better predictors of placement disruption than trauma history alone. A combination of a complex trauma history with risk behaviors and/or functional impairment was linked with a greater likelihood of placement disruption overall.   This impact was most pronounced when youth were exposed to both violent and non-violent traumas together –as the likelihood of placement disruption was about 20% higher for children with this complex trauma history profile (Kisiel et al, 2009b).

Other studies of the Illinois child welfare population have yielded similar findings. The Multiple Move Study (Rolock, Koh, Cross & Manning 2009) reported that children who moved more than 3 times in 18 months were more likely to receive psychiatric diagnoses than those with fewer than 3 moves during the same period (51% vs. 16%, respectively). While this study found that only one-third of moves were explicitly due to child behavior problems, an additional 13% of youth moved for "system" reasons were moved in order to receive treatment for emotional and behavioral problems (Rolock et al, 2009). Among the youth in this study who moved the most, nearly half of the moves(48%) were attributed to child behavior problems (Rolock et al, 2009). Similarly, Chapin Hall's Study of Placement Stability in Illinois (Zinn, DeCoursey, Goerge, & Courtney, 2006) reported that in cases where youth moved because of foster parent unwillingness to continue fostering (75.9%), the largest category of worker-reported reason (27.6%) were attributed to child behavioral and emotional problems (Zinn et al, 2006).

The broader literature on placement disruptions suggests that the number of previous placements for a child is positively correlated with later placement disruption (Newton et al., 2001). Changing homes can compound the tremendous sense of loss children already feel as they end relationships with caregivers, and face the potential loss of a familiar school, community, and peer network (LaLiberte & Snyder, 2010), further compounding mental health challenges for these youth. Several variables have been consistently linked to a higher number of placement changes: increased levels of behavioral or emotional problems, specifically externalizing behaviors (such as verbal aggression and violence towards others); older age of child; extended stays in care; and placement type (e.g., children in kinship care placements tend to have fewer placement changes than those in residential or group home placements) (Aarons et al., 2010; Rubin et al., 2007). Research on the Illinois population has documented the deterioration of assessed strengths that occurs with each subsequent move (McClelland, 2011). This deterioration can result in decreased ability to cope with stressors and an increase in risk behaviors (Griffin, Martinovich, Gawron & Lyons, 2009). Additionally, research shows a strong correlation between a child's behavior, the caregivers' ability to handle that behavior, and placement stability (LaLiberte & Snyder, 2010).

By applying a trauma lens to the issue of mental health symptoms and placement stability and the role they play in increasing risk for Long Term Foster Care, Illinois PII can seek out interventions that aim to address underlying trauma and enable both youth and their families to make the connections that will facilitate permanence.

4. What are the key systemic barriers to permanence that especially affect your target population? Check all that apply. Note that the following lists are not exhaustive.

Staffing barriers

__ Staff recruitment restrictions:

_√_ Hiring qualifications: *Given the current requisite educational background for foster care caseworker positions, the current workforce may be ill-equipped to respond sensitively to the level of disturbance observed among youth at risk for LTFC. This requires more in-depth clinical training and support than is currently provided.*

__ Training

__ Caseload sizes

_√_ Staff attitudes: *Some staff and supervisors express reservations about the viability of some biological families, the value of working with older youth who may be "beyond help", and the potential for tools (assessments and strategies) to help provide quality services and speedy permanence. These attitudes impinge upon work toward permanency, including reunification, adoption and guardianship.*

_√_ Other (specify): *The dominance of a regulatory compliance mentality at the casework, supervisory, and administrative levels displaces necessary attention on the relational and clinical issues central to achieving permanency.*

Qualitative case reviews, as well as administrative data, suggest that turnover among caseworkers is high. Work toward permanency outcomes can be thwarted, and child and family engagement impeded, by the instability in relationships with child welfare staff.

Organization support/service barriers

_√_ Availability of appropriate family homes: *The Illinois child welfare system may currently lack adequate volume of foster families who are willing to serve as mentors to both youth and families, while maintaining a commitment to permanency goals. Focus group participants consistently reported that foster homes in which foster parents are able to mentor birth parents and provide an alternate, healthy family experience to both youth and their biological parents are those that help youth achieve successful permanence.*

_√_ Absence of permanency planning services: *A substantial subset of youth in this age group (as many as 44% in preliminary analyses) has as the documented permanency goal, "Independence", with the stipulation that for youth between 12 and 17 this will mean substitute care until independence. This goal suggests a cessation of work toward permanence and the absence of permanency planning services.*

Additionally, focus group participants report that they primarily focus time and interactions on "putting out fires" among difficult cases, rather than working toward permanence among cases in which it may be possible to achieve in a timely manner.

__ Lack of physical health services

_√_ Lack of behavioral health services: *Focus group participants reported that in some parts of the state available behavioral health services are inadequate or ineffective to address trauma and other problems. Geomapping exercises and gap analyses have revealed areas in the Central and Southern regions with concentrations of youth with complex trauma needs, and the absence of providers of evidence-based treatment for trauma (Appendix F).*

__ Other (specify):

Leadership barriers
__ Agency:
__ Legislature:
_√_ Courts: *Focus group participants report that the judges and attorneys may slow progress to permanence by (1) failing to heed the advice of workers in decision-making and (2) failing to file motions in a timely manner, respectively.*
__ Inter-agency collaborations
__ Provider agencies
__ Other (specify):

_√_ Other systemic barriers (specify): *Case file reviews suggest that even when the impact of trauma is noted by case workers in case files, there is a general lack of coordinated, effective, trauma-informed system response to these issues. This may be due to the lack of available evidence-based services to address the impact of trauma (see Appendix F), as well as the inadequate understanding among staff of the indicated treatment approaches that should be provided.*

5. What are the current numbers of children in your target population(s)? If your grant involves multiple geographical service areas, answer separately for each designated geographical service area.

Target population	Measurement basis of numerical information*	Number of children in target group using the measurement basis
Youth ages 11-16 with mental health symptoms AND/OR at least one placement change in the first two years[10]	Youth who will arrive at the two year anniversary of entering care between the ages of 11 and 16 (inclusive) and have either mental health symptoms or at least one placement change[11].	Approximately 1119 over two years. [12]

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[10] To determine eligibility on the symptom dimension, IL PII will either continue to use the CANS assessment tool or a measure developed specific to the interventions selected.

[11] These projections are based on data from fiscal years 2009 and 2010, estimating that the number of youth with CANS-measured symptoms is likely to be 80%.

[12] The proposed target population of approximately 1119 would include youth as they reach the two-year anniversary of entering care who are between the ages of 11 and 16 and exhibit Mental Health Symptoms and/or have had at least one placement change. This number represents the total that would enter the PII sample over two years of intervention. Projections based on CANS data suggest that while the majority of youth (62.5%) in the population have experienced both moves and symptoms (n=723) another 268 have experienced symptoms and no moves, and 128 have experienced moves and no symptoms. Pending any further refinement necessitated by the intervention selection, all three of these groups will be included.

**PERMANENCY
INNOVATIONS
INITIATIVE**

PII

Theory of Change
Kansas Intensive Permanency Project (KIPP)

Problem to be addressed: Children in the Kansas foster care system with a serious emotional disturbance (SED) are more than 3.5 times as likely as children without an SED to experience long-term foster care. They are also 90% less likely to reunify than children without an SED.

Target Population: Children and youth, ages 3–16, who meet criteria for SED

Root Cause of Problem: Foster care contractors not delivering meaningful, intensive, home-based services and concrete supports to birth or permanency parents.

Causal Links:
1. Resources must be dedicated to improve ineffective parenting practices and to connect parents with community resources and social supports, such as mental health and substance abuse treatment.

2. When parenting and community connections are strengthened, a more adequate and pro-social environment for children is created.

3. When the family's interpersonal and social environment is bolstered, child functioning increases and behavior problems decrease.

4. These changes combine to create readiness for family reunification.

5. These changes lead to more timely and stable reunifications.

Assumptions:
- Permanency for children with serious emotional disturbances can be increased by creating permanence in the systems of care that serve their families.

- There are four barriers to permanency for children with SED in the current child welfare system: lack of dedicated parent services, high caseloads, high caseworker turnover, and lack of transportation.

Indicators:
1. Are there increased resources and social supports for parents, including mental health and substance abuse treatment?

2. Do children with SED who are in foster care experience a more pro-social environment?

3. Has child functioning increased and behavior problems decreased?

4. Are children and families ready for family reunification?

5. Is there an increase in timely and stable reunifications?