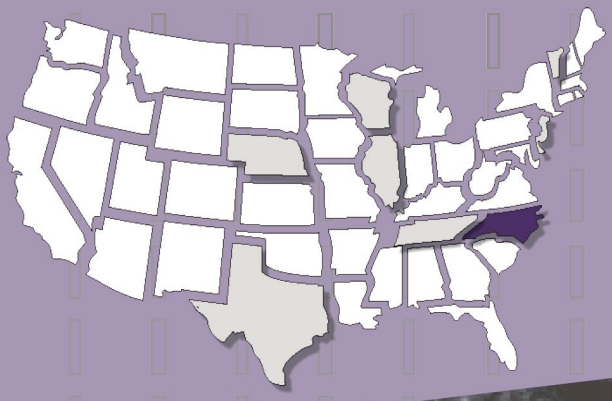
Evaluation Results from

Catawba County, NC



Final Evaluation Report

September 2019

QIC•AG National Quality Improvement Center for Adoption & Guardianship Support and Preservation

This report was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work. We thank them for their partnership and dedication to the work of translational research.

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The QIC-AG was funded through a five-year cooperative agreement between the Children's Bureau, Spaulding for Children, and its partners the University of North Carolina at Chapel Hill, the University of Texas at Austin and the University of Wisconsin-Milwaukee.

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Acknowledgements

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We also thank the many stakeholders on the QIC-AG site specific Project Management Team (PMT), Stakeholder Advisory Team (SAT) and Implementation Team (IT) who were invaluable in providing the support and direction needed to implement the study. The participants on these three teams included community consumers and providers from adoption and guardianship services; adoptive and guardianship families; representatives from private, domestic, and international adoption; key leaders across multiple systems; and the numerous support agencies and system partners.

We would like to acknowledge the staff of the Catawba County Social Services, the site team leaders and Site Implementation Managers (SIMS) who guided this work, in addition to their other roles within the agencies they work. Your partnership made this project a success.

The QIC-AG site consultants worked closely with the evaluation team to ensure the project work was implemented with integrity. Thank you for the collegial team work.

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Evaluation Results from Catawba County, NC

PROJECT PARTNERS

QIC-AG partnered with **Catawba County Social Services.**

CONTINUUM PHASE

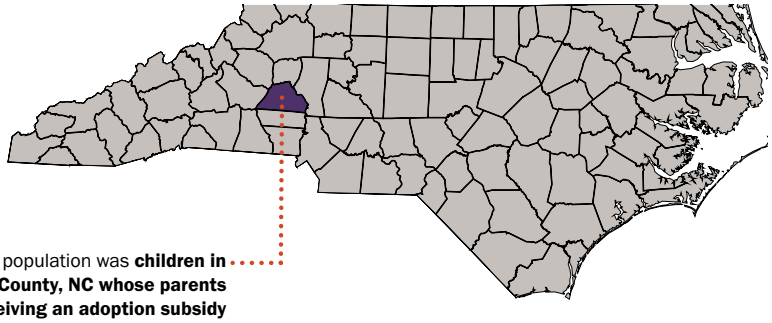
Indicated

INTERVENTION

Reach for Success is a proactive outreach program which aims to increase post-adoption engagement with Success Coach Services, which are designed to improve wellbeing and prevent adopted youth from re-experiencing foster care. The intervention was comprised of a survey to assess risk, followed by proactive outreach to families.

STUDY DESIGN

Experimental



The target population was **children in Catawba County, NC whose parents were receiving an adoption subsidy** and were subsequently identified for outreach.

RESEARCH QUESTION

Will the target population who receive Reach for Success experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health as compared to children who do not receive the additional Reach for Success outreach?

Findings

DEMOGRAPHICS

Snapshot of Survey Respondents' Target Child:

- **75%** white
- **58%** female
- **69%** parents were married
- Average age at permanence: **6.18 years old**
- Average time in foster care: **1.97 years**

OUTREACH

- **240** families were sent surveys
- **128** took the survey
- **94** designated for outreach
- **39** successfully contacted
  - **37** high score
  - **57** low score
- **3** participated in Success Coach services
  - **2** high score
  - **1** low score

Score groups are based on survey responses about service needs and parental assessments of their child's behavioral issues. The survey results supported the classification of families into high and low-score groups with high-score families having higher scores on the Behavioral Problem Index (BPI), and could be a useful way to identify families in need.

128 FAMILIES RESPONDED

OVERALL, FAMILIES ARE THRIVING!

- **94%** of caregivers said they never thought about ending adoption or guardianship
- **71%** said that adoption/guardianship had an extremely positive impact on their family
- **35%** identified services their family needed (mental health, specialized medical or dental care, educational supports, and child developmental services)
- only **10%** reported youth experienced negative school and legal outcomes.

RECOMMENDATION

A small, but significant proportion of families reported unmet needs. Perhaps with additional time, families may contact the Success Coach program for services. CCSS should continue to track families over the next few years to see if families identified for additional outreach end up requesting services. In addition, it may be beneficial if CCSS would follow up with families 1-2 years after finalization to determine if they have any unmet needs and introduce them to services.

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This research summary was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work, in conjunction with the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University.

Evaluation questions? Please contact Nancy Rolock at nancy.rolock@case.edu or Rowena Fong at rfong@austin.utexas.edu.

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Executive Summary

Overview

North Carolina is a county-administered, state-supervised child welfare system. The North Carolina Department of Health and Human Services (NCDHHS) encourages counties across the state to identify emerging best practices that strengthen families and stabilize placements in child welfare. In that spirit, the Catawba County Social Services (CCSS), in partnership with The Duke Endowment, established the Child Wellbeing Project. The Child Wellbeing Project originally created an intervention, the Success Coach program, to support post reunification stability in reunified families. However, Success Coach services were later expanded to address the needs of families who had adopted children through the foster care system. Specifically, Success Coach services were designed to address concerns that current services to families who had adopted children through the foster care system might not be sufficient to prevent youth from reentering state care (Wilson, Brandes, Ball, & Malm, 2012).

In 2010, Success Coach services were made available to all families in Catawba County formed through adoption. Success Coach Services included mentors, or Success Coaches, who engaged with families and provided in-depth assessments; case management; skill-building training; service coordination; advocacy; educational support; and referrals to other support services including mental health services.

Despite the initial promising results of Success Coach services in Catawba County, staff reported that by the time many families called to request services, the families were already in crisis. The CCSS staff felt they were missing the opportunity to proactively serve and intervene early with adoptive families who were either unaware of the support services available or reluctant to initiate contact with CCSS. Their idea was that if services were offered to families through direct, proactive outreach, then these previously unidentified families would receive the services that they needed. Given the need to reach out to families in a different manner, the National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG) in conjunction with CCSS embarked upon a process for developing an outreach program, named *Reach for Success*, to increase post adoption engagement with Success Coach services. *Reach for Success* was implemented at the Indicated Interval of the QIC-AG Permanency Continuum Framework

The Theory of Change for *Reach for Success* was that adoptive families may experience challenges, but not ask for support because they are unaware of the availability of services, unsure of how to access services, or are not comfortable asking for assistance. Through proactive outreach, adoptive families in need can become aware of available services and participate in services.

Intervention

Reach for Success is located in the **Develop and Test** phase in the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*. Developed by the QIC-AG project, *Reach for Success* comprised two major components:

1) A survey sent to all adoptive families in order to identify those who reported significant child behavior problems or current service needs (i.e., a *high-score* group of families) and

2) Outreach to families identified for additional contact (i.e., Groups 1 and 3 below) to engage them in Success Coach services, with the goal of preventing post permanency difficulties.

The survey was sent to all adoptive families receiving a subsidy in Catawba County, which also allowed program staff to develop a profile of characteristics for all adopted youth and caregivers in the county who responded to the survey.

Primary Research Question

The primary research question in Catawba County was:

Will children in Catawba County whose parents are receiving an adoption subsidy and are subsequently identified for outreach who also receive *Reach for Success* experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health as compared to children who do not receive the additional *Reach for Success* outreach?

To answer this research question, a three-group experimental design was employed. After initial survey responses were received for each cohort of potential respondents, an algorithm was applied to survey responses to classify respondents into either a high-score group or a low-score group based on current family service needs and behavior issues of the focal child, which was the oldest adoptive child in the family. Higher scores on the Behavior Problems Index [BPI] reflected more child behavior issues for the focal child.

Once respondents were assigned to one of the two score groups (i.e., high-score or low-score), the high-score group was randomly assigned to either the *Reach for Success* outreach group or to a no outreach group (the comparison group). All low-score respondents were allocated to a third outreach group. Those assigned to the high-score outreach group or the low-score outreach group were offered the Success Coach Services, and those assigned to the high-score no outreach group were not. In summary, there were three groups for comparison:

- Group #1: High-score outreach group
- Group #2: High-score no outreach group
- Group #3: Low-score outreach group

This experimental design allowed the evaluation team to compare the intervention group of interest (Group #1) to two different comparison groups: one that was similar in risk but did not receive the outreach intervention (Group #2) and one that had lower risk than the intervention group but received the outreach intervention (Group #3). All families randomized into the comparison group could still access the Success Coach services if they requested the service or were referred by a professional (these were the services as usual).

Key Findings and Discussion

During the project period, 240 families in Catawba County were sent surveys. These 240 families represent all adoptive families who had not previously received Success Coach services in Catawba County. Of those 240 families, 128 (53%) completed and returned surveys.

FINDINGS FROM THE OUTREACH EFFORTS TO ENGAGE FAMILIES IN INTERVENTION:

- Of the 128 families who returned surveys, 94 were designated for outreach (57 in the low score group and 37 in the high-score outreach group)
- Of the 94 families designated for outreach, 39 parents were able to be contacted by CCSS (or 41% of those designated for outreach, with 23 contacted in the low-score group and 16 contacted in the high-score outreach group)
- A significant proportion of the 39 parents who were successfully contacted by CCSS were interested in either learning more about Success Coach services or receiving Success Coach services. Specifically, 21 of the 39 families (54%) who were successfully contacted through outreach were interested in either Success Coach information or services, with seven interested in services and 14 interested in information only.
- Of the seven families who were interested in services, three (43%) entered into a service agreement and actually participated in Success Coach services.
- Of the three families who entered into a service agreement for Success Coach services, two were from the low-score group and one was from the high-score group. It is important to note that with such a low uptake of Success Coach services, it is impossible to discern if low-score or high-score families were more likely to enter into a service agreement.
- Families who were contacted through outreach but declined services largely reported they did not need extra support.

In sum, this study did not find that the additional outreach to families resulted in additional uptake of Success Coach services. Furthermore, the low number of families who engaged in services does not allow us to sufficiently assess the impact of the algorithm to distinguish families who may be interested in services. Perhaps with additional time, CCSS will observe a different level of uptake based on the algorithm and additional analysis can be pursued to understand the characteristics of families in need of Success Coach services.

FINDINGS FROM THE SURVEY:

- The survey results indicated that most adoptive families were adjusting well to permanence. For example, a large majority of respondents said that they felt extremely positive about the impact of the adoption on their family (71%) and almost all respondents stated that they never thought about ending the adoption (94%). Regarding youth academic performance, most adopted children were reported to be doing “excellent” or “good” in both reading and math (72% and 66%, respectively).
- Only a small proportion of caregivers (10% or less of respondents) reported that youth experienced negative school and legal outcomes, such as in- or out-of-school suspension, skipping school, expulsions from school, runaway behavior, or legal and juvenile justice system involvement.

- In relation to the scales measuring child behavioral health and family wellbeing, the survey results supported the classification of families into high and low-score groups with high-score families who returned surveys (*n* = 71) having higher scores on the BPI than low-score families who returned surveys (*n* = 57). Results suggest that the instruments were effective indicators of child and family wellbeing and may be used to identify families at risk for post adoption difficulties and placement instability.
- Respondents were asked about an array of service needs, and if they were able to obtain the services they needed. Overall, less than 35% of respondents indicated that their family needed any of the services asked about the survey. The four most commonly reported services were: mental health, specialized medical or dental care, educational supports, and child developmental services. Most adoptive parents who tried to obtain services reported that they were successful and were typically happy with the services they received.

In sum, the purpose of outreach provided through *Reach for Success* was to engage more adoptive families in Success Coach services, particularly families who may be struggling with unmet service needs, difficult child behaviors, poor family cohesiveness, or other issues related to child and family wellbeing. Although *Reach for Success* was successful in contacting over half of the families eligible for outreach, and a little over a third of those contacted were interested in at least more information about Success Coach, less than 20% of those families contacted were interested in participating in the Success Coach program. It is important to note that most caregivers who did not want services reported that they were doing well and that they did not need or want additional services. Furthermore, families who had previously engaged with Success Coach services were excluded from this study. Low service uptake in *Reach for Success* may have occurred because Catawba County Social Services (CCSS) offers Success Coach services to all adoptive families at the time of finalization, and has a history of implementing proactive, innovative programs to prevent difficulties for adoptive families.

The findings of this study were consistent with previous post adoption literature, which indicates that most children and families adjust well after adoption from foster care, although a small but significant proportion of families (i.e., about 5-20%) also report unmet needs, child behavior problems, placement instability, and other issues, and might benefit from additional services (Rolock, 2015; Rolock & White, 2016; Rolock & White, 2017; White, 2016).

Cross-Site Summary

The cross-site evaluation (Chapter 10 of the full report) summarizes overarching themes and analyses found across six QIC-AG sites that focused on addressing issues post permanence: Vermont, Illinois, New Jersey, Catawba County (North Carolina), Wisconsin, and Tennessee. Key findings from the cross-site are summarized below.

Key questions that can help sites identify families who are struggling post permanence. An important aspect of prevention work with adoptive and guardianship families is to be able to identify families who may be the most likely to experience post permanency discontinuity and diminished wellbeing. Through the QIC-AG we asked key questions to better understand issues related to post permanency discontinuity. Our findings show promise for using a set of questions related to familial issues to distinguish families who were struggling and those who seemed to be doing alright. These questions could be administered yearly to all adoptive and guardianship families, with targeted outreach directed at families whose responses suggest they may be at an elevated risk for post permanency discontinuity.

Child welfare jurisdictions interested in targeted outreach to adoptive or guardianship families may consider periodically checking in with families to assess their level of caregiver commitment and familial relationship (e.g., the parent or guardian's assessment of how well they can manage their child's behavior). Based on the responses received from this check-in, jurisdictions could consider targeting outreach to families based on responses to key familial relationship questions piloted with the QIC-AG project.

Maintain connections with families after adoption and guardianship. Connections to services, supports, and resources should begin prior to adoption or guardianship finalization and continue to be maintained after finalization.

Reduce barriers to post adoption service use and empower families to seek services and supports. This process may be made easier by maintaining connections through universal outreach, which includes providing information about availability and eligibility for services after adoption or guardianship finalization so that families know how and where to access supports and services.

Offer support through periodic, targeted outreach to families who exhibit characteristics that suggest they may be at an increased risk for post permanency discontinuity. This could be, for instance, annual check-ins with families to see how they are doing.

Support is important. Families reported that at times what is needed is a friendly voice on the other end of the phone who can listen to struggles regarding birth family contact or provide support for older caregivers. Other times it is helping to get intensive residential treatment services for their child without relinquishing custody. Participants reflected on the important social connections (informal social support) made by attending sessions. Survey respondents reported that they needed formal support from the child welfare and school systems, as well as support in accessing services for their child post-permanence. It is important to understand what *support* means to the family and to find a way to offer it in a timely manner.