

## **QIC-AG Final Center Evaluation Report**

***Project Period: October 2015 – July 2019***

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**Final Center Evaluation Report QIC-AG  
Covering October 2014<sup>1</sup> – July 2019**

**Chapter 1: Evaluation Overview**

**A. Origins of Center Evaluation Plan**

Spaulding had originally contracted with another organization to conduct the QIC-AG center evaluation during the first year of the project; however, the organization was unable to continue in that role. On December 15, 2015, Spaulding for Children executed a contract with the University of Nebraska-Lincoln, Center on Children, Families and the Law (UNL-CCFL) to conduct the QIC-AG center evaluation. On January 1, 2016 UNL-CCFL assumed responsibility for conducting this evaluation focused on the internal project processes, outcomes, and dissemination activities.

The following key steps were followed once UNL-CCFL assumed responsibility for implementing the QIC-AG Center Evaluation Plan:

- Reviewed site and cross-site evaluation plans to ensure understanding of complementary or unique roles of each evaluation
- Developed a logic model specifically for the center evaluation to ensure shared understanding of its activities, outputs, outcomes, and objectives within the context of the larger project
- Reviewed existing and possible measures
- Reviewed center evaluation data that had already been collected
- Reviewed relevant project plans
- Developed data collection plans for each type of evaluation (implementation, outcome, and dissemination) that identify what variables or information will be measured, as well as the potential data sources, timing, and responsible parties
- Developed evaluation design and data analysis plans
- Developed and revised measures as needed
- Implemented data collection plans
- Analyzed data and summarized results

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<sup>1</sup> This report primarily covers the evaluation activities conducted by the University of Nebraska-Lincoln beginning on January 1, 2016. Center evaluators have attempted to summarize and integrate the limited information provided by the previous evaluator where appropriate.

## B. Goals of the Center Evaluation

The overarching goal of the center evaluation is to assess the extent to which the QIC-AG achieved their goals and objectives. These specific goals and objectives will be discussed in section C of this chapter (*Center Evaluation Overview*). Throughout the course of the project, center evaluators analyzed the processes utilized by the QIC-AG to meet its goals and objectives, the extent to which those objectives were met, and the extent to which it built the capacity of project sites.

## C. Center Evaluation Overview

Center evaluators used three evaluation categories to assess project functioning and success: Implementation, outcome, and dissemination. Each of these evaluation components is characterized by its own associated research question(s) and data collection plan. Please see Chapter 2 for more detailed information about the evaluation methodology.

The goal of using a comprehensive approach for center evaluation was to ensure that the QIC-AG built the capacity of child welfare agencies to implement and evaluate (or participate in the rigorous evaluation of) evidence-supported interventions aimed at improving the continuum of services, from pre-permanence through post-permanence. Through this comprehensive approach, the QIC-AG also hoped that at the end of the project interested parties and key stakeholders would understand:

- If, how, and to what extent the goals and objectives of the QIC-AG were accomplished (or why they were not); and
- Specific choices, modifications, and paths that were selected along the way

### *Implementation Evaluation*

The goal of the implementation evaluation is to provide an assessment of QIC-AG objectives met over the course of the project. Center evaluators examined the various processes used by the QIC-AG to determine whether, and to what extent, they contributed to the QIC-AG meeting its goals and objectives. The specific objectives examined in the implementation evaluation include the achievement of center work plan activities, achievement of meeting and webinar learning objectives, the building of a reciprocal learning community, and the creation of tools and resources for the field. The following research questions are examined within the implementation evaluation:

- 1) Did the QIC-meet its stated objectives?
- 2) What were the QIC-AG outputs?
- 3) Was the process that the QIC-AG utilized to meet its objectives successful?

### *Outcome Evaluation*

The purpose of the outcome evaluation is to measure the outcomes and impact of the QIC-AG. The specific outcome of interest for center evaluators was focused on increasing the capacity of project sites to provide services and supports along with QIC-AG permanency continuum. The following research question is examined within the outcome evaluation: Did the QIC-AG make gains in building the capacity

of the sites? To answer this question, center evaluators assessed the extent to which the following key outcomes outlined in the QIC-AG logic model were achieved over the course of the project:

- 1) The QIC-AG will build a body of knowledge of the correct combination of supports, services, and interventions that work best to ensure resiliency and stability for youth in a permanent home.
- 2) Child welfare agencies have increased capacity to provide services and supports along the continuum.
- 3) Child welfare agencies integrate project knowledge into their policy, processes, and practice.

#### *Dissemination Evaluation*

The primary goal of the dissemination evaluation is to measure the extent to which the QIC-AG was able to move information targeted at improving pre-permanence and post-permanence services and supports to appropriate child welfare (and other child and family-serving) audiences. To this end, the center evaluation examined QIC-AG dissemination processes and outcomes. The QIC-AG Dissemination Plan, finalized in April 2016, identified four primary dissemination goals, target audiences, and specific strategies for achieving these goals. Two of the four QIC-AG dissemination goals originally outlined in the QIC-AG Dissemination Plan were modified in January 2018 to address measurement issues and better align with the trajectory of the project. The original and revised QIC-AG dissemination goals are as follows:

1. Create awareness of the need to support families from pre- to post-adoption and guardianship
2. Increase demand for information about pre- and post-adoption and guardianship services
3. Change the perspective of professionals in child welfare to consider safety, permanence, and well-being past finalization
  - a. Revised: Change the perspective of professionals in child welfare/related fields regarding the importance of pre-post permanency services
4. Increase the use of evidence-supported pre- and post-adoption and guardianship resources and interventions
  - a. Revised: Increase awareness of practices/interventions that may support families pre- and post-permanence

## Chapter 2: Evaluation Methodology

### A. Evaluation Design

For the purposes of this evaluation, center evaluators adopted the definition of process evaluation developed by James Bell Associates<sup>2</sup>. In short, a process evaluation includes descriptive information about the types of program activities, characteristics of program participants, characteristics of the staff offering the service, frequency and duration of services, scope of services, service dosage, fidelity to the service model, and client satisfaction. This definition includes a subjective assessment of participant perceptions and satisfaction with the processes. As outlined in Chapter 1, section C (*Center Evaluation Overview*), the center process evaluation is comprised of three distinct components: Implementation evaluation, outcome evaluation, and dissemination evaluation. More details about the design and data collection within each evaluation component can be found in section C (*Data Sources for Evaluation*) of this chapter.

Center evaluators utilized a combination of both quantitative and qualitative data to capture a robust collection of data. This type of mixed methods approach is considered to be an industry best practice. Quantitative data, which is in numeric form, allows evaluators to perform descriptive statistical tests and analyses on the data. These analyses give a snapshot of a population and provide important insights about trends in the data, differences between groups, and demographics of a population. Qualitative data, which is data that is not in numeric form, can aid in the interpretation of quantitative data and also provide additional details that are not captured in quantitative studies. Conducting qualitative research allows evaluators to explore “how” or “why” specific phenomena occur and/or operate in a particular context.

### B. Population and Sampling

Throughout the course of the project, center evaluators have attempted to collect data from a variety of different sources:

- Key site personnel, including Site Implementation Managers, Site Coordinators, and Site Representatives
- Site Consultants
- QIC-AG Partners and members of leadership
- The QIC-AG Professional Consortium
- Members of QIC-AG’s national target audiences
  - Child welfare professionals and practitioners
  - Child welfare program administrators
  - Intercountry/private domestic adoption agency professionals
  - Researchers/evaluators
  - Intermediary organizations
  - Professionals outside child welfare who work with children and families

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<sup>2</sup> James Bell Associates. (2007). *Evaluation Brief: What’s the Difference? Understanding Process and Outcome Evaluation*. Arlington, VA. October 2007.

### C. Data Sources for Evaluation

All data was collected and analyzed by center evaluators at UNL-CCFL. Quantitative survey data was primarily collected through Qualtrics, an online survey platform, although in-person surveys were administered whenever feasible. Qualitative interview and focus group data were collected in person and over the phone. All survey and interview items were developed by center evaluators in consultation with QIC-AG leadership. Please note that the measures and data sources used in the center evaluation were designed to assess multiple evaluation questions, outcomes, and goals. Therefore, any given data source may be used more than once in different sections. Table 1 provides an overview of the data sources used in the three evaluations.

Table 1. Sources of data for the center implementation, outcome, and dissemination evaluations

	<b>Implementation</b>	<b>Outcome</b>	<b>Dissemination</b>
<b>Completion of QIC-AG Work Plan activities</b>	X		
<b>Partner interview feedback</b>	X	X	X
<b>Site personnel (SIMs, Site Coordinators, Site Representatives) interview feedback</b>	X	X	
<b>Site Consultant interview feedback</b>	X	X	
<b>Professional Consortium member survey feedback</b>		X	X
<b>Dissemination tracking spreadsheet</b>	X		X
<b>NMT certifications</b>	X	X	
<b>Post-event surveys</b>	X		X
<b>Quarterly site reports</b>	X	X	
<b>Macro-barrier tracking spreadsheet</b>	X		
<b>QIC-AG website</b>	X	X	

<b>QIC-AG semi-annual reports</b>	X	X	X
<b>Dissemination Surveys</b>		X	X
<b>Website analytics</b>		X	X
<b>Capacity Assessment</b>		X	
<b>Continuum Assessments</b>		X	

*Implementation Evaluation*

Over the course of the project, center evaluators engaged in numerous activities to gather the necessary information about QIC-AG processes to answer the implementation evaluation research questions. The implementation evaluation was conducted through monitoring of activities and outputs compared to the approved work plan, discussions with the leadership team, examination of cross-site implementation challenges and capacity building activities, review of macro barrier logs, and periodic interviews with key site personnel. Specifically, the following categories of measures provided process and implementation data that were analyzed for this evaluation:

- 1) Review of documents and records
  - Work plans
  - Quarterly reports
  - Meeting/training/webinar materials
  - Semi-Annual Reports
  - Dissemination tracking and macro-barriers spreadsheets
- 2) Analysis of the QIC-AG website
- 3) Interviews/discussions with
  - QIC-AG Partners
  - Site Consultants
  - Key site personnel (Site Implementation Managers, Site Coordinators, Site Representatives)
- 4) Post-event participant surveys

*Outcome Evaluation*

Data to assess QIC-AG outcomes were obtained through many of the same survey and interview measures described in the previous *Implementation Evaluation* section. Specific indicators examined for the outcome evaluation were perceptions of the impact of QIC-AG capacity building activities, satisfaction with capacity building activities, perceptions of the extent of integration of project

knowledge into the jurisdiction's operations, and specific examples of changes made to agency policy and practices. A specific Capacity Assessment survey was also administered during the final year of the project to assess the sites' perceptions of capacity building in their agencies as a result of their involvement with the project. The center evaluators had planned to utilize data contained within the QIC-AG continuum assessments to gauge pre versus post-intervention capacities; unfortunately as of the evaluation close date, only two of the eight QIC-AG project sites completed the relevant section of this assessment update. Thus, this analysis could not be conducted due to missing data. Additionally, the utilization of the QIC-AG's intervention catalog, literature review, intervention selection tools, and continuum assessment was analyzed using website analytics and specific target audience survey questions. Specifically, the following categories of measures provided outcome data that were analyzed for this evaluation:

- 1) Review of documents and records
  - Quarterly reports
  - Semi-annual reports
- 2) Analysis of the QIC-AG website and associated analytics
- 3) Interviews/discussions with
  - QIC-AG Partners
  - Site Consultants
  - Key site personnel (Site Implementation Managers, Site Coordinators, Site Representatives)
- 4) Survey responses
  - Dissemination Surveys
  - Capacity Assessment
  - Professional Consortium member surveys

#### *Dissemination Evaluation*

As previously discussed, the center evaluation examined the achievement of four key dissemination goals. The center evaluation data collection plan identified the following measures and methods used to gather information about the QIC-AG's dissemination activities throughout the course of this project:

- Review of dissemination records (requests and dissemination efforts) and products produced (e.g., reports, tip sheets, briefs)
- Analysis of website data
- Post-event participant surveys
- Periodic surveys of target audiences for dissemination products and activities

More specifically, center evaluators primarily evaluated dissemination goal #2 by examining the change in the number of requests for materials and presentations by the QIC-AG over time. Dissemination goals #1, 3 and 4 were evaluated by using surveys of target audience members, when feasible, to gauge extent of awareness and perceptions of the impact of QIC-AG dissemination activities on the following: Awareness of the need to support families pre- to post-permanence, former and current perspectives and impact of the QIC-AG on changes in perspective, awareness of practices that may support families pre- and post-permanence, and specific examples of changes in the use of QIC-AG resources and

interventions. Finally, achievement of all dissemination goals were evaluated through target audience dissemination surveys administered in years 4 and 5 of the project. During these surveys, QIC-AG listserv members were asked about their perceptions of the products they have received and about the effectiveness of these products in achieving QIC-AG goals.

Throughout the project, dissemination efforts were tracked using a shared Google spreadsheet with three tabbed sections: Request for Materials, Requests for Presentations, and General Dissemination. This spreadsheet was used to track the fulfillment of requests for information, conference presentations given by members of the QIC-AG team, and the dissemination of the various QIC-AG products produced. The following categories of measures provided dissemination data that were analyzed for this evaluation:

- 1) Review of documents and records
  - Dissemination tracking spreadsheet
  - Semi-Annual Reports
- 2) Analysis of the QIC-AG website and associated analytics
- 3) Interviews/discussions with QIC-AG Partners
- 4) Survey responses
  - Post-event surveys
  - Dissemination Surveys
  - Professional Consortium member surveys

#### D. Limitations of Evaluation

The center evaluation design does not have sufficient rigor to allow for causal inferences. Furthermore, some activities (capacity building and dissemination) share essentially the same outcome (increasing the use of evidence-based practices); therefore, center evaluators are unable to differentiate the impact of capacity building and dissemination activities on this outcome. Additionally, practical constraints did not allow for some measurements of change to be collected through pre/post or repeated measures over time. For these change measures, it was necessary to collect retrospective self-report data. Finally, measurement of the QIC-AG's entire target audience was not feasible. While the populations surveyed as part of this evaluation (e.g. QIC-AG listserv members, national webinar attendees, etc.) are presented as representative samples of the QIC-AG's target audience, it should be noted that data was collected from a convenience sample whose responses may not represent the perspectives of the QIC-AG's full target audience.

### Chapter 3: Implementation Evaluation – Findings & Interpretation

Broadly speaking, the implementation evaluation measures objective and subjective indicators of center work plan activities, including the completion of activities, outputs and products generated, and perceptions or satisfaction with the process or products. The strategies for measurement included: reviewing documents and records such as work plans and dissemination products; analyzing QIC-AG website data; conducting interviews of key participants such as partners, SIMs, Site Consultants and Project Coordinators; and administering surveys to assess participant perceptions and satisfaction with webinars, meetings, website use, and capacity building activities.

**Evaluation Question 1:** Did the QIC-AG meet its stated objectives?

*1) Data Source: Completion of QIC-AG Work Plan activities*

The QIC-AG work plan consists of 7 primary objectives, each with associated tasks:

- To build a body of knowledge of the correct combinations of supports, services, and interventions that work best to ensure resiliency and stability for youth in a permanent home.
- To support innovative, collaborative, and effective practices in the development of supports, services, and interventions, and the strategies for each of the project sites.
- To ensure project sites can assess and match appropriate service interventions and service-delivery mechanisms that effectively match the needs of children/youth and their adoptive parents/legal guardians to ensure ongoing stability and enhanced resilience.
- To assist sites to conduct comprehensive screening and functional assessments of children/youth to ensure appropriate service intervention. Services will be available, accessible, culturally responsive, and effective to meet behavioral/mental health needs.
- To develop, in partnership with the 6-8 sites, a system of culturally responsive evidence-based services to improve permanency and stability outcomes for children and youth in adoptive/guardianship homes to meet the target population's needs and extend post-permanency supports and services to the general post-adoption/guardianship population in the selected sites.
- To complete an evaluation of each site and produce new, evidence-based models of support and intervention that increase resiliency and assure permanency and stability for youth in adoptive/guardianship homes.
- Evaluate the Center on 1) meeting the stated objectives, 2) generating outputs, 3) building capacity of the sites; 4) meeting the dissemination goals, 5) utilizing a successful process that assists the Center in achieving outcomes, 6) meeting requirements of RFA, and 7) ensuring site satisfaction with assistance.

Work plan progress was tracked and reviewed quarterly, then reported on in semi-annual reports. It should be noted that over the course of the project, tasks were both added to and deleted from the center work plan as adjustments and refinements were made to address specific opportunities or barriers encountered. Overall, the data suggest that the QIC-AG consistently completed a majority of their work plan tasks during each six-month reporting period over the course of the project. Generally

speaking, tasks that were not completed in their originally assigned work period were reassigned and completed in a later project period. For example, the first year plans had anticipated sites completing more of the Identify and Explore tasks than were actually accomplished, but these tasks were completed in the subsequent years. Pushing back the timeframes for installation and implementation in the sites allowed more time for the essential foundations of the work to be established, through activities such as determining the specific geographic areas and subpopulations of focus; analyzing site-specific data to determine the number of children for each target group; working with sites to select culturally responsive interventions; completing PICO templates; developing sampling plans; and working with sites to develop implementation plans. Recognizing the need to conduct a thorough assessment of the sites before picking an evaluable intervention and moving forward with implementation planning, the QIC-AG leadership team pushed back the date for clients to enter into their evaluable interventions from January 2016 to June 2016. As a result, many of the tasks associated with implementation planning and submission of state IRB protocols were moved to the second year of the grant. The execution of data sharing agreements were also impacted by external barriers, which resulted in delays in the QIC-AG accessing site data according to the original work plan schedule. All of these activities were ultimately completed, but the extension of time lines may have impacted the length of time available to fully implement the interventions in the sites, reducing uptake numbers in some sites.

There were two QIC-AG work plan activities that appear to have not been completed at the close of the center evaluation data collection period (July 31, 2019). These were:

- The collection of short term outcomes of fidelity measures from each site was delayed in light of the delays with installation and implementation. Ultimately, reports to some sites on short term outcomes could not be provided. Some sites were given information on uptake and fidelity but not on short term outcomes. In at least one site, adjustments to the short term outcome data collection plan were required, changing the short term outcome survey to an interview format.
- The development and administration of a cross-site survey to site personnel engaged in NMT certification regarding NMT certification satisfaction and outcomes; summarize data and produce data brief. Delays in completion of NMT certification and logistical issues prevented the execution of this survey for the center evaluation.

## *2) Data Source: Year 5 Partner Interview feedback*

In the final months of the project, center evaluators conducted interviews with six of the QIC-AG Partners to gather their perceptions about the achievement of center's primary objectives. Overall, responses indicated that while many partners believe that progress was made toward achieving these objectives, several of them were not fully achieved as originally conceptualized due to lack of time to obtain robust site evaluation data. The achievement of center objectives, which contained verbiage such as "correct", "effective", and "evidence-based" related to the interventions and which attempted to tie interventions with long term outcomes, was significantly limited by the time constraints of the evaluation. Comments conveyed the importance of needing this important evaluation data before suggesting what interventions should and should not be replicated or adapted by other agencies.

- *Objective 1: To build a body of knowledge of the correct combinations of supports, services, and interventions that work best to ensure resiliency and stability for youth in a permanent home.*

While the majority of Partners reported that the project has generated a substantial amount of information that contributes to building this body of knowledge, several Partners found themselves concluding that there may not be one *correct* combination of services for this population. Half of the Partners also mentioned that time constraints prevented evaluation data about the effectiveness of the interventions from being available.

- *Objective 2: To support innovative, collaborative, and effective practices in the development of supports, services, and interventions and the strategies for each of the project sites.*

A majority of Partners reported that effective collaboration happened at both the site and cross-site levels. Comments noted that despite obstacles, the QIC-AG generally helped sites bring together effective teams backed by the commitment of their stakeholders. The only aspect of this objective that was specifically mentioned as not being achieved was the idea of these practices being *effective*, since due to time constraints the evaluation of the data that is currently available does not allow for a full examination of the outcomes or a comprehensive understanding of the effectiveness of these interventions.

- *Objective 3: To ensure project sites can assess and match appropriate service interventions and service-delivery mechanisms that effectively match the needs of children/youth and their adoptive parents/legal guardians to ensure ongoing stability and enhanced resilience.*

Partners noted that while the first half of this objective was largely achieved, the project was unable to examine the impact of the interventions on the long term outcomes (enhanced stability and resilience). All Partners reported that the sites have gained valuable tools (e.g. the permanency continuum, implementation science, evaluation) that have assisted them in assessing their agency systems and needs. The majority of Partners, however, noted that tying the interventions to stability and resilience was not achieved based on the available data.

- *Objective 4: To assist sites to conduct comprehensive screening and functional assessments of children/youth to ensure appropriate service intervention. Services will be available, accessible, culturally responsive, and effective to meet behavioral/mental health needs.*

The majority of Partners felt that this objective was initiated in some of the sites, but not fully achieved. Several Partners felt that the NMT training offered to sites was the most concrete example of how the QIC-AG attempted to achieve this objective. Comments suggest that while the initial capacity was developed in the sites that opted in to this training, it now falls on the sites to continue integrating this new knowledge into their systems of practice. Most Partners agreed that services were made available and accessible to families, and that sites strived to adapt their interventions according to cultural values and stakeholder input. The effectiveness of these services in meeting behavioral/mental health needs (a long term outcome), however, is unknown.

- *Objective 5: To develop, in partnership with the 6-8 sites, a system of culturally responsive, evidence-based services to improve permanency and stability outcomes for children and youth in adoptive/guardianship homes to meet the target population's needs and extend post-*

*permanency supports and services to the general post-adoption/guardianship population in the selected sites.*

While one Partner felt that this objective was fully achieved, others reported that it was only partially achieved. Five out of the six Partners agreed that the interventions were indeed implemented with cultural responsiveness in mind. A few Partners referred to a more inclusive definition of cultural responsiveness that included agency culture, community values, and subgroups of the populations being served (e.g. transracial adoption families, families who have adopted privately, etc.). Partners were evenly split on whether the interventions met the needs of their target populations; those looking to data that speaks to this point reported that while there are some promising trends that suggest family needs were met in some sites, a conclusive answer is simply not known. Those who did not feel they had to rely on data to assess this part of the objective reported that sites succeeded for the most part in addressing the needs identified by their specific target populations. Only two of the six Partners felt confident these services could be extended to a more general audience. Most Partners pointed to the *evidence based* verbiage and long term outcomes within this objective as the primary components that were not achieved.

- *Objective 6: To complete an evaluation of each site and produce new, evidence-based models of support and intervention that increase resiliency and assure permanency and stability for youth in adoptive/guardianship homes.*

The vast majority of Partners reported that while this objective was not fully achieved due to time constraints on the evaluation (which prevented the assessment of the interventions' impacts on long term outcomes), the project did succeed in identifying some promising practices that warrant further testing.

- *Objective 7: Evaluate the Center on 1) meeting the stated objectives, 2) generating outputs, 3) building capacity of the sites; 4) meeting the dissemination goals, 5) utilizing a successful process that assists the Center in achieving outcomes, 6) meeting requirements of RFA, and 7) ensuring site satisfaction with assistance.*

Partners were not asked to provide feedback to center evaluators about the center evaluation.

*Summary of Results for Evaluation Question 1: Did the QIC-AG meet its stated objectives?*

A review of the data indicates that the vast majority of tasks identified by the QIC-AG as key components to achieving center objectives were achieved. The full achievement of the center objectives, as they were originally conceptualized and worded, was significantly impeded by the time constraints placed on the site evaluation. Data collected throughout the project suggests that the planning and implementation phases of the project took more time than anticipated, which resulted in less time to evaluate the effectiveness of the interventions and their potential impact on long term outcomes. These factors, combined with site challenges in family outreach and uptake (discussed later in this report), contributed to low sample sizes in several sites which may be masking statistically significant differences between intervention and control groups. Therefore while some components of these center objectives were able to be achieved (e.g. contribution to a body of knowledge, effective collaboration with sites, implementation of culturally responsive interventions), the aspects dependent on evaluating the interventions' effectiveness and outcomes were not.

## Evaluation Question 2: What were the QIC-AG outputs?

### 1) *Data Source: Processes/Tools Created and Adapted*

The QIC-AG created and/or adapted a number of processes and tools as part of this project. These included:

- *Site Consultant Model*: A model of consultation and technical assistance that allows for tailored technical assistance to each site through the use of expert consultants. These consultants leverage their subject matter expertise and experience to provide direct assistance to their assigned sites in effectively designing and implementing interventions that match the needs of their target population.
- *Site Implementation Manager (SIM) Position*: Responsible for leading the implementation of the QIC-AG project in collaboration with the QIC-AG implementation/evaluation teams. Key responsibilities include the following:
  - Assist with the data sharing agreement and ensure data collection is conducted as prescribed by the evaluation team throughout the project.
  - Work with the QIC-AG team to complete of the population template, theory of change, logic model.
  - Lead the development of a site implementation plan.
  - Coordinate and manage project responsibilities and the implementation timeline to ensure that tasks are completed in a timely manner.
  - Assist with the execution of the evaluation plans.
  - Ensure that the project and services are developed and delivered in compliance with site and state policies and standards, and meet all required guidelines, regulations and budgetary constraints.
  - Attend weekly phone meetings and quarterly on-site, in-person meetings with the QIC-AG implementation/evaluation teams.
  - Attend annual all-site meetings (off-site).
  - Organize and establish internal meetings as necessary to complete the tasks associated with the implementation process.
  - Complete and submit progress reports to QIC-AG leadership team as required.
  - Manage/Coordinate all aspects of building implementation supports including:
    - Staff recruitment and selection, training, and coaching
    - Fidelity
    - Identification and use of data that can support decision making
    - Leadership and stakeholder supports
    - Policies and practices
    - Resources
  - Manage the ongoing functioning of implementation supports to ensure effectiveness.
  - Ensure the completion of the IRB as necessary and that all data necessary for the site specific and cross site evaluation plan is collected and shared with QIC-AG and university partner as appropriate.
  - Manage communication between all components of the teaming structure.
  - Manage teaming structure/implementation team; act as a liaison/facilitator across operational teams.

- Assist in the management of fiscal operations by coordinating the annual budget development process, tracking expenses, and developing budget revisions when needed.
  - Coordinate the development and implementation of a site specific dissemination plan.
  - Coordinate with university partner in facilitating evaluation activities.
- *Site Selection Process:* Materials used to guide and facilitate the site selection process to ensure partner sites were aligned with the goals of the project and that the sites fully understand the expectations of participation. The following materials were utilized:
  - QIC-AG Assessment Framework – Delineates a three phase assessment process to guide the site selection process: pre assessment, initial assessment, and full assessment. Each assessment phase is focused on answering a specific question or identifying a specific outcome related to the following categories: Organizational Demographics, Population, Data Capacity, Continuum of Services/Interventions, Organizational and Evaluation Readiness, and Sustainability.
  - Pre- and Initial Assessment Templates for state/county and Tribal communities – Used to assess sites and tribal communities during the pre and initial assessment phases of site selection.
  - Site Selection Rating Form - Allows rater to assign points to potential sites for organizational and evaluation readiness, data capacity, continuum of services, and overall fit with the project.
  - Site Expectations/Tribal Site Expectations – Clearly delineates the expectations of the sites to ensure thoughtful decision making about committing to the project for state/county and tribal communities.
- *Data Sharing Process:* Contracts developed to govern the terms of the relationship between sites and other entities working together to fulfill the purpose of the project. The following materials were utilized:
  - Memorandum of Agreement – Contract which clearly defines the goals, objectives and outcomes of the project, and delineates clear expectations regarding obligations and responsibilities.
  - Data Use Agreement – Contract between the evaluators and the sites that delineates how data will be shared, used, and stored.
- *Intervention Selection Process:* Materials used to ensure that an intervention is chosen that meets the needs of a deliberately identified population. The following materials were utilized:
  - Population Template – Assists sites in clearly defining a population that will be the target of the evaluable intervention associated with the QIC-AG.
  - QIC-AG Continuum Assessment – Assists site in considering the organizational structure and the service delivery system that impact the QIC-AG target populations.
  - Theory of Change – Provides instructions for developing a road map that addresses how and why change will happen in a practice through the determination of the root cause, development of the steps from the root cause to the intended outcome, expansion of the steps from the root cause to the intended outcome to include details that support the logic, and address the root cause.

- Stakeholder Meetings Materials – Used to gather information from consumers of permanency services and supports. Materials include questionnaires, consent, and an introductory letter.
- NIRN Hexagon Tool – Assists sites in considering the “value” of an intervention by assessing need, fit, existing and required resources, and level of evidence supporting the intervention.
- PII Purveyor Interview Tool – Provides structure and guidance to sites who are interviewing intervention purveyors to ensure proper vetting.
- *Implementation Planning Process:* Materials used to guide sites’ thinking and consideration of the “what, how, and who” of offering their selected intervention. During this process site teams explored and documented what was being implemented, how the system would be readied to support the intervention, and who is going to do the work. The following materials were utilized:
  - Initial Design and Implementation Plan – Serves as a tool to strategically plan for successful implementation of the initiative and to ensure that the initiative has intervention validity and implementation integrity.
  - PICO Questions – Serves as a tool to assist sites in the development of research questions based on their target population (P), intervention (I), comparison group (C), and target outcomes (O).
  - Logic Model – Graphical depiction of the relationship between program inputs, implementation supports, program outputs, short term outcome, and long term outcomes as well as factors such as external conditions and end values.
  - Work and Communication Plan – Organizes and captures the activities that must be completed during all phases of implementation, as well as to accomplish tasks that support sustainability, dissemination, and communication.
  - Communication Planning Guide – Provides instructions for completing the Communication Plan.
  - Directions for Work Plan – Provides instructions for completing the Work Plan.
- *Implementation Support Assessment:* Assists site teams in determining whether the implementation supports facilitate the delivery of the intervention in the manner that was anticipated or needed.
- *Usability Testing and Tracking Form:* Provides a structure for delineating the questions that must be answered to ensure the intervention is being delivered as intended, what metrics will be used to answer the questions, what was learned from examining the metrics, what changes were made as a result of the what was learned, and the results of the changes that were made.
- *Teaming Process:* Tools used to guide sites’ thinking about how to build and engage effective project teams. The following materials were utilized:
  - Teaming Structure – Document used to assist sites in developing a teaming structure that includes topics such as the characteristics of effective teams, essential teams and their functions, the importance of a team charter, and communication linkages.
  - Team Charter – Describes the work a team will do, how that work will be done, and who on the team is responsible for the various work areas.

- *Financial Structure*: Tools to assist sites with budget management, federal reporting, and to inform cost evaluations. The following materials were utilized:
  - Cost Planning Template: Provides direction and structure for developing an installation and implementation budget.
  - Cost Planning Narrative: Explains how costs were estimated and justifies the need for these costs in the sites' budgets.
- *Site Work Plan Template*: Delineates the tasks needed to be accomplished by sites to support the identification, installation, implementation, dissemination, and sustainability of their intervention. Additionally, capacity building and administrative tasks are also documented on the work plan.
- *Quarterly Site Reporting Form*: Provides a structure for sites to provide a comprehensive picture of the activities that were completed and milestones achieved over the reporting period. Elements of the form include the accomplishment of tasks designated on the sites' work plans, team meetings, barriers that were encountered, and changes made to the implementation, dissemination, and sustainability plans.
- *Sustainability Plan*: Focuses on the development of goals and tasks to advance critical elements of sustainability such as common vision, collaboration, resources, policy, and financing.
- *Dissemination Plan*: Materials used to guide sites in dissemination planning over the course of the project. The following materials were utilized:
  - QIC-AG Site Dissemination Plan Reference Guide – Provides an overview of the critical elements of dissemination that should be considered when developing a dissemination plan
  - Site Dissemination Plan Template – Provides a framework for developing a dissemination plan
  - Site Dissemination Tracking Form – Provides a structure for capturing critical elements of dissemination activities at the time of occurrence.
- *Adaptation of the National Implementation Research Network's (NIRN) Active Implementation Framework*: Adapted to provide individualized, tailored technical assistance to ensure sites match the appropriate intervention to the target population's needs.
- *Adaptation of the Children's Bureau Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*: Adapted to provide individualized, tailored technical assistance to ensure sites match the appropriate intervention to the target population's needs.

## 2) *Data Source: Technical Reports*

The QIC-AG team developed a number of technical reports as part of this project. These included:

- *Semi-Annual Reports (SARs)*: Served as performance progress reports outlining the major activities, challenges, and accomplishments of the Center and of the sites during the project period. These reports were written and submitted to the Children's Bureau at the end of the second (April) and fourth quarters (September) of each project fiscal year. Over the course of the five year project, a total of 10 SARs were submitted to the Children's Bureau.

- *Final Evaluation Report*: This 10 chapter report, developed by site evaluators, provides the site background, evaluation design, methods, findings, and cost evaluation that occurred at the eight project sites. These included three experimental, two quasi-experimental, and three descriptive studies. In addition to the 8 chapter site reports, the final report includes a chapter in Program Background and a chapter on the Cross Site report.

3) *Data Source: Meetings (webinars, PC meetings, all-site, etc.) with number of attendees*

The QIC-AG held a variety of meetings and trainings over the course of the project. These included:

- 5 Lessons Learned Webinars (Annual)
  - September 2015: "Child Welfare in the 21st Century: The Need for a Pre-Post Permanency Services Continuum", 111 participants
  - September 2016: "Child Welfare's Responsibility to Promote Child and Family Well-Being Post Permanency: The Need to Create a Robust Permanency Continuum Framework", 125 participants
  - September 2017: "The Challenges of Engaging Adoptive & Guardianship Families in Preventative Services", 223 participants
  - September 2018: "Developing an Adoption Competent Network of Providers", 89 participants
  - July 2019: "Implementation Lessons Learned", 87 participants
- 11 Quarterly Learning Opportunities (*Note: The quarterly learning opportunities listed in this section do not include the quarterly learning opportunities that took place at the annual all-site meetings*)
  - December 2015: "Lessons Learned from the Illinois Permanency Innovations Initiative", number of participants unknown
  - October 2016: "What Intercountry Adoption Agencies Should Know About the QIC-AG", 152 participants
  - December 2016: "Maintaining Sibling Connections", 29 participants
  - March 2017: "Aligning Public Will, Policy, and Practice for Kin", 65 participants
  - June 2017: "Understanding Evaluation Challenges in the Context of Child Welfare Practice", 36 participants
  - November 2017: "The Urgency of Seeing Color in Adoption and Foster Care", 51 participants
  - February 2018: "Promoting Attachments: Roots and Resilience", 91 participants
  - September 2018: "Introduction to LGBTQ Cultural Competency for Child Welfare Professionals", 107 participants
  - February 2019: "Talking With Children About Adoption", 217 participants
  - May 2019: "What you need to know to be a critical reader of evaluation report", 18 participants
  - June 2019: "Adoption Disclosure to Older Children/Teens: Assisting Parents and Supporting Youth", 96 participants
- 3 In-Person SIM Meetings (Annual)
  - April 2016: 25 participants
  - January 2018: 20 participants
  - April 2019: 14 participants
- 5 Site Consultant Meetings (Annual)

- April 2015: unknown
- January 2016: unknown
- March 2017: 14 participants
- January 2018: 9 participants
- January 2019: 9 participants
- 8 QIChat Webinars
  - February 2018: 66 participants
  - March 2018: 36 participants
  - April 2018: 42 participants
  - May 2018: 41 participants
  - June 2018: 50 participants
  - July 2018: 35 participants
  - August 2018: 36 participants
  - September 2018: 30 participants
- 5 Adoption Service Provider Webinar Series
  - May 2017: unknown
  - June 2017: 16 participants
  - July 2017: 51 participants
  - August 2017: 35 participants
  - September 2017: 19 participants
- 5 Professional Consortium Meetings (Annual)
  - September 2015: 61 participants
  - September 2016: 58 participants
  - April 2017: 53 participants
  - April 2018: 68 participants
  - September 2019: 80 participants
- 3 All-Site Meetings
  - September 2016: 23 participants
  - April 2017: 31 participants
  - April 2018: 36 participants
- Quarterly administrative planning meetings (*Notes: These meetings were not held during quarters that all-site meetings were held in. Additionally, they may have been cancelled during the months that the SIM meetings-not mandatory for Site Coordinators-were held*)
  - December 2015: unknown
  - March 2016: 36 participants
  - June 2016: 16 participants
  - September 2016: unknown
  - November 2017: unknown
  - January 2018: unknown
  - February 2018: unknown
  - September 2018: unknown
  - March 2019: unknown

4) *Data Source: Number of key project personnel*

The QIC-AG has developed and maintained a strong project personnel team that includes 11 SIMs, eight Site Coordinators, five Site Consultants, nine Partners, and 30 Professional Consortium Members. While

the project experienced some turnover in the SIM and Site Coordinator positions, these vacancies were filled in a timely manner.

5) *Data Source: QIC-AG website*

The QIC-AG website (<https://qic-ag.org>) went live in November 2015 and has been maintained by the Spaulding IT Administrator. This site provides visitors with information about the overall project as well as the partner sites, and provides a vast amount of resources (e.g. webinars, products, implementation tools, intervention catalog, etc.) that can be downloaded and utilized.

6) *Data Source: Conference presentations/dissemination products*

Over the course of the project, the QIC-AG team delivered 16 national conference presentations. The team also developed and disseminated 25 key products. More detailed information about these presentations and products can be found in Chapter 5 (*Dissemination Evaluation* section) of this report.

7) *Data Source: NMT certifications*

A critical objective of the QIC-AG was to help project sites increase their capacity to conduct comprehensive screening and functional assessments of children to ensure appropriate service intervention is determined and applied. To achieve this objective, the QIC-AG partnered with Dr. Bruce Perry to provide sites the opportunity to become certified in Neurosequential Model of Therapeutics (NMT). Details about this program and certification process can be found in the *Outcome Evaluation* section (Chapter 4) of this report.

All QIC-AG sites were offered up to two Phase I slots to be trained in NMT. The original QIC-AG NMT cohort began training on August 22<sup>nd</sup>, 2016 and included members from the Winnebago Tribe of Nebraska, Tennessee, Illinois, Vermont, Wisconsin, and North Carolina. Cohort members from Winnebago and Tennessee did not complete Phase I training, while 8 members (2 per site) from Illinois, Vermont, Wisconsin and North Carolina completed their certifications in July of 2017. Phase II training, which began in January 2018 and ended in July 2018, resulted in 5 Phase II certifications for cohort members from Illinois (1 member), Vermont (1 member), Wisconsin (1 member), and North Carolina (2 members).

8) *Data Source: Development of Learning Community*

*Professional Consortium*

Throughout the project, the QIC-AG has utilized various services (e.g. meetings, trainings, and opportunities for collaboration) in order to create a “reciprocal, enriching learning environment” among members of the QIC-AG team. A key element of creating this type of learning community was the development of the QIC-AG Professional Consortium (PC). The PC met twice during the first project year, and annually thereafter. Key site personnel were also invited to attend the annual PC meetings, providing them with the opportunity to draw upon the expertise of Consortium members. A review of participant surveys completed by meeting attendants indicate that the PC meetings were very well received over the course of the project. Meeting attendees consistently mentioned the small and large group discussions, networking with PC members and other project sites, and the opportunity to learn

from others as the most helpful aspects of these meetings. Additionally in 2017, site personnel were asked to rate the effectiveness (on a scale of 1 to 5) of the PC meetings they have attended over the course of the project. The average effectiveness rating across roles was 4.8 out of a possible 5. Common reasons provided for this rating included the opportunity to network with other sites and PC members, useful information and presentations, and the opportunity for attendees to get re-energized about the project.

### *Sharefiles*

The QIC-AG planned to create a structure for collaborative learning through the use of Sharefiles, a system that allowed Partners, SIMs, Site Coordinators, Site Consultants, and PC members to access information related to project work. Data gathered in annual site interviews indicates that some users struggled with access and information management within the Sharefile system early in the project. There was also a noticeable divide in who used the Sharefile system; interview data from 2017 indicates that while a majority of SIMs perceived the system as an effective tool overall, none of the Site Coordinators were using it at the time. As time went on, both site personnel (SIMs and Site Coordinators) and Site Consultants reported that although they found certain features of the system to be helpful (e.g. the centralized location, search engine, and version control), it was often plagued with technical issues. This suggests that it took some time for Site Coordinators, who are often administrators at their sites, to see a need for using the system. Some users also reported that they struggled to find information and that there needed to be more standardized folders. Although QIC-AG leadership incorporated that feedback and worked to make the Sharefile system more standardized and user friendly, data indicates that some people never fully bought in to the system and chose to use their own personal file systems for storage.

### *SIM Calls and Meetings*

QIC-AG leadership also spent time identifying the best way to foster a collaborative learning culture among the SIMs. Monthly SIM calls, quarterly learning opportunities, and all-site meetings were implemented, each of which provided SIMs with an opportunity to learn about topics relevant to their work in child welfare, engage in information sharing and cross-site learning, and receive important project updates. Feedback gathered during early annual site interviews revealed that many site representatives felt that collaboration and learning opportunities via the web or phone do not always allow for optimal collaborative synergy and personal connectedness. For example, when SIMs were asked in their 2017 site interviews<sup>3</sup> to rate the effectiveness (on a scale of 1 to 5) of their weekly SIM calls, the average rating was 3.7. Reasons for providing their ratings included a lack of participation and structure in these calls. Therefore, QIC-AG leadership decided to host annual in-person SIM meetings as a way to further foster these collaborative efforts.

In-person SIM meetings were held in April 2016, January 2018 (rescheduled from September 2017), and April 2019. Analyses of the post-event surveys for these meetings indicate that these meetings were very well received and that participants really enjoyed the opportunities for networking and collaboration that being in-person offered. At the first in-person meeting held in Detroit, SIMs suggested having a different site host the meeting each time. This suggestion was implemented in the subsequent meetings, with Tennessee hosting in 2018 and Wisconsin hosting in 2019. Data aggregated across the

three SIM meetings indicates that the majority of participants felt that the meeting topics and objectives provided relevant and useful information (86.9% agreed). The majority of participants also reported that they were able to ask questions, as well as contribute thoughts and insights during these meetings (72.4%). Additionally, the vast majority of participants reported that the meeting sessions increased their knowledge and understanding of the work being done at the various sites and about next steps in the project (97.5% of participants agreed). When asked what they liked most about the in-person SIM meetings, the most common response across all 3 events was that it provided people a chance to interact and bond with other SIMs, as well as learn from other sites. Survey respondents noted that, *“It’s so great to be with others going through this journey with you”* and that *“it’s comforting to hear other site experiences/challenges.”* Another SIM commented that the cross-site learning and discussion enabled them to *“brainstorm several next steps that will help with sustainability and dissemination ideas.”* In the last two site-hosted meetings, comments highlighted the value of being on-site for facilitating experiential learning.

### *Site Learning Opportunities*

Site personnel were provided with the opportunity to learn more about topics relevant to the permanency continuum and to their work in child welfare through the QIC-AG’s quarterly learning opportunities. Topics included maintaining sibling connections (December 2016), aligning public will, policy, and practice for kin, (March 2017), understanding evaluation challenges in child welfare practice (June 2017), transracial adoption and guardianship (November 2017), the role of trauma in building attachments between parents and children (February 2018), LGBTQ cultural competency for child welfare professionals (September 2018), talking with children about their adoption story (February 2019), how to be a critical reader of an evaluation report (May 2019), and talking with adolescents and young adults about their adoption story (June 2019). Data aggregated across these nine learning opportunities indicates that a majority of participants found the information presented to be relevant to the needs of their QIC-AG project site (84.1%) and that they gained new knowledge and/or skills relevant to their work in child welfare (86.7%). A majority of participants (81.7%) also reported that the various learning objectives of these webinars were achieved (91.8%) and that they were able to ask questions and contribute to the discussion (84.7%).

Over the course of the project, site personnel also attended in-person, all-site meetings which were considered to be in-person quarterly learning opportunities. Quarterly administrative meetings also occurred, but were not evaluated. Beginning in 2017, all-site meetings occurred annually on the day following the Professional Consortium meeting. Topics for these meetings included integrating international and private adoptions (March 2016), sustainability planning (September 2016), dissemination planning (June 2016), implementation challenges and messaging (April 2017), and openness in adoption (April 2018). Analyses of the post-event surveys for these meetings indicate that participants were able to ask questions and contribute to the discussion (71.5%), and that topics were relevant and provided information useful to the work of the project (90.6%). A majority of participants (83.7%) also reported that they gained new knowledge or skills as a result of attending these meetings and that the learning objectives were achieved (91.8%).

### *Collaborations*

<sup>3</sup> It should be noted that center evaluators were specifically asked by QIC-AG leadership to assess the effectiveness of these calls in the 2017 interviews and that this was not asked about in subsequent interviews.

In April 2017, site personnel were asked to begin reporting on any collaborations that had occurred with other Centers or Children's Bureau Grantees to further the work being done in their site. Data analyzed between April 2017 and June 2019 indicates that seven out of the eight project sites engaged in these types of collaborative efforts.

In collaboration with post-adoption providers in North Carolina, the Success Coach Supervisor in Catawba County developed a policy specifically to provide adoptive families with respite support, to create an agency policy on illicit custody transfers, and to develop a plan to train and provide awareness to local DSS agencies regarding this information. The Success Coach Supervisor and staff also assisted the Wisconsin site with thinking through the process of client service closures and terminations.

The Illinois site collaborated with the National Training Initiative (NTI) throughout the project as they worked to develop adoption competency training curricula for child welfare workers and mental health professionals. Illinois and NTI explored opportunities to support one another and the respective efforts of the two projects. The SIM in Illinois continues to maintain communication with their assigned NTI consultant about other possible opportunities for collaboration in the future.

New Jersey had conversations with other QIC-AG sites about their work to inform decisions about incorporating lessons learned and tools created through the project into New Jersey's adoption operations work. As a result of these discussions, the adoption operations area is considering replicating the use of a survey like Vermont's or North Carolina's to learn the needs of its constituents. At the time of center evaluation closeout (July 31, 2019) there was still an interest in implementing this type of survey, but no plans have been solidified.

The Vermont team collaborated with the Illinois site team, which was exploring strategies to enhance outreach to the post-permanency population. The two site teams discussed outreach techniques used in the state of Vermont. Additionally, Vermont worked with the National Training Initiative (NTI) to secure a timeslot for them to present at a provider focused day of Vermont's summit on August 15, 2019.

The Winnebago Tribe of Nebraska collaborated with the Wisconsin site team to obtain their legislative language for providing adoption assistance to families choosing customary adoption in hopes of modifying the Tribe's process. The process in Wisconsin provided a helpful context because it acknowledges the sovereignty of tribes and has language stating that as long as 1) adoption assistance is requested prior to finalization, 2) the tribe has guardianship of the child, and 3) the prospective adoptive parent meets tribal eligibility, licensure, and placement requirements, adoption assistances will be approved. This information will be helpful in future if the tribes in Nebraska want to introduce legislative amendments; it may be possible for the Tribes, Nebraska Department of Health and Human Services, and Legislators to collaborate on passing a statute acknowledging Customary Adoption as a permanency option which is subsidized.

In collaboration with the Capacity Building Center for States, the Wisconsin team added an expanded section on quality contacts with families to their intervention manual. This section included key elements of "Defining Quality Contacts", developed and distributed by the Center, which includes the core components and characteristics of quality contacts and includes a more expansive discussion of worker activities before, during, and after visits. Additionally, the Wisconsin site team collaborated with

the Success Coach Supervisor in Catawba County to gain insight into the challenges surrounding closing families to the intervention.

Finally, in the 2019 annual interviews, SIMs and Site Coordinators were asked to reflect on whether and how this project has changed their perspectives about connecting and collaborating with other child welfare agencies. 91% of SIMs and 100% of the Site Coordinators who were interviewed reported that this project either positively changed or reinforced their perspectives about collaborating with other agencies in this way. One SIM noted that, *“I think it’s so hard to do (this type of collaboration) unless there’s something that brings people together. Everyone’s so busy and there are so many different policies across states; but it’s great to see that at the end of the day we have a lot of the same barriers and issues, and people have different ideas about how to solve these. It’s been great to have a ‘forced’ reason to come together and collaborate in this way. I wish we got to do more of that.”* One of the Site Coordinators reported that while it didn’t change their perspective on collaboration, *“It reinforced it. Everybody has the same goal, so it makes sense to examine how we can intersect where it makes sense, support each other, and learn from each other so we don’t always have to reinvent the wheel.”*

#### *Achievement of Learning Community*

Within the annual interviews specific questions were also asked about progress towards, and achievement of, the creation of this learning community. According to interview participants in 2016, a learning community refers to an environment in which ideas and information are freely shared. A review of the data collected between 2016 and 2019 indicates that progress was steadily made toward this goal until it was perceived to be fully achieved in 2019. At the site level, the majority of SIMs and Site Coordinators felt that a learning community had been achieved by 2017. The majority of Site Consultants at that time reported that this had not yet been achieved. Across roles, many who reported that this goal had not been achieved by 2017 emphasized that good progress was still being made. In 2018, the majority of participants across roles (78% of SIMs, 71% of Site Coordinators, and 75% of Site Consultants) reported that the goal of creating a learning community had been achieved, and in 2019 those numbers jumped to 82% of SIMs, 100% of Site Coordinators, and 100% of Site Consultants. Participants across roles spoke to the value of learning and collaborating in person, which also increased participation on webinars and phone calls. As one SIM explained, *“This was definitely achieved, and I think what created this was having in-person time. I would never ask questions on a phone call without knowing the faces of the people on that call. But then after spending time with these people, you feel more comfortable sharing and learning from these people. This fed into increased comfort on calls and webinars.”*

#### *Summary of Results for Evaluation Question 2: What were the QIC-AG outputs?*

The QIC-AG created and adapted a number of processes and tools as part of this project. These included the creation of specific personnel positions and models to undertake the work of the project, processes for site and intervention selection, data sharing, implementation planning, teaming, managing project finances, reporting and tracking, sustainability, and dissemination. The QIC-AG also developed a number of technical reports for this project, including semi-annual reports and a final site evaluation report. The QIC-AG developed and maintained a strong project personnel team of 11 SIMs, eight Site Coordinators, five Site Consultants, nine Partners, and 30 Professional Consortium Members. Within this team, they

developed a reciprocal, enriching learning environment among the sites and with the Center itself. The Center held a variety of in-person and web-based meetings, trainings, and webinars, and also facilitated the certification of site team members in the Neurosequential Model of Therapeutics (NMT). They made a wealth of project information and resources available on the QIC-AG website, as well as through targeted conference presentations and dissemination efforts.

**Evaluation Question 3:** Was the process that the QIC-AG utilized to meet the objectives successful?

1) *Data Source: Common site implementation challenges*

As part of their regular reporting, sites were asked to describe any implementation challenges that had occurred during the reporting period. Beginning in October 2016, this information was reported by sites in their quarterly site reports; center evaluators coded and aggregated site responses into themes and included them in the associated semi-annual reports. Prior to the development of the quarterly site reporting form, this information was included in the semi-annual report covering the period of April-September, 2016. Below are the five most common site implementation challenges reported in the semi-annual reports throughout the project.

*Family Recruitment, Engagement, & Retention*

Analysis of the data indicates that the most common site implementation challenge over the course of the project was the recruitment, engagement, and retention of families into the interventions. This challenge began to emerge in the December 2016-March 2017 reporting period and continued to be reported consistently throughout the remainder of the evaluation period (reported by sites a total of 28 times). This challenge was experienced by all sites at certain points in the project, but was most often reported in Wisconsin, Illinois, Tennessee, Texas, and Winnebago. Comments from sites related to this challenge include *“There have been fewer referrals to (the intervention) than anticipated resulting in a slow uptake”*, *“Sometimes families struggle to engage because busy schedules/competing obligations take priority. In some situations a family might simply have low motivation or financial barriers that prevent them from complying with recommendations”*, and *“Challenges with outreach and recruitment have impeded family contact”*. In the final year of the project, one site noted that referrals had continued to decline, resulting in them having to extend their target intervention population to individuals who had previously been screened out. Another site reported difficulty gaining buy-in from families, *“specifically in terms of commitment to treatment plan goals, and willingness to modify parenting styles, techniques, and expectations.”*

*Turnover*

The next most commonly reported site implementation challenge over the course of the project was the turnover and vacancy of agency leadership, staff, and key project personnel. This challenge began to emerge during the March-September 2016 reporting period and continued to be consistently reported through year 4 of the project (reported by sites a total of 24 times). With the exception of Tennessee, this challenge was experienced by all sites during the project, but was most often reported in Catawba County, Texas, and Winnebago. Comments highlighted that turnover had significant effects on the sites' capacity to fulfill the work of the project. The loss of project knowledge and the seemingly constant retraining of new project personnel was also mentioned as a consequence of turnover. At the agency

leadership level, comments indicate that turnover often resulted in the loss of project champions, shifting agency priorities, and the need to regain leadership buy-in for the project.

### *Technology and Data*

Another significant challenge to sites' implementation throughout the project were barriers around technology and data (reported by sites a total of 23 times). This challenge began to emerge in the March-September 2016 reporting period and continued to be reported throughout the project. Technology and data challenges were reported by all sites except for Wisconsin and Winnebago, and were most often reported by Vermont, Tennessee, and Catawba County. Early on in the project, a number of sites felt that the time involved executing Data Sharing Agreements (DUAs) was limiting their project productivity. As one site representative described it, *"Our challenges are primarily related to data sharing. We are still in negotiations about the contract and data sharing agreement. We are also still negotiating a data sharing agreement with the State...Until both of those agreements are in place, we cannot implement the intervention."* As the project work evolved, reports of technical issues began to accelerate. Sites began to notice systemic inaccuracies and gaps in their agencies' databases and processes that were impacting implementation. Many sites also encountered technical glitches that had impacts on their intervention delivery. For example, one site discovered that a delayed launch of one of their webinars was caused by a series of technical issues within their post-adoption support line. As a result, the site team had to quickly troubleshoot, diagnose, and recommend improvements for these challenges. Another site reported that their master file had become corrupted during the process of compiling data, resulting in a complete loss of the work that had been completed up to that point. According to this site, *"The process of cleaning the data and consolidating individual worksheets had to be started again from scratch."*

### *Staffing & Workload Capacity*

Closely related to the previously discussed issue of turnover is the next most commonly reported site implementation challenge over the course of the project: Staffing and workload capacity. This challenge began to emerge during the March-September 2016 reporting period and continued to be reported throughout the course of project (reported a total of 21 times). All sites reported this as a challenge at certain points in the project, but it was reported most often by Illinois, Tennessee, and Texas. This challenge manifested differently in two distinct groups at different points of the project: Internal project staff and intervention staff.

- ***Internal Project Staff:*** This challenge was most commonly reported in the first couple of years of the project during the planning and installation phases of the sites' interventions as SIMs and Site Coordinators struggled to balance the heavy workload of the project with the competing priorities and responsibilities of their agency roles. This challenge was echoed by QIC-AG Partners in their annual interviews; many acknowledged the challenges associated with sites trying to keep up with the pace of project requirements while also holding a full time job.
  - It's possible that some of the workload and capacity issues reported in Illinois may have been tied to the amount of SIM time (FTE) funded by the project;

the SIM in Illinois was a part time contractor not employed by the agency. However the SIM's time in Texas for the first four years of the project was 100% funded by the QIC-AG, and in Tennessee two people split this full time position (50% each). Despite the QIC-AG's intent to fund SIMs' time (intended to align with the amount of time they were spending on this project, versus other projects), it appears that in reality SIMs still had other job and/or agency responsibilities to balance. Therefore it may be harder, but not impossible, to infringe on time if a SIM's time is on the project 100%.

- *Intervention Staff:* As the nature of the project work began to change, sites began to see capacity issues manifesting in different ways. In the later years of the project, sites reported that maintaining sufficient levels of intervention staff and facilitators was becoming a consistent issue. As one site put it, "*Staffing has been the biggest challenge for this project and staffing needs are continually being monitored.*"

#### *Intervention Logistics*

Sites also commonly reported challenges with the logistics of intervention delivery throughout the project (reported a total of 15 times). This challenge began to emerge in the October 2016-March 2017 reporting period and continued to be reported throughout the project. Every site besides Vermont experienced this challenge at certain points in the project, but it was most often reported by Texas and New Jersey. A number of sites offered a variety of incentives (such as gift cards, food, and childcare) to recruit and engage families in their interventions. Creating processes for coordinating the registration of intervention participants, securing locations for intervention delivery, securing food vendors and childcare providers, mailing surveys, and tracking gift cards all proved to be time consuming and challenging for a number of sites throughout the project.

#### *2) Data Source: Teaming and collaborative processes*

The QIC-AG took a collaborative teaming approach to the site-level work. Teams were developed for each site that consisted of one to two SIMs, one Site Coordinator, one to two Site Consultants, one Evaluator, an Implementation Team, and a Stakeholder Advisory Team. Additionally, the QIC-AG also consisted of a leadership group of nine Partners. Within the annual interviews, specific questions were asked about the rewards and challenges of working with the QIC-AG. Looking at the data throughout the course of the project, it's interesting to note that collaboration has been one of the biggest rewards and challenges experienced by members of the QIC-AG project. People at all levels of the project have talked in their interviews about the benefits of networking with and learning from others in the field, such as being able to look at things from different perspectives and being able to come together to work toward a common goal. With the rewards of collaboration have also come challenges, both between the QIC-AG and its project sites and within the QIC-AG itself. Data collected in these interviews suggest that different work and communication styles, cultural influences, perspectives, and priorities (among other factors) have contributed to periodic breakdowns and personality clashes throughout the project. One example of such a situation at the site level has been with the Winnebago Tribe of Nebraska trying to balance the priorities of the project with meeting the needs of their community and culture. "*We've had*

*some issues with being on different pages due to the cultural piece” noted one SIM. “Maybe they have their own goals/objectives and it doesn’t always feel community owned all the time, so sometimes we get pushed a little bit by the QIC and Site Consultants to do things their way, use their vendors, use their processes, etc. Things aren’t always as flexible as we would hope.”*

While data indicates that interpersonal conflicts at the site level have been addressed and managed for the most part, a level of tension remains among some of the QIC-AG Partners. Analysis of annual Partner interview data in 2018 indicated that the majority of Partners noted a “growing gap” between the implementation and evaluation teams. Comments conveyed concern that this tension was affecting collaboration efforts and could ultimately impact the final products. When the subject was revisited in the 2019 interviews, Partners reported that the issue has continued to persist, but were split on whether the situation had improved. Half of the Partners reported that through work and negotiation, deliberate steps had been taken to improve communication and collaboration among these teams while half of the Partners reported that the issue remains unresolved. About 60% of the SIMs interviewed in 2019 perceived this tension in their site work, but the vast majority of them did not perceive that it had impeded collaboration or affected final products. The tension between teams was perceived by all of the Site Consultants who were interviewed in 2019, but the effect of this tension on collaboration and final products varied across their sites.

Site personnel were also asked to describe the process of developing and supporting the sites’ Project Management Teams (PMT) and Stakeholder Advisory Teams (SAT) as part of their 2017 site interviews. The primary theme that emerged across all roles was that the majority of sites have experienced challenges utilizing these teams and keeping them engaged. Specific challenges that were reported included being unsure how to tap into these teams at certain points in the project, failure to consider what would be meaningful information to convey to these teams, and an overall lack of clarity about the roles of the people on these teams (which could explain the aforementioned challenges). While some sites perceived these teams more as “figure heads” than anything, others expressed a general ambiguity about the roles of people on these teams. One respondent even confessed that they don’t know who the members of the PMT are. There were a couple of sites who reported being pleased with the structure and involvement of their PMT and SAT teams. The difference between these groups seemed to be clearly defined expectations set from the beginning and active, diligent efforts throughout the project to keep these teams involved and engaged.

### *3) Data Source: Communication processes*

At the heart of collaboration is often communication. Specific questions were asked in the annual site interviews about the effectiveness and timeliness of QIC-AG communication. Data collected from SIMs, Site Coordinators, and Site Consultants across project years indicates that the QIC-AG was generally successful in providing timely and effective communication. A majority of interview participants across roles felt that the QIC-AG had been very responsive to site needs, provided timely feedback, and implemented suggestions for improved processes. In the earlier years of the project, some interview participants expressed that they had found it hard to keep up with what was due when: *“A few times keeping track of all the different plans, updates, documentation has been difficult to keep up with. Sometimes the turnaround times are a little tight.”* In later years of the project, this issue seemed to

resolve as QIC-AG leadership began sending out periodic reminder emails about important tasks and upcoming deadlines. Many people took notice of the improvements in communication. Comments such as *“Over the past year they have tried to give us more advanced warning about deadlines and such”* and *“The updates have been really insightful and specific. The messages are precise, simple, and understandable”* indicate that these evolutions in the communication process were well received by site personnel and consultants.

#### 4) *Data Source: Work structures and processes*

The QIC-AG structured its work to provide supports and guidance to the site personnel through a variety of assessments, tools, templates, planning guides, and coaching. Generally speaking, QIC-AG leadership would present an assessment/tool that sites needed to complete, and then Site Consultants would work directly with site personnel to complete the required tool by the assigned due date. Data gathered during the annual site and Partner interviews provide some information about the effectiveness of these tools and processes.

##### *Site and Consultants Feedback*

Annual interview data gathered throughout the project indicates that Site Consultants have valued the various tools, templates, and guides provided by the QIC-AG at each phase of the project. From their perspective, these tools have forced the sites to slow down and really think through implementation. According to one Site Consultant, *“These tools and templates are so important. You’re not going to have a rich discussion without them. You have to have these structures otherwise you’re not going to get the reflection you need.”*

Many site personnel were overwhelmed by the volume and complexity of the assessments and tools they were required to complete during the early years of the project. Interview data indicates that many SIMs and Site Coordinators were frustrated by the amount of time it took to complete and revise the various assessments and plans. This frustration was amplified for those who could not see how these required documents were relevant to the larger scope of their project. *“At times it just felt like we were filling out paperwork for the sake of just filling out paperwork”* noted one Site Coordinator. As they moved further into implementation, interview data indicates that although labor intensive, the majority of sites began to see the value of completing these assessments. One site representative commented that *“The assessments have helped me think outside the box, and they are collaborative; it’s like solving a puzzle from all sides.”* Another person noted that *“When we do programs on our own, we have no structure or templates. Having these tools to guide us has been really helpful.”* For some sites, it was the required reporting on these tools and the ambiguous deadlines that was perceived as cumbersome. As one site representative put it, *“There is a component of some of the tools or the deadlines that sometimes feels like it’s just an exercise in planning for the sake of planning...Even when the activity itself is helpful, the reporting and deadline part of it feels like a chore.”* Interview data gathered across project years also suggests that many of the structured tools were perceived as inflexible by site personnel at the Winnebago Tribe of Nebraska, who felt that their culture and ways of doing things could not (and should not) be directed by this type of structure.

##### *Partner Feedback*

Data gathered during the annual interviews of the QIC-AG Partners also provides some insight into the effectiveness of various project processes. Analysis of this data indicates that a majority of QIC-AG Partners believed that the work processes provided the necessary structure to guide the work of the sites. One Partner commented, *"I think there were some processes early on, like developing the logic model and theory of change, which really helped to ground each of the sites in clearly defining what they wanted to do."* In these interviews, Partners noted the effectiveness of various structures used in the project; the site consultant model, site implementation manager position, financial structure (how to handle acting as a bank), teaming structure (implementation and evaluation teams), site selection process, and the adaptation of the NIRN model were all seen as successful structures that could be replicated by future QICs. In the 2017 interviews, Partners did express a need to re-examine certain processes and provided a variety of suggestions for improvement such as a more streamlined communication process; requiring a grantee to think through partnerships; additional pre-selection questions for sites to address administrative and data sharing pieces; being flexible in understanding that one size doesn't always fit all (sites); and addressing the project timeline issue through either finding quicker ways to do things or being given more time to implement. Another theme that emerged during these interviews was that a research-practice gap was created early in the project, which several Partners felt could have been avoided if sites had been better prepared upfront about the time and work required for rigorous evaluation.

#### 5) *Data Source: Sustainability planning processes*

In addition to an emphasis on collaboration, communication, and structure, the QIC-AG has also prioritized sustainability planning from early on in the project. Annual interviews conducted with QIC-AG sites and Partners were analyzed to assess the effectiveness of these processes.

#### *Site and Consultants Feedback*

Annual site interview data indicates that sustainability planning involved ongoing discussions, planning tools, networking and collaborating with local partners, and providing guidance and support to the sites. As one site representative put it, *"We wouldn't be so focused on this piece if there weren't such a proactive system in place."* Data points to challenges that sites faced while planning for sustainability such as securing funding and resources, leadership turnover, and not having the evaluation data to leverage for obtaining continued buy-in to the initiatives.

Site Consultants played an instrumental role in supporting their sites in sustainability planning. According to one SIM, *"Our Site Consultants could not have done more. They are always available for a phone to call to talk through things and bring up questions that help me explore other avenues. Their ability to offer resources and materials, site visits, site sharing opportunities, and technical assistance has been amazing."* The QIC-AG also provided a sustainability planning tool, which was met with mixed reviews from sites. For sites moving toward sustaining larger aspects of their intervention, the tool was seen as quite helpful. One SIM noted that the tools *"have been helpful in sustainability planning in terms of organizing things we need to think about. It has helped us immensely."* Other sites whose visions of sustainability did not align with the information needed to complete the tool found it less helpful. A number of sites found it challenging to complete the sustainability plan because of the tumultuous and ever-changing climate and priorities within their agencies.

During the final year of the project, center evaluators conducted focus groups with Site Consultants and SIMs at their annual in-person meetings (January and April 2019, respectively). As part of these focus groups, participants were asked to reflect on any missed steps or processes that could have been improved around sustainability. The vast majority of SIMs had only positive things to say about the QIC-AG's efforts, processes, and flexibility around sustainability planning. Only one site representative expressed that the process should have been less rigid. Most SIMs expressed that the early messaging around (and consistent planning for) sustainability was very beneficial to the process.

Most Site Consultants reported that the project timeline influenced the extent to which sites could engage in sustainability planning. One consultant suggested that it may have been beneficial to evaluate initiatives already in place within the sites, which would have freed up the time spent selecting, developing, and installing the interventions. Other comments related to the project timeline highlighted factors within the purview of the Children's Bureau, outside the control of QIC-AG leadership. This information can be found in the *Recommendations* section of this report. Other Site Consultant suggestions on ways the sustainability planning process could have been improved were to have active and ongoing engagement with system administrators to explore the system supports necessary for successful implementation; placing more accountability on Site Coordinators to facilitate impactful sustainability conversations with agency leadership; and better assessing the level of leadership buy-in during the site selection phase.

#### *Partners Feedback*

Questions about sustainability were also posed to QIC-AG Partners during their annual interviews. Data from these interviews indicates that most Partners believe that while sustainability has been considered on multiple levels beginning very early in the project, there are many factors external of the QIC-AG that will impact whether or not sites sustain their interventions and capacity building. Partners highlighted the importance of leadership commitment to post-adoption/guardianship issues, having the intervention embedded in the site's overall program, and figuring out low-cost modifications as contributors to sustainability. Other Partners felt that which sites sustain their intervention will depend on the evaluation outcomes, but as one person noted, this information may not be available until a few years after the project has ended. By 2018, Partners were anticipating that sites would continue to make post-permanency services a higher priority than it was before this project. Comments indicated a perception that normalizing the need for services in this population has impacted the way sites think about their service delivery systems. Although the interventions may not be sustained in their current forms, Partners anticipated that parts of some interventions would continue moving forward, and that other sites may use this momentum as a stepping stone for other post-adoption initiatives. Additionally, Partners conveyed their belief that sites will try to integrate elements of implementation science into their work moving forward and that the relationships these sites have built and strengthened with community partners will be sustained in the future.

#### *6) Data Source: QIC-AG macro-barriers*

Early in the project, QIC-AG leadership developed a macro-level barrier and issue tracking form to gather the Partners' perceptions about cross-site and macro-level barriers, issues, and challenges encountered during implementation. Data began to be compiled and analyzed by QIC-AG leadership in late 2016.

Barriers were tracked and categorized within five main functional areas: Data Use Agreements (DUAs), Dissemination, Financial, Team Structures, and Evaluation. Generally speaking, the number of macro-barriers reported throughout the project followed a negative linear trend, with more issues reported earlier in the project. More DUA and Financial issues were reported earlier on in the project as sites worked through the processes of contract negotiation and budget logistics. Sites also struggled initially to understand and follow the guidelines and process developed by the QIC-AG to disseminate information. For example, there was some initial confusion about site versus center dissemination efforts, as well as about how, when, and where to document site dissemination efforts (issues that were eventually resolved). Mid-way through the project, Evaluation barriers started to emerge as budgets, DUAs, and site turnover began to affect some sites' evaluations. Speaking to the budget issue, one partner noted that *"In any evaluation project, there is a tension between allocating enough costs to conduct a rigorous evaluation, programmatic costs, and other expenditures. This is made more difficult by the fact that the evaluation adapts to what occurs with the project. For instance, low uptake requires additional measures to account for this. Rigorous evaluation takes money, and the rewards are often not seen until the end of the project, or later."* Another partner mentioned the complex state contract that served as a significant barrier that prevented the execution of a data sharing agreement in one site for several years. Finally, one of the partners noted that the changes in administrative staff and the restructuring of team members in one site resulted in a re-start of the site's intervention.

Of the four functional categories of barriers, Team Structures was the one that was reported most by the QIC-AG Partners consistently throughout the project. In fact, by year 4 of the project, it was the only macro-barrier category still being reported on by the partners. As previously discussed, each project site had a core QIC-AG team which consisted of a Site Implementation Manager (SIM), Project Manager/Site Coordinator, 1-2 Site Consultants, and an Evaluator. Site Consultants worked directly with site personnel to advise, inform, guide, and assist with the work. They also served as the primary liaisons between QIC-AG leadership and the sites, and between the Site Evaluators and the sites. Challenges emerged throughout the course of the project as Site Consultants worked to keep their site teams active and engaged in the work, as communication processes were developed and refined, and as teaming structures changed and evolved with the flow of the work. At certain points in the project, Partners noted a lack of follow through at the site level that required Site Consultants to complete additional work. Additionally, Partners reported that Site Consultants sought to balance representing the interests of their sites with the interests of the QIC-AG. Site Consultants often served in an intermediary role between site personnel and project leadership, which was a tough balance at times. Some examples of this included navigating issues about intervention ownership and about QIC-AG tools/processes not fitting within some of the agencies' systems.

*Summary of Results for Evaluation Question 3: Was the process that the QIC-AG utilized to meet the objectives successful?*

The QIC-AG developed a number of tools and processes to facilitate and structure the work of their sites. Still, project sites experienced a number of implementation challenges over the course of the project. These included issues with family recruitment and engagement, turnover, staffing and workload capacity, technology and data, and intervention logistics. Some of these (e.g. turnover, data sharing,

technical issues) were unavoidable and the result of certain processes and instances within the sites' systems, as opposed to being QIC-AG administration issues. Data indicates that the QIC-AG did try to provide guidance and support to sites to help increase family participation and to address workload capacity issues. QIC-AG leadership also reported macro-level barriers throughout the project that they worked effectively to address and resolve.

Despite the challenges that came with collaboration of this type and scale (e.g. differences in work and communication styles, perspectives, priorities, and cultural influences), people at all levels of the project perceived great benefits of networking with and learning from others in the field. At the site level, data suggests that the teaming and collaborative approaches used by the QIC-AG were effective. SIMs and Site Coordinators repeatedly lauded the value that the Site Consultants brought to the work, and people at all levels of the project agreed that having an on-site person with dedicated time to oversee project implementation (the SIM position) was a key component. Data suggests that more in-person time with Site Consultants and greater SIM FTE dedicated to the project was associated with better results. The QIC-AG also facilitated collaboration with key stakeholders in each site, with varying degrees of success. While most sites reported that it was challenging to engage and utilize members of their Project Management and Stakeholder Teams over the course of the project, the data suggests two primary differences in sites who were successful versus not as successful in utilizing these teams: 1) Having clearly defined expectations set from the beginning, and 2) active, diligent efforts throughout the project to keep these teams involved and engaged.

The communication processes utilized by the QIC-AG were perceived as effective overall, and were reported to be streamlined and improved as time went on. The work structures provided by the QIC-AG to assist sites during intervention planning and implementation (tools, templates, coaching) were perceived by Partners and Site Consultants to be absolutely essential to helping sites slow down and really take the time needed to think about and organize the work. While the majority of SIMs and Site Coordinators found the volume and complexity of these tools to be overwhelming, particularly within the first couple years of the project, most were ultimately able to see the value in them. Frustration seemed to occur most when 1) site personnel were required to complete tools that they could not instinctively detect as being relevant to the larger scope of their project, and 2) when there was redundancy between tools. Themes in feedback from site personnel about these tools indicates that some of the tools were more helpful than others, that they took far more time than originally anticipated, and that the Site Consultants were instrumental in getting them completed. There were also some perceptions that this level of structure was not conducive to the values and culture of the Tribe. While a heavy lift for most sites, in hindsight the majority of SIMs and Site Coordinators felt that this type of structure facilitated a level of critical thinking about intervention planning and implementation that would not have been achieved without these things being in place.

Generally speaking, the QIC-AG's sustainability planning process was perceived to be beneficial overall. People at all levels of the project noted the importance of ongoing thinking about and planning for sustainability from the very beginning of the project (as opposed to waiting until the end). While beneficial, this type of advance planning comes with a variety of challenges in the often tumultuous and ever-changing climates of child welfare agencies. Some of the challenges encountered by QIC-AG sites

when planning for sustainability included shifts in political will and priorities, securing ongoing funding and resources, and leadership turnover. In light of these often hard to foresee challenges, a level of flexibility was essential to keep things moving forward. Site Consultants felt that the project timeline, not having the evaluation data to leverage for obtaining continued buy-in and funding, and limited commitment from agency administrators may have limited sites' ability to plan for sustainability. The QIC-AG's sustainability planning tool itself, while perceived as effective for sites sustaining larger aspects of their intervention, was perceived to be not as effective for sites whose visions of sustainability do not align with the information needed to complete the tool. Data suggests that the most beneficial aspects of the QIC-AG's sustainability planning process were the consistent, intentional discussions about sustainability throughout the project, balancing structure with flexibility, and the Site Consultants' efforts in coaching their sites through the process. QIC-AG Partners highlighted a number of factors external of the QIC-AG that will impact sustainability in the project sites including the level of agency leadership commitment to post-adoption/guardianship issues, whether the intervention is embedded in the site's overall program, and if low-cost intervention modifications can be identified.

## **Chapter 4: Outcome Evaluation – Findings & Interpretation**

The QIC-AG outcome evaluation was designed to answer the research question, “*Did the QIC-AG make gains in building the capacity of the sites?*” To answer this question, center evaluators assessed the extent to which three primary outcomes were achieved over the course of the QIC-AG cooperative agreement. Data to assess these outcomes were obtained through measures such as the Capacity Assessment survey, annual interviews, and surveys of Site Implementation Managers, Site Consultants, and PC members. Specific indicators were these key informants’ perceptions of the impact of QIC-AG capacity building activities, satisfaction with capacity building activities, perceptions of the extent of integration of project knowledge into their jurisdiction’s operations, and specific examples of changes made to agency policy and practices. Specific web analytics for tools designed to increase agency capacity were also utilized to assess these outcomes.

**Outcome 1:** The QIC-AG will build a body of knowledge of the correct combination of supports, services, and interventions that work best to ensure resiliency and stability for youth in a permanent home.

### *1) Data Source: Professional Consortium feedback*

Members of the QIC-AG Professional Consortium were given the opportunity to reflect on the achievement of this outcome in their final annual member survey, administered in May 2019. Data from this survey reveal that the majority of survey participants affirmed the QIC-AG’s contribution to the body of knowledge of the combination of supports, services, and interventions that work best for families seeking to provide permanency to youth in their care (20.0% agreed, 60.0% strongly agreed). Many respondents felt that the QIC-AG’s most significant contribution to this body of knowledge has been their efforts to engage and share information with a diverse community represented by multiple agencies, states, and jurisdictions. Others felt that the accumulation of cutting-edge information in a “clearinghouse” format” (i.e. the intervention catalog) and the permanency continuum and supports were the most significant contributions to this body of knowledge.

### *2) Data Source: Online intervention catalog creation and use*

#### *Catalog Creation*

In November 2015, the QIC-AG released their online intervention and program catalog to the public. The catalog was designed as a tool for child welfare service providers to help identify evidence-informed programs and promising practices that can be used to address pre-and post-permanency needs of families formed through public, private, and international adoption and guardianship. It contains approximately 150 interventions searchable by title, age range, relevance to adoption/guardianship, level of evidence, and population (pre- or post-permanency families). All of the programs and interventions in the catalog either already work, or can be adapted to work, with the QIC-AG’s two target populations:

- Target Group 1: Children with challenging mental health, emotional, or behavioral issues who are awaiting an adoptive/guardianship placement; and children in an identified

adoptive/guardianship home, but whose placement has not led to finalization for a significant period of time

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

### *Catalog Use*

Website analytics obtained by the Spaulding IT administrator indicate that since it went live through the center evaluation cutoff date (July 31, 2019), the online intervention catalog has been accessed in 535 sessions, 408 of which were from new (as opposed to repeat) users of the website.

The intervention catalog was a key product examined in the first of two dissemination surveys completed by members of the QIC-AG listserv. Additional details about this survey can be found in the *Dissemination Evaluation* section (Chapter 5) of this report. Of the participants who had seen the catalog, 89.5% reported that it provided them with new information. 68.4% of these participants reported that they have used it in their work for the purposes of proposing interventions, to inform program development, and as a resource to share with families, colleagues, and other professionals in the field. 73.7% also reported that they had shared the catalog with other relevant contacts in their network, suggesting that the reach of this resource has extended well past the original QIC-AG target audience.

### *3) Data Source: Perceptions and utilization of other QIC-AG supports*

#### *Dissemination Survey Results*

The first dissemination survey (referenced above; please see Chapter 5 for additional information) assessed target audience perspectives about other key QIC-AG supports such as the literature review, implementation tools, and the project videos. Of the participants who had seen the literature review, 88.2% reported that it provided them with new information. 87.7% of these participants reported that they have used it in their work for the purposes of developing programs and training materials, developing grant proposals, to inform other projects and literature reviews, and as a resource to present and share with others. 76.5% also reported that they had shared the literature review with other relevant contacts in their network, suggesting an extended reach of this resource.

Analysis of similar survey data for the implementation tools suggests that survey participants had accessed the tool sets for Governance/Teaming Structure, Identify and Explore, Implementation Planning, Initial Implementation, and Dissemination most often (36.4% of participants for each set). Participant comments indicated that these tool sets were used to provide structure for planning and implementing various agency initiatives. One participant noted that *“The website was user friendly and the tools are helpful. The organization and layout of the tools make them especially easy to access and use.”* 60% of participants who had seen these tools also reported that they shared these resources with other relevant contacts in their network.

With regard to survey participants who had seen the QIC-AG videos, 66.7% reported that they had provided them with new information. Half (50.0%) of these participants reported that they have used

these videos in their work for the purposes of staff development, program improvement, and to further inform developments in practice. Additionally, 66.7% of participants reported that they had shared the project videos with other relevant contacts in their network.

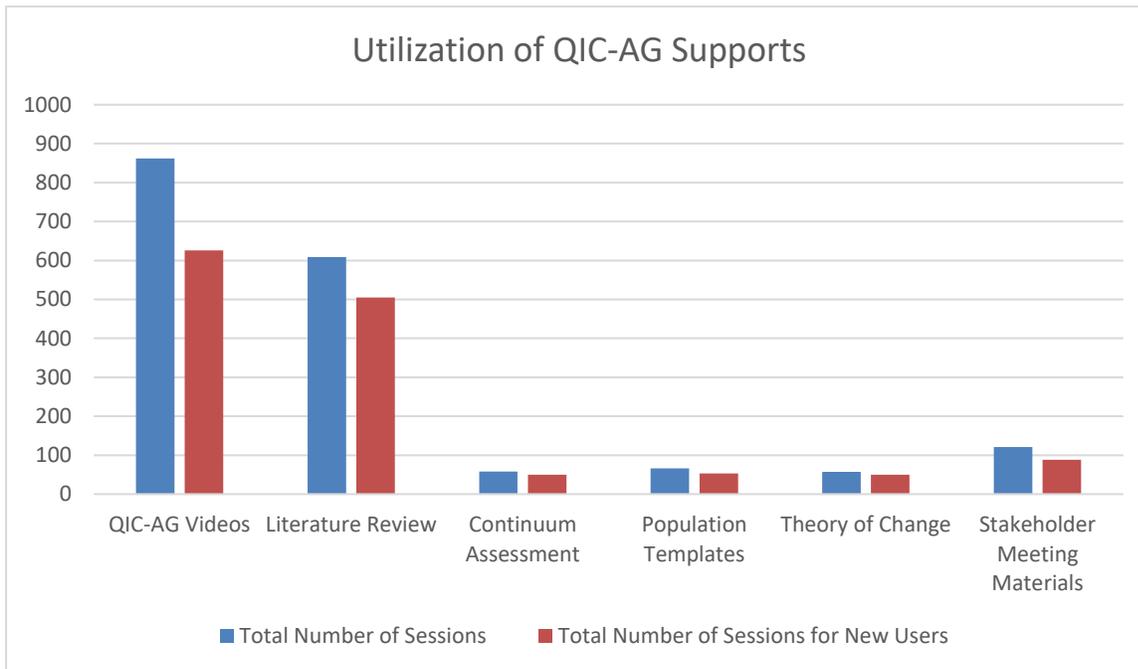
### *Website Analytics*

Website analytics obtained from the IT Administrator provide additional information about the utilization of the following tools developed by the QIC-AG to support agencies who are interested in informing the improvement of their post-adoption/guardianship services:

- *Project Videos*: Available in a brief version which provides an overview of the project, and a full length version which includes details about the QIC-AG's eight partner sites and their interventions.
- *Literature Review*: Helps readers 1) understand the risk factors that lead to discontinuity in adoption and guardianship, and 2) explore current and future interventions for families formed by adoption and guardianship.
- *Continuum Assessment*: Helps users consider the organizational structures and service delivery systems that impact their target populations.
- *Population Template*: Helps users clearly define a population that will be the target of their evaluable intervention.
- *Theory of Change Guidance*: Provides instructions for developing a road map that addresses how and why practice change will occur through the 1) determination of the root cause, 2) development of the steps from the root cause to the intended outcome, and 3) expansion of the steps from the root cause to the intended outcome to include details that support the logic, and test of the root cause.
- *Stakeholder Meeting Materials*: Provides materials that can be used to gather information from consumers of permanency services and supports including questions, consent, and introductory letter.

Figure 1 below shows the number of website user sessions for each of these support tools over the course of the project through the center evaluation cutoff date (July 31, 2019). As seen in Figure 1, the QIC-AG videos were the most utilized of these resources followed by the literature review, and the stakeholder meeting materials.

**Figure 1. Utilization of QIC-AG supports**



*Summary of Results for Outcome 1: The QIC-AG will build a body of knowledge of the correct combination of supports, services, and interventions that work best to ensure resiliency and stability for youth in a permanent home.*

Data collected over the course of the project suggests that the QIC-AG substantially contributed to the body of knowledge of supports, services, and interventions for families seeking to provide permanency to youth in their care. Members of the QIC-AG Professional Consortium report that the QIC-AG’s most significant contributions to this body of knowledge have been their efforts to engage and share information with a diverse community, the accumulation of cutting-edge information in an online catalog, and the development of the permanency continuum. While center evaluators are unable to speak to whether these have been the “correct” services to ensure the achievement of long term outcomes (i.e. increased youth resilience and stability), the QIC-AG has certainly developed a wealth of information that has been accessed and utilized by agencies across the country. Survey feedback from the QIC-AG listserv about the utility of products such as the online intervention catalog and other QIC-AG supports provide further evidence of the body of knowledge that has been generated in this project.

**Outcome 2:** Child welfare agencies will have increased capacity to provide services and supports along the continuum.

Over the span of the five-year project, each site implemented an evaluable intervention in one component of the QIC-AG’s permanency continuum. In other areas of continuum, the QIC-AG aimed to facilitate capacity building, which refers to the planned development of an organization’s capabilities including the enhancement of financial, human, social, and technical capital. The QIC-AG offered both all-site and site-specific capacity building within the project. All-site capacity building involved the QIC-AG working collectively with sites to develop integrated and coherent organizational structures and

service delivery systems that support and stabilize the target populations of the QIC-AG. Site-specific capacity building required each site to identify a specific area along the continuum that they wanted to target (based on needs identified through the continuum assessment, population template, and capacity self-assessment) for capacity building.

### **A. All-Site Capacity Building**

#### *1) Data Source: Partners annual interview feedback*

QIC-AG Partners were asked about their perceptions of the capacity that has been built at the sites during their 2018 annual interviews. Partners felt that the project has indeed built capacity in these sites through the content of the Permanency Continuum, and that the value of helping agencies examine service provision through this lens will continue to be beneficial in the future.

#### *2) Data Source: NMT Certification of site personnel*

As discussed previously in this report, a critical objective of the QIC-AG was to help project sites increase their capacity to conduct comprehensive screening and functional assessments of children to ensure appropriate service intervention is determined and applied. To achieve this objective, the QIC-AG partnered with the ChildTrauma Academy to provide sites the opportunity to become certified in Neurosequential Model of Therapeutics (NMT). NMT is not a specific therapeutic technique or intervention; it is way to organize developmental history and current functioning to inform the clinical decision-making and treatment planning process. This approach integrates core principles from neurodevelopment, developmental psychology, traumatology, sociology and a range of other disciplines to create a comprehensive understanding of the child, family and their broader community. The Neurosequential Network (NMN) developed a set of training materials, supervised training experiences, and Clinical Practice Tools to help clinicians develop the capacity to use NMT with the children, youth and adults they serve.

An NMT certification process was created to provide a basic level of exposure to the core concepts and key elements for implementing the NMT. Phase I NMT Certification provides an in-depth introduction to NMT and to the key principles that underlie clinical application of the model. The primary focus of Phase I is to build comfort with, and experience in, organizing clinical information in a neurodevelopmentally-informed way. A primary objective of this phase of certification is to develop competence with the web-based NMT Clinical Practice Tools (NMT Metrics). Participants are provided with multiple opportunities to experience multidisciplinary clinical problem solving using NMT in the many case-based staffings that are part of the learning process. All QIC-AG sites were offered up to two Phase I slots to be trained and certified in NMT; most sites engaged in the process (with the exception of Texas and New Jersey) and half of the sites (Illinois, Vermont, Wisconsin, and North Carolina) completed the training. Phase I training commenced with the QIC-AG cohort attending a 3-day NMT boot camp (online, 3hrs per day). Each month the cohort was asked to complete the items on their monthly learning plan and participate in an internal learning group call, led by Kris Henneman from Spaulding, and in a mentor call with Dr. Bruce Perry. The internal calls were held days in advance of the mentor call and helped participants review critical concepts, offered an opportunity to develop questions for their call with Dr. Perry, and to share comments and concerns about the content of the monthly assignments. During the mentor call,

Dr. Perry enforced the concepts that were learned during previous weeks. In July 2017, 8 QIC-AG cohort members completed their Phase I certifications with 112 hours of NMT training.

Phase II of the NMT Certification process is a Train-The-Trainer (TTT) program. A primary objective of Phase II is to build capacity in the broader community by developing a cadre of NMT Trainers who can provide ongoing teaching and consultation to colleagues, schools, families, and organizations regarding the core concepts and principles of NMT. This phase involves a series of specialized and advanced training activities focused on providing more advanced exposure to NMT related content, the challenges of translating and teaching these concepts and the application of the NMT metrics in clinical settings. Completion of Phase II/TTT indicates that participants have mastered the core content and principles underlying NMT, have gained more experience utilizing the NMT Metrics in clinical practice, and have a greater ability to effectively teach these concepts to others. In July 2018, 5 QIC-AG cohort members completed their Phase II certifications, allowing them to provide basic NMT training to other staff at their agencies or in their communities, as well as continue to use the metric tool and apply the NMT approach in their clinical work.

Participants who complete Phase II are also provided with the opportunity to be considered for Site Training Certification if seven or more employees or affiliated professionals are seeking Certification.

### *3) Data Source: Capacity Assessment results*

In the spring of 2019, center evaluators developed and administered the Capacity Assessment Survey to assess site personnel perceptions of their site-specific capacity building activities (for applicable sites) and their satisfaction with the overall capacity that has been built at their site. With regard to overall capacity building, the majority of survey participants reported that their agencies have increased their capacity to provide services and supports along the continuum (40% agreed, 40% strongly agreed) as a result of being a part of the QIC-AG project. Comments conveyed the perceived benefits of being able to identify service gaps and solutions within their systems, having processes in place to enable better outreach to families, and shining a spotlight on the need for post-adoption/guardianship services.

### *4) Data Source: Other entities wanting to use QIC-AG tools*

There is some data to suggest that other agencies not directly involved in the QIC-AG project have utilized tools created by the QIC-AG to increase their capacities along the permanency continuum. Over the course of the project, surveys were administered annually to members of the Professional Consortium (PC), a 30-member group of experts who have provided guidance and individual consultation based upon their expertise throughout the initiative, to assess their perceptions regarding the QIC-AG's progress in achieving its targeted outcomes and project goals. In the final annual Professional Consortium Member Survey administered in May of 2019, 40% of survey participants reported being personally aware of child welfare agencies who have used QIC-AG materials in this way including (in addition to the QIC-AG project sites) Indiana, Maryland, Virginia, the Anne E. Casey Foundation, Utah, and Oregon.

## **B. Site-Specific Capacity Building**

### *1) Data Source: Annual interview feedback*

*Site and Consultants Feedback*

SIMS, Site Coordinators, and Site Consultants were asked a number of questions about their site-specific capacity building activities during the 2018 annual site interviews. Data collected during these interviews revealed that the overall impressions of these activities were that they were relevant, needed, exciting, and that plans are in place to sustain these efforts. Anticipated results at that time included having additional data that could be used for research and evaluation purposes, and most importantly that families would be better served (directly or indirectly) as a result of this capacity building. Results of the capacity building activities were realized during the final project year as sites reported during their 2019 interviews that families were being better served as a result of training to increase the number of trauma-informed, adoption competent communities and providers, changes in legislation that better promote permanence, and new data systems that assess family needs and service impacts. Site personnel were also asked whether there have been experiences or lessons learned within the project that they think will transfer to other new initiatives in the future. The most common responses across roles included the value of using a structured process to guide project work and the value of collaborating with people outside your own agency.

*Partner feedback*

The majority of Partners in 2018 reported feeling that capacity had been built at the sites, and that that the site-specific capacity building activities were the best example of how this capacity had been built. Comments highlighted the fact that when these activities were clear and relevant, they ultimately resulted in broader capacity building in these sites. It was also noted that without the resources provided by this project, these efforts may not have been possible.

*2) Data Source: Completion of site-specific capacity building activity plans*

In the second year of the project, sites (with the exception of Texas and Winnebago) were asked to propose a “site-specific” capacity building activity plan and budget to QIC-AG leadership that would be developed and completed by the end of project year 4. Sites were allocated funding for these activities based on the need and scope of their activity. Table 2 provides a summary of the site-specific capacity building activities that were approved by QIC-AG leadership.

**Table 3. Summary of Selected Site Capacity Building Activity Plans**

Site	Site Capacity Building Activity	Approved Budget	Activity Completion
Catawba County	Develop an in-service training curriculum for private and international adoption agencies that includes the scope of Success Coach services and process of referral, an overview of trauma, and an understanding of needs in pre/post adoption families.	\$15,000	9/2018
Illinois	Develop a marketing and communication strategy that is designed to change the perception that adoptive parents and guardians are alone in addressing a child’s needs. In 2019 additional dollars were	\$17,000 + \$35,500 additional	9/2018

	allocated to produce a series of “DCFS Connections” videos highlighting available DCFS post-adoptive services for parents to use in the Path Beyond Adoption web portal.		
New Jersey	Develop an assessment of the Post Adoption Counseling program to improve efficiency in assisting families. In 2019 additional dollars were allocated for New Jersey to expand their capacity building activity by developing a practice guide for their Post Adoption Counseling (PAC) program. The money allocated was used to analyze service plan data to inform the development of the practice guide, and for the development of both basic and expanded versions of the guide.	\$15,000 + \$47,000 additional	9/2017
Tennessee	Develop and lead community forums on the topic of childhood trauma, resulting in five distinct community action workgroups. Additional dollars were allocated to the site in 2019 in response to anticipated resource needs.	\$12,000 + \$8,000 additional	Anticipated: 2019
Texas	Not required to submit a capacity building tool or plan.	N/A	N/A
Vermont	Outline and institute a plan for early and ongoing outreach to families, with an emphasis on targeting known trigger points in the child’s life.	\$10,000	9/2018
Winnebago	No plan submitted.	N/A	N/A
Wisconsin	Developed and executed a plan to provide mental health therapists with Training for Adoption Competencies (TAC) through the Center for Adoption Support and Education (CASE).	\$32,000	6/2018

Although capacity building efforts started to diminish during the final year of the project as sites began to focus more on sustainability, reports indicate that several site teams continued to engage in additional capacity building efforts even after the completion of their site-specific capacity building activities. For example, in 2019 QIC-AG leadership allocated additional funds to the Illinois and New Jersey project sites to build upon and expand their original capacity building plans. In Illinois, these additional funds were used to produce a series of “DCFS Connections” videos highlighting available DCFS post-adoptive services for parents to use in the Path Beyond Adoption web portal. Meanwhile, the team in New Jersey had identified that their Pre- and Post-Adoption Counseling (PAC) program would greatly benefit from the development of a practice guide that identifies the clinical approaches used to address their eight program goals. They proposed that this guide would improve the likelihood that the PAC

providers are consistent in their practice across sites, furthering the likelihood that service activities could be linked to outcomes for the purposes of developing PAC research evidence. The additional funds allocated to New Jersey were used to support the development of: 1) A basic version of the practice guide that provides sufficient detail for providers to understand which practice approaches may be used for each of the eight goals, 2) an expanded version of the practice guide for one of the goals as a pilot, as well as a summary of the collaborative process and costs associated with the expanded version, and 3) data analysis of service plans that will inform the development of the guide.

*Summary of Results for Outcome 2: Child welfare agencies will have increased capacity to provide services and supports along the continuum.*

Center evaluation data collected over the course of this project provides strong support that the QIC-AG made significant gains in building the capacity of their project sites to provide supports and services along the continuum. At the macro level, project sites have reported the benefits of being able to identify service gaps and solutions within their systems, creating processes to enable better outreach to families, and shining a spotlight on the need for post-adoption/guardianship services. This has been primarily accomplished through sites' examination of their service provisions through the lens of the QIC-AG permanency continuum and through the certification of key staff members in NMT. Beyond the QIC-AG project sites, there is also data which suggests that other child welfare agencies not directly involved in the QIC-AG project have utilized tools created by the QIC-AG to increase their capacity to provide support along the permanency continuum. At a more micro level, sites have increased their capacity in targeted areas along the continuum through their site-specific capacity building activities. Overall, these activities were perceived to be relevant, needed, exciting, and a key component of sustainability for many of the project sites. Data indicates that families are being better served (directly or indirectly) as a result of these capacity building activities. A primary theme that emerged across various levels of the project is that these activities would not have been possible without the resources provided by the QIC-AG.

**Outcome 3:** Child welfare agencies will integrate project knowledge into their policy, processes, and practice.

1) *Data Source: Capacity Assessment results*

*Integration of project knowledge into jurisdiction operations*

The Capacity Assessment Survey administered in spring of 2019 (described previously) assessed site personnel perceptions of the extent of integration of project knowledge into their jurisdiction's operations. The survey requested that participants provide specific examples of changes made to agency policies, processes, and practices as a result of their involvement with the QIC-AG. The majority of survey participants reported that QIC-AG project knowledge has indeed been integrated into their jurisdictions' operations (53.3% agreed, 33.3% strongly agreed). Many respondents noted that the QIC-AG project's focus on implementation science has changed the way they think about, plan, and execute new initiatives in their agencies. Several participants also mentioned the professional growth and increased capacity of staff and project personnel as a result of their agencies' involvement with the QIC-AG. Please see Table 4 for more site-specific information.

Table 4. Project knowledge integrated into jurisdiction operations.

	Catawba	Illinois	New Jersey	Tennessee	Texas	Vermont	Wisconsin
<b>Increased focus on implementation science</b>	X		X	X	X		X
<b>Increased focus on collaboration with external partners</b>				X	X		X
<b>Increased focus on sustainability and dissemination</b>	X	X		X	X		X
<b>Professional growth</b>						X	
<b>Increased capacity of staff/project personnel</b>				X			X
<b>Changes to programs</b>							X

*Organizational changes resulting from site-specific capacity building activities*

According to the Capacity Assessment survey, changes were made to agency policies, processes, and procedures, as well as to agency services and support as a result of the site-specific capacity building activities. It should be noted that specific examples of organizational changes were not provided by Tennessee, Texas, or Winnebago; Tennessee was still in the process of completing their site-specific capacity building activity as of center evaluation closeout, and Texas and Winnebago were not required to complete a site-specific capacity building activity. The most commonly mentioned changes reported by participants included an increased focus on proactive family outreach, the use of data and evaluation to inform agency practice, increased efforts to build or strengthen relationships with agency partners and stakeholders, and an increased emphasis on normalizing the need for post-adoption/guardianship services. Please see Table 5 for more information about changes resulting from site-specific capacity building activities.

Table 5. Organizational changes resulting from site-specific capacity building activities.

	Catawba	Illinois	New Jersey	Vermont	Wisconsin
<b>Increased focus on proactive family outreach</b>	X	X		X	
<b>Use of data/evaluation to inform agency practice</b>			X	X	

<b>Increased efforts to build/strengthen relationships with agency partners and stakeholders</b>	X			X	X
<b>Increased emphasis on messaging that normalizes the need for post-adoption/guardianship services</b>		X			
<b>Increased adoption competence among service providers</b>					X

*Organizational changes resulting from overall capacity building*

Results of the Capacity Assessment indicate that changes were also made to agency policies, processes, procedures, services, and supports as a result of the overall capacity building efforts in each site. Reported changes included more intentional outreach to families, increased awareness about resources and services to support permanency, an increased focus on being trauma-informed and adoption competent, overhauls to training and permanency contracts, and increased effectiveness and expertise in service delivery. Please see Table 6 for site-specific changes made as a result of overall capacity building.

Table 6. Organizational changes resulting from overall capacity building.

	<b>Catawba</b>	<b>Illinois</b>	<b>New Jersey</b>	<b>Tennessee</b>	<b>Texas</b>	<b>Vermont</b>	<b>Wisconsin</b>
<b>More intentional outreach to families</b>	X					X	
<b>Changes in intake processes</b>		X		X			
<b>Increased collaboration with external partners</b>							X
<b>Increased focus on providers being trauma-informed and adoption-competent</b>				X	X		X
<b>Normalizing the need for post-adoption services</b>		X				X	

<b>Enhancements to training</b>				X			X
<b>Enhancements to permanency contracts</b>							X

2) *Data Source: Long-term project impact on agency practice*

In the final year of the project, center evaluators conducted focus groups with Site Consultants and SIMs at their annual in-person meetings (January and April 2019, respectively). As part of these focus groups, participants were asked to speak about the project’s impact on long-term agency practice. Thinking about the sites they were assigned to, the most common responses among Site Consultants were the development of connections with community partners and an increased focus on outreach to families. Other responses provided by Site Consultants included augmented training, results of site capacity building activities, and leadership mindset shifts.

At the site level, the majority of SIMs reported that the project’s most significant long term impact on their agencies was helping them to identify strengths and gaps in their systems around service delivery along the continuum. Additionally, a number of sites mentioned an increased focus on outreach to families. Another common theme reported by SIMs was that the project has allowed them develop and strengthen relationships with community partners and stakeholders. Other SIM responses included changes in perspective about how to best get the work done, increased feelings of self-efficacy, and the benefits of the project as a vehicle to influence stakeholders.

*Summary of Results for Outcome 3: Child welfare agencies will integrate project knowledge into their policy, processes, and practice.*

Center evaluation data collected over the life of the project suggests that project sites have integrated the knowledge they have gleaned from this project into their agency structures in varying degrees. Examples of project knowledge that has been integrated into these jurisdictions’ operations include an increased focus on implementation science; increased focus on collaboration with external agencies; and increased focus on sustainability and dissemination. The increased capacity, knowledge base, and professional growth of the SIMs can also be considered evidence of this integration. Additionally, concrete organizational changes were made as a result of this project. Examples include increased focus on proactive, intentional outreach to families; the use of data and evaluation to inform agency practices; increased efforts toward building external stakeholder relationships; intentional emphasis on normalizing the need for post-permanency services; increased adoption competence among service providers; and changes to internal processes (intake, training, service contracts).

With regard to long term project impacts on agency practice, the driving factor may be whether or not project concepts are truly embedded into these agencies’ systems of practice. The professional growth and knowledge that project personnel have gleaned from this project, the relationships that have been built between project personnel and community partners, and the shifts in leadership thinking and priorities are all largely dependent on the assumption that people who championed this project (e.g. current agency leaders, SIMs, project staff, etc.) will be retained in their roles within these agencies.

Only with thoughtful succession planning will these practice changes result in longer term agency impact. Sites that have succeeded in embedding changes in their organizational structures such as changing and/or enhancing policies, codes, organizational messaging, practices, training, and contracts are more likely to see long term impacts from this project since these changes are not dependent on individual people or relationships.

## Chapter 5: Dissemination Evaluation – Findings & Interpretation

Dissemination has been a key part of the work of the QIC-AG. Dissemination refers to communication processes designed to move information in a proactive, well-planned, and on-going manner from those involved with the QIC-AG to well-defined target audiences, for specific purposes. The seven target audiences of the QIC-AG include the following:

- Child welfare professionals and practitioners
- Child welfare program administrators (both public and private)
- International and private domestic adoption agency professionals
- Researchers and evaluators
- Intermediary organizations (e.g. T/TA providers, Tribal centers, professional associations, advocacy groups, youth groups, policy organizations)
- Professionals outside child welfare who work with children and families (e.g. doctors, educators, clinicians, mental health providers, people working in the judicial and juvenile justice systems)
- Funders (foundations, federal government)

The QIC-AG dissemination evaluation was designed to answer the research question, “*Did the QIC-AG meet its dissemination goals?*” To answer this question, center evaluators assessed the extent to which the Center’s four key dissemination goals were achieved over the course of the project. The center evaluation data collection plan identified the measures and methods used to gather information about the QIC-AG’s dissemination activities over the course of the project. These measures included:

- Review of dissemination records (information requests and dissemination efforts) and products produced (e.g., reports, tip sheets, briefs)
- Analysis of website data
- Periodic surveys of target audiences for dissemination products and activities

In late 2017, discussions between QIC-AG leadership and center evaluators identified a need to address the scope and measurability of some of the QIC’s original dissemination outcome goals that were originally outlined in the QIC-AG Dissemination Plan:

1. Create awareness of the need to support families from pre- to post-adoption and guardianship
2. Increase demand for information about pre- and post-adoption and guardianship services
3. Change the perspective of professionals in child welfare to consider safety, permanence, and well-being past finalization
4. Increase the use of evidence-supported pre- and post-adoption and guardianship resources and interventions

As the project entered its fourth year, increased focus was put on collecting data on the latter two goals: changing how professionals think about permanence and promoting professional use of resources and interventions evaluated by the Center. Through 2017, data for dissemination goal #3 had been collected in part through website pop-up survey data associated with the question, “As a result of viewing the QIC-AG website, the perspective I have regarding pre- and post-adoption and guardianship services has changed.” Unfortunately additional analysis of the website pop-up process during this time revealed

some fatal flaws to using this tool. The revelation that the pop-up survey may not be providing reliable data left leadership with a measurement gap for Goal 3 that needed to be addressed. Furthermore, QIC-AG leaders felt that the goal should be more inclusive of fields related to child welfare and that throughout the project they had moved away from their original focus on well-being.

Discussions also highlighted that Dissemination Goal #4 had proven to be very difficult to measure as originally worded due to two primary challenges: The first was the lack of a baseline with which to compare the use of these practices pre- and post QIC-AG work in order to measure if the use of resources and interventions had, in fact, increased as a result of the QIC-AG's work. The second challenge (according to feedback from the 2017 Partner interviews) center evaluators faced was the real possibility of not knowing whether the interventions being tested were truly "evidence-supported" until after the project ends, due to evaluation timeline issues.

These discussions led to the revision of Dissemination Goals 3 and 4 and to the development of a dissemination survey for target audiences. The revised QIC-AG dissemination outcome goals as of 1/12/18 were:

1. Create awareness of the need to support families from pre- to post-adoption and guardianship
2. Increase demand for information about pre- and post-adoption and guardianship services
3. Change the perspective of professionals in child welfare/related fields regarding the importance of pre-post permanency services
4. Increase awareness of practices/interventions that may support families pre- and post-permanence

QIC-AG leadership felt that the revised goals were better aligned with the work being done in the project, and center evaluators felt confident that the revised goals could be reasonably measured.

**Dissemination Goal 1:** Create awareness of the need to support families from pre- to post-adoption and guardianship

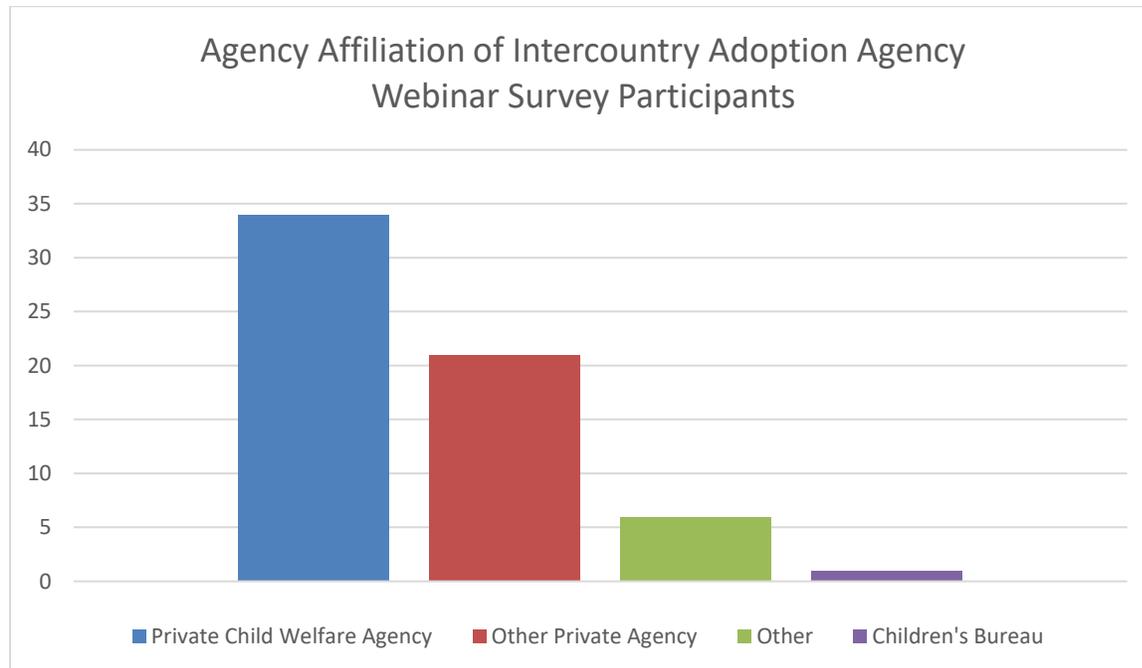
- 1) *Data Source: Aggregate post-event survey items for national audiences*

*What Intercountry Adoption Agencies Should Know about the QIC-AG webinar*

In October of 2016, the QIC-AG conducted a webinar titled *What Intercountry Adoption Agencies Should Know about the QIC-AG* that was open to a national audience. This webinar provided an overview of the QIC-AG program, a discussion on the permanency continuum framework, an explanation of how specific interventions were being used in certain partner sites, and a description of how intercountry adoptive families were being included in the interventions. Demographic information provided in this webinar's post-event survey indicates that a strong majority of participants reported not being involved with a QIC-AG site (85.9%). This suggests that the information presented in this webinar reached well beyond the members of the QIC-AG site teams and to a larger national audience. Areas of responsibility represented by survey participants included adoption (67.6%), post-placement, (4.2%), protective services (1.4%), and others (16.9%) which included administrative/directorship, policy analysis, legal issues and court proceedings, and combined positions. This data indicates that the QIC-AG reached at

least four of their seven targeted audiences in this webinar. Aggregate information about the organizational affiliation of attendees who completed the post-event survey can be seen in Figure 2.

**Figure 2. Agency affiliation of intercountry adoption agency webinar survey participants**



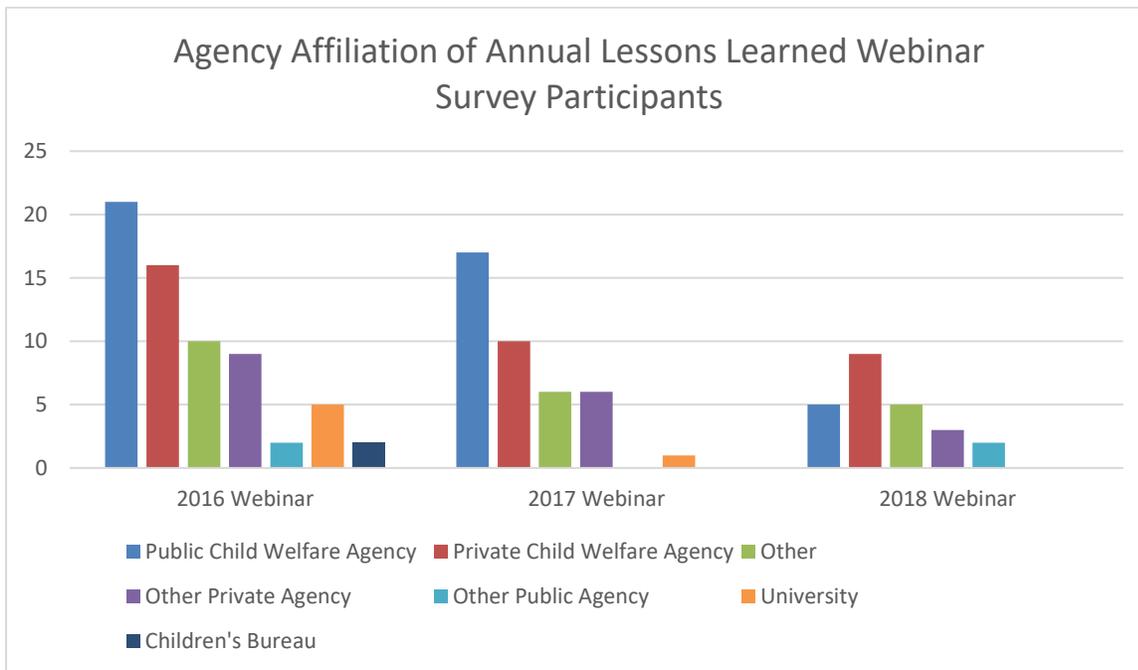
Data from 71 survey participants of this webinar indicated that 60.0% of participants reported an increased awareness of the need to support families from pre- to post-adoption and guardianship as a result of attending. Many of the comments provided by participants for this item emphasized that they were already very aware of the need to support these families, but that significant barriers have prevented them from being able to provide these types of services to families. As one participant described it, *“I am certain all participants on this call are acutely aware of the dire need for post adoption and guardianship support and resources - we are all desperate to be able to provide those services at an affordable rate with quality clinical providers. The quality and number of providers relevant to our families’ needs is abysmal. Most do not take insurance and many families are resistant to access the services, despite our encouragement, because of the cost.”* Still, the data indicated that a majority of attendees who completed the post-event survey for this webinar believe that it contributed to the achievement of the QIC-AG’s first dissemination goal.

#### *Lessons Learned webinars*

Additionally, at the end of each project year the QIC-AG conducted a “Lessons Learned” webinar that was open to a national audience. In 2016, center evaluators began distributing post-event surveys to webinar attendees about their perceptions of these webinars’ contributions to center dissemination goals. Demographic information aggregated across these post-event surveys indicates that the majority of webinar participants were not involved with a QIC-AG site (62.3%). This suggests that the information presented in these webinars reached beyond the members of the QIC-AG site teams to a larger national

audience. Areas of responsibility represented by survey participants included adoption (44.3%), post-placement, (7.1%), foster care (6.4%), protective services (2.1%), and others (29.3%) which included guardianship, licensing, training development, program evaluation, project implementation, mental health, and combined positions. Considered collectively, this data suggests that the QIC-AG reached all seven of their targeted audiences in these webinars. Aggregate information about the organizational affiliation of attendees who completed post-event surveys of the 2016-2018 lessons learned webinars can be seen in Figure 3.

**Figure 3. Agency affiliation of annual lessons learned webinar survey participants**



\*Note: The 2015 lessons learned webinar, *Child Welfare in the 21st Century: The Need for a Pre-Post Permanency Services Continuum* occurred prior to the University of Nebraska’s evaluation contract with the QIC-AG. Information about this webinar’s contribution to center dissemination goals can be found in the next section, *Dissemination Survey results*

The 2016 lessons learned webinar, *Child Welfare’s Responsibility to Promote Child and Family Well-Being Post Permanence: The Need to Create a Robust Permanency Continuum Framework* provided an overview of the QIC-AG continuum framework and how the eight QIC-AG partner sites utilized it to assess their systems of care. Through the use of a video, participants were provided with a detailed explanation of each interval in the framework including the target population and practice principles, as well as the interventions chosen by each site. The 2017 lessons learned webinar, *The Challenges of Engaging Adoptive and Guardianship Families in Preventative Services* addressed the various challenges associated with engaging adoptive and guardianship families in preventative services. Participants learned about the integrated theory of participation and how it impacts implementation, reasons adoptive/guardianship families may not proactively engage in preventative services, strategies employed by QIC-AG sites to improve the level of participation with this population in preventative

services, and implications of these challenges on future service delivery. The 2018 lessons learned webinar, *Developing an Adoption Competent Network of Providers* included a panel of medical, educational, and child welfare professionals who discussed how to create a network of adoption competent providers. Specific information was provided on how to engage pediatric health providers and teachers in a manner that helps them to become more adoption competent.

Data aggregated from 140 survey participants of the 2016, 2017, and 2018 annual lessons learned webinars indicates that 86.6% of participants reported an increased awareness of the need to support families from pre- to post-adoption and guardianship as a result of attending these webinars. A majority of comments provided by participants for this item emphasized that although they came to the webinar aware of the need to support these families, the information presented reinforced their thinking and the work they are doing. These results indicate that a strong majority of attendees who completed the post-event surveys for these webinars believe that they contributed to the achievement of the QIC-AG's first dissemination goal.

## 2) *Data Source: Dissemination Survey results*

In April 2018 and June 2019, members of the QIC-AG's listserv were asked to participate in dissemination surveys. As discussed in previous sections of this report, surveying the QIC-AG's entire target audience was not feasible; thus, surveying members of the listserv was deemed to be the center evaluators' best chance at capturing the perspectives of a sample of this population. These surveys asked QIC-AG listserv members about their perceptions of the effectiveness of the products developed and released by the QIC-AG in achieving the center's dissemination goals.

13 products were evaluated in the first dissemination survey: 2015 Lessons Learned Webinar; Intervention and Program Catalog; Permanency Continuum Documents; 2016 Lessons Learned Webinar; Intercountry Adoption Agencies Presentation; QIC-AG Project Videos; Literature Review; Implementation Tool Sets (i.e. Teaming Structure, Identify & Explore, Implementation Planning, Initial Implementation, Sustainability, Dissemination, Site Selection, Site Cost Planning/Financial Reporting, Administrative); Adoption Service Provider Webinars; Ask About Adoption-Teachers Document; Ask About Adoption-Pediatric Health Providers Document; 2017 Lessons Learned Webinar; and Site Intervention Profiles.

12 products were evaluated in the second dissemination survey: QIChat Webinars; Ask About Guardianship Fact Sheet; DUA Paper; 2018 Lessons Learned Webinar; Implementation Science Article; NACAC Article; QIC-AG Key Messages; Chronicle of Social Change Article Series; Supporting Families Who Provide Permanence – Podcast; Empowering Families to Seek Support – Podcast; Ask About Adoption-Teachers Video; and Ask About Adoption-Pediatric Health Providers Video.

Participants were asked about specific products' contributions to the achievement of their associated QIC-AG dissemination goals. Data aggregated from both surveys indicates that the products survey participants reported contributing most to the achievement of Dissemination Goal 1 (*Create awareness of the need to support families from pre- to post-adoption and guardianship*) were the 2018 Lessons Learned webinar (93.3% of surveyed participants agreed), the Ask About Adoption-Pediatric Health

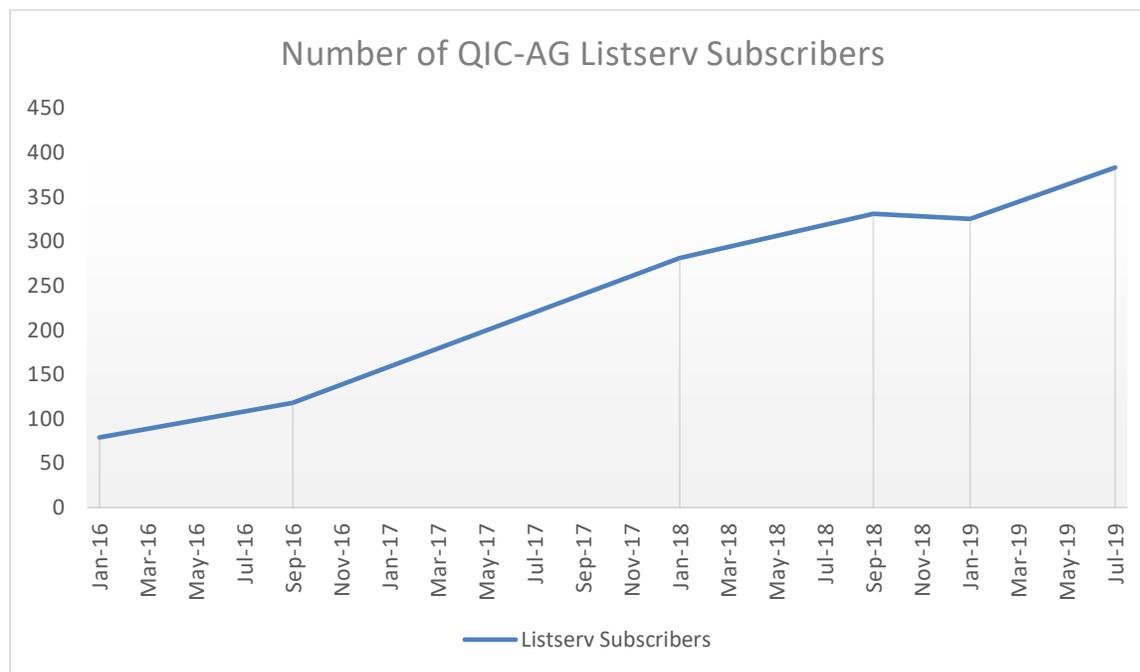
Providers document (87.5% agreed), the Intercountry Adoption Agencies presentation (83.3% agreed), and the second QIC-AG Podcast (75.0% agreed).

Participants were also asked about their level of agreement regarding the contribution of the QIC-AG products (considered collectively) to the achievement of the four QIC-AG dissemination goals. Data aggregated from both surveys indicates that 75.1% of surveyed participants agreed that the products released by the QIC-AG over the course of the project collectively contributed to the achievement of Dissemination Goal 1 (*Create awareness of the need to support families from pre- to post-adoption and guardianship*).

### 3) Data Source: Growth in listserv subscription

In 2015 the QIC-AG began compiling a listserv of people to whom they would disseminate key project information and create awareness about the need to support families pre- to post-permanence. In January 2018, center evaluators and QIC-leadership decided to repurpose the website pop-up feature to invite visitors to sign up for the QIC-AG listserv. Figure 4 illustrates the growth in the number of individuals who subscribed to the QIC-AG News and Update Service (listserv) over the course of the project. As of the center evaluation closeout date (July 31, 2019) the QIC-AG listserv had a total of 383 subscribers, 144 of which were the direct result of the website pop-up feature.

**Figure 4. Growth in listserv subscription**



### *Summary of Results for Dissemination Goal 1: Create awareness of the need to support families from pre- to post-adoption and guardianship*

Center evaluation data collected over the project provides strong evidence that the QIC-AG created awareness within their target audiences of the need to support families from pre- to post-adoption and

guardianship. This was primarily accomplished through relevant, topical webinars that were open to national audiences (e.g. annual lessons learned webinars) and through the dissemination of key products (e.g. Ask About Adoption-Pediatric Health Providers document, QIC-AG Podcast #2). Some people reported that they were already very aware of the need to support families in this population, but that the information provided by the QIC-AG served to reinforce their thinking and the work they are doing. Additionally, people who were interested in keeping up to date with the project were invited to sign up for the QIC-AG listserv, which saw steady growth throughout the project; this can also be considered evidence of creating awareness of the needs of families pre- to post-permanence.

**Dissemination Goal 2:** Increase demand for information about pre- and post-adoption and guardianship services.

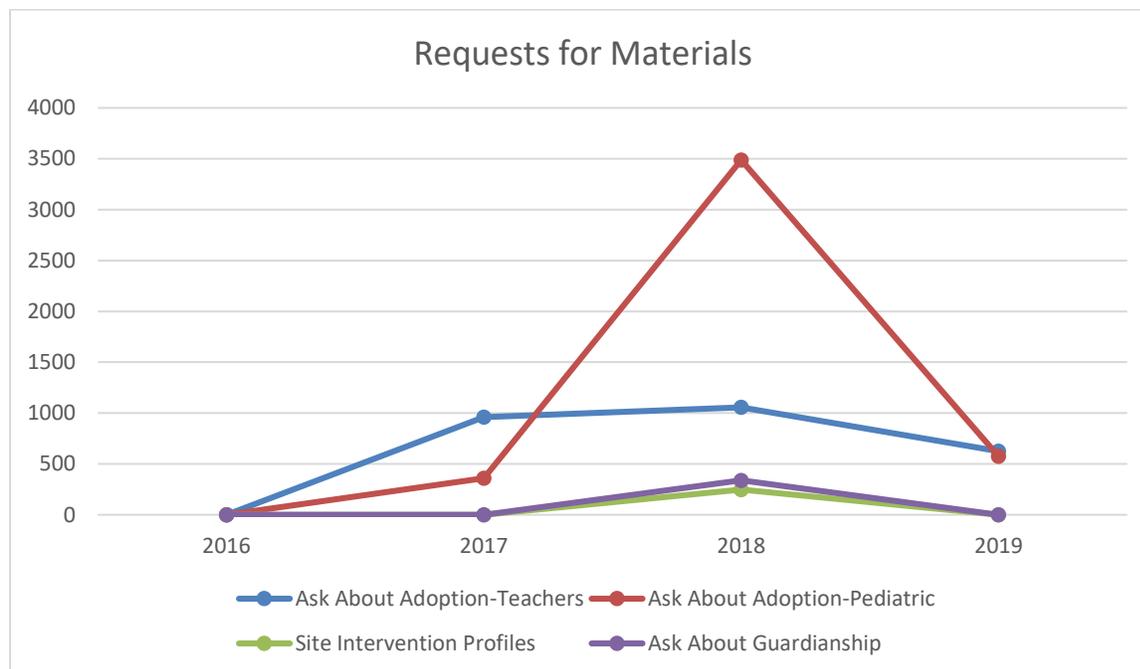
*1) Data Source: Aggregate of information requests/fulfillments and conference presentations*

QIC-AG center dissemination efforts were logged by leadership throughout the project using a shared spreadsheet with three worksheets: Request for Materials, Requests for Presentations, and General Dissemination. A review of the data reported on this dissemination tracking spreadsheet between April 2016 and April 2019 revealed that the QIC-AG fulfilled 27 requests for presentations. 16 of these presentations occurred at national conferences including the North American Council on Adoptable Children (NACAC), the National Conference on Child Abuse and Neglect (NCCAN), the Child Welfare League of America (CWLA) National Conference, the National Permanency Conference, the Society for Social Work and Research (SSWR), the International Conference on Innovations in Family Engagement, the National Indian Child Welfare Association (NICWA) conference, the National Association of Social Workers (NASW) conference, the annual conference for the National Council for Adoption, the Adoption Exchange Association (AEA), and the Adult Survivors of Child Abuse (ASCA) conference. Other presentations occurred at venues such as an Adoption Exchange annual membership meeting, a phone conference with the National Association of State Adoption Programs (NASAP), and at a trauma-informed pediatric provider course sponsored by the American Academy of Pediatrics (AAP).

The dissemination tracking spreadsheet also provided a log of materials that were requested by external entities and distributed by the QIC-AG. It included information about requests for physical materials (brochures, documents, etc.) as well as for requests that were fulfilled electronically for future distribution (e.g., a copy of the continuum framework emailed to an individual at an agency who intends to distribute it to their network). It should be noted that there were very high levels of electronic dissemination; unfortunately the way in which electronic dissemination efforts were tracked did not allow center evaluators the ability to discern which of these efforts were initiated by the person disseminating the material (e.g., a member of the PC independently decided to forward the continuum framework to their network) and which were initiated in response to a request. It also made the true reach of these electronic efforts difficult (and in many cases impossible) to quantify. While center evaluators certainly considered the expansiveness of these electronic dissemination efforts, the inability to directly measure these efforts is a limitation of this part of the evaluation. Therefore, for the purposes of examining requests for materials over time, only physical requests that were reported with quantities were considered. A review of the data reported on the tracking spreadsheet for physical requests of

various QIC-AG materials that were fulfilled between April 2016 and April 2019 can be seen in Figure 5 below.

**Figure 5. Requests for physical materials over time.**



As seen in Figure 5, the requests for physical materials intensified in 2017 with the release of the Ask About Adoption fact sheets for teachers and pediatric health providers. Over the course of the project, project personnel distributed 4,423 Ask About Adoption-Pediatric Health Provider fact sheets, 3,371 Ask about Adoption-Teacher fact sheets, 339 Ask About Guardianship fact sheets, and 248 Site Intervention Profiles in response to requests. The QIC-AG’s relationships with the American Academy of Pediatrics and other influential groups helped facilitate the promotion of these key products.

*2) Data Source: Aggregate post-event survey items for national audiences*

*What Intercountry Adoption Agencies Should Know about the QIC-AG webinar*

Center evaluators also assessed the increase in demand for information about pre- and post-adoption and guardianship services through specific questions of webinar survey participants comprised of a national audience. Data aggregated from 71 survey participants of the webinar for intercountry adoption agencies (described previously) indicates that 82.8% of participants indicated that they were interested in receiving more information about pre- and post-adoption and guardianship services as a result of attending the webinar.

*Lessons Learned webinars*

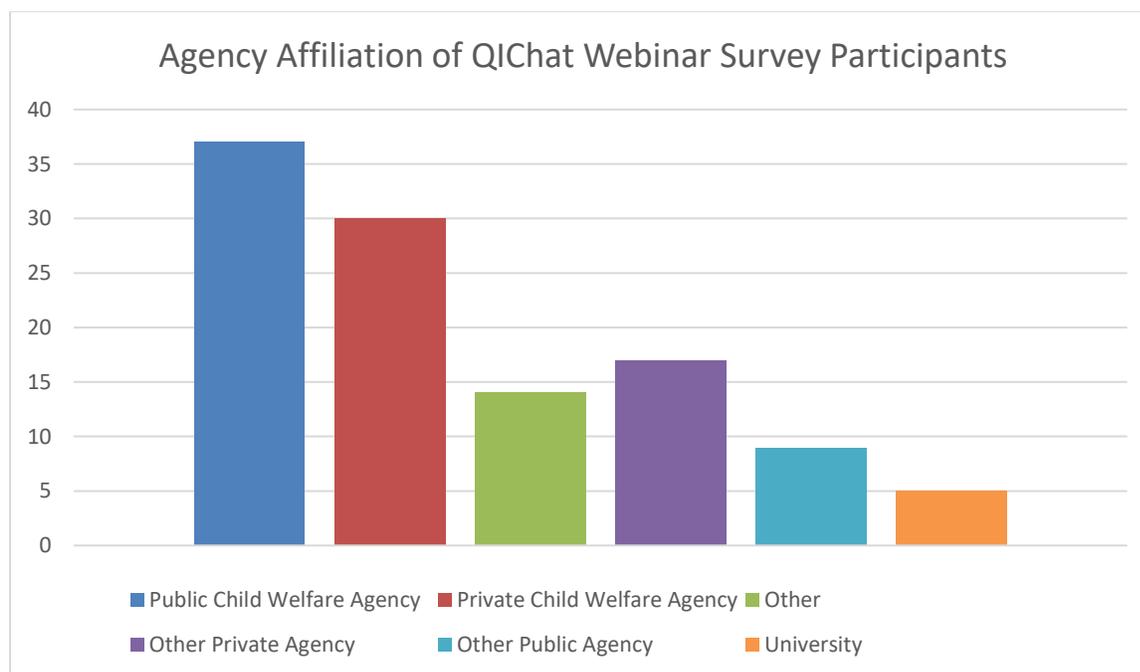
Similar data aggregated from 140 survey participants of the 2016, 2017, and 2018 annual lessons learned webinars (described previously) indicates that 87.3% of participants reported that they were interested in receiving more information about pre- and post-adoption and guardianship services as a result of attending these webinars. Demographic information about the attendees of these webinars

can be found in Figures 2 and 3 in the previous section. Center evaluators interpret this data as evidence that a solid majority of attendees who completed the post-event survey for these webinars believe that they contributed to the achievement of the QIC-AG’s second dissemination goal.

*QIChat webinars*

In addition to the annual lessons learned webinars, the QIC-AG also conducted a series of eight QIChat webinars, each of which highlighted a specific intervention being tested at a QIC-AG project site. These webinars were open to a national audience and post-event surveys asked webinar attendees about their perceptions of these webinars’ contributions to center dissemination goals. Demographic information aggregated across these post-event surveys indicates that a slight majority of participants were not involved with a QIC-AG site (55.0%). This suggests that the information presented in these webinars reached beyond the members of the QIC-AG site teams to a national audience. Areas of responsibility represented by survey participants included adoption (42.3%), post-placement, (13.5%), foster care (4.5%), protective services (3.6%), and others (35.1%) which included guardianship, licensing, training development, program evaluation, project implementation, mental health, and combined positions. This data indicates that the QIC-AG reached at least four of their seven targeted audiences. Aggregate demographic information for attendees who completed post-event surveys of the QIChat webinars can be seen in Figure 6.

**Figure 6. Agency affiliation of QIChat webinar survey participants**



In these short, 30 minute webinars, attendees were provided with an overview of the QIC-AG project and the featured intervention, followed by a presentation that highlighted the various adaptation, recruitment and retention efforts that sites made to implement the intervention into their systems. Data aggregated from 111 survey participants across the eight QIChat webinars indicates that almost half (43.7%) of participants requested to be contacted with additional information about the

interventions presented. These results suggest some support for the QIChat webinars’ contribution to the achievement of the QIC-AG’s second dissemination goal.

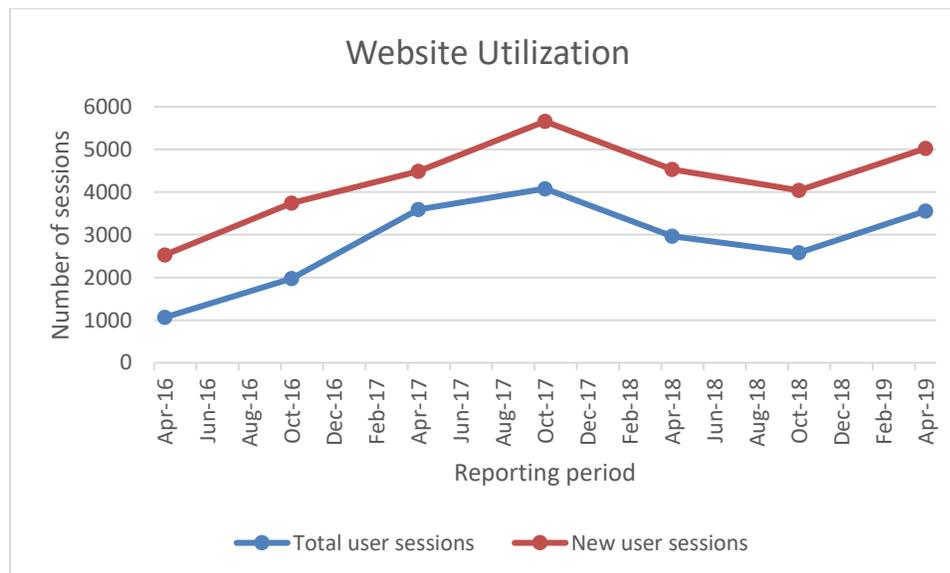
3) *Data Source: Dissemination Survey results*

Data aggregated from both dissemination surveys of target audiences indicates that the products survey participants reported contributing the most to the achievement of Dissemination Goal 2 (*Increase demand for information about pre- and post-adoption and guardianship services*) were the first QIC-AG Podcast (87.5% of surveyed participants agreed), the QIChat webinar series (86.5% agreed), and the second QIC-AG Podcast (75.0% of surveyed participants agreed). Additionally, aggregated data from both surveys indicates that indicates that 76.4% of surveyed participants agreed that the products released by the QIC-AG over the course of the project had collectively contributed to the achievement of Dissemination Goal 2 (*Increase demand for information about pre- and post-adoption and guardianship services*).

4) *Data Source: Aggregate data findings of key website analytics*

Demand for information about pre- and post-adoption and guardianship services was also operationalized and measured by looking at traffic to, and utilization of, the QIC-AG website. Website statistics obtained from the QIC-AG IT Administrator for the time frame of October 2015 through April 2019 were aggregated and analyzed to assess the QIC-AG website’s utilization and effectiveness. As can be seen in Figure 7, there has been an increase in the number of sessions from both repeat and new users over the course of the project. During this period, the QIC-AG website was accessed in 30,008 total sessions (new and repeat users).

**Figure 7. Website Utilization**



The most utilized pages of the QIC-AG website over the course of the project were the homepage (8,535 total sessions), the QIC-AG videos (862 total sessions), the Permanency Continuum Framework (678 total sessions), and the Intervention/Program Catalog (328 total sessions).

*Summary of Results for Dissemination Goal 2: Increase demand for information about pre- and post-adoption and guardianship services.*

Center evaluation data collected over the project provides strong evidence that the QIC-AG increased demand within their target audiences for information about pre- and post-adoption and guardianship services. This was primarily accomplished through fulfilling requests for information and materials from relevant organizations, by presenting project information at regional and national conferences, by generating ongoing project interest through relevant, topical webinars open to national audiences (e.g. annual lessons learned webinars, QIChats), and through the dissemination of key products (e.g. QIC-AG Podcasts). Utilization of the QIC-AG's website pages (e.g. QIC-AG Videos, Permanency Continuum Framework, and Intervention/Program Catalog) also serves as evidence that the project created demand for information about pre- and post-adoption and guardianship services. Over the course of the project, the QIC-AG website has seen a strong increase in the number of sessions from both repeat and new users, providing further evidence of increased demand for information about pre- to post-permanency services.

**Dissemination Goal 3:** Change the perspective of professionals in child welfare/related fields regarding the importance of pre-post permanency services.

*1) Data Source: Aggregate post-event survey items for national audiences*

Data collected and aggregated from 140 survey participants of the 2016, 2017, and 2018 annual lessons learned webinars (described previously) indicates that only 45.8% of participants reported that their perspective had changed regarding the importance of pre- and post-permanency services as a result of attending these webinars. 41.7% of participants rated this survey item neutral. These results indicate that less than half of attendees who completed the post-event surveys for these webinars believe that they contributed to the achievement of the QIC-AG's third dissemination goal. The majority of comments provided by survey participants about their rating on this item indicate that their perspectives had not changed because they were already strong believers in the importance of providing families with pre- and post-permanency services.

*2) Data Source: Dissemination Survey results*

Data aggregated from both dissemination surveys of target audiences indicates that the products survey participants reported contributing most to the achievement of Dissemination Goal 3 (*Change the perspective of professionals in child welfare/related fields regarding the importance of pre-post permanency services*) were the second QIC-AG Podcast (75.0% of surveyed participants agreed), the Intercountry Adoption Agencies presentation (66.7% agreed), the first QIC-AG Podcast (62.5% agreed), and the 2018 Lessons Learned webinar (60.0% agreed). Additionally, aggregated data from both surveys indicates that 60.0% of surveyed participants agreed that the products released by the QIC-AG over the course of the project had collectively contributed to the achievement of Dissemination Goal 3 (*Change the perspective of professionals in child welfare/related fields regarding the importance of pre-post permanency services*).

*3) Data Source: Professional Consortium feedback from 2019 PC Member Survey*

During the final year of the project, the QIC-AG released a series of 6 Key Messages designed to communicate key insights from the work of the project in a straightforward, compelling format. QIC-AG leadership had hoped that these messages would contribute to the achievement of the center’s third dissemination goal. As a link to the field, members of the QIC-AG Professional Consortium were asked in the 2019 annual survey whether these messages had served to change their perspectives regarding the importance of pre-post permanency services. The data revealed mixed results among the 20 PC members (5.0% strongly disagreed, 10.0% disagreed, 35.0% were neutral, 40.0% agreed, and 10.0% strongly agreed), with 6 survey participants specifically stating that their perspectives weren’t changed because they already strongly believed in the importance of these services. A couple of these people did acknowledge that the Key Messages helped reinforce their already existing beliefs. That being said, several people did report a change in their perspectives regarding the importance of supporting families post-permanency; one participant reported talking “much more intentionally” with policy makers now about the need for these services. A couple of participants also reported changed perspectives in viewing family needs through the permanency continuum lens, and thinking about which services are most effective at each interval.

*Summary of Results for Dissemination Goal 3: Change the perspective of professionals in child welfare/related fields regarding the importance of pre-post permanency services*

Center evaluation data collected over the project provides some evidence that the QIC-AG changed the perspective of child welfare professionals in child welfare and related fields about the importance of pre-post permanency services. This was primarily accomplished through the dissemination of key products (e.g. QIC-AG Podcasts, Intercountry Adoption presentation, and 2018 Lessons Learned presentation). Where participant responses indicated less change in perspectives among these professionals, there were two common themes that consistently emerged from the data throughout the project: 1) that their perspectives did not change because they were already strong believers in the importance of providing families with pre- and post-permanency services, and 2) that although their perspectives may not have changed, the work of the QIC-AG reinforced these values and beliefs. These results suggest that the center may not have reached the people through this project who really needed this perspective change; rather it seems that the most common recipients of QIC-AG messages were already predisposed and supportive of these messages.

**Dissemination Goal 4:** Increase awareness of the practices/interventions that may support families pre- and post-permanence.

*1) Data Source: Aggregate post-event survey items for national audiences*

Data aggregated from 111 survey participants across the eight QIChat webinars indicates that the vast majority (91.3%) of participants reported an increased awareness about interventions that may support pre- and/or post-permanence families as a result of attending these webinars. Many of the comments provided by participants for this item indicated a high interest level and a desire to learn even more about these interventions. These results provide strong support for the QIChat webinars’ contribution to the achievement of the QIC-AG’s fourth dissemination goal.

*2) Data Source: Dissemination Survey results*

Data aggregated from both dissemination surveys of target audiences indicates the products survey participants reported contributing most to the achievement of Dissemination Goal 4 (*Increase awareness of the practices/interventions that may support families pre- and post-permanence*) were the ASP webinar series (92.3% of surveyed participants agreed), the Intervention Catalog (89.4% agreed), the Site Intervention Profiles (84.2%), and the Chronicle of Social Change article series (83.3%). It should be noted that surveyed participants reported high levels of agreement about the contribution of the other products associated with this dissemination goal (the QIChat webinar series, 81.0% agreed; the Implementation Science article, 80.0% agreed) to the QIC-AG's fourth dissemination goal. Additionally, aggregated data from both surveys indicates that 64.7% of surveyed participants agreed that the products released by the QIC-AG over the course of the project had collectively contributed to the achievement of Dissemination Goal 4 (*Increase awareness of the practices/interventions that may support families pre- and post-permanence*).

### 3) *Data Source: Professional Consortium feedback*

In their final annual survey, a strong majority of PC members reported that the work of the QIC-AG has created awareness about practices/interventions that may support families pre- and post-permanence (35.0% agreed, 50.0% strongly agreed). Comments indicated that the QIC-AG has created this awareness through the identification and testing of the site interventions, the dissemination of important information through key products, and through messaging about the importance of engaging families pre- and post-permanency. Several respondents did emphasize the importance of sharing the final evaluation outcomes with the field once they are available.

### *Summary of Results for Dissemination Goal 4: Increase awareness of the practices/interventions that may support families pre- and post-permanence*

Center evaluation data collected over the project provides strong evidence that the QIC-AG increased awareness within their target audiences of the practices/interventions that may support families pre- and post-permanence. This was primarily accomplished through topical webinars open to national audiences (e.g. QIChats) and through the dissemination of key products (e.g. Intervention/Program Catalog, Site Intervention Profiles, Chronicle of Social Change articles). According to members of the QIC-AG Professional Consortium, the QIC-AG achieved this goal by 1) identifying and testing site interventions, 2) disseminating important information through key products, and 3) messaging the importance of engaging families pre- and post-permanency.

## **Chapter 6: Broader Project Insights**

In the process of collecting center evaluation data throughout the project, there were multiple occasions when participants voiced broader based insights, concerns, and recommendations that we believe are worthy of sharing. While these insights extend beyond the operation of the QIC-AG (and the purview of center evaluation), we believe they have potential for consideration of future QICs and other Children’s Bureau initiatives. These insights surfaced in multiple ways within the context of different data collection activities such as the annual site and partner interviews and the year 5 focus groups. The information presented in this chapter represents a compilation of these broader project insights that Partners, SIMs, Site Coordinators, and Site Consultants offered for Children’s Bureau consideration.

### *The 5 Year Challenge*

Throughout the course of the project, people at all levels (Partners, SIMs, Site Coordinators, and Site Consultants) consistently discussed the challenge of selecting, developing, implementing, and evaluating interventions within a 5 year timeframe. The sentiment of these discussions was that if a project is designed to use implementation science, generate evidence, and assess long term outcomes, it should be given the appropriate time to do so (specific suggestions varied from seven-ten project years). Comments conveyed a need for more time to slow down the identify/explore process; build more site capacity upfront; more fully research the evidence base behind various interventions; enroll more families; imbed the interventions into practice; further refine the permanency continuum; and assess long term outcomes. Conducting careful, planful site and intervention selection was reported to be a 1-2 year process in and of itself, while installation, initial implementation, and usability testing took more time than many people had anticipated. This left very little time for full implementation, data collection, and evaluation. Due to the time constraints, many sites were unable to accrue enough data to 1) truly evaluate the effectiveness of their interventions, or 2) advocate for continued agency buy-in. This had broad impacts on the achievement of center objectives, sustainability planning, dissemination, and evidence building.

Partners, SIMs, Site Coordinators, and Site Consultants provided the following suggestions for consideration regarding the project timeframe for future Quality Improvement Centers:

- Consider making these projects longer to begin with (suggestions ranged from 7-10 years) to allow sufficient time for an implementation science approach and a meaningful evaluation of the data that speaks to short and long term outcomes.
- If there is not flexibility to lengthen the project period, consider taking a more focused approach of conducting a formative evaluation, a capacity building project, or an evaluation of an intervention already embedded in an agency’s system. Respondents felt that something smaller in scale may be more manageable for a 5 year timeframe.
- Consider facilitating the connection and collaboration of people doing work in similar program areas (e.g. adoption/guardianship, workforce, etc.). Partners noted that this type of collaboration would prevent future grantees from having to take significant amounts of time to “recreate the wheel” in their projects and allow teams to better assess the work that has already been done, the barriers that were encountered, and the lessons that have been

learned, and then use that information to inform their work. For example, future adoption projects could advance the field by learning from and building on the work of the QIC-AG.

- Encourage future QICs to assess potential sites' capacity for working with implementation science and evaluation data during the site selection phase to ensure a strong foundation for timely project progress. Despite the QIC-AG's efforts to consider these things during their 3-phase site selection process (see p. 14 of this report for additional information), additional efforts are needed to assess this criteria.

### *Addressing the Gap between Research and Practice*

The implementation and evaluation of evidence-informed interventions is an important line of work to continue within the field of child welfare. These types of projects seek to bring experts from both the research and practice sides of the work together in an effort to collaboratively accomplish common goals. Considering the increased emphasis on evaluating interventions and using evidence-based practices in child welfare, this type of collaboration between experts in implementation and evaluation will only increase in future years. While people at all levels of the QIC-AG project have consistently emphasized the importance of partnership and collaboration with professionals who can contribute diverse perspectives, feedback also suggests a need for improved communication processes to ensure all voices are heard and valued in these efforts. Participants report that when one perspective begins to be perceived as more valuable than the other, or when SMEs become siloed within their domain of expertise, effective collaboration can begin to break down. Described by one Site Consultant as *"sort of a classic in social work: practice versus evaluation"*, one SIM explained that *"It's a challenge to figure out how to bridge that research-practice gap better. How you convey to people a mutual respect for differing roles is important. You really have to recognize how each piece (implementation and evaluation) contributes to the greater good of the project."*

Thus, QIC-AG project participants suggest that the Children's Bureau can play an important role in assisting projects to establish effective partnerships across areas of expertise. Partners, SIMs, Site Coordinators, and Site Consultants provided the following suggestions for consideration to address the research-practice gap in future Quality Improvement Centers:

- Consider engaging sites in some initial capacity building at the outset of the project around the domains of implementation science and evaluation research.
- Communicate to the field of child welfare the importance of generating and using evidence-based practices.
- Explore how to better prepare project partners and sites for the time and work that is required for rigorous evaluation.
- Examine how to reconcile the sometimes differing priorities and agendas of implementation and evaluation specialists to facilitate the accomplishment of common project goals.

### *Lessons Learned in Data Sharing*

The QIC-AG learned some important lessons about the process of successfully accessing and sharing data with their project sites that they believe would be beneficial for other projects to be aware of. First and foremost, the process of negotiating and securing a Data Usage Agreement (DUA; sometimes

referred to as a Data Sharing Agreement) can be time consuming. Thus, it is important that future QIC projects do their due diligence to assess each site's capacity to share data as well as their specific DUA process during the site selection phase. Despite the QIC-AG's efforts to consider data sharing during their 3-phase site selection process (see p. 14 of this report for additional information), additional efforts are needed to assess this criteria. Failure to negotiate and execute DUAs in a timely manner can result in significant implementation delays, which can negatively impact the evaluation. Additionally, it is important that DUAs be seen as a negotiation early in the project between key partners from both sides (grantor and grantee) with the purpose of identifying and addressing concerns about data ownership and use. Because each agency is unique, care must be taken to ensure that the language in the DUA is culturally responsive and reflects the site's culture, policies, and practices.

Partners, SIMs, Site Coordinators, and Site Consultants provided the following suggestions for consideration regarding data sharing in future Quality Improvement Centers and other initiatives:

- Communicate to child welfare administrators the importance of data sharing in generating and implementing evidence-based practices.
- Consider possibilities for streamlining the data sharing process at the federal level.
- Encourage project leaders to thoroughly assess potential sites' capacity and process for data sharing during the site selection phase.
- Encourage project leaders to start DUA negotiations as early as possible.
- Encourage project leaders to think through and include all of the relevant data partners who will need to review the agreement.
- Encourage project leaders to respect culture, policy, and practice when addressing terms of "data ownership".
- Encourage project leaders to be flexible about adapting the data sharing process to meet each site's specific needs.
- Consider a capacity building investment in building the infrastructure within key agencies to collect long term data and generate evidence for interventions (i.e. child welfare learning laboratories).
- Consider the feasibility of executing a DUA between the Children's Bureau and a project's leading agency to facilitate access to administrative data.

#### *Adapting Processes to Honor the Wisdom of Tribal Communities*

The QIC-AG's partnership with the Winnebago Tribe of Nebraska highlights the opportunity presented in federal projects around cultural sensitivity and adaptation. Site personnel at the Tribe reported feeling a level of connection with, and knowledge of, their community that perhaps was not fully utilized during the project. Because lasting change in these types of environments is reported to happen at the community level (in addition to the agency level), many QIC-AG project participants expressed the importance of empowering Tribal sites to be the subject matter experts on their own communities. Some also reported the need for less hierarchical and more collaborative teaming structures within these types of projects to better facilitate the exchange of cultural learning. Project leadership emphasized the importance of acknowledging the differences between Western and Indigenous

processes and planning for adaptation throughout the entire life of the project – from site selection through evaluation.

Partners, SIMs, Site Coordinators, and Site Consultants provided the following suggestions for consideration regarding how to advance cultural sensitivity in future Quality Improvement Centers and other initiatives:

- Encourage project leaders to anticipate, identify, and capitalize on opportunities to increase cultural competency within their projects.
- Empower and trust Tribal sites to be the guiding experts on what will work best in their communities.
- Encourage project leaders to address concerns about cultural sensitivity in respectful, learning-oriented ways.
- Be flexible and sensitive to the difference between Western/linear and Indigenous processes for implementation.
- Consider funding a project that explores how interventions that originate in one culture are perceived by (and ultimately impact) individuals in another culture.

#### *Sustainability: Definition and Planning*

How to define and plan for sustainability has been a consistent topic of conversation at all levels of the QIC-AG project. Over the course of the project, site personnel have repeatedly discussed the challenges of securing post-project funding for intervention sustainability, particularly in the absence of full evaluation data that could be used as leverage in these types of discussions. Site personnel expressed that the costs of sustaining these interventions extend beyond the cost of the program itself, and include costs associated with securing the necessary resources, staffing, and family incentives for participation. A key lesson learned reported by site personnel throughout the process of planning for sustainability was the importance of assessing at the intervention selection phase whether the proposed initiative fits within the agency's infrastructure, budget, and capacity. Additionally, a number of sites also experienced significant impacts on their sustainability planning as a result of turnover at administrative, legislative, and executive levels. Discussions centered on the dissolution of project buy-in as a result of loss of project champions at these higher levels and the challenges of having to constantly "re-sell" the intervention to new members of leadership, whose priorities may or may not align with the goals of the project. This type of turnover was largely perceived by sites as 1) inevitable, and 2) out of their control. Finally, people across roles spoke about the value of a more inclusive definition of sustainability that expands beyond the interventions (which may or may not prove to have positive outcomes) to things such as continuing agency capacity building efforts and embedding project messaging into their systems. Particularly in projects that call for the evaluation of interventions being implemented, many people reported feeling that the "success" of sites should be tied less to the sustainability of the intervention and more to the capacity that has been built and the knowledge that has been gleaned. Several people at the site level expressed some concern that if their intervention did not prove to be effective (i.e. "successful"), it may impact their agency's reputation and grant opportunities in the future.

Partners, SIMs, Site Coordinators, and Site Consultants provided the following suggestions for consideration regarding sustainability in future Quality Improvement Centers:

- Examine how sustainability is defined and measured in the RFP to ensure the inclusion of factors beyond the intervention that is being tested.
- Consider focusing projects on testing interventions that are already implemented in agency systems (that are already perceived as sustainable).
- Continue to make discussions about sustainability a key focus from the beginning of the project.
- Acknowledge the impact of administrative turnover on sustainability and consider how to assist sites in their efforts to re-secure project buy-in from new leadership.
- Ensure a flexible and fluid approach to sustainability planning that accounts for the impact of inevitable changes within (and external to) highly dynamic agency systems.
- Encourage project leaders to develop succession plans and onboarding processes with their sites to ensure the project can keep moving forward in the event of turnover of key project personnel, leadership, or administration.
- Consider what systemic changes (e.g. infrastructure, technology, protocol, capacity, and funding sources) will be necessary to support the sustainability of evidence-based practices in child welfare moving forward.
- Examine what is considered to be “success” in this type of project; acknowledge that learning which interventions work *and* which ones do not work is success in an evaluation project.
- Ensure that the level of evidence drives conversation and thinking about sustainability and replication.
- Acknowledge the link between concrete intervention outcomes and agency buy-in related to sustainability; ensure that there is enough time built into the project to obtain this evaluation data.

### *Maintaining the Learning Community*

Over the course of the project, the QIC-AG has utilized various services (e.g. meetings, trainings, and opportunities for collaboration) to create a reciprocal, enriching learning environment among members of the QIC-AG team. This type of environment is characterized as one in which ideas and information are freely shared among entities with common interests. The question of if and how to maintain this learning community post-project has been a source of discussion during the last two years of the project. People at all levels of the project have reported that lasting connections have been established within the QIC-AG (with other sites, consultants, partners, etc.) and with the Professional Consortium. Furthermore, the majority of project participants have expressed an interest in maintaining this community informally after the project ends. Additionally, people at all levels of the project have consistently expressed concern that all of the valuable QIC-AG resources (e.g. permanency continuum, intervention catalog, Ask About Adoption documents, Key Messages, implementation tools, etc.) developed in this project will be “lost” or inaccessible to other agencies once the grant ends. This indicates that many people are unaware that these materials will be accessible on the Child Welfare Information Gateway once the project ends. Additionally, many lessons have been learned within this project (and in others) that participants believe could be helpful to others doing similar work in the field,

and a number of participants noted the need for a more universal and collaborative system of information sharing within the larger field of child welfare.

The following suggestions were provided by Partners, SIMs, Site Coordinators, and Site Consultants for consideration regarding how to facilitate connections that contribute to a broader learning community among Quality Improvement Centers, as well as with the larger field of child welfare:

- Consider how the Children’s Bureau can continue to communicate and promote the availability of QIC-AG materials on the Child Welfare Information Gateway
- Consider how the Children’s Bureau could facilitate connections between past and present QICs to enable the sharing of lessons learned and to prevent every project from having to “recreate the wheel.”

### *Replication of the QIC-AG Structure*

Finally, as discussed in the previous chapters of this report, the QIC-AG created and adapted a variety of processes and tools as part of this project (e.g. site selection process, SIM position, adaptation of NIRN, etc.); please see pages 14-17 of this report for a complete list. The prevailing feedback was that these work processes and tools provided the necessary structure to guide the work of project sites. Overall, participants at all levels of the project reported that the QIC-AG’s structure facilitated the completion of project goals through planful processes for selection, budgeting, and project management; the delegation of key tasks to funded project personnel; and thought-provoking exercises about teaming, implementation, sustainability, and dissemination. This collection of tools and processes were viewed as effective overall and could be replicated by future QICs. While most SIMs and Site Coordinators ultimately reported seeing value in the tools and processes developed by the QIC-AG to facilitate deeper thinking and planning, many reported feeling overwhelmed by the volume of tools they were required to complete, despite the QIC-AG’s provision of Site Consultants and resources to provide support. From the QIC-AG project leadership perspective, sites with SIMs solely dedicated to the project (funded 100% by the QIC-AG) were better able to manage the workload than sites who’s SIMs were dealing with other competing agency demands. If QIC-AG processes and tools are replicated in future projects, project leaders should consider having a resource at each site whose only focus is project implementation, as well as whether opportunities exist to streamline the process.

Partners, SIMs, Site Coordinators, and Site Consultants provided the following suggestions for consideration regarding the replication of QIC-AG tools and processes in future Quality Improvement Centers:

- Encourage project leaders to assess the ability of potential sites’ systems openness and readiness for change during the site selection phase.
- Communicate the importance of taking the time to slow down and engage in deeper thinking when planning for the implementation of agency initiatives.
- Ensure sites have the adequate support (e.g. Site Consultants, TAs, etc.) to facilitate the implementation of these structured processes and the completion QIC-AG tools.
- Encourage project leaders to fund 100% of SIMs’ time to reduce the barrier of competing agency workloads, particularly in the first 2-3 years of the project.

- Encourage project leaders to be very transparent and set realistic expectations with sites early in the project about the amount of time and work that will be required; be sensitive of the work and commitment being asked of sites in addition to their normal agency work.
- Examine how to reduce redundancy and duplicative efforts within the various QIC-AG tools.
- Consider how to effectively balance the needs for both structured planning and flexibility in the highly dynamic environments of child welfare agencies.

### *Concluding Thoughts*

QIC-AG project participants have provided a wealth of feedback about their overall experience over the course of the project. The following quotes represent a small sample of this feedback provided by Partners, SIMs, Site Coordinators, Site Consultants, and members of the QIC-AG Professional Consortium.

- “We’re very grateful to have been a part of this project. We’ve definitely had our ups and downs, tough times, but at the end of the day we’re grateful for the opportunity and learned a lot from the project. I hope it continues to make an impact in our agency long term.”
- “We’ve learned a lot about families formed through adoption/guardianship and have lots of great lessons learned. I hope these lessons can get communicated in a variety of ways (peer-reviewed journal publications, presentations, conferences, etc.) to elevate the need for post-permanency services/support.”
- “The QIC-AG conceptualized, planned and organized the work in a manner that allowed for the exploration of many factors that could lead to better outcomes in adoption, as well as addressing the challenges and proposed solutions.”
- “Personally, and on behalf of our agency, we are so thankful and grateful to have been part of this project. We appreciate the Children’s Bureau providing this opportunity, and we also appreciate the site and center evaluators who are compiling all the data for us to learn from so we can be the best we can be (individually and collectively). It’s been a fantastic opportunity overall.”
- “I’ve enjoyed this project immensely. I was a little skeptical at first, but it’s been a really interesting project. Being able to see in our state that we can continue on and have an impact on the service delivery to families is fantastic. I’m so glad I can say that I’ve been part of a project that really impacts our families. It’s very rewarding.”
- “This project was implemented incredibly well. I was so impressed with Spaulding’s professionalism and their ability to be structured while also maintaining relationships.”
- “There have been so many new relationships and collaborations that have come out of this work! We have established much better relationships with the private adoption providers in our community. This is something we just didn’t have before; it used to be us in our world and them in theirs. We now have staff who are members on their council and who are engaging in information sharing and collaboration with these agencies. Our stakeholders are also now more aware of our work. The collaboration in our community has been great.”
- “I have appreciated this opportunity for myself, our agency, but most importantly for the families and children that this program and intervention has touched.”

- “This was a once in a lifetime experience. I feel like our site is better off for having been a part of this. I feel like the way a lot of this was structured helped us in the project, but will also help us in the future. As the Children’s Bureau looks to develop these types of partnership grants, I think this is a good model to see the full picture and identify issues.”
- “Being a member of the Professional Consortium has been a tremendously positive experience. It is connected me with leaders in the field such as [other PC members] and has allowed me the opportunity to meaningfully and directly contribute from my expertise.”
- “The QIC AG has advanced a useful continuum framework from pre- to post-permanency to promote positive outcomes for children youth and families for whom adoption and guardianship are parts of their life stories.”
- “I think this project will have ongoing impact in the field; it was treading new ground in regards to this area of service for families (moving families to permanency and then thinking about what happens afterward). There’s so much we’ve gathered along the way and it will continue as long as it is disseminated well.”
- “It’s been a phenomenal experience. This was one of those rare opportunities in life to give as much as you’ve been given.”
- “I think this was one of the best projects I’ve ever been a part of, not just in terms of grants, but initiatives in general. The structure, the way the goals were set up, the way the work was accomplished...It’s amazing to me how all this work got organized and executed the way it did with this number of sites. We didn’t lose any consultants or sites, which is amazing. If we would have had had turnover in these areas, it would have been a nightmare. There was also enough of a carrot to keep (site) people involved; investments were made in personnel that kept people involved, so kudos to Spaulding on this. I think the same can be said for investment in the SIMs.”
- “Being in the QIC-AG consortium was one of the best experiences of my career. I loved learning from the most noted experts in the field of adoption, as well as the progress and struggles of how the sites implemented programs.”
- “Even though the beginning couple of years were quite cumbersome, I would do it all over again in a heartbeat. It has been such a stepping stone and there has been so much growth in our staff, program, and agency. It’s been an invaluable experience and opportunity that I am immensely grateful for.”