



# PII APPROACH BRIEF

## BUILDING IMPLEMENTATION AND EVALUATION CAPACITY IN CHILD WELFARE

Child welfare policy and practice are limited by a lack of evidence-supported interventions (ESIs)<sup>1</sup> and demonstrated strategies for consistent implementation. One child welfare problem that demands successful innovation is the unacceptable number of children who linger in long-term foster care. In response to the challenges of limited evidence and non-optimal implementation to achieve permanency for children lingering in foster care, the federal government developed the Permanency Innovations Initiative (PII), a multi-site federal demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency.

A 5-year, \$100 million Presidential Initiative, PII was designed to support six Grantees to develop and implement innovative intervention strategies to reduce long-term foster care stays and improve child and family outcomes. The project integrates implementation science and rigorous evaluation to build an evidence base for child welfare policy and practice. It also includes a comprehensive dissemination plan, which ensures that PII findings and lessons learned are available to the child welfare field in a timely manner.

The federal government supports PII Grantees through two offices within the Administration for Children and Families: the Children's Bureau (CB), which provides training and technical assistance to Grantees to strengthen their use of best practices in implementation;<sup>2</sup> and the Office of Planning,

Research and Evaluation (OPRE), which supports rigorous evaluations of Grantee interventions.<sup>3</sup>

### PII Approach

PII is distinguished by its integration of implementation science and rigorous evaluation. This combination supports Grantees to implement interventions, as planned, and demonstrate movement toward the intended results before undergoing a rigorous evaluation that includes an intervention group (those who receive the intervention) and comparison group<sup>4</sup> (those who receive practice as usual). When an intervention is delivered with a high level of integrity, the outcomes achieved by the intervention group can be more confidently attributed to the intervention.

An overarching objective of PII is to increase the number of ESIs available to the child welfare community. To this end, Grantees' efforts are focused on clearly operationalizing the infrastructure needed to support practitioners' implementation of the interventions as intended.

**Validity:** Confidence in the capacity of the intervention to produce desired results under ideal conditions and in the effectiveness of the intervention across usual practice settings.<sup>5</sup>

**Integrity:** Confidence that an intervention was implemented as planned or as previously tested in support of its effectiveness.

<sup>1</sup> Evidence-supported interventions are specific well-defined policies, programs, and services that have shown the potential, through rigorous evaluation, to improve outcomes for children and families (Framework Workgroup, forthcoming).

<sup>2</sup> JBS International, Inc., leads the training and technical assistance team in partnership with the National Implementation Research Network (NIRN) at the University of North Carolina-Chapel Hill (UNC) Frank Porter Graham Child Development Institute and the Center for the Support of Families.

<sup>3</sup> Westat leads the evaluation team in partnership with James Bell Associates, the UNC School of Social Work, CLH Strategies & Solutions, Andy Barclay, and Ronna Cook Associates.

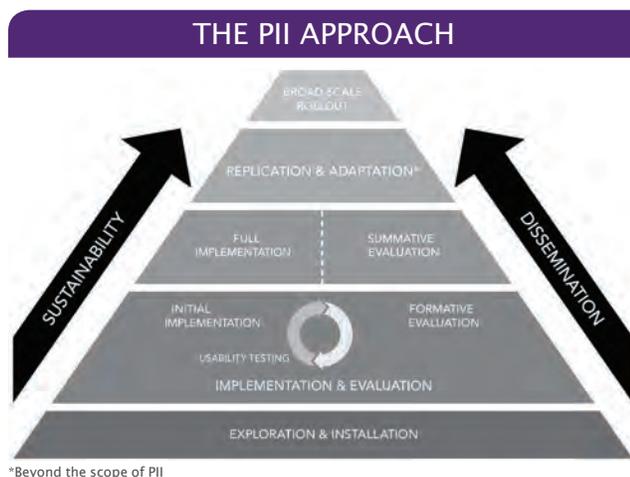
<sup>4</sup> This brief uses the term "comparison group" to include groups created through both randomized and non-randomized methods. Comparison groups created for randomized controlled trials are often referred to as "control" groups. Groups created through other methods (matching) are known as "comparison" groups.

<sup>5</sup> Flay, B.R. (1986). Efficacy and effectiveness trials (and other phases of research) in the development of health promotion programs. *Preventive Medicine*, 15 (5), 451-474.

To ensure that developed interventions that are found to be effective can be replicated and/or adapted, each component of an intervention is documented and tested for validity and integrity. Validity refers to how well the intervention achieves its intended results, while integrity conveys how closely it is implemented as planned. Effective interventions that are implemented as planned (high integrity) are more likely to produce their intended results (high validity).

## PII Approach Stages

As shown in the graphic below, the PII Approach comprises multiple implementation stages. Grantees will complete various activities during the PII time frame including: exploration, installation, initial and full implementation, and formative and summative evaluation. They will employ robust strategies for sustainability and dissemination.



**Exploration Stage:** This stage includes three main goals: (1) create readiness for change in Grantee agencies and communities (i.e., promote commitment to and capacity for change); (2) examine the degree to which proposed interventions meet the needs of children and families; and (3) determine if proposed interventions are appropriate and implementation is feasible. At this time, all Grantees have completed this stage. To do so, Grantees, with assistance from PII evaluation and PII training and technical assistance teams, completed the following activities:

- **Identified the Target Population:** Analyzed existing administrative and program data to confirm or identify factors that put each Grantee’s target population at risk of long-term

foster care. As part of this analysis. Grantees identified the barriers of children and families that impeded progress toward reunification or alternative permanency solutions.

- **Coordinated a Teaming Structure:** Organized a team of stakeholders to be accountable for guiding the development and implementation of interventions, and promoting communication and gaining buy-in across multiple stakeholder groups (e.g., leadership, practitioners, and community service providers).
- **Conducted Research Reviews and Assessed Interventions:** Used the research literature (and data, when available) to identify evidence-based interventions and assess their appropriateness to meet PII goals; chose specific interventions and assessed them for feasibility of implementation and ability to meet the needs of the target populations; and considered the extent to which adaptations (i.e., modifications to the original interventions) would be necessary and how they might affect implementation integrity and, therefore, intervention outcomes. If Grantees did not identify existing programs that met PII goals, they proposed developing innovations comprising specific evidence-informed components that, they hypothesized, addressed the barriers to permanency unique to their target population.
- **Specified Theories of Change and Logic Models:** Articulated the assumptions underlying the pathway to change for the target population and identified research evidence that indicated the pathway would lead to desired outcomes. Grantees developed a logic model, which is a tool to describe the resources, assumptions, implementation activities, and program outputs that link the intervention and target population to the intended short-term and long-term outcomes.
- **Assessed Organizational and System Capacity:** Completed informal assessments to identify existing resources and system supports that, often with minor adjustments, would facilitate implementation of the

selected intervention(s). For example, most child welfare agencies have an existing data system to monitor and track child and family outcomes. Rather than building a new system, the existing system could be changed to accommodate data from PII intervention activities and outcomes.

- **Created Implementation and Evaluation Plans:** Developed implementation plans that specified the target population and comparison groups to be served, interventions to be implemented, and primary and secondary outcomes to be achieved. These plans also allotted time for such issues as intervention adaptations (i.e., how interventions would be adapted to fit the local context) and strategies for preparing the environment to support implementation (e.g., building partnerships and training staff). Grantees also supported the development of evaluation plans that detailed research questions, research designs, comparison groups, data collection methods and analysis plans, and timelines for completion.

After completing these activities, Grantees entered the installation stage.

**Installation Stage:** This stage focuses on successfully transitioning from planning to implementation, by preparing local child welfare systems and agencies for changes related to the implementation of new interventions. For example, Grantees developed “practice profiles,” which outline core activities needed to deliver the intervention with integrity. They also identified how children and families would be referred into the new interventions; developed detailed training manuals and related materials; and trained practitioners and staff to implement the intervention with fidelity. Also in this stage, Grantees developed methods to monitor implementation on an ongoing basis so that corrections could be made midway through rather than at the end of implementation. These methods included data systems to monitor program outputs and measures to track fidelity.

After they completed installation stage activities and felt the environment was ready for change, Grantees moved to initial implementation.

**Components:** The principles, functions, activities, or elements of the intervention that will address the identified problem and are essential to achieving the outcomes desired.<sup>6</sup>

**Fidelity:** The degree to which intervention components are delivered as prescribed.

**Initial Implementation Stage:** During the initial implementation stage, children and families begin to experience the intervention, all components of the intervention are at least partially in place, and the implementation supports (e.g., fidelity assessments, supervision, and coaching) begin to operate. As Grantees moved into this stage, they reviewed and restructured the implementation teams formed for the installation stage to ensure they consisted of the right people to manage the tasks associated with initial implementation. These teams tested important elements of the intervention and implementation supports (e.g., training curricula, participant recruitment, and selection practices) to identify and resolve problems before full implementation. Based on this initial testing, they also modified implementation supports and data collection processes to improve implementation fidelity or the degree to which intervention components were delivered as prescribed.

Grantees also collected quantitative and qualitative implementation data (e.g., observations, surveys, and other documents) to monitor practitioner activities and services that were received by the target population. These data were then used to assess and improve implementation fidelity. In addition, Grantees implemented “practice-to-policy” feedback loops to provide opportunities for practitioners and Grantee leadership to communicate regularly regarding implementation successes and challenges. This communication process allowed leadership to make adjustments to policies and break down barriers that were impeding practitioners’ abilities to implement the intervention well. After the intervention was considered “stable,” that is, Grantees completed initial adjustments to the intervention and

<sup>6</sup> Fixsen, D.L., Blase, K.A., Metz, A.J., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children*, 79, (2), 213–230.

implementation supports based on this initial testing, they were ready to move to the formative evaluation.

**Formative Evaluation:** An intervention is ready for formative evaluation when it has been sufficiently defined and consistently implemented. Formative evaluation is the process of monitoring relationships between program outputs (activities and services received by the target population) and short-term outcomes. Essentially, formative evaluation tests whether the intervention is associated with expected outcomes. If the results of formative evaluation are not positive (that is, the intervention does not seem to be associated with expected outcomes or is producing negative outcomes), PII Grantees stop what they are doing, carefully analyze formative evaluation data to make determinations about where the problems are, and fix them so the intervention can continue, either as planned or in a modified state. Formative evaluation data are used to determine when a Grantee is ready to move to the summative evaluation phase. To move on, interventions must be implemented with high integrity and produce no harmful outcomes.

**Full Implementation Stage:** When practitioners become proficient in the intended service delivery, and organizational and systems changes are part of practice as usual, the Grantee will be in the full implementation stage. Grantees in this stage will review and refine implementation teams, ensuring that they can continuously improve and sustain the intervention through data-driven decision-making and feedback loops. Grantees will use multiple implementation monitoring methods to improve implementation processes and ensure that each intervention is fully implemented as intended. When a Grantee's

PII is scheduled to operate from 2010 to 2015. Many of the activities described above have already been completed; however, as of the writing of this brief, full implementation and other activities are planned for the future. The work described in this brief may change once the remaining activities are completed.

intervention has been consistently delivered and the formative evaluation shows that program outputs and short-term outcomes approximated expectations, it can move to summative evaluation.

**Summative Evaluation:** The summative evaluation is a rigorous evaluation of the long-term impact of PII interventions. It determines whether long-term outcomes are achieved and the extent to which these outcomes can be attributed to the intervention. Given PII's focus on producing credible evidence about what works to reduce long-term foster care, rigorous summative evaluation is an important component of the PII Approach. In all cases, OPRE encouraged PII Grantees to use the most rigorous evaluation design possible. The most rigorous evaluation design is generally acknowledged to be the "randomized control trial" or RCT, whereby participants are randomly assigned to the intervention or control (nonintervention) group and compared on the outcomes of interest. RCTs are powerful because the act of randomizing participants into intervention or control groups ensures that, essentially, the groups are alike and any significant differences between them on outcomes can be attributed to the intervention and not to some other factor. Those Grantees that could not implement RCT were encouraged to use an alternative, yet still rigorous design, such as a matched comparison design. Those PII interventions that are proven effective through summative evaluation will also be deemed ready for replication or adaptation on a larger scale. Finally, as part of the summative evaluation, Grantees participate in a cost study. The cost study combines summative findings with an analysis of the costs associated with implementation of PII interventions to determine if the benefits outweigh the costs. This is especially important to child welfare decision makers who are often faced with allocating limited financial resources to serve high numbers of children and families.

### **Sustainability and Dissemination**

The PII Approach encourages attention to sustainability in all stages of the process. Grantees focus on programmatic sustainability (funding, policies, procedures, and interest of political authority to sustain the direct services provided to children and families) and

the sustainability of implementation supports (training, coaching, and data systems) so the intervention can be maintained and improved, if necessary.

As with sustainability, dissemination is also an active focus throughout the life of each Grantee's project. For the purpose of PII Grantees, "dissemination" is an intentional process to move new information relevant to policy, practice, and research from PII partners to a well-defined child welfare audience. Successfully disseminating PII findings and lessons learned involves identifying target audiences and understanding their information needs and preferences. Using dissemination processes that address these needs and preferences (e.g., attending regularly scheduled stakeholder meetings instead of scheduling separate PII-specific meetings) Grantees communicate with relevant stakeholders throughout each stage of the project.

### Beyond the Scope of PII

Replication or adaptation, as well as broad-scale rollout, occurs beyond the PII timespan, although such attempts will be enhanced by the lessons learned by PII. Careful attention to how closely the intervention was implemented as intended and how well it achieved the desired results helps Grantees and others

in the child welfare field to assess more realistically the requirements for, and benefits of, broader use. In this way, the PII Approach readies interventions for broad-scale use, which is more likely to be warranted and feasible when interventions have been well-operationalized with specified core components and implementation teams have documented necessary infrastructures to support, sustain, and improve implementation integrity over time.

### Conclusion

The PII Approach provides a model for child welfare administrators and agency directors to add evidence to the body of knowledge about what works in child welfare. Through its four interconnected stages, it offers a guide for child welfare stakeholders to identify existing interventions or develop innovations to solve complex problems and evaluate them for effectiveness. At this point, PII is in progress and will continue for several more years, so the PII Approach might evolve as the programs mature and have more time to gain experience and achieve long-term outcomes. The end result will be additional ESIs for child welfare systems, a roadmap to implementing and evaluating them, and an effective approach for adding to the evidence base on achieving permanency for children.

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More information about the PII, PII Grantees, and the PII Approach can be found at the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources>.

The PDF of *The PII Approach: Building Implementation and Evaluation Capacity in Child Welfare* can be found at [http://www.acf.hhs.gov/sites/default/files/cb/implementation\\_and\\_evaluation\\_capacity.pdf](http://www.acf.hhs.gov/sites/default/files/cb/implementation_and_evaluation_capacity.pdf).

