



# THE PII APPROACH: BUILDING IMPLEMENTATION AND EVALUATION CAPACITY IN CHILD WELFARE

DECEMBER 30, 2013





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# INTRODUCTION

Child welfare policy and practice are limited by a lack of evidence-supported interventions (ESI)<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. The PII Approach integrates the tenets of implementation science and program evaluation into a coordinated framework to support and evaluate this initiative. This report describes this collaborative approach to implementation and evaluation that is currently underway.<sup>2</sup>

## BACKGROUND

The permanency reforms of the late 1990s helped reduce the number of U.S. children in foster care from an estimated high of 567,000 children at the end of Federal fiscal year (FFY) 1999<sup>3</sup> to 397,000 at the end of FFY 2012.<sup>4</sup> Whereas most of the reduction in the size of the U.S. foster care population prior to 2006 was driven by improved permanency rates, since then discharge rates have fallen.<sup>5</sup> Most of the decline in the size of the foster care population since 2006 is due to fewer children entering foster care. The number of children waiting

*“The Permanency Innovations Initiative, spearheaded by the Department of Health and Human Services, is providing support to public-private partnerships focused on decreasing the number of children in long-term foster care. Over the next 5 years, this program will invest \$100 million in new intervention strategies to help foster youth move into permanent homes, test new approaches to reducing time spent in foster care placements, and remove the most serious barriers to finding lasting, loving environments.”*

Presidential Proclamation, April 29, 2011

for adoption remains above 100,000, and 38 percent of these children have been in care for 3 or more years.<sup>6</sup>

Although there is a trend in child welfare toward using models that have demonstrated validity, only 25 (8 percent) of the 319 programs catalogued in the California Evidence-Based Clearinghouse for Child Welfare (CEBC) meet criteria as “well-supported by research evidence” (as of October 10, 2013). “Well-supported by research evidence” means that the intervention represents a practice with strong research evidence and at least two rigorous randomized control trials (the highest standard of evidence in the CEBC). PII is intended to increase the rate of children discharged to permanent homes by supporting Grantees that are implementing interventions to help subgroups of children most at risk for long-term foster care to achieve permanency. In addition, PII is adding to the body of knowledge about what works in child welfare by rigorously evaluating these interventions.

1. 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).

2. PII is scheduled to operate from 2010 to 2015. Thus, many of the activities described below have already been completed; however, other activities are planned for the future. Therefore, the work described in this report may change once the remaining activities are completed with the PII Grantees.

3. <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport12.pdf>

4. [http://www.acf.hhs.gov/sites/default/files/cb/trends\\_fostercare\\_adoption2012.pdf](http://www.acf.hhs.gov/sites/default/files/cb/trends_fostercare_adoption2012.pdf)

5. [http://www.acf.hhs.gov/sites/default/files/cb/trends\\_fostercare\\_adoption2012.pdf](http://www.acf.hhs.gov/sites/default/files/cb/trends_fostercare_adoption2012.pdf)

6. <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport17.pdf>

# PERMANENCY INNOVATIONS INITIATIVE

PII is a 5-year, \$100 million initiative underway since 2010 that includes six Grantees,<sup>7</sup> each with an innovative intervention designed to help a specific subgroup of children leave foster care in less than 3 years. The project combines requirements for purposeful application of implementation science, rigorous evaluation, and coordinated dissemination of findings. PII aims to:

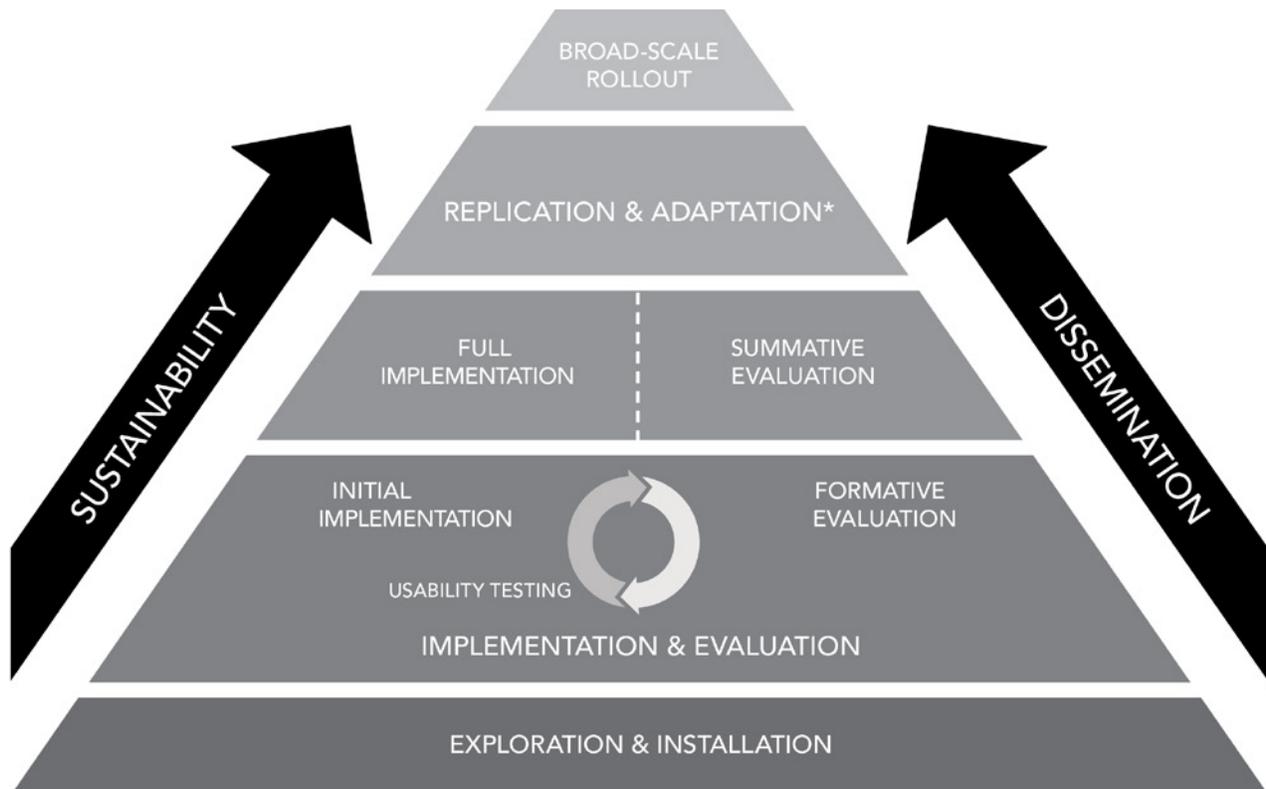
- Implement innovative intervention strategies informed by relevant literature to reduce long-term foster care stays and improve child outcomes;

- Use an implementation science framework enhanced by child welfare expertise to guide technical assistance activities;
- Rigorously evaluate the validity of research-informed innovations and adapted ESIs in reducing long-term foster care; and
- Build an evidence base and disseminate findings to build knowledge in the child welfare field.

## PII Approach

This integration of implementation science and program evaluation in a coordinated framework is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and adapted ESIs and to provide evidence about program effectiveness. This

**FIGURE 1. THE PII APPROACH**



\*Beyond the scope of PII

7. The Grantees include: Arizona Department of Economic Security; California Department of Social Services; Illinois Department of Children and Family Services; Los Angeles Gay and Lesbian Center; University of Kansas; and Washoe County, Nevada Department of Social Services. For more information about Grantees' target populations and interventions, please visit <http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources>.

addresses an overarching objective of PII, which is to develop interventions that are ready for replication, adaptation, and broad-scale rollout, after further development and as long as the interventions are supported by solid evidence of effectiveness. Broad-scale rollout of the effective solutions that result from this approach should lead to improved child permanence, safety, and well-being outcomes. Figure 1 is an illustration of the PII Approach.

## The Logic of PII Implementation and Evaluation

Successful innovations require both intervention validity and implementation integrity. Intervention validity is the efficacy of the intervention under ideal conditions and effectiveness of the intervention across usual practice settings (Flay, 1986). Implementation integrity refers to a judgment about the degree to which an intervention was implemented as planned or as previously tested in support of its efficacy or effectiveness. Although consensus on what is meant by implementation integrity is incomplete, there is emerging agreement on the following dimensions (Dane and Schneider, 1998):

- **Exposure:** the amount of program content (“dosage”) received by participants
- **Adherence:** the degree to which intervention components are delivered as prescribed (fidelity)
- **Program differentiation:** the extent to which the key components of the intervention are distinguishable from the treatment delivered to the comparison group
- **Participant responsiveness:** the degree of participant engagement in the receipt of the intervention

- **Quality of the delivery:** aspects of implementation that are not directly related to the delivery of prescribed content, such as provider enthusiasm, staff preparedness, global estimates of session effectiveness, and leadership’s attitudes toward the intervention.

The validity of an intervention and the integrity of its implementation interact to produce program outcomes. As shown in the table below, interventions that are effective (high intervention validity) might not be fully delivered as intended (low implementation integrity), leading to sub-optimal or poor outcomes for the target population. Also, interventions may be fully delivered as intended (high implementation integrity) but may not be effective (low intervention validity) and also lead to poor outcomes for the target population.

In response to the challenge of low implementation integrity, the PII combination of systematic implementation and evaluation is intended to help Grantees achieve high implementation integrity before a rigorous evaluation. If the interventions are implemented with high integrity, the evaluations will be able to discern the effectiveness of the interventions—that is, whether the difference in outcomes achieved by the children and families who received the interventions, versus those children and families who did not, can confidently be attributed to the interventions.

## PII Collaboration

The Federal Government has taken a collaborative approach to accomplish the PII objectives. Collaboration provides for a wider range of expertise, resources, and perspectives to contribute to a project. Although collaboration can increase the complexity of the effort and require more coordination and communication,

**TABLE 1. INTERVENTION VALIDITY AND IMPLEMENTATION INTEGRITY MATRIX**

	High Intervention Validity	Low Intervention Validity
High Implementation Integrity	<b>Improved outcomes</b>	Poor outcomes
Low Implementation Integrity	Poor outcomes	<b>Poor outcomes</b>

Dane and Schneider (1998), Flay (1986).

the benefits include cross-fertilization of ideas, generation of new insights, increased network capability, and enhanced dissemination of findings and products.

The Federal Government is supporting Grantees as they implement and evaluate their interventions through two offices within the Administration for Children and Families: the Children's Bureau (CB) and the Office of Planning, Research and Evaluation (OPRE). The CB is providing training and technical assistance to Grantees to strengthen their use of best practices in implementation. OPRE is supporting rigorous within-site and cross-site evaluations of Grantees' interventions. Both offices are working together to disseminate the lessons learned from PII. Everything from process activities to evaluation findings to the interventions themselves is incorporated in dissemination plans.

### PII Training and Technical Assistance

The PII Training and Technical Assistance Project (PII-TTAP) team provides training and technical assistance (T/TA) to the PII Grantees in the implementation and sustainability of innovative and evidence-informed intervention strategies. JBS International, Inc., leads the PII-TTAP team in partnership with the National Implementation Research Network (NIRN) at the University of North Carolina at Chapel Hill (UNC) Frank Porter Graham Child Development Institute, and the Center for the Support of Families. These three organizations combine expertise in social services fields, implementation science best practices and theory, development of evidence-based programs, and numerous child and family services initiatives. The T/TA draws largely on NIRN's active implementation frameworks and employs a team effort to assist Grantees in applying these frameworks to their work.

### PII Evaluation

The PII Evaluation Team (PII-ET) is designing and conducting site-specific and cross-site evaluations to examine the implementation and effectiveness of the PII project. Westat leads the evaluation team in partnership with James Bell Associates, the UNC School of Social Work, Ronna Cook Associates, and Andy Barclay. The team is collecting, analyzing, and reporting site-specific data; conducting cross-site implementation, cost, and child

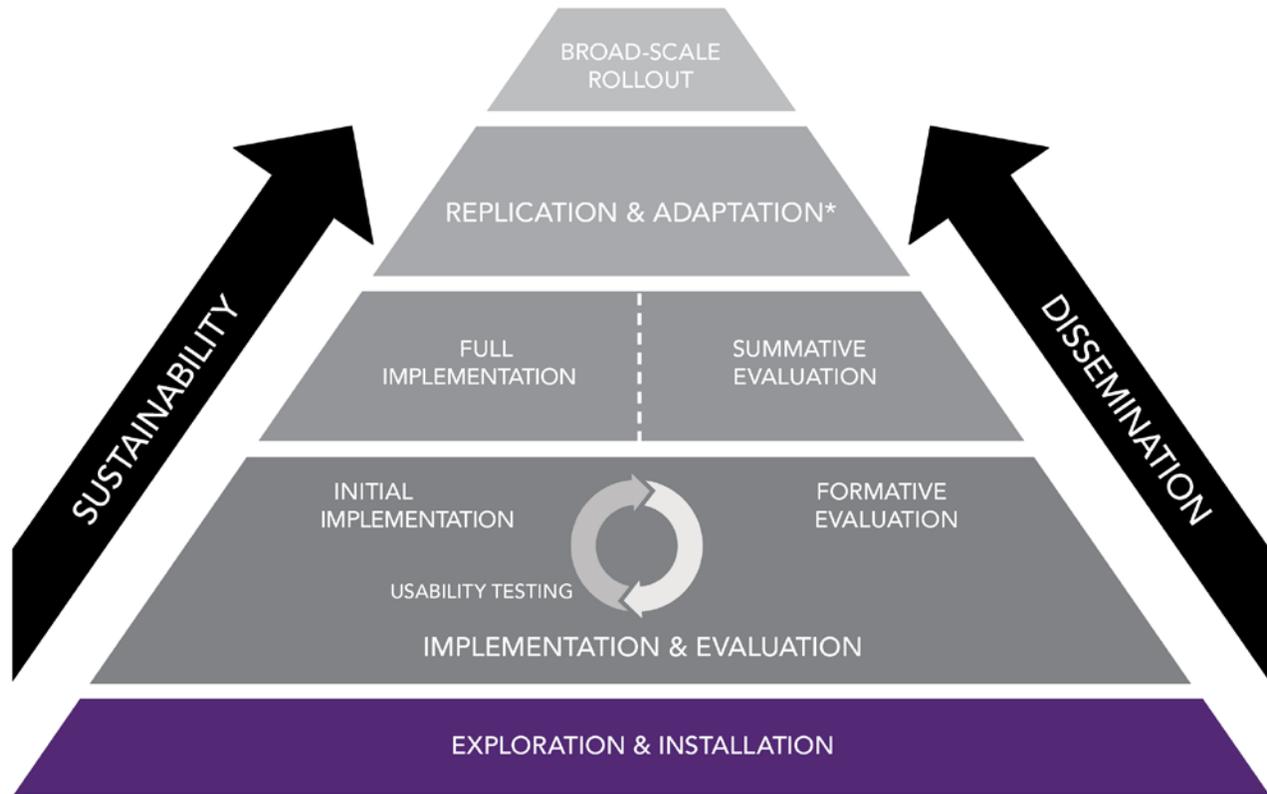
outcome studies; reviewing Grantee benchmark data; obtaining Institutional Review Board (IRB) approval; producing Office of Management and Budget clearance materials; and disseminating outcome findings and lessons learned to policymakers, practitioners, and researchers concerned with permanency outcomes for children in long-term foster care and building capacity in the field working with ESIs.

## Benchmarks and Financial Incentives

To measure progress as Grantees move toward their long-term intervention goals and outcomes, CB, OPRE, PII-ET, and PII-TTAP develop yearly benchmarks that all Grantees are expected to achieve. These benchmarks represent milestones toward reaching the desired outcomes of PII by the end of the grant period. Benchmarks are identified in common domains (e.g., pre-implementation and implementation activities) and are intended to be feasible but challenging for each Grantee. Originally, benchmarks were tied to financial incentives with eligibility for incentive payments subject to the availability of funds. However, as a result of a comprehensive rescission of discretionary funding levels, the incentives were defunded in year 2 of the grant period (the first year in which the benchmarks were implemented). While incentives are not available, Grantees are still expected to achieve the benchmarks. Although benchmarks were established to incentivize outcome achievement, they also laid the groundwork to assist sites with implementation and evaluation planning, setting milestones, and monitoring progress. Throughout the initiative, the established benchmarks process remains an objective way to assess Grantee progress.

Below we provide a more detailed description of the PII Approach. We start with a description of the exploration and installation stages, initial and full implementation stage activities, and the formative and summative evaluations. We then discuss the sustainability and dissemination components that are integrated throughout all the stages. Next we discuss stages that are beyond the time frame of PII, replication and adaptation and broad-scale rollout. We conclude with a summary of the key points discussed.

**FIGURE 2 . THE PII APPROACH: EXPLORATION & INSTALLATION**



\*Beyond the scope of PII

## **EXPLORATION STAGE**<sup>8</sup>

The purpose of the exploration stage is to: (1) create readiness for change (i.e., create a hospitable environment for a new way of work); (2) examine the degree to which the proposed interventions meet the needs of children and families; and (3) determine whether the interventions are appropriate and implementation is feasible. Through the activities described below, Grantees defined the population most at risk for long-term foster care, determined the barriers to permanency, identified teams to conduct the work, promoted buy-in for the intervention and the implementation supports, and planned for the implementation and evaluation of the intervention.

## **Define Population, Intervention, Comparison, and Outcomes (PICO)**

The PII Approach incorporates a PICO framework (Testa & Poertner, 2010) that produces a well-built research question specifying:

- P:** Target **POPULATION** about which you wish to draw inferences
- I:** **INTERVENTION** to be evaluated
- C:** **COMPARISON** to the intervention
- O:** Expected primary and secondary **OUTCOMES** to be achieved

8. The four stages of implementation—Exploration, Installation, Initial Implementation, and Full Implementation—are based on the NIRN Active Implementation Stages.

### EXAMPLES OF PII GRANTEE'S PICO QUESTIONS

One PICO question for the **Arizona Department of Economic Security's** program was: Do youth ages 13–17 in out-of-home care for 2 or more years (P) who receive the CARE Team, 3–5–7, and Family Finding interventions (I) achieve permanency sooner and/or at higher rates (O) than youth who do not receive these interventions (C)?

The PICO question for the **Los Angeles Gay and Lesbian Center's RISE** program was: Do LGBTQ and gender-nonconforming children and youth ages 5–16 who are in foster care in Los Angeles County (P) achieve more timely and stable permanence (O) if they and their families receive intensive wraparound services delivered by Care Coordination Teams within an environment that has received the Outreach and Relationship Building intervention (I) compared with LGBTQ children who receive usual services (C)?

Using the PICO framework, Grantees and PII-ET constructed research questions that asked what effect the selected intervention (I) was expected to have on the desired outcome (O) for the target population (P) as compared to an appropriate comparison (C). This activity built on the original grant application that each Grantee submitted to the CB, which identified a target population for their proposed intervention(s).

To corroborate the appropriateness of these choices, PII-ET and Grantees analyzed existing administrative and program data through a process called “data mining” to confirm or identify factors that put each Grantee’s target population at risk of long-term foster care. Grantees used the data mining results to complete a population template that organized information about the target population and presented evidence in support of that choice (see forthcoming brief, *Using Data Mining to Identify At-Risk Populations in the Permanency Innovations Initiative*, for more information and examples). This was the first of four templates that Grantees submitted to the CB and OPRE for approval. The remaining three templates follow the PICO framework: an intervention template, comparison template, and outcomes

template. As part of the process of completing the population template, PII-TTAP and PII-ET provided support to Grantees in identifying the barriers and related needs of children and families that impeded progress toward reunification or finding alternative permanent homes. This included identifying and examining the reasons for, or root causes behind, the permanency problem.

### EXAMPLE OF BENEFITS OF DATA MINING

**Washoe County, NV**, used their data mining to: (1) establish risk criteria to help define their target population and focus their intervention; and (2) discover deficiencies in their data system where staff needed more training on entering the data, which helped improve their data system.

## Coordinate a Teaming Structure

To ensure a sustainable structure to develop fluency with the intervention and competencies related to best practices in implementation, PII-TTAP supported Grantees as they created and organized teams accountable for guiding the development and implementation of the intervention. Teaming structures incorporate two-way communication linkages among internal and external leadership, practitioners, and stakeholders. By ensuring that information is communicated to leadership and others with authority, necessary adjustments to implementation supports can be strengthened and barriers can be addressed so practitioners can fully implement the intervention as intended. Moreover, the use of communication protocols through the teaming structures ensures that information is communicated from leadership to the practitioners regarding the implementation of the intervention as intended.

Teaming structures also are critical for communicating about and gaining buy-in for the implementation and evaluation activities. Through the development of team charters or terms of reference, Grantees clarified the purpose, communication processes, core features, and functions of each team and outlined values and ways of work to guide the

teams throughout the project. Charters for each team promote clarity, reduce confusion and conflict, and ensure that new team members are quickly oriented to the work of the team. During each implementation stage, Grantees reviewed and refined their teaming structures and composition to support the stage-based work underway.

## Conduct Research Review and Assess Intervention

With support from PII-ET and PII-TTAP, Grantees completed an intervention template to document each Grantee's initiative and intervention(s) and explicitly articulate how the selected interventions would address the identified needs of the children in their target populations and reduce the children's barriers to permanency. Based on the Grantees' originally proposed intervention ideas, and discussions about the "P" and "I" components of the PICO framework, PII-ET conducted literature searches about relevant interventions that identified the evidence base for the possible interventions. PII-ET presented and discussed the searches in a research review for each Grantee (see forthcoming brief *Research Reviews in the Permanency Innovations Initiative*) that included rankings of the evidentiary strength of the interventions based on criteria from Thomlinson (2003). These rankings are: (1) well-supported and efficacious; (2) supported, probably efficacious; (3) supported, acceptable treatment; and (4) promising, acceptable treatment.

PII-TTAP helped Grantees identify and assess the feasibility of implementing the interventions with integrity by using data and research to identify interventions that were most likely to effectively address permanency for their

target populations. For existing interventions, PII-TTAP assisted Grantees in assessing the degree to which adaptations would be necessary and the degree to which the implementation supports (e.g., training, coaching, and fidelity measures) were available to increase the likelihood of effective implementation. If existing programs did not align with the theory of change, or if it was not feasible to implement them well, Grantees proposed developing interventions comprising specific evidence-informed core components that they theorized would address the identified barriers to permanency unique to their population. Grantees incorporated the research review findings and their implementation analyses into the intervention templates. These templates required Grantees to justify the fit and feasibility of the selected interventions or describe their plans for adapting or developing the overall initiatives and associated evidence-informed interventions.

## Specify Theory of Change and Logic Model

As part of the intervention template, Grantees had to specify a theory of change—that is, the assumptions underlying the pathway to change for the target population. PII-TTAP provided guidance to Grantees on identifying the research evidence that indicated the actions Grantees proposed would lead to desired outcomes for the target population. PII-ET then worked with Grantees to summarize the theory of change in 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.

## EXAMPLES OF PII GRANTEES' THEORIES OF CHANGE

The theory of change guiding the **Illinois Department of Children and Family Services'** work involves the youth in the foster care system and their caregivers (foster parents and biological parents).

1) Youth with histories of trauma and/or emotional-behavioral issues have difficulty regulating their emotions and behavior, leading to difficulty in forming relationships. Building skills in emotional and behavioral regulation can increase their capacity to manage stress, reduce behavior problems, and form relationships. An improved ability to form relationships will lead to increased placement stability and permanency.

2) Foster parents often feel unprepared to care for children with trauma-related and mental health symptoms. The intervention will educate foster parents and build their capacity to assist the child. An increase in their ability to assist youth with disruptive emotions and behaviors will result in decreased stress, greater placement stability, and ideally, legal permanency.

3) Biological parents often have their own histories of trauma which may lead to difficulty with emotional and behavioral regulation. The intervention will teach biological parents skills in emotional and behavioral regulation, allowing them to better address their own needs and parent their children. This will result in higher rates of reunification.

The **Kansas Intensive Permanency Project (KIPP)** premised its theory of change on six sequential and interconnected assumptions: (1) parents of children with serious emotional disturbance face multiple problems that are complex in nature and are not easily alleviated by current child welfare practice or within current child welfare timeframes; (2) to bring about change of a sufficient magnitude, resources must be dedicated to improve ineffective parenting practices, such as coercion, and to connect parents with community resources and social supports, such as mental health and substance abuse treatment; (3) when parenting and community connections are strengthened, a more adequate and prosocial environment for children is created; (4) when the family's interpersonal and social environment is bolstered, child functioning increases and behavior problems decrease; (5) these changes combine to create readiness for family reunification; and (6) these changes lead to more timely and stable reunifications.

### Assess Organizational and System Capacity

PII-TTAP guided Grantees through an informal assessment to identify the existing resources and system supports that would facilitate implementation of the selected intervention(s) and those that would need bolstering or adjustment. This process identified systemic supports, such as existing training infrastructure, that could be used or re-purposed to bolster implementation integrity and intervention fidelity required to achieve desired outcomes. The process also identified supports needing adjustments to make them compatible with planned interventions and desired goals and outcomes, such as data systems. After the assessments were completed, PII-TTAP worked with Grantees to identify activities to address organizational and system capacity issues.

### Create Implementation and Evaluation Plans

PII's first year culminated in the completion and submission of implementation and evaluation plans that allowed the CB and OPRE to make decisions about whether a Grantee should move forward with implementing and evaluating a proposed intervention. These plans incorporated the four templates that follow the PICO framework described earlier. Drawing from the population and intervention templates and with support from PII-TTAP, Grantees crafted implementation plans for installation and implementation stage activities that included a workplan for adapting or developing the intervention(s), preparing the environment to support implementation (including building and securing needed partnerships), and developing the competencies needed by practitioners and other staff for implementation.

PII-ET completed the last two templates (comparison template and outcomes template) while working with Grantees and with the collaboration and support of PII-TTAP. The comparison template summarizes plans for identifying or creating a comparison<sup>9</sup> group for detecting differences in outcomes between the intervention group and the comparison group. The comparison template was designed to clearly demonstrate that the only difference between the intervention and comparison groups was that the intervention group received the intervention and the comparison group did not. Therefore, differences between the two groups' outcomes could be attributable to the intervention.<sup>10</sup> In other words, if there are differences in outcomes between the group receiving services as usual (i.e., the comparison group) and the group receiving the intervention (i.e., the intervention group), one can be confident that the differences are due to the intervention.

The outcomes template summarizes the short-term and long-term outcomes that each Grantee expected to achieve through its intervention. Outcomes were defined as intended changes in the target population that result from the interventions, such as improved child safety, placement stability, and legal permanence. PII-ET developed an evaluation plan for each Grantee that incorporated information from the PICO templates. The evaluation plans specified research questions, evaluation design, data collection procedures, analysis plans, and timeline (see forthcoming brief, *The Permanency Innovations Initiative (PII) Approach to Evaluation*).

## INSTALLATION STAGE

The installation stage is often overlooked as agencies move from selection of feasible and effective interventions to serving the target population. However, the installation stage sets a foundation to ensure that the structural and functional changes to support implementation

are in place. This stage includes, but is not limited to, staff selection protocols, training, coaching, and data systems for continuous monitoring of adherence to program processes.

PII-TTAP assisted Grantees in a purposeful approach to the installation stage to develop functional teaming structures and prepare the system for change that ensures the competency and confidence of practitioners, supports the new way of work, and applies leadership strategies to guide installation efforts. These installation stage activities are briefly reviewed below.

### Review and Refine Existing Teaming Structure

As Grantees moved into the installation stage, PII-TTAP supported them in creating new implementation teams and/or reviewing and refining the existing teaming structure, ensuring that implementation teams were in place to develop the intervention and prepare the system for implementation. Depending on the scope of the initiative, this included a hierarchy of implementation teams and task-oriented work teams that had clearly defined communication protocols.

### Operationalize the Intervention

Installation activities are in service to a well-operationalized intervention. So, where necessary, PII-TTAP assisted Grantees in operationalizing their proposed interventions by developing practice profiles or adapting intervention manuals. A practice profile outlines the essential functions and core activities that are needed to deliver the intervention as intended (Fixsen et al., in press). Clearly defining the essential functions of the intervention with behaviorally-based indicators is needed so that practitioners know how to conduct the intervention. Moreover, once the essential functions are outlined and the indicators are developed, the team can begin the remaining work to operationalize the

9. This report 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, such as matching, are known as "comparison" groups.

10. The degree to which this attribution can be made depends on how well the study keeps selection bias and other threats to internal validity to a minimum.

intervention, including identifying selection criteria for practitioners, adapting or developing training and coaching systems, and adapting or developing a fidelity assessment process.

Whether Grantees were developing research-informed innovations or adapting evidence-based interventions, the work to create a practice profile was the same.<sup>11</sup> Grantees tasked a team with developing the practice profiles. The team identified the essential functions and, as a group, identified the core activities and behaviorally-based indicators for one essential function so the team understood the process. The essential functions are those core components that practitioners need to engage in to deliver the intervention as intended. Smaller groups of two were then tasked with operationalizing the remaining essential functions. A key to this work was ensuring the essential functions aligned with the theory of change and the projects' values, principles, and philosophy.

## Prepare System for Change

Once interventions were well operationalized in terms of core components and required activities, it was feasible to engage in installation stage activities that develop the implementation infrastructure or implementation drivers. Implementation drivers refer to core

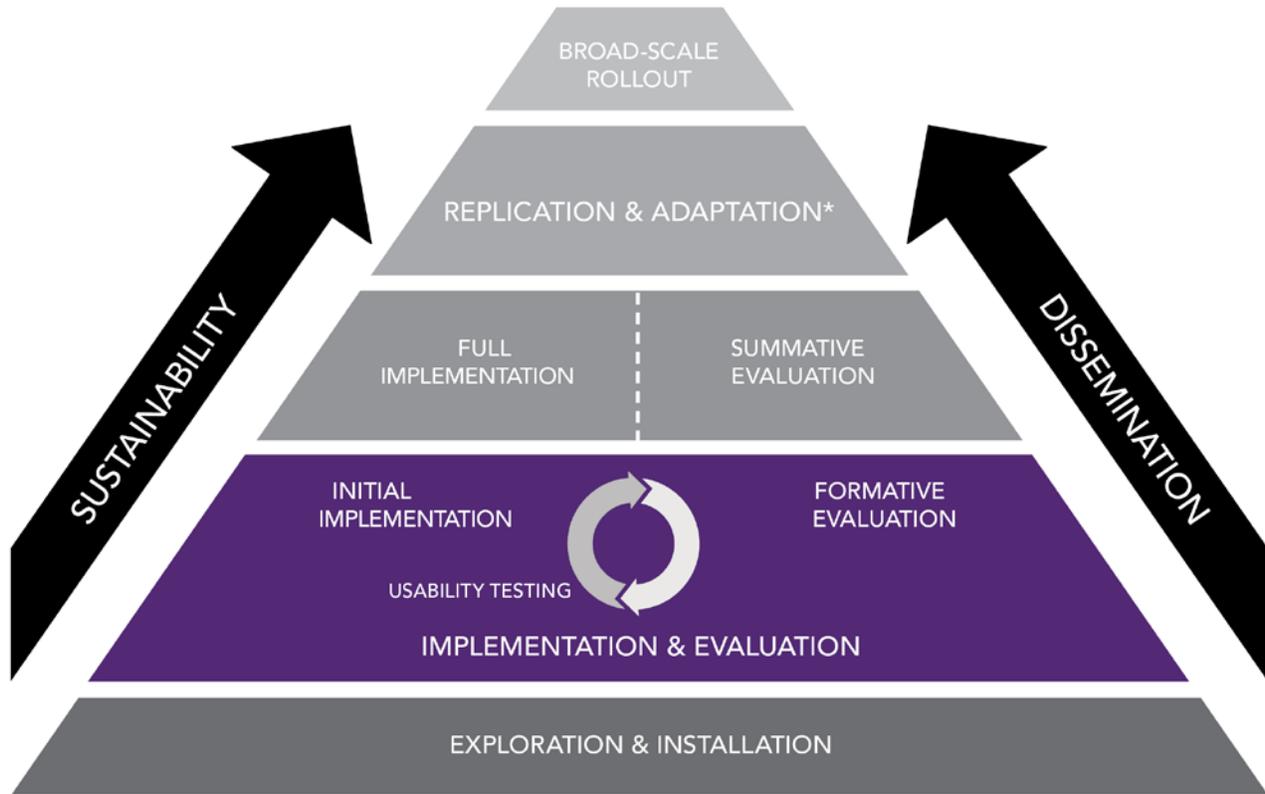
implementation components that create and support high-integrity practice behaviors in the delivery of evidence-based interventions (i.e., staff selection, training, coaching, decision-support data systems, facilitative administrative support, and systems interventions) (Fixsen et al., 2005).

PII-TTAP assisted all Grantees, whether they selected an existing intervention or operationalized a new one, during the installation stage as they developed the infrastructure to improve and sustain practitioner competence and confidence. This infrastructure included the development of intervention-specific recruitment and staff selection criteria, training, supervision, and coaching systems. PII-TTAP also worked with Grantees to develop or adapt fidelity measures and protocols to further support implementation integrity. In addition, Grantees addressed organizational drivers to ensure the creation of hospitable and facilitative environments for change. This meant developing or revising agency policies and procedures to facilitate the implementation of the innovation as intended, or developing data systems to capture program information that informed decision-making. PII-TTAP also actively supported Grantees in preparing for evaluation activities, such as random assignment.

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11. Grantees adapting an ESI worked with the intervention developer or a purveyor to make these adaptations. A purveyor is an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect (Fixsen et al., 2005).

**FIGURE 3 . THE PII APPROACH: INITIAL IMPLEMENTATION & FORMATIVE EVALUATION**



\*Beyond the scope of PII



## 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 begin to function.

### Ensure Functionality of Teaming Structure

As Grantees moved into initial implementation, PII-TTAP supported them in reviewing and refining the existing teaming structure and ensuring that implementation teams had the right people, and the teams were monitoring and continuously improving the implementation of the intervention through data-driven decision-making and feedback loops. PII-TTAP also supported Grantees in ensuring that the teams

were communicating well so that the right team resolved challenges that could not be resolved by another team.

### Implement and Test Critical Elements

During initial implementation of the interventions, Grantees engaged in small tests of change to test critical elements of interventions through rapid-cycle improvement processes, also known as usability testing. Usability testing can and should be used throughout the implementation of the intervention to test critical junctures and elements that arise as a family or agency moves through the range of services provided as part of the intervention. Critical elements may relate to implementing key processes in the intervention, key data collection activities, or essential supports for implementation. PII-TTAP guided Grantees in selecting elements for usability testing that were relevant to the theory of change, challenging

to execute well, and essential to the success of the intervention. The overarching purpose of this initial usability testing was to improve and stabilize early-occurring intervention components, implementation supports, and data collection processes so that intervention processes were improved, implementation supports were supporting the right processes, and formative evaluation could proceed more confidently.

### EXAMPLES OF PII GRANTEE'S USABILITY TESTING ELEMENTS

**Arizona** selected "A formal supervisory session will occur at least 1 time each week during the period under review," a key implementation support as an element to test.

**Illinois** selected "Percent of foster parents in the intervention group that agree to participate in TARGET treatment," a key intervention process as an element to test.

**KIPP** selected: (1) "Percent of parents in the treatment group that participated in video-recordings of the KIPP/PMTO intervention," a key process in the intervention; and (2) "Percent of Time 1 assessments that were completed within 7 working days of group assignment (treatment group only)," a key data collection activity, as two elements to test.

In addition to testing critical elements of the intervention, PII-TTAP also supported Grantees in testing the fidelity assessment procedures. During initial implementation, the core components of the intervention(s) may be adjusted to improve outcomes based on usability testing results. Grantees made refinements to the early portions of the interventions and fidelity assessment protocols and procedures based on this initial usability testing. In the context of conducting a rigorous evaluation, once usability testing has been completed, adjustments to the intervention components may be proposed only if formative evaluation demonstrates a weak association between the intervention and program outputs or short-term outcomes. The

formative evaluation process is discussed in greater detail later in this report.

## Monitor and Assess Intervention and Implementation Supports

PII-TTAP supported Grantees in using multiple implementation monitoring methods to continuously improve implementation processes and ensure that each intervention is implemented as intended. These methods included monitoring program outputs, assessing fidelity to the intervention(s), and assessing the existence and strength of the implementation supports.

As part of preparing the system for change, Grantees designed data systems to monitor program outputs. PII-TTAP worked with Grantees to ensure a team had the responsibility for analyzing these program output data and assessing practitioners' fidelity to the intervention, which were also used to provide updates on PII benchmarks. Fidelity to Grantee interventions is tracked through completion of an implementation quotient (IQ) tracker, which captures the proportion of caseworkers/practitioners at a given point in time that are conducting the intervention with fidelity. Grantees submit fidelity data quarterly over a period of two years, beginning 6 months after an intervention is fully implemented. In addition, PII-TTAP worked with Grantees to gauge the existence, strength, and integration of the implementation drivers. This was done through PII-ET-administered assessments and PII-TTAP-facilitated assessments of the implementation supports. In addition to these assessments completed by the more knowledgeable members of the Grantees' team, PII-TTAP worked with Grantees to develop practice-to-policy feedback loops so that practitioners had a means of communicating with the program leadership about the strength of the implementation drivers. All of these activities are in support of identifying improvements needed in the supports for practitioners and in the implementation processes so that Grantees can ensure the intervention is implemented as intended.

## Adjust Implementation Supports

Throughout the stages of implementation, Grantees continue to strengthen the implementation supports guided by fidelity data and other implementation-related data (e.g., pre- and post-training data, coaching data) garnered from leadership, practitioners, purveyors, and stakeholders. In other words, recruitment and selection practices, training efforts, coaching services, and use of data for decision-making continue to be assessed in relation to fidelity and improved to support high fidelity.

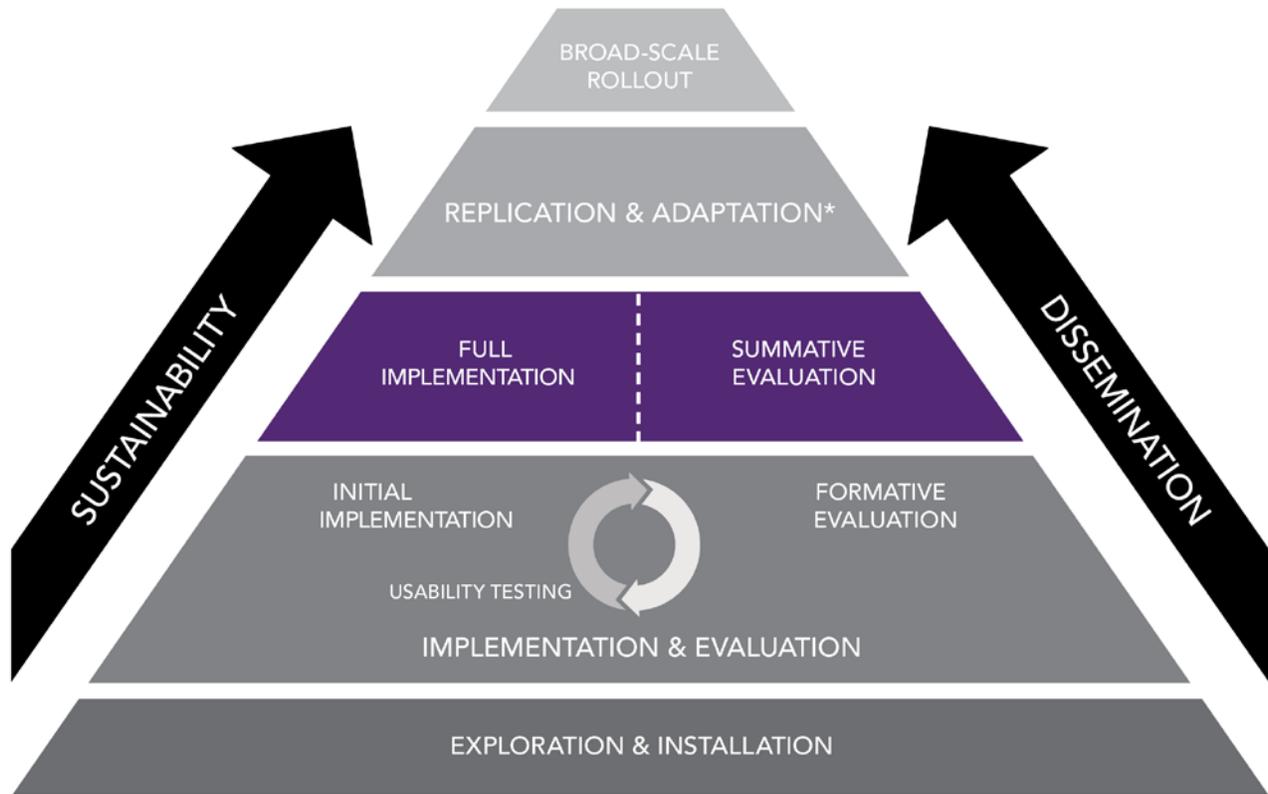
## FORMATIVE EVALUATION

Formative evaluation tests whether a Grantee's initiative is associated with expected program outputs and short-term outcomes of the intervention. A Grantee is ready to begin formative evaluation when practitioners are using the intervention, the intervention is stable (based on initial usability testing), program integrity can be assessed, data collection measures and methods are established, and some evidence exists that the theory of change is valid. Usability testing may continue alongside formative evaluation in an effort to improve implementation supports, data collection, and consent procedures.

PII-ET, Grantees, the CB, OPRE, and PII-TTAP use data collected during the formative evaluation phase to ensure that outcomes trend in the right direction and the initiative is not harming children or producing negative results. Also during this phase, OPRE and PII-ET use data to decide whether and when the Grantee is ready to proceed to summative evaluation (which is a final determination of the long-term impact of the initiative). At this decision point, OPRE and CB use available data on implementation integrity, program outputs, and short-term outcomes as follows:

- If initial results indicate harm—STOP.
- If both program integrity and associations with program outputs or short-term outcomes are weak, IMPROVE fidelity, exposure to the intervention, quality of the service delivery, receptiveness of participants, or intervention components.
- If integrity is high but associations with short-term outcomes are weak, go back to the exploration stage, make adaptations to the intervention, or stop.
- If integrity is high and outcomes are trending in the expected direction, GO TO SUMMATIVE EVALUATION.

**FIGURE 4 . THE PII APPROACH: FULL IMPLEMENTATION & SUMMATIVE EVALUATION**



\*Beyond the scope of PII

## FULL IMPLEMENTATION STAGE

Over time, practitioners become skillful in the intended service delivery, and organizational and systems changes are institutionalized. At this point, the Grantee has moved into the full implementation stage.

### Ensure Functionality and Relevance of Teaming Structure

As Grantees move into the full implementation stage, PII-TTAP supports them in reviewing and refining the existing teaming structure, ensuring that implementation teams continue to be relevant, functional, and sustainable and

are weathering transitions of individuals on and off the team. The purpose is to have teams in place to continuously improve and sustain the intervention and institutionalize organizational and system changes. Teams continue to improve the implementation of the intervention and sustain the intervention through data-driven decision-making and feedback loops.

### Monitor and Assess Intervention and Implementation Supports

Grantees continue to use multiple implementation monitoring methods to continuously improve implementation processes and ensure that each intervention is fully implemented as intended.

# SUMMATIVE EVALUATION

When a Grantee's initiative is stable and the formative evaluation shows that program outputs and short-term outcomes are trending in the right direction, the Grantee can move to summative evaluation. The aim of summative evaluation is to arrive at a summary judgment of the causal efficacy and effectiveness of the intervention based on a rigorous evaluation<sup>12</sup> of the impact of the intervention on long-term outcomes. Rigorous summative evaluation is an important component of PII, which aims to produce credible evidence about what works in reducing long-term foster care.

The summative evaluation answers the PICO research questions that the Grantee laid out during the initial planning phases of the project. It determines whether the Grantee achieved the planned short-term and long-term outcomes and the extent to which the outcomes can be attributed with confidence to the intervention. In order to be confident that the intervention caused the outcomes, the comparison group's outcomes must closely approximate what would have happened in the absence of the intervention (also called the counterfactual). The comparison group also must be as similar as possible to the intervention group on a host of observable variables (e.g., gender, race/ethnicity, age, length of time in foster care, number of placements) and unobservable variables (e.g., parent motivation, community connectedness, agency competence). In other words, it must be an "apples-to-apples" comparison, as opposed to a comparison of apples to oranges.

A key source of information on the long-term outcomes of importance to PII (e.g., permanency outcomes) is child welfare administrative data obtained from the States where Grantees are located. These include data reported to the Federal government by States for the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), as well as their State child welfare data systems.

In addition, when Grantees enter the summative evaluation phase they participate in a cost study that determines the cost to deliver PII interventions and how these costs vary across

## EXAMPLE OF SUMMATIVE EVALUATION COMPARISON GROUP

The summative evaluation for California Partners for Permanency (CAPP) includes a matched comparison group of children in non-CAPP California counties. Each child in a CAPP county who receives the practice model is matched to a similar child in a non-CAPP county. Matching occurs on variables that research and data mining indicated are predictive of long-term foster care. The more similar the CAPP and comparison children are on the matching variables, the more confident one can be that differences in their outcomes are due to the CAPP intervention.

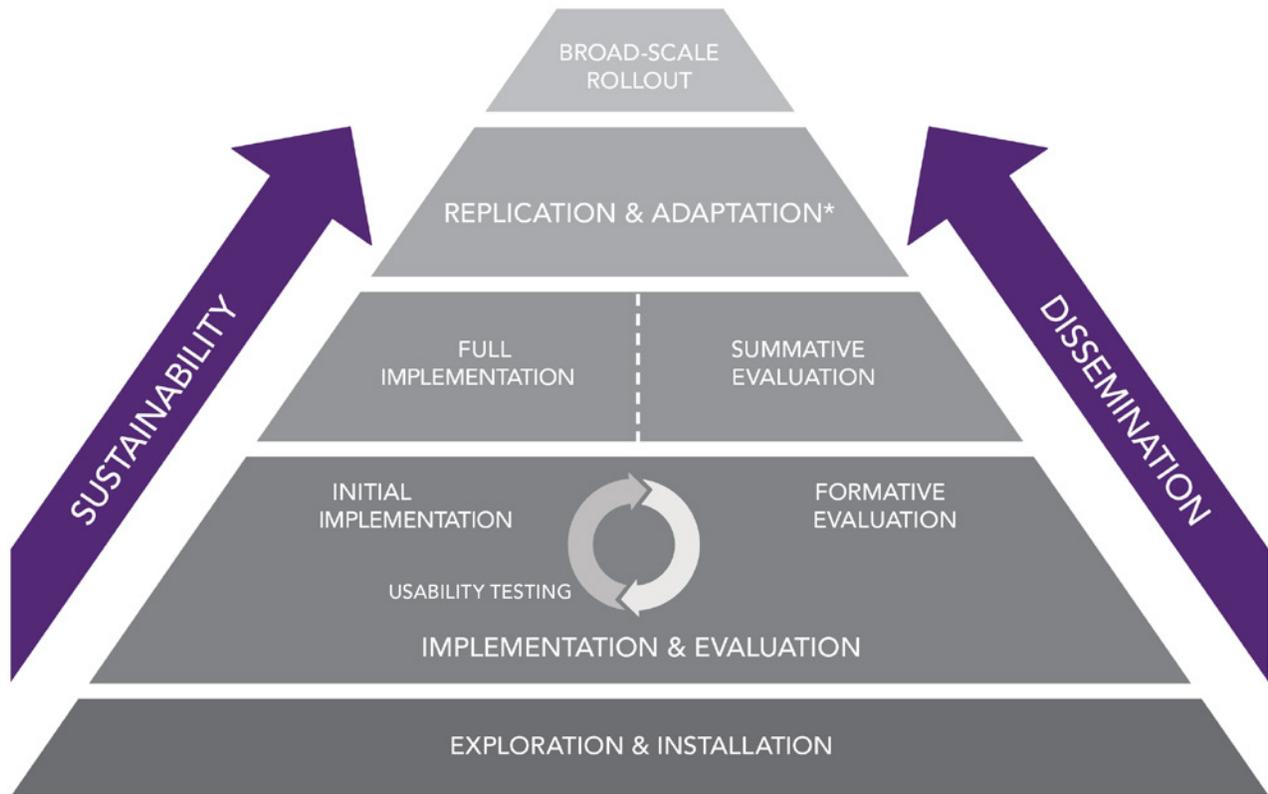
interventions and subgroups of children. The cost study involves the collection of administrative cost data from Grantees and may involve Grantee submission of casework, supervision, and management/administration activities on log forms in order to distinguish various types of program staff activities such as direct client services and administrative activities. The cost study combines results on outcomes from summative evaluations with an analysis of the costs of delivering PII interventions.

Similar to the decision point on proceeding from formative to summative evaluation, there is a decision point on proceeding from summative evaluation to the replication or adaptation stage of implementation and translative evaluation.

- If short-term or long-term outcomes indicate harm—STOP.
- If full implementation and long-term outcomes were not achieved, try improving program integrity or stop.
- If full implementation was achieved but long-term outcomes were not affected, go back to exploration stage, modify the intervention based on data, or stop.
- If full implementation was achieved and there is strong evidence of the intervention's effectiveness, PROCEED to the replication and adaptation stage of implementation and translative evaluation.

12. The most rigorous evaluation design is generally acknowledged to be the randomized controlled trial (RCT). Summative evaluations based on RCTs yield summary statements about the average causal effect of the intervention on the target population without making as many qualifying assumptions as required in non-randomized designs. Five of the PII Grantees planned an RCT evaluation design. One uses a matched comparison group design.

**FIGURE 5 . THE PII APPROACH: SUSTAINABILITY & DISSEMINATION**



\*Beyond the scope of PII

## SUSTAINABILITY

Sustainability is a consideration during each implementation stage. There are two types: sustainability related to the implementation supports and sustainability related to the program. Throughout the project, Grantees pay attention to the sustainability of the implementation supports so that fidelity, training, coaching, and data systems are in place, maintainable, monitored, and improved as necessary. Grantees pay purposeful attention to programmatic sustainability—the funding, policies, procedures, and political will to sustain the direct services provided to children and families. Programmatic sustainability and implementation supports sustainability both depend on the demonstrated effectiveness of the intervention. The effectiveness will not be known until the evaluation results are available.

Nevertheless, behaving as if the results will be positive is preferable to delaying discussions and planning until the end of the evaluation period.

Throughout the project, PII–TTAP helps Grantees focus on sustainability. As Grantees move into full implementation, Grantees focus on both programmatic sustainability and implementation supports sustainability. Efforts to sustain change should include a determination of the “home” for the intervention leadership and infrastructure. This includes decisions about who has ongoing responsibility for developing and maintaining the competence of current and new staff, collecting and maintaining program and outcome data, making data-driven decisions, and funding the program. PII–TTAP is conducting discussions with Grantees (including purveyors when applicable) to address these issues.

## DISSEMINATION

Another critical component of the PII Approach is to share the findings and lessons learned about designing, implementing, overseeing, and evaluating services designed to increase permanency. For the purpose of this initiative, “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. Dissemination involves identifying target audiences and understanding their information needs and preferences. It is a process by which the project can communicate with relevant stakeholders throughout each stage of the project.

Each PII partner manages its own dissemination effort, guided by a project-wide dissemination plan and supported by the PII Dissemination Committee and a dissemination strategist who works with the various partners involved in the project and coordinates the planning and execution of a dissemination strategy. The PII Dissemination Committee comprises representatives from each Grantee organization, PII-TTAP, PII-ET, the CB, and OPRE.

The Dissemination Committee meets monthly and serves as a forum for sharing how each PII partner is moving information about the project to a variety of target audiences, such as program administrators, court personnel, recipients of child welfare services, funders, advocacy organizations, policymakers, service providers, and researchers. The dissemination strategist tracks dissemination activities through an ongoing review/approval process necessary for materials to be shared publicly. The dissemination strategist also uses the verbal reports made at Committee meetings to gather information about contacts with intermediaries, requests for information from non-PII partner organizations, non-PII meetings and publications that reference PII, and engagement with champions. In the early stages of PII, dissemination activities focused on creating awareness of the project. In later stages, dissemination activities involve distributing lessons learned

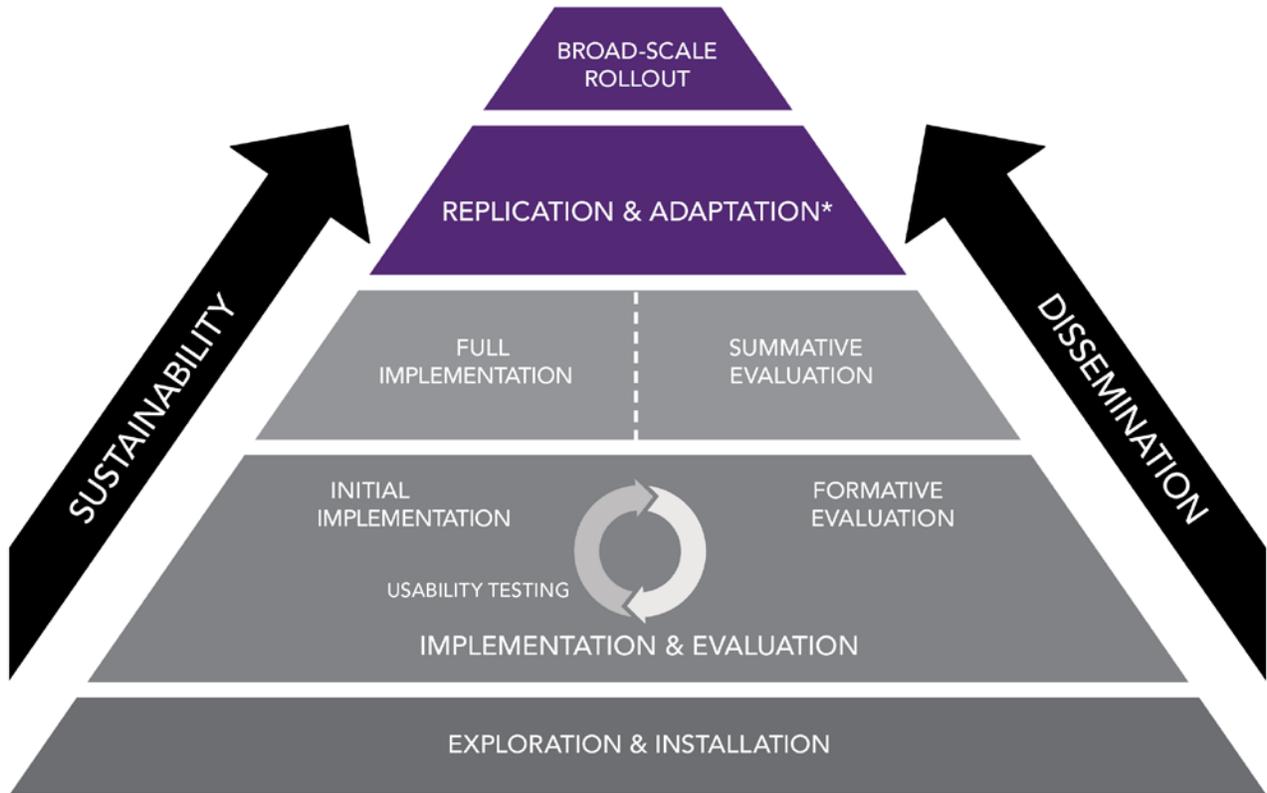
and findings. Ultimately, dissemination activities will help support Grantee sustainability and rollout efforts.

The evaluation of PII dissemination activities is part of the overall PII evaluation conducted by PII-ET. Each Grantee and contractor reports on its interaction with champions, requests for information about PII, and opportunities to share information about PII and their dissemination activities. The PII dissemination strategist works with PII-ET to track materials that are developed, approved, and distributed, as reported by each PII partner organization. The summary of these project outputs and narrative reports comprise the dissemination evaluation, which addresses the following questions:

1. Are key target audiences aware of PII?
2. Did PII encourage key target audiences to access additional information about interventions focused on improving permanency, barriers to permanency, implementation science, or evaluation methods?
3. Is information from PII moving through key child welfare networks?
4. Are key target audiences referencing PII?
5. Have the lessons learned through PII influenced the decision-making among champions or those in authoritative roles in the child welfare system?
6. Are key target audiences using the tools and materials created by the PII project to adapt or implement child welfare services?

Dissemination, like other aspects of the PII Approach, is an evolving process. The information available to share and the opportunities to present or publish lessons learned change as the project progresses. Dissemination activities serve to support sustainability and eventual replication and broad-scale rollout of effective interventions.

**FIGURE 6 . THE PII APPROACH: REPLICATION & ADAPTATION; BROAD-SCALE ROLLOUT**



\*Beyond the scope of PII

## BEYOND THE SCOPE OF PII

Broader use of these interventions, if warranted, occurs beyond the PII timespan. The careful attention to both implementation integrity and intervention validity in PII provides the opportunity for Grantees involved in the project and others in the child welfare field to assess more realistically the requirements for, and benefits of, broader use. Broad-scale use is more likely to be warranted and feasible when interventions are well-operationalized and specify core components; have effective implementation infrastructures to support, sustain, and improve implementation integrity over time; and have been demonstrated to produce socially significant outcomes. PII can help interested entities understand the required programmatic components and required implementation infrastructure that may need to be replicated to produce similar results for similar populations.

The reality of attempted replication in human services is that there may be some adaptations to address specific population characteristics, needs, and cultural and social contexts. The functionality of the adaptations needs to be documented through attention to implementation integrity and the intervention validity assessed through evaluation efforts. Selected adaptations need to prioritize the use of data to identify communities or populations that would benefit based on evidence of a less than optimal fit of the intervention for the population (Lau, 2006). Lau (2006) further makes the case for focusing on high-priority adaptations based on such evidence and ensuring that adaptations avoid fidelity drift in the name of cultural competence. This advice seems applicable not only to cultural adaptations but to any adaptation. The PII experience of replicating and adapting evidence-based interventions and developing research-informed innovations supports the value of using data when making decisions about need and interventions, operationalizing and testing adaptations, and evaluating implementation integrity and outcomes.

Attempts at replication (i.e., expansion in current Grantee locales, implementation in other States) or adaptations should include consideration of what has been learned through the PII experience about:

- the importance of carefully defining population needs
- selecting, operationalizing, and testing interventions
- attending to stage-based activities
- developing implementation infrastructures to provide interventions as intended
- carefully attending to formative and summative evaluation processes and outcomes.

The feasibility of broad-scale rollout is enhanced by the learning gained from PII but is not an automatic extension of the work to date. Rather, such attempts will require their own careful planning, attention to implementation integrity and intervention validity, and use of data for decision-making and program adaptations. Both the PII process and the ensuing development of effective innovations can help communities and States improve the efficiency and effectiveness of their efforts.

## SUMMARY AND CONCLUSION

PII integrates implementation science and rigorous program evaluation in a collaborative multi-site Federal initiative to reduce the number of children lingering in long-term foster care. Within its overarching goal of achieving faster and safe permanency for children, the PII approach also builds implementation and evaluation capacity and contributes to the evidence base in child welfare.

Stages of the PII Approach include exploration, installation, implementation, and evaluation. The stages build upon each other but are not necessarily separate and chronological. Some exploration and installation activities occur at the same time, while formative evaluation occurs during initial implementation (after some initial usability testing), and summative evaluation begins at full implementation. Sustainability and dissemination activities are an integral part of

all stages. The replication and adaptation stages are not automatic features of the PII Approach because the effectiveness of the intervention is not yet known. However, if replication and adaptation are warranted and feasible, they could be supported by what is learned in the earlier stages. The PII Approach articulates and helps the field understand the implementation infrastructure and programmatic components necessary to replicate or rollout an intervention in a different site or program and conduct a rigorous evaluation of the intervention. If key components of the implementation infrastructure are missing, as specified by implementation science, then a program is not yet ready to replicate an intervention. If programmatic components are not implemented as designed and planned, it will be difficult for an evaluation to detect and measure the desired outcomes.

For example, experience with the PII Approach showed that if a Grantee did not yet have the agency collaboration and partnerships, communication channels, and community support needed to implement a new intervention, significant resources were necessary to build the infrastructure before the intervention was implemented. Grantees also found that the data mining conducted during the exploration stage helped them better understand their target populations' characteristics and needs, and in some cases led to refining or changing their target populations. They also found that the purpose and timing of their formative evaluations differed widely depending on what their usability testing found, the flow of cases into their interventions, and the short-term outcomes that they were measuring.

The PII Approach responds to an urgent need for ESIs in child welfare. It incorporates a roadmap for implementation and rigorous evaluation to achieve intervention validity (i.e., efficacy and effectiveness) and implementation integrity (i.e., implementing the intervention as planned). 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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