Catawba County Child Wellbeing Project

This is one of a series of illustrative case studies, under the auspices of the Friends of Evidence, describing powerful approaches to evidence being taken by initiatives currently engaged in efforts to improve outcomes among disadvantaged children, families, youth and neighborhoods.

Catawba County, a rural community in the foothills of western North Carolina, has a long unique history of funding and programmatic innovation that puts improved outcomes for County residents at the forefront of its efforts. This history makes it fertile ground for creating new, results-focused strategies for supporting children and families involved in the child welfare system.

Catawba County Social Services (CCSS) child welfare operations, in response to increased national emphasis on child well-being and healthy life-time family connections for youth exiting foster care, has pioneered an approach to post-permanency support services. The Child Wellbeing Project, as it is called, was initially designed to investigate which long-term social services would be most effective to improving life outcomes of children and their families once exiting foster care. This system change initiative comes in an environment where only modest attention has been paid to supporting children and their families after the legal case is closed. Although there is some available federal support for adoptive families and guardian services, support of reunified families is limited to what jurisdictions can invest from other limited federal funding streams and their own resources.

The Catawba Child Wellbeing Project started with a conversation and a bold idea: in 2006, Rhett Mabry, then Vice-President of Child Care at The Duke Endowment (now President), met Bobby Boyd, then Catawba County Director of Social Services at a conference, and expressed a desire to build 'the Cadillac of Child Welfare Systems' to reduce the imbalance of services to families post-care compared to available in-care services. They discussed how children and families received support from social workers and community services while the children were in foster care; however, once the child returned home, families were expected to seamlessly pick up the threads of their lives. This was not a new concern to staff: Catawba County social workers knew that children sometimes re-entered foster care after being reunified with their birth families, placed in guardianships or adopted. Staff wondered if they might do more to ensure not only that children had permanent families, but thrived once with their families. The collective theory was that improved post-care support for families will help the children grow into healthier, more stable adults than what the research suggests is the norm among children leaving foster

Figure 1.

Child Well–being Project

Short Term Goals
- Reduce the risk of repeat maltreatment
- Reduce the risk of re–entry into foster care
- Increase the social support for the family
- Increase financial self–suffiency
- Increase ability to manage crisis
- Increase parent's ability to access medical and mental health ervices for the child
- Increase parenting skills
- Increase child's ability to perform well in school
- Increase parent's ability to advocate for and access educational services

LEADING TO...

Long Term Outcomes
- Increase Post Permanency Stability (reduce re–entry to foster care)
- Increase Child Well–being as children reach adulthood
  - Education
  - Employment
  - Stable Housing
  - Access to Health Care
  - Connection to Family and Community
  - Wise Life Choices

care. Short-term goals center on stability but long-term outcomes focus on well-being as indicated in six different areas (see figure below).

From the beginning, the Child Wellbeing Project was a true partnership between funder and grantee. While The Duke Endowment emphasized results—better outcomes for children and families—they didn't mandate the County use any particular program or strategy. However, both partners agreed that "the post-care services should be evidence-based[1] or evidence-informed."[2,3] At the same time, representatives from The Duke Endowment were full participants in the County's learning journey. As noted, the initial pilot phase was sufficiently promising for The Duke Endowment to continue its investment in a refined model, implemented in additional counties to generate more evidence. Thus, the partners embarked on a new leg of the journey in 2015 with a randomized control evaluation and implementation study under the direction of Child Trends; this evaluation is still in progress.

The initial results of the Catawba Child Wellbeing Project from 2010 through 2013, while modest, were promising: the re-entry rate of children was 1.9 percent among those families who participated in the post-reunification services, compared with 2.6 percent among families who declined the service. In addition, among the families served by the Project for whom there was a subsequent report of maltreatment, none of the children

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associated with the reports came back into care—an achievement that the initial evaluation team believed "supports the efficacy of the Success Coach Service [a central component of the Child Wellbeing Project] as a stabilizing influence on these families."[4]

Perhaps more impressively, these low rates of reunification sharply contrast with increased rates across North Carolina. During those same years, the percentage of reunified children returning to foster care within 12 months of reunification in North Carolina rose from an average of 2.3 to 5.1 percent. Nationally, from 2011 through 2013, the average for reentry into foster care within 12 months of reunification was around 12 percent, significantly higher than what children in North Carolina experienced.

The results from the Child Wellbeing Project were sufficient to continue the partnership between CCSS and The Duke Endowment as they sought to offer the field a viable and effective model of post permanency support. This case study looks at the Child Wellbeing Project through the lens of how the initiative uses and generates evidence in order to achieve its goals. We will examine both how the Child Wellbeing Project came to choose the Success Coach model and how they maintain program fidelity as they conduct their randomized trial. Our analysis is organized around characteristics of a more inclusive approach to evidence, as identified by the Center for the Study of Social Policy and the Friends of Evidence. We examine each of these characteristics in turn.

[1]The term "evidence-based" is used to refer to interventions that have been evaluated and have evidence of effectiveness" per Wilson, et al Building The Child Wellbeing Project: Practitioners' Perspectives on the Role of Implementation Science in Strengthening Post-Care Child Welfare Services. July 2012, Child Trends, Washington, DC
[2]Redmond et al, Implementing A Post-Care Service System in Child Welfare: The Catawba County Child Wellbeing Project, July 2012, Child Trends, Washington, DC
[3]The term "Evidence –informed" is used to refer to interventions that are developed using evidence from research and practice per Wilson, et al Building The Child Wellbeing Project: Practitioners' Perspectives on the Role of Implementation Science in Strengthening Post-Care Child Welfare Services. July 2012, Child Trends, Washington, DC
[4]Metz, A. et al Active Implementation Frameworks (AIF) for Successful Service Delivery: Catawba County Child Wellbeing Project, National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill. nd

1. Using and Adapting Many Sources of Evidence to Inform Intervention Design

The early part of the Catawba County story reveals how partnering with "evidence experts" strengthened both process and results. In designing its interventions for post-adoption and post-reunification families, CCSS staff sought assistance first from Child Trends and then from the National Implementation Research Network (NIRN). Although the process took longer than originally scheduled, The Duke Endowment supported extending the county's initial planning timeline to allow these experts to help county staff fully understand the needs of the target population, examine the fit and feasibility of various identified programs, involve stakeholders, and then operationalize the county-developed, evidence-informed interventions that emerged and make decisions for implementation.

Thus, with the help of Allison Metz, PhD (initially at Child Trends and then at NIRN), Catawba County began exploring what might help reduce the number of children re-entering foster care and improve the children's well-being. Dr. Metz helped to identify programs that might be a good fit, and talked with staff about worker and program attributes they believed help families to succeed. Meanwhile, Child Trends conducted focus groups with birth and foster families as well as staff to better understand their needs, assets, and perceptions.

From the beginning, all involved acknowledged that while choosing an existing evidence-based program may be an appropriate strategy, an evidence-based program could still fail if not carefully implemented and, if necessary, adapted to context. To evaluate the range of evidence-based programs available to them, Catawba County applied an early version of the NIRN Hexagon Tool (See figure below).

The range of needs identified in the pre-implementation study phase included ongoing support and case management, mental health services, educational services, material support, parent education and emotional supports for adoptive families. Six implementation teams were formed to research what was available to meet families' needs. Each implementation team included two leads, a supervisor, and a worker. Over the course of one year, they completed a "fit and feasibility assessment" for each component, articulating whether a program, though proven effective elsewhere, would be a good fit for the agency and Catawba County's service population. In short, the staff had ownership and control over designing their interventions, though guided by a standard set of questions and steps developed by Dr. Metz.

Ultimately, Catawba County selected two evidence-based programs and created four evidence-informed components for the Child Wellbeing Project. The two evidence-based programs were the Strengthening Families Program[6], an evidence-based parenting program shown to be effective with families where the adult care givers have a substance abuse issue[7]; and Parent Child Interaction Therapy[8], shown to be effective for children age 2-6 with disruptive behaviors.[9] Both programs had existing manuals and fidelity measures which helped guide implementation.

Figure 2.

The Hexagon Tool: Exploring Context by considering:

1. **Needs** of the target population
2. **Fit** with other initiatives priorities, structures and supports
3. **Resource Availability** for staffing, training, technology supports, data systems and administration
4. **Evidence** of expected outcomes
5. **Readiness For Replication** has been demonstrated
6. **Capacity to Implement** as intended

Learn more: http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/resources/NIRN–Education–TheHexagonTool.pdf

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[6]See www.strengtheningfamiliesprogram.org for a full description of the intervention.

The additional components crafted to meet identified needs of the families were evidence-informed from the research literature and the experience of Catawba County Social Services staff and families. These components included:[10]

- *Success Coach* – This position is the chief service coordinator for the family and helps families build skills to increase their resiliency. The Success Coach assesses needs, helps families to sets goals, refers the families to other services, and helps manage crises. He or she teaches parenting skills and the handling of issues specific to adoption or reunification.
- *Educational Advocate* – This position is responsible for coordinating efforts between the public school systems and Social Services or the family if the child has left foster care, arranging tutoring, and ensuring that the child is receiving the necessary educational support.
- *Material Support* – Success Coaches have access to funding to assist families in providing concrete or financial resources to assist families in meeting their goals. These funds are available when families can show there is a financial need and how they will be able to fund the expense in the future.
- *Adoption Support Group* – A clinical support group for adopted children designed by Debbie Riley, co-founder of the center for Adoption Support and Education.

2. Shaping Implementation Through Continuous Learning

Continuous learning has become a hallmark of the Child Wellbeing Project. The implementation teams continued to follow the installation of the recommended components throughout the pilot phase, using the Success Coach as a link to the other components. Internal tracking and an external evaluation were used to assess family progress and component implementation. Components were adjusted or dropped as standard service package to families as the teams learned what worked, including that off-the-shelf evidence-based programs are not always a good fit. For example, very few families were eligible for the Parent-Child Interaction Therapy program so the county could not justify dedicating resources to the intervention. As Phil Redmond from The Duke Endowment recalls, "PCIT was a great model, but it was so narrowly focused that it didn't make sense from an investment standpoint." Out of this learning process, the Success Coach emerged as the component that best met families' needs: none of the other five components were essential for all families.

Initial lessons from the pilot implementation phase reinforced the importance of gaining input from birth, resource and adoptive families, and involving county staff in the identification and incorporation of best practices established elsewhere. The lessons also underscored that choosing evidence-based programming is not a guarantee of success, no matter how buttressed by research, because the unique context and characteristics of the particular population are crucial.

Once the Success Coach intervention was selected as the most promising element in the Child Wellbeing Project,[11] Catawba County worked to refine its practice, chiefly through monthly Program Review meetings, the development of a practice profile[12] and a fidelity checklist to monitor the quality of implementation. During these early stages, Program Review meetings often prompted changes to the Success Coach model. For instance, the "dosage" (i.e., how often a Success Coach met with a family) was adjusted, and a formal, two-year limit on services was established.

Now, although the Success Coach approach is stable, with operation manuals, practice profiles, and fidelity measurement tools, monthly Program Review meetings are still held to review data and troubleshoot. Leadership and staff believe this is crucial: even though the intervention has stabilized, model drift can occur with staff turnover. The Success Coaches work to stay on target by continually reviewing trends in the family interactions and intervention activities, gradually progressing toward desired population outcomes such as reunification stability and academic performance.

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[7]See http://legacy.nreppadmin.net/ViewIntervention.aspx?id=44 for an assessment of the evidence base for Strengthening Families Program.
[8]See http://www.pcit.org/ for a full description of the intervention.
[9]See http://www.cebc4cw.org/program/parent-child-interaction-therapy/ for an assessment of the evidence base for Parent Child Interaction Therapy.
[10]'Research to Results' Child Trends paper, http://dukeendowment.org/sites/default/files//evalutaion-reports/Child_Trends-2012_07_01_RB_Catawba3_0.pdf
[11]For further details on how the Success Coach intervention was selected, please see the 'Employing Multiple Forms of Evaluation' section of this paper.
[12]To learn more about Practice Profiles, see http://nirn.fpg.unc.edu/resources/practice-profiles-process-capturing-evidence-and-operationalizing-innovations

Every Program Review meeting follows the same format. (See figure below.) Each issue discussed is recorded and actions taken are tracked to keep all informed, recognize patterns, and maintain an on-going history of adaptations and the reasoning behind them.

The issues discussed range from the relatively mundane and straightforward (database entries coded incorrectly) to the emotional and complex (financial struggles of parents). At one Program Review meeting, low assessment scores in the area of social supports prompted CCSS to solicit the insights of parents in reunified families. Parents' input resulted in the creation of monthly Reunified Advisory Meetings–a gathering of parents during which they share a meal, engage in activities that help them recognize and build their family protective factors, obtain information about community resources and seek support from one another. To maximize parental involvement, parents are offered gas vouchers to reduce transportation barriers to participation.

In addition to the monthly Program Review meetings, another key element of continuous improvement is incorporating the feedback of consultants and other social workers into the practice. Towards this end, quarterly meetings are held with stakeholders in the department, including the workers who were the referral sources to Success Coaches. This not only informs strategies for improving the intervention but informs general practices in the county. These meetings also include a representative from Child Trends via the telephone. They follow a similar format to the internal Program Review meetings, with a review of data and issues or barriers.

Figure 3.

Program Review Meetings

Format:
- What's going well
- Issues/Barriers in the past
- Review data
- New Issues

Ingredients:
- Data
- Practitioner participation
- Action documentation

3. Employing Multiple Forms of Evaluation For Diverse Purposes

The Child Wellbeing Project has embraced evaluation and evidence generation since it began. In addition to developing a robust self-evaluation process to routinely answer - in real time - such questions as, "Are we on target?" and "What barriers do we need to tackle?" CCSS and The Duke Endowment have periodically partnered with external evaluation expertise to obtain independent assessments of progress and effectiveness.

Early on, evaluators from Independent Living Resources, Inc conducted a process study to assess the pilot implementation of the six service components. The evaluation was used, in part to answer questions such as "Is this initiative getting results?"; "How can the initiative be strengthened?"; "What appears to be working best for families?"; and "What data should we be collecting on a regular basis to measure progress"? Their findings and recommendations strengthened the design of the Child Wellbeing Project by further undergirding it with evidence-based theory and research on individual resilience. This evaluation identified the Success Coach as a stabilizing force that warranted further evaluation of efficacy.

After considering alternative evaluation designs, the Child Wellbeing Project partners began a five-year randomized control trial (RCT) and implementation study in 2015. A propensity score matching was considered, but dismissed because available administrative data does not capture important information about family protective and risk factors critical to explaining differences among families. The selection of the RCT design, however, has not been without challenges, creating new learning opportunities for all involved.

Fundamental to the approach is voluntary family participation. However, not all eligible families choose to participate. Prior to the RCT, about half of the eligible families on the CCSS caseload accepted the Success Coach service. The evaluators determined that "take-up" rate would likely not produce a sufficient sample of families in a reasonable amount of time for a rigorous design. This circumstance prompted the County to expand the geographic service delivery area to four additional counties. With these modifications, it was hoped the evaluation would have 100 to 200 families receiving the Success Coach services over a four to five year period. However, even with an expanded service area, the expected participation rate of families has been slightly lower than anticipated after nearly a year into the evaluation.

This new challenge brings the evaluation process full circle back to the Program Review Meeting. The Program Review Meeting is the place where staff explore the barriers to family engagement and participation and generate solutions to be implemented and tracked to understand what works.

[13]Redmond, et al Implementing a Post-Care Service System in Child Welfare: The Catawba County Child Wellbeing Project, July 2012, Child Trends Washington, D.C. Resiliency theory assumes that resilient individuals adapt to extraordinary circumstances, achieving positive outcomes in the face of adversity.
[14]Proposal for Evaluating the Success Coach Model, Child Trends, 2014.

4. Building an Infrastructure, Practices and Culture to Support the Use of Evidence

While commissioning independent evaluators to conduct formal evaluations, the Child Wellbeing Project partners have also dedicated resources to building internal capacities to support the self-evaluation process. CCSS established the position of Evaluation Coordinator. The Evaluation Coordinator plays both a technical and knowledge building role. During the pilot implementation phase, the Evaluation Coordinator designed and built a supportive database for on-going assessment of implementation progress. The database includes indicators for tracking short-term outcomes, such as rates of re-entry into the foster care system and academic performance among participating children. The Evaluation Coordinator remains a dedicated staff position, now responsible for designing and managing all of the Continuous Quality Improvement efforts in the agency. As such, she is a coach and mentor to staff, helping to build skills, knowledge, and comfort with continuous learning.

CCSS has been well-positioned to invest in the necessary infrastructure, given its long history of results-focused innovations. Two decades ago, the county government adopted a "Reinventing Government" approach. As part of this approach, county agencies could choose a "reinventing budget process" that focuses on outcomes, rather than inputs and provides more fiscal autonomy and flexibility if outcomes are achieved. If CCSS meets 90 percent or more of the outcomes it sets, it can retain all unexpended funds at the end of the fiscal year. The domains for these outcomes include, among other things, the number of placements experienced by children in foster care, caseworker visits with children in foster care, and children participating in developmentally appropriate activities. Progress updates are reported to County leadership every six months. This opportunity gives CCSS a platform for innovation and the discipline to focus on results and evidence generation.

Additionally, CCSS has benefited from the support of a thoughtful and patient funder in The Duke Endowment. For more than five years, the county and funder have worked closely to build a trusting relationship. Phil Redmond recalls, "We did not expect them [Catawba] to transform lives in two years. We wanted them to...participate in the intervention, offer feedback, and engage candidly with us as a funder. If they said they would reach 30 families, but then weren't able to meet with that many, it was fine to adjust our expectations, because we really trusted each other." He stresses that it is essential for funders to engage with the entire process, from beginning to end, in order to cultivate a trusting relationship. Redmond also underscores how much NIRN has changed the way The Duke Endowment thinks about evidence-based programs. Rather than doggedly pursuing replication, Duke now invests in infrastructure, the material support to ensure that a program is implemented well and will continue after formal funding ends.

5. Conclusion

The story of the Child Wellbeing Project illustrates the importance of a public agency, with an outcome-focus, coming together with an engaged funder to provide long-term support. Additionally, it illustrates the power of involving "evidence coaches," such as NIRN and Child Trends, to build capacity for asking the right questions at the right time. Allison Metz of NIRN adds that part of what made working on the Child Wellbeing Project so powerful was the synergy between the funder, the agency, and the experts. Additionally, the Project stands out for its commitment to continuous improvement as a means for holding itself accountable to not only the funder, but the families it serves.