

# Supporting Change In Child Welfare:

An Evaluation of Training  
and Technical Assistance

*September 2015*

# **Supporting Change in Child Welfare:** An Evaluation of Training and Technical Assistance

## **Acknowledgments**

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## Executive Summary

This report presents findings from an evaluation of the services delivered by 15 training and technical assistance (T/TA) centers funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Over 5 years, these centers assisted child welfare agencies (from 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 46 Tribes and Tribal consortia) with identifying issues in their systems, developing solutions, implementing changes, and designing strategies to sustain those changes to improve child welfare practices. In this report, the term child welfare system refers to the child welfare agency, the courts and legal system, and other agencies that serve children and families to address child maltreatment. The centers in this study were primarily responsible for providing T/TA to public child welfare agencies and courts.

The report covers Federal fiscal year (FY) 2010<sup>1</sup> through the first quarter of FY 2014. It examines the services provided, relationships between service providers and recipients, outcomes, and the resulting impact on systems change and capacity building in child welfare agencies. Implications for both T/TA and evaluations are explored.

Although this multi-method evaluation examines T/TA designed for child welfare systems, some of the lessons learned also may be useful for program administrators, evaluators, and T/TA providers in other fields. The evaluation includes findings about the processes of requesting, preparing for, and delivering T/TA; the facilitators and barriers to accessing services; and the methods for evaluating T/TA.

### T/TA PROVIDERS AND SERVICES

The Children's Bureau provides T/TA to support States, Tribes, and territories with implementing federally funded programs, meeting Federal requirements and standards, and improving child welfare practices. Between FY 2009 and FY 2014, most of this T/TA was provided to child welfare agencies and courts through 10 National Child Welfare Resource Centers (NRCs) funded in 2010 and 5 regionally based Child Welfare Implementation Centers (ICs) funded in 2009.

<sup>1</sup>The first year of the evaluation was spent planning the evaluation design and developing data collection instruments and systems.

NRCs and ICs provided **general services** that were made available to multiple States and Tribes simultaneously. General T/TA included activities such as training, information-sharing, peer networking, and dissemination. These services were usually targeted to groups of recipients that shared professional roles or interests in a topic or issue. Although the NRCs provided the majority of general T/TA, both NRCs and ICs hosted websites and offered a variety of webinars, meetings, trainings, and facilitated peer networking events. In addition, the NRCs developed and disseminated products and information, often geared toward national audiences.

NRCs and ICs provided **tailored services** as well. NRCs and ICs customized consultation, training, coaching, and facilitation services to meet the specific needs of particular States and Tribes, and they provided these tailored services in response to jurisdictions' requests and applications for services. Tailored T/TA was expected to build capacity within each jurisdiction.

**NRCs.** Each NRC provided T/TA in its organizational or programmatic area of responsibility (e.g., child protection, in-home services, legal and judicial issues, adoption, data and technology). NRCs had a broad geographical reach and delivered varying amounts of service to all 50 States, 46 Tribes, and several territories, including the District of Columbia, Puerto Rico, and the Virgin Islands. Over 39 months, the NRCs documented 21,290 hours of direct contact with recipients when providing tailored services. NRCs delivered tailored T/TA after developing a work plan for each State or Tribe that requested services. The duration of NRC work plans ranged from 1 day to more than 18 months, and varied based on the jurisdiction's needs and the outcomes targeted. Slightly more than one-fourth of the NRC work plans were very short, lasting less than 1 week; 31 percent lasted between 1 week and 6 months; and the remaining 40 percent of the work plans had durations of more than 6 months. The average duration across all NRC work plans was 10.8 months.

**ICs.** In contrast, the five ICs provided in-depth and long-term consultation and support through "implementation projects" to a select group of jurisdictions in their geographical service areas. ICs established formal agreements to support change management and the implementation of practices and systems change initiatives in 24 jurisdictions. ICs engaged 18 State child welfare agencies, 1 large county agency, and 5 Tribal agencies and consortia (representing a total of 26 Tribal organizations)



in projects. Implementation projects lasted from 25 months to 50 months, and they averaged just over 3 years. Projects supported diverse initiatives that addressed a wide range of child welfare practices and systems issues. Tailored T/TA activities focused on building capacity for implementation. Overall, the ICs documented 18,887 hours of direct contact when providing tailored T/TA over the 39-month period.<sup>2</sup> Most jurisdictions with projects received more than 600 hours of direct contact, with some receiving more than 1,700 hours of tailored services.

## KEY FINDINGS

**How frequently did jurisdictions access tailored services from NRCs?** States and Tribes submitted 520 requests to NRCs for jurisdiction-specific services during the 39-month period. Their participation in tailored services was voluntary. States and Tribes submitted requests as a direct result of the needs they identified (81 percent) or less frequently (10 percent) through referral by Federal staff.

**What were the characteristics of NRC and IC tailored services?** NRCs and ICs captured information on the characteristics of the tailored T/TA they delivered in order to more fully understand:

- How T/TA was provided (modes of T/TA delivery)
- To whom T/TA was provided within the jurisdiction (roles of the recipients receiving services)
- The content of the T/TA (practice areas, organizational and systemic areas)
- The activities and methods used by providers to deliver T/TA (types of services)

<sup>2</sup>For more information, see the Evaluation of Implementation and Outcomes brief and other related publications found at <http://www.acf.hhs.gov/programs/cb/capacity/cross-center-evaluation>.

NRCs and ICs recorded the total hours of direct contact with jurisdictions while providing tailored T/TA. They delivered the vast majority of these hours in person, with slightly less than one-fifth delivered remotely by phone. Tailored services were provided most often to agency middle managers, administrative leadership, and supervisors. NRC services focused on building capacity in specific aspects of child welfare practices and administration. When recording the practice areas on which their services focused, NRCs most frequently identified “safety and risk assessment” and “case planning and management.” In contrast, ICs most frequently reported that their tailored services focused on child welfare practices “in general,” reflecting their emphasis on building capacity to implement practices and systems change initiatives. NRC and IC methods for delivering tailored T/TA were similar, with both groups of providers most frequently identifying their activities as “consultation, problem-solving, discussion” and “facilitation.” ICs, however, more frequently reported performing “coaching” than NRCs.

**Did the amount of tailored services received vary with the level of State need?** States had no obligation to request or use NRC or IC services, but over the course of the study, every State received at least some tailored services. The Children’s Bureau and its service providers frequently discussed the merits of prioritizing jurisdictions with the greatest need for services and weighed the importance of their “readiness” to receive T/TA before making a substantial investment of resources. While the Children’s Bureau did not direct its providers to target particular States for services, States (which were categorized retrospectively by the evaluation team) with the highest need received more IC *hours* of tailored services than “moderate-need” and “low-need” States. During the last year of the evaluation period, the total IC tailored service hours received by high-need States increased, while the total hours of T/TA for moderate- and low-need States decreased. This increase may reflect the intensive efforts of ICs to complete project work in a small number of States, rather than a general pattern of service delivery across all higher need States. There was little variation in the hours of NRC T/TA by level of State need.

**What helped and hindered the utilization of tailored services by States and Tribes?** Interviews with State and Tribal child welfare directors noted that the most common factors that facilitated their use of tailored services included:

- Federal monitoring reports and jurisdictional plans for improvement<sup>3</sup>

- Prior relationships with the NRCs
- Discussions with the Children’s Bureau regional offices
- The NRC consultants’ levels of knowledge and skills

The most common barriers to tailored services utilization included:

- Limited availability of State and Tribal staff time, as well as other resources to engage in T/TA with providers
- The perceived burden and complexity of the T/TA request process
- Timeliness in which services could be received after being requested and approved
- The high quality of services available from providers outside the Children’s Bureau T/TA Network

**How well did providers collaborate to deliver tailored services to jurisdictions?** The Children’s Bureau expected NRCs and ICs to engage in joint consultation and to work in collaboration to effectively serve jurisdictions. Evaluation findings related to interactions among the 15 centers showed a slightly higher degree of interaction among NRCs than among ICs, and a low level of interaction across the two types of centers. In general, the centers that interacted with other providers, at least occasionally, reported satisfaction with the frequency and quality of the communication. These centers also found their working relationship to be effective in helping them provide better quality products and services. Some to most providers reported having a shared identity among the centers with a common vision and purpose for their work, with NRCs reporting a greater sense of shared identity than ICs.

Data on tailored services showed that while the centers were collaborating, collaboration was not widespread or lengthy. Typically, when providers collaborated to deliver tailored services, they did so with particular partners. Overall, only 8 percent of IC and NRC total service hours were delivered collaboratively. In general, centers with similar content areas, prior working histories, and personal relationships reported having stronger collaboration.

**Were States and Tribes satisfied with the quality of the tailored services and their relationships with the providers?** Evaluators measured States’ and Tribes’ perceptions of the quality of tailored T/TA and how those perceptions changed over time. Quality was measured through structured interviews with child welfare

<sup>3</sup>Federal monitoring reports referenced included State Child and Family Services Reviews and Program Improvement Plans.

directors; an automated web survey of tailored service recipients; and interviews, focus groups, and observations with stakeholders from five implementation projects. Evaluators explored measures of quality related to:

- Expertise and knowledge of the consultants
- Usefulness of the services
- Relevance of the services
- Coordination among multiple providers
- Support of the implementation projects

Findings showed that the child welfare directors and stakeholders rated service quality high in each of these areas and across time. In addition, these respondents reported high satisfaction with the nature and quality of the relationships and interactions between the respective jurisdictions and the providers. Web survey respondents also expressed overall feelings of satisfaction with their relationships and direct interactions with the providers.

#### **What were the perceived outcomes of NRC and IC services?**

Using a variety of evaluation methods, evaluators explored T/TA outcomes for NRCs and ICs, including outcomes in terms of capacity building and systems change.

- **NRC Outcomes.** Seven NRCs evaluated training methods that were delivered as part of their tailored services. All of them found positive results with respect to recipients' improved knowledge and skills, and intent to transfer learning to the field. Five NRCs found positive results with respect to recipients' learning as a result of webinars, peer-to-peer meetings, roundtables, and the use of products on websites and in newsletters. Most centers assessed training participants' perceived changes in knowledge.
- **IC Outcomes.** Each implementation project had an independent evaluation; these evaluations examined the following:
  - **Project outputs.** Implementation projects generated a wide variety of outputs, including practice models, strategic plans, collaborative processes, revised or new policies for child welfare practices, training curricula, and data and quality assurance systems.
  - **Adoption of the intervention and intervention fidelity.** IC evaluators assessed whether new programs or initiatives were being implemented as intended through the use of checklists, case review tools, and data collection systems. In some instances, ICs reported challenges to measuring fidelity, including defining how fidelity to practice standards could be demonstrated, delays in implementation, and insufficient data in case files.

- **Systems and organizational outcomes.** Projects reported changes in staff knowledge and competencies, engagement of stakeholders, application of new policies or practices, the use of data or new systems, and shifts in organizational culture.
- **Changes in implementation capacity.** Drawing from implementation science, IC evaluators assessed the ability of jurisdictions to manage change initiatives. They found that IC T/TA enhanced jurisdictions' implementation capacity.
- **Child and family-level outcomes.** While improvements in child and family-level outcomes were the ultimate goal for the implementation projects, the duration of the projects was typically not long enough for these outcomes to be assessed. During the project periods, however, many projects identified relevant measures, set up or enhanced data systems, and built capacity, positioning the jurisdictions to track changes in child and family-level outcomes moving forward.

## **IMPLICATIONS FOR PROVIDERS, RECIPIENTS, AND EVALUATORS**

The findings from this evaluation of T/TA in child welfare have potential implications for those who provide, receive, and evaluate similar services, especially when T/TA is focused on capacity building and systems change.

**Implications for T/TA Providers and Recipients.** Some of the implications for providers and recipients resulting from this evaluation include the following:

- Providers must balance their need for in-depth assessment information with the jurisdictions' desire for easy access to T/TA.
- Assessment can be time consuming. Providers and recipients need to be ready to invest time in assessing the jurisdiction's system and its capacity to engage in T/TA.
- Providers can best assist jurisdictions in identifying appropriate interventions by incorporating knowledge from the research literature and best practices underway in other jurisdictions. In the absence of evidence-based practices, providers may need to help recipients design and tailor interventions to meet the specific needs of the jurisdiction.
- The scope of the project or change initiative must consider the jurisdiction's capacity and be manageable within the given timeframe.



- Providers can best support implementation when they have a clear conceptualization of the intervention(s) necessary to achieve the desired outcome(s).
- Project roles for providers and recipients should be clearly defined and managed.
- T/TA should support and provide opportunities for peer-to-peer learning.
- A comprehensive T/TA delivery system needs to offer short-term services and trainings, as well as long-term, intensive support, in order to meet jurisdictions' varied needs and capacities.
- To facilitate capacity building and systems change, providers may consider combining assistance to develop a jurisdiction's practice expertise with assistance that supports their capacity in change management.
- Once implementation is underway, T/TA may be needed to support jurisdictions' use of data to guide the change initiative and monitor outcomes, including fidelity to the intervention.

**Implications for Evaluators.** Evaluators drew the following conclusions from this study that may inform future T/TA evaluation strategies:

- By collecting detailed data on the dosage and characteristics of T/TA, evaluators can answer detailed questions regarding service delivery.
- T/TA is an important mechanism for building State and Tribal evaluation capacity, which is a potential outcome of services that may be overlooked. Setting up well-defined evaluations will enable jurisdictions to better identify the connections between their interventions and outcomes.
- Evaluators should be engaged early in the process of planning T/TA and defining its intended outcomes. Evaluation discussions can help ensure that providers and the jurisdictions with whom they work have the same expectations about inputs, outputs, and outcomes.
- Future evaluations should strive to (1) use more rigorous and objective measures to assess the impact of T/TA; (2) clearly define, operationalize, and measure fidelity to T/TA approaches and strategies (e.g., coaching) to ensure consistency across providers; and (3) measure long-term outcomes in order to understand achievement and sustainability.



## HOW T/TA CONTRIBUTED TO CAPACITY BUILDING AND SYSTEMS CHANGE

Providers can support organizations in achieving capacity building and systems changes by employing a combination of tools, facilitation, expert knowledge, and peer learning. The model shown in Figure 1 was developed based on evaluation findings to depict how T/TA is used by jurisdictions to make changes to their systems.

Successful implementation depends on an organization’s application and installation of implementation drivers.<sup>4</sup> By strategically leveraging T/TA strategies, providers can assist jurisdictions with understanding the interplay between key drivers and developing and enhancing the necessary competencies, skills, and organizational supports.

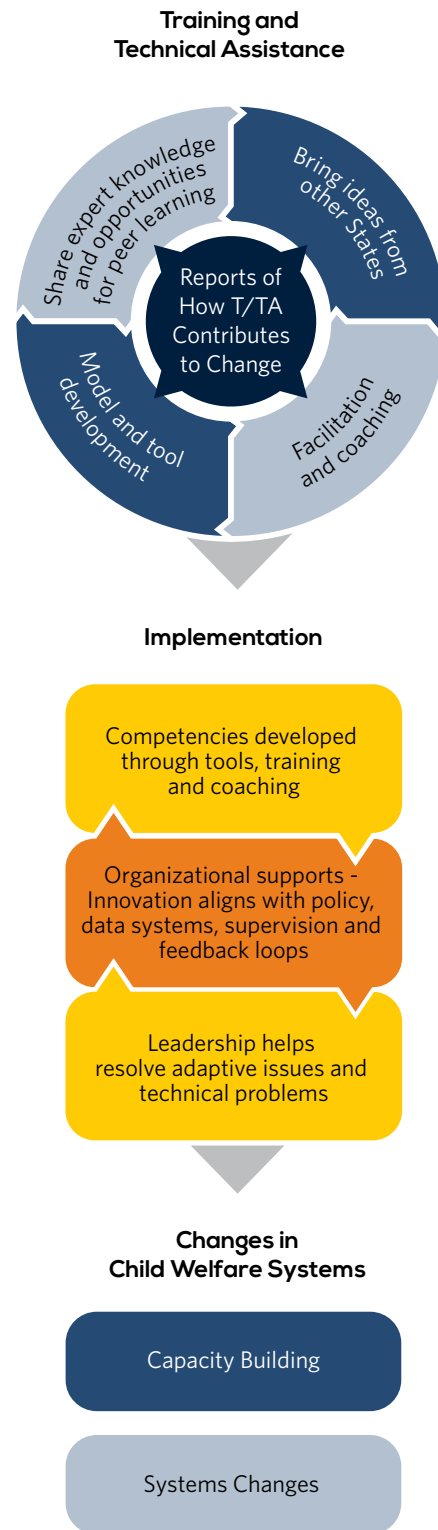
## DATA COLLECTION FOR THIS EVALUATION REPORT

Evaluators used a mixed-method, longitudinal approach that drew on multiple data collection strategies to capture quantitative and qualitative information. Data were collected by the evaluation team, the T/TA centers, and their local evaluators. Cross-site evaluators conducted telephone interviews with child welfare directors from nearly 60 agencies, including States, Tribes, and territories, and a web-based survey of direct T/TA recipients in States and Tribes. Other data came from case studies, interviews with Federal staff and project directors, review of final implementation project reports, and other documents and observations. A web-based data system, built specifically for this initiative, captured information regarding services.

## CONCLUSION

This evaluation advances what is known about the delivery of T/TA to child welfare agencies, especially as they engage in systems and organizational change. The evaluation also introduces new strategies for measuring T/TA and its effectiveness. Lessons learned, such as the importance of organizational leadership, the duration and intensity of T/TA, and the ability of child welfare systems to sustain organizational change, may be helpful to those studying T/TA.

**Figure 1. Model of How T/TA Contributes to Change in Jurisdictions**



<sup>4</sup>Implementation drivers are mechanisms or processes that can be leveraged to improve competencies and to create a more hospitable organizational and systems environment for evidence-based programs or practices, or other innovations (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).



## Report

*Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance* presents findings from an evaluation of training and technical assistance (T/TA) delivered through two groups of service providers funded by the Children's Bureau: 10 National Child Welfare Resource Centers (NRCs) and 5 Child Welfare Implementation Centers (ICs). Over the course of 5 years, the T/TA centers assisted 50 State, 46 Tribal, and a few territorial child welfare systems with identifying issues in their systems, developing solutions, implementing changes, and designing strategies to sustain and disseminate those changes. In this report, the term child welfare system refers to the child welfare agency, the courts and legal system, and other agencies that serve children and families to address child maltreatment. The centers in this study were primarily responsible for providing T/TA to public child welfare agencies and courts.

This evaluation report examines the following:

- Types of services provided and their quality and effectiveness
- Relationships that developed between providers and recipients
- Collaboration among providers

- Outcomes, especially the degree to which T/TA contributed to changes in systems and capacity building in States and Tribes
- Implications for providers and recipients of services
- Implications for the evaluation of T/TA

*Supporting Change in Child Welfare* summarizes recent advancements in T/TA delivery and evaluation. Throughout the initiative, child welfare agencies and Tribes were working diligently to make systemic changes and improve services to children and families. This evaluation considers how new business models were implemented and tested, as well as how the effectiveness of the T/TA (delivered in order to support systems changes) was measured.

Although this multi-method evaluation involved T/TA for child welfare, some of the lessons learned pertain to other fields. Federal, State, Tribal, and county program administrators, evaluators, and providers with other backgrounds may find relevant information about requesting and preparing for services, facilitators and barriers to accessing T/TA, and different methods of evaluating services.

## BACKGROUND

The Children’s Bureau, within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is the Federal agency with primary responsibility for administering child welfare programs. The Children’s Bureau focuses on identifying and supporting programs that show evidence of success in such areas as preventing abuse and neglect, strengthening families, finding permanent families for older youth, and helping child welfare agencies and workers to be more effective.

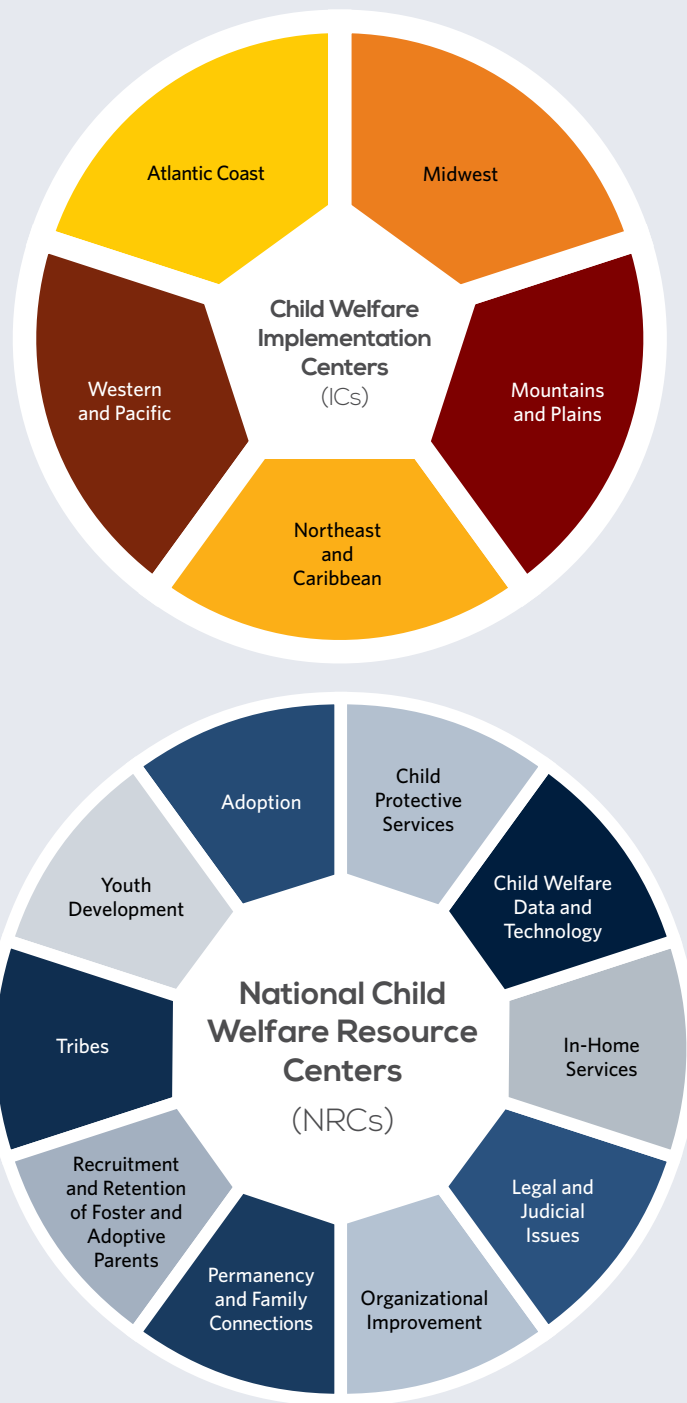
### Children’s Bureau T/TA

To support its programs and policies, and to help child welfare systems best serve children and families, the Children’s Bureau funds child welfare T/TA for States, Tribes, and territories.

**Proactive T/TA.** In Federal fiscal years (FYs) 2009 and 2010, the Children’s Bureau expanded, coordinated, and reoriented the services provided to States and Tribes to better support child welfare organizational and systems change. Strategic changes to the T/TA system included the establishment of the following:

- Five regional **ICs** (see Figure 2) focused on supporting intensive child welfare projects in States and Tribes within their region, with an emphasis on implementation and sustainability in systems change<sup>5</sup>
- Two additional **NRCs**—the NRC for Tribes and the NRC for In-Home Services—to supplement the services provided by eight existing NRCs, each with its own child welfare specialty
- The Training and Technical Assistance Coordination Center (TTACC) to increase coordination among the providers<sup>6</sup>
- A portal to provide an infrastructure for improved communication about States, Tribes, and providers
- 

Figure 2. ICs and NRCs



### The Children’s Bureau’s T/TA Strategy

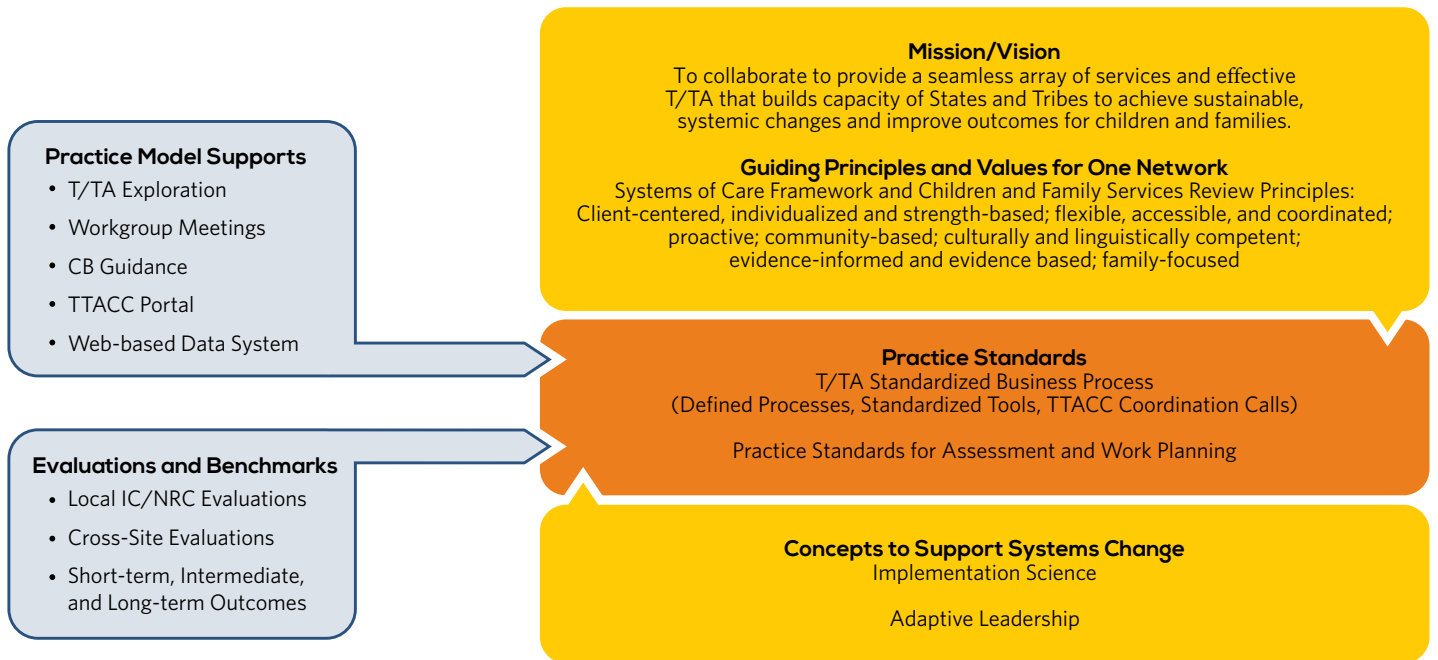
- Regional Implementation Centers
- National Centers specializing in different areas of child welfare
- Emphasis on coordination and evaluation
- Exploring and testing implementation

These centers were part of the Children’s Bureau T/TA Network, which was encouraged to operate as a coordinated group of service providers with a common set of principles (see Figure 3).<sup>7</sup>

<sup>5</sup>Each IC covered two ACF regions (see <http://www.acf.hhs.gov/programs/oro>).

<sup>6</sup>The Children’s Bureau funded a contract for coordinating T/TA among providers after all of the centers had been funded and worked through planning and start-up.

**Figure 3. T/TA Practice Model**



Source: Children's Bureau, 2011

### Contributions of Implementation Science and Adaptive Leadership

Given the heightened emphasis on sustainable systems change, the Children's Bureau encouraged the NRCs and ICs to incorporate a common language and a common implementation framework into their efforts to bring about systems and practice changes. The basis for this new framework can be found in the principles of:

- **Implementation science**, the systematic study of specified activities designed to put into practice activities or programs of known dimensions, which posits that there are multiple stages to and drivers (i.e., mechanisms or processes that drive change) that support implementation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).
- **Adaptive leadership**, the practice of mobilizing people to tackle tough challenges and thrive, which conceptualizes leadership as a practice that involves both diagnosis and action (i.e., observing and understanding an organization before making changes) (Heifetz, Linsky, & Grashow, 2009).

<sup>7</sup>Network members not included in this evaluation were Child Welfare Information Gateway, the National Quality Improvement Center (QIC) on Differential Response in Child Protective Services, QIC on the Representation of Children in the Child Welfare System, QIC on Early Childhood, National Data Archive on Child Abuse and Neglect, National Child Welfare Workforce Institute, T/TA to State Legislators on the Child and Family Services Reviews, National Abandoned Infants Assistance Resource Center, NRC for Community-based Child Abuse Prevention, National Center on Substance Abuse and Child Welfare, National TA Center for Children's Mental Health, and the TA Partnership for Child and Family Mental Health.

## Children's Bureau T/TA Evaluation and This Report

At the beginning of FY 2009, the Children's Bureau funded a 5-year cross-site evaluation of ICs and NRCs that coincided with many of the other T/TA changes beginning at that time. The evaluation covered the period of FY 2010<sup>8</sup> through the first quarter of FY 2014, and was designed to answer several questions regarding:

- Use of T/TA by States and Tribes
- Quality of IC and NRC services
- Relationships between States/Tribes and providers
- Collaboration among providers
- Outcomes of IC and NRC services

The results of the evaluation are found in this report.

### Data Collection for This Evaluation Report

Evaluators used a mixed-method, longitudinal approach that drew on multiple data collection strategies to capture quantitative and qualitative information. The evaluation team collected some data, while other data were provided by the T/TA centers and their local evaluators. Evaluators interviewed child welfare directors from nearly 60 agencies, including from States, Tribes, and some territories (using a telephone survey), and surveyed stakeholders in the States and Tribes most directly involved with the T/TA provided (using a web survey of T/TA recipients). Other data came from case studies, interviews with Federal staff and project directors, a review of final implementation project reports, and other documents and observations. A key source of data on T/TA was a web-based data system built specifically to track services, which all providers were required to use for reporting information regarding T/TA.

### Purpose of This Evaluation

This evaluation effort provides information about *whether* and *how* the integration of T/TA provided by ICs and NRCs:

- Supported organizational and systems change in child welfare.
- Fostered knowledge development about promising and effective practices in transforming organizations and child welfare systems.
- Promoted the dissemination and utilization of evidence-informed and evidence-based child welfare practices.

## KEY FINDINGS

This section presents key findings in the areas of T/TA services, relationships among providers, the quality of services (especially as measured by satisfaction), relationships between providers and recipients, and outcomes. These findings illustrate the application of implementation science in child welfare, how T/TA is measured, and the commitment of the Children's Bureau to evaluation.

### T/TA

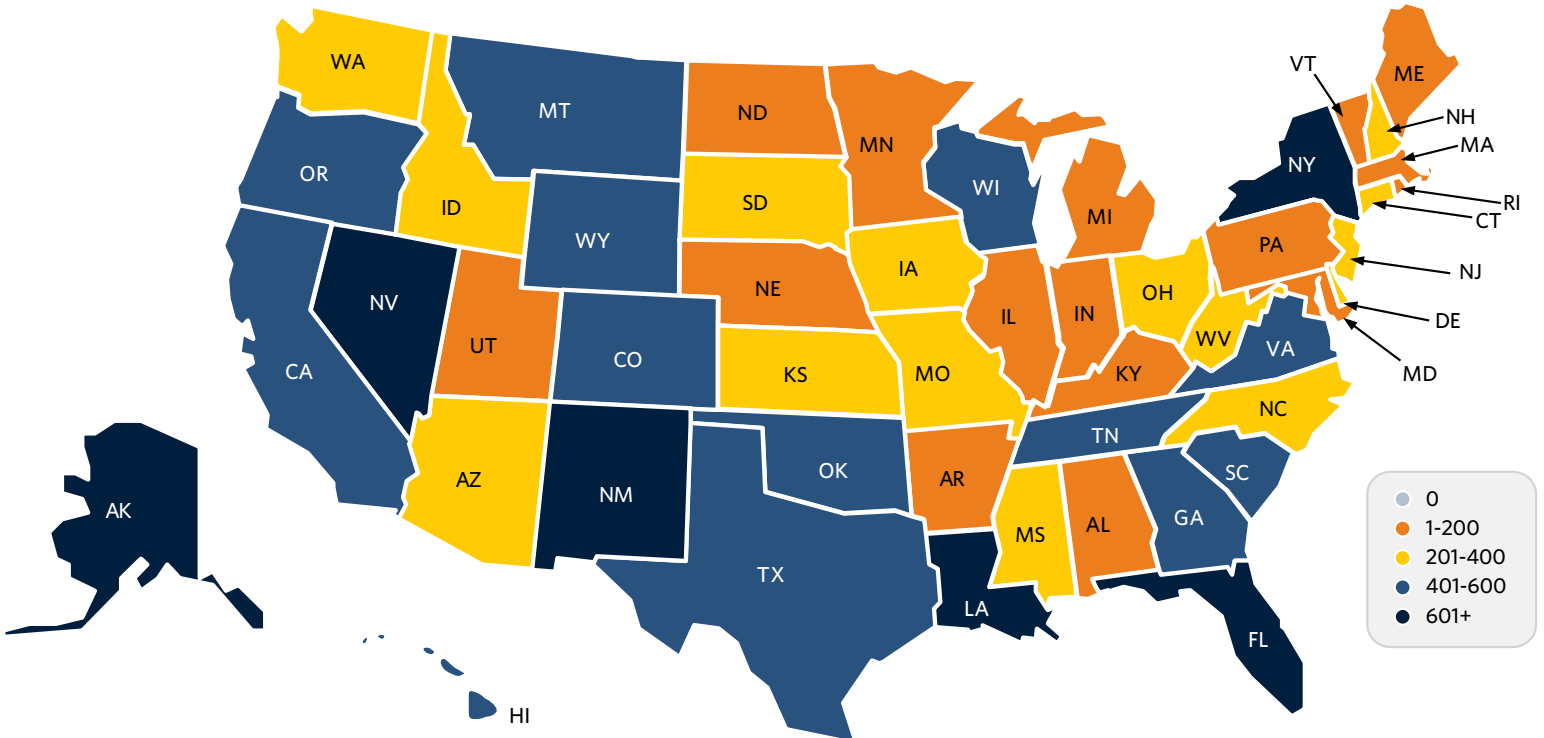
Evaluators reviewed T/TA provided by the 10 topic-based NRCs and the 5 regionally based ICs over 39 months from October 2010 through December 2013. The services offered to States and Tribes included both general T/TA and tailored, jurisdiction-specific T/TA.

### Tracking Services Using a Web-based System

NRCs and ICs tracked tailored, jurisdiction-specific T/TA, as well as general T/TA provided to multiple jurisdictions using a web-based system. The data from this system was a key source of information regarding service delivery. Providers used the system to record the States and Tribes requesting and receiving services, the type and frequency of the services provided, and the subject of the T/TA. They recorded activities provided both onsite at the jurisdiction and remotely, and which lasted an hour or more a day. Providers recorded activities that involved both direct contact with recipients (referred to as substantial, direct T/TA) and other activities that supported the provision of T/TA (e.g., case/document review, data analyses, consultation preparation). The web-based system supported evaluation activities and coordination of services. All of the data about tailored services presented in this report are based on the documented hours of direct contact received by jurisdictions.

<sup>8</sup>The first year of the evaluation was spent planning the evaluation design and developing data collection instruments and systems.

**Figure 4. Hours of NRC T/TA Received by States**



**General services** were made available to multiple States and Tribes simultaneously. General T/TA included activities such as training, information-sharing, peer networking, and dissemination. These services were usually targeted to groups of recipients that shared professional roles or interests in a topic or issue. NRCs provided the majority of general T/TA, including webinars, conference presentations, and regional meetings. From October 2010 through December 2013, NRCs conducted 636 general T/TA events, totaling 3,454 hours of direct contact with recipients. NRCs supported 29 specific peer networking and learning communities, and hosted 43 meetings. They produced more than 200 products, some of which were geared to national audiences.

The focus of IC work was primarily on the provision of tailored, jurisdiction-specific T/TA, but ICs did provide limited general T/TA. ICs hosted 67 general events, which included webinars/webcasts, conference calls, regional State meetings, and Tribal gatherings. Many of these events disseminated information about implementation and/or IC services, and afforded opportunities for peer networking with other States/Tribes. Some ICs established mechanisms for regular interactions and communications among child welfare staff, which included listservs, a peer learning group for State Indian child welfare adoption managers, and an online professional social networking site.

**Tailored services** were offered by NRCs and ICs through customized consultation, training, coaching, and facilitation to meet the specific needs of particular States and Tribes. Tailored T/TA was provided in response to jurisdictions' requests and applications for services. Tailored services were expected to build capacity within each jurisdiction. NRCs and ICs documented 40,177 hours of direct contact with recipients when providing tailored T/TA in all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. They also provided tailored services to 46 Tribes. The number of Tribes engaged in services increased over time, from 17 Tribes in October 2011 to 35 Tribes in September 2012. The total hours of direct tailored T/TA received by Tribes also tended to increase over the 39 months. However, this increase may reflect, in part, the intensive tailored services delivered by the ICs to a relatively small number of Tribal recipients, rather than a pattern of high levels of support to many Tribes. Although both NRCs and ICs provided tailored T/TA, there were differences in the providers' reach, focus, and duration of engagement.

**NRCs.** Each NRC provided T/TA in its organizational or programmatic area of responsibility (e.g., organizational improvement, legal and judicial issues, permanency, adoption). Between October 2010 and December 2013, NRCs reported 21,290 hours of direct contact with tailored services recipients. As shown in Figure 4, NRCs had a broad geographical reach. NRCs delivered a varying amount of tailored T/TA to all 50 States, with 6 States receiving more than 600 hours of direct contact, 2 of which received more than 1,000 hours of services. NRCs also provided tailored T/TA to Tribes. Overall, about 14 percent of NRC tailored services, or 2,966 direct hours, were provided to 46 Tribes.

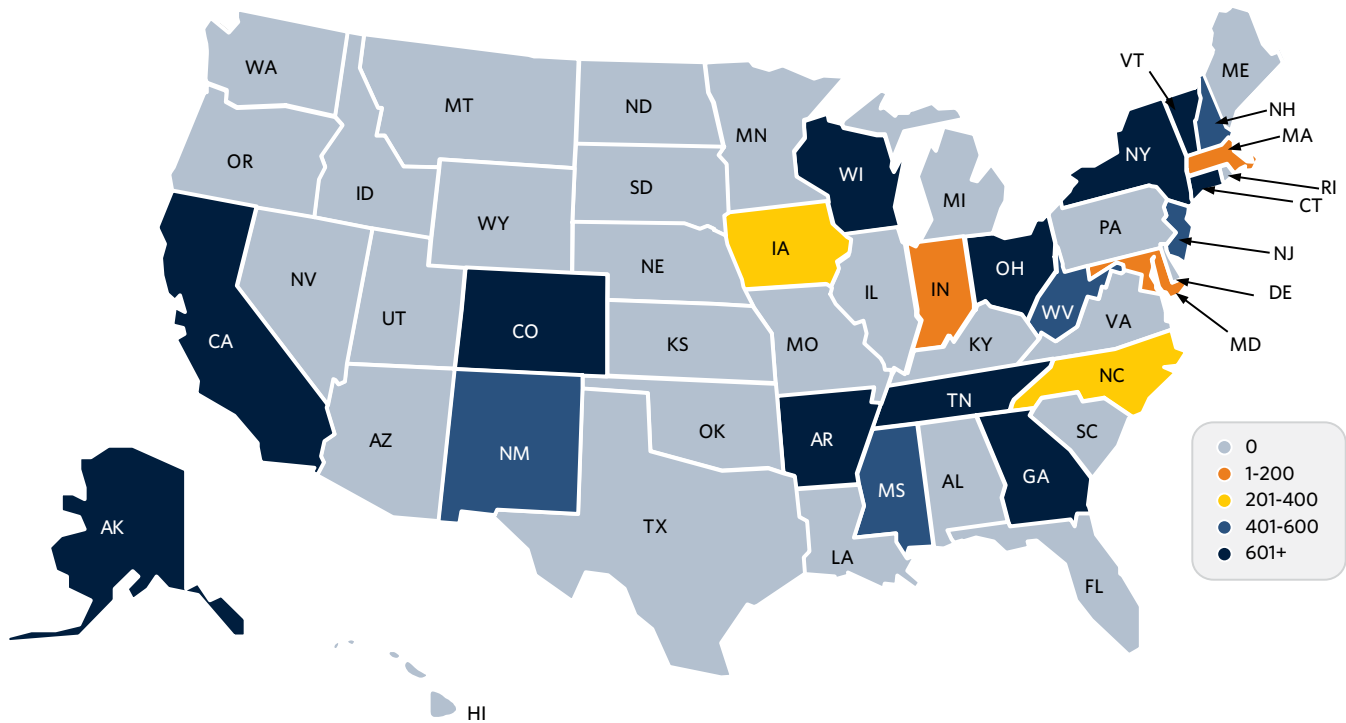
NRCs delivered tailored T/TA after developing a work plan for each State or Tribe that requested services. The duration of NRC services varied based on the jurisdiction's needs and the outcomes targeted, with work plans ranging from 1 day to more than 18 months. From October 2010 through December 2013, NRCs developed 520 work plans. Slightly more than one-fourth (28 percent) of these work plans were of very short duration, lasting less than 1 week; 31 percent lasted between 1 week and 6 months; and the

remaining 40 percent of the work plans had durations of more than 6 months. The average duration across all work plans was 10.8 months.

**ICs and Implementation Projects.** The five ICs provided indepth and long-term consultation and support through "implementation projects" to a select group of jurisdictions in their geographical service area. ICs established formal agreements to support change management and the implementation of practices and systems change initiatives in 24 jurisdictions. ICs engaged 18 State child welfare agencies, 1 large county agency, and 5 Tribal agencies and consortia (representing 26 Tribal organizations) in projects. Implementation projects lasted from 25 months to 50 months, and averaged 38 months, or just over 3 years. Projects supported diverse initiatives that addressed a wide range of child welfare practices and systems issues, including:

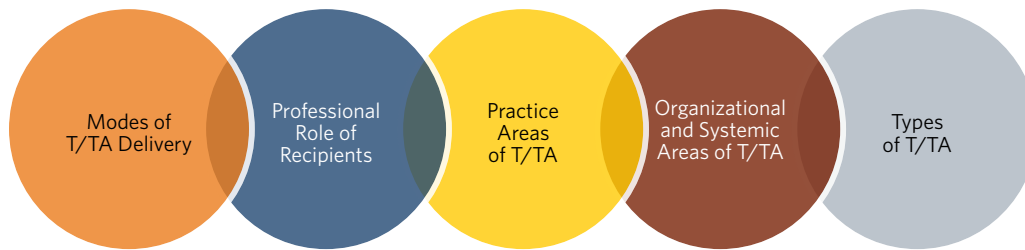
- Developing, implementing, and/or integrating practice models.
- Improving culturally competent practices, particularly in working with Tribes.

**Figure 5. Hours of IC T/TA Received by States**



Source: Web-based T/TA tracking system, October 2010 Through December 2013.

**Figure 6. Characteristics of NRC and IC Tailored T/TA**



- Using data to support planning and data-driven practices, and implementation of continuous quality improvement and quality assurance systems, as well as technical assistance systems.
- Building supervisor and staff capacities.
- Improving and broadening the engagement of parents, youth, and community stakeholders.
- Enhancing safety, risk assessment, and intake procedures and practices.

ICs documented 18,887 hours of direct contact with jurisdictions while providing tailored T/TA from October 2010 through December 2013.<sup>9</sup> Figure 5 indicates where ICs worked to assist States with their implementation projects. Most States with projects received a relatively large number of direct T/TA hours. Of the 18 States that received services, 10 received more than 600 hours, and 3 of these received more than 1,700 hours of direct T/TA. ICs worked with 26 Tribes and Tribal organizations, and provided about 41 percent, or 7,791 direct hours, of services to Tribes.

#### **Characteristics of NRC and IC Tailored T/TA**

In addition to information on the amount of direct, tailored T/TA provided to each jurisdiction, ICs and NRCs recorded additional information on the characteristics of the services they delivered (see Figure 6). This allowed the Children’s Bureau and providers to learn more about the direct, tailored T/TA delivered in relation to:

- How T/TA was provided (modes of T/TA delivery)
- Who received T/TA within the agency (professional roles of recipients)
- Content of the T/TA (practice areas, organizational and systemic areas)
- Activities and methods used by providers to deliver T/TA (types of T/TA)

Table 1 highlights the characteristics of IC and NRC services and presents the most frequently reported categories under each variable. Of the total hours of direct T/TA provided to jurisdictions, the vast majority of IC and NRC tailored services were delivered in-person, and slightly less than one-fifth were delivered remotely by phone. T/TA was provided most often to agency middle managers, administrative leadership, and supervisors. The content of IC T/TA was most frequently reported to be “general” (not focused on a particular area of child welfare practices). This reflects their emphasis on the implementation of organizational and systemic change initiatives, as shown by the fact that 59% of the direct hours of IC services were devoted to practice models. In contrast, the content of NRC T/TA was topical in nature, with the majority of direct hours devoted to the practice areas of safety and risk assessment, and case planning and management. NRC and IC methods for delivering tailored T/TA were similar, with both groups of providers most frequently identifying their activities as “consultation, problem-solving, discussion” and “facilitation.” ICs, however, were more likely to report using “coaching” as a strategy than NRCs.

<sup>9</sup> For more information, see the Brief on Evaluation of Implementation and Outcomes and other related publications found at <http://www.acf.hhs.gov/programs/cb/capacity/cross-center-evaluation>.



**Table 1. Characteristics of NRC and IC Tailored T/TA: Most Frequently Reported Categories**

|   | 10 NRCs<br>(21,290 hours) | 5 ICs<br>(18,887 hours) |
|---|---------------------------|-------------------------|
| <b>Modes of T/TA Delivery: How T/TA was provided*</b>                         |                           |                         |
| ▪ In-person, onsite work at jurisdiction                                      | 81%                       | 78%                     |
| ▪ Teleconference and telephone calls  | 17%                       | 18%                     |
| <b>Professional Roles of Recipients: Who received T/TA within the agency*</b> |                           |                         |
| ▪ Agency middle managers (program and division heads)                         | 73%                       | 61%                     |
| ▪ Administrative leadership (directors and deputies)                          | 55%                       | 70%                     |
| ▪ Supervisors   | 53%                       | 61%                     |
| <b>Practice Areas of T/TA: Content of T/TA*</b>                               |                           |                         |
| ▪ General (not specific to a practice area)                                   | 17%                       | 52%                     |
| ▪ Assessment of safety and risk   | 35%                       | 27%                     |
| ▪ Case planning, case management, and casework practices                      | 26%                       | 21%                     |
| ▪ Comprehensive family assessment   | 17%                       | 23%                     |
| ▪ Family engagement and involvement in case decision-making                   | 20%                       | 18%                     |
| <b>Organizational and Systemic Areas of T/TA: Content of T/TA*</b>            |                           |                         |
| ▪ Practice model  | 23%                       | 59%                     |
| ▪ Casework decision-making and practices                                      | 45%                       | 21%                     |
| ▪ Policies and procedures   | 40%                       | 36%                     |
| ▪ Supervisory decision-making and practices                                   | 34%                       | 41%                     |
| <b>Types of T/TA: Activities and methods to deliver T/TA*</b>                 |                           |                         |
| ▪ Consultation, problem-solving, and discussion                               | 64%                       | 63%                     |
| ▪ Facilitation  | 37%                       | 42%                     |
| ▪ Dissemination of information  | 32%                       | 33%                     |
| ▪ Coaching  | 15%                       | 32%                     |
| ▪ Training  | 21%                       | 21%                     |

\*Providers could select multiple categories thus the total percentage sums to more than 100.

### **Incorporating Implementation Science Into the T/TA**

**Process.** The field of implementation science recognizes a phase- or stage-based approach to the implementation of innovations and the evolution of the change process.

T/TA steps in the change process were mapped to five key implementation stages:

- Stage 1. Problem identification, engagement, and visioning
- Stage 2. Strategic planning
- Stage 3. Innovation design and installation
- Stage 4. Initial implementation
- Stage 5. Full implementation, maintenance, and institutionalization

Data confirm that the large majority of NRC T/TA hours were devoted to the early stages of implementation—problem identification and engagement (56 percent), strategic planning (46 percent), and innovation design and installation (42 percent). Only a small proportion of NRC T/TA was focused on initial implementation (10 percent) or full implementation (6 percent).<sup>10</sup>



Project work conducted by the ICs started at different stages of implementation, with most projects beginning with either problem identification or strategic planning (Stages 1-2) and some projects starting with design and installation. Over time, 16 projects reached at least early design or initial implementation (Stages 3-4), and 8 achieved either late initial or early full implementation (Stages 4-5).

### **Moving Beyond Descriptive Data: Using T/TA Tracking Data in New Ways**

Data from the T/TA tracking system not only provided greater descriptive information on the tailored services provided to jurisdictions, but evaluators used data from the system to explore unique questions related to service delivery. Some of these questions included:

- **Are services provided in a timely manner? Where do delays occur?** By using the date of the jurisdictions' requests for T/TA, the date of receipt of approval for services by the Children's Bureau regional offices, and the date of delivery of T/TA, evaluators assessed the timeliness of provider services and identified where possible delays were occurring.
- **Do areas of identified need align with the areas in which services are provided?** By reviewing the content areas of T/TA (practice areas, organizational and systemic areas) and the direct hours of services provided, the Children's Bureau was able to assess whether the services it supported were addressing high-priority needs, like those identified through the Child and Family Services Review process.
- **How intense are tailored services?** In order to determine the intensity of tailored services, evaluators examined the number of "active" months in which T/TA was provided to jurisdictions and the hours of direct contact that occurred in each active month. The results offered providers an opportunity to examine and compare the exposure of jurisdictions to T/TA over time and to consider the implications. For example, for NRC work plans with a duration of 3 to 6 months, 73% of the total months were active. However, for NRC work plans with a duration that was longer than 6 months, T/TA was provided by NRCs in fewer than half of the months. Moreover, evaluators compared the intensity of IC and NRC services for work plans lasting more than 2 years, finding that NRCs delivered, on average, 15 hours of service per active month, compared to 26 hours per active month delivered by the ICs. Graphs of T/TA intensity, like Figure 7, helped evaluators, providers, and the Children's Bureau consider patterns in service intensity and duration.

<sup>10</sup>NRCs could select more than one step in the change process for mapping particular hours if they were building capacity in more than one area simultaneously; thus, the total percentage equals more than 100.

IC evaluators explored the components of implementation that drove change—the implementation drivers—to determine which ones made a difference in implementation (Armstrong, McCrae, Graef, Richards, Lambert, Bright, & Sowell, 2014). For each time period, ICs reported on the stage of implementation for each project and the degree to which various implementation drivers were considered salient. Throughout the implementation process, the drivers—leadership; a shared vision, values, and mission; and stakeholder engagement—were considered by the ICs to be most salient. Some drivers had low salience during the early stages but became more salient in the later stages of implementation (e.g., decision support data systems, training, supervision/coaching, facilitative administration, systems intervention).

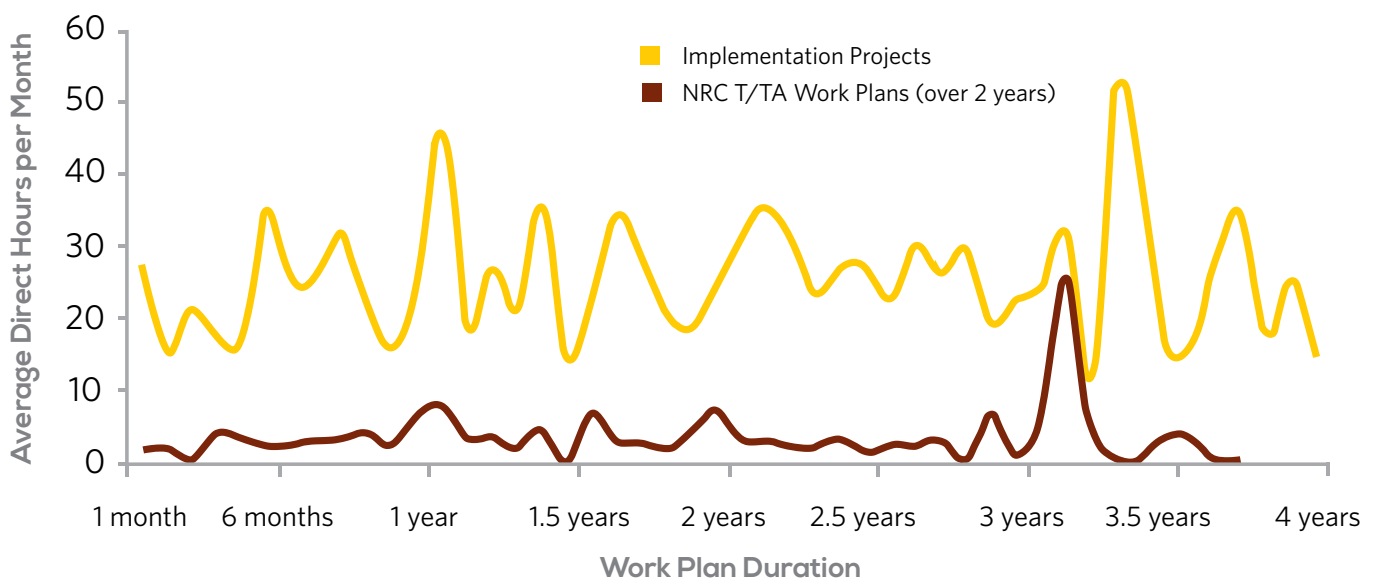
**Identifying Needs and Accessing Tailored T/TA From NRCs.** A need for T/TA had to be established before assistance could be accessed from one of the NRCs. First, either the jurisdiction or another entity had to identify the issue that could be helped by T/TA. The Child and Family Services Reviews (CFSRs), a Federal monitoring effort to ensure States’ compliance with a set of child welfare standards, and other monitoring and continuous quality improvement processes often provided an opportunity for self-assessment and helped States identify specific needs.

Of the 520 requests for T/TA received during the 39-month period, the large majority (81 percent) were identified through self-assessment by the State or Tribe. Approximately 15 percent of the needs were identified through either Children’s Bureau regional offices (6 percent), participation in a general event or peer-to-peer event (5 percent), or by the CFSR team (4 percent). The remaining 4 percent of the needs were identified by NRCs or by other means (see Figure 8).

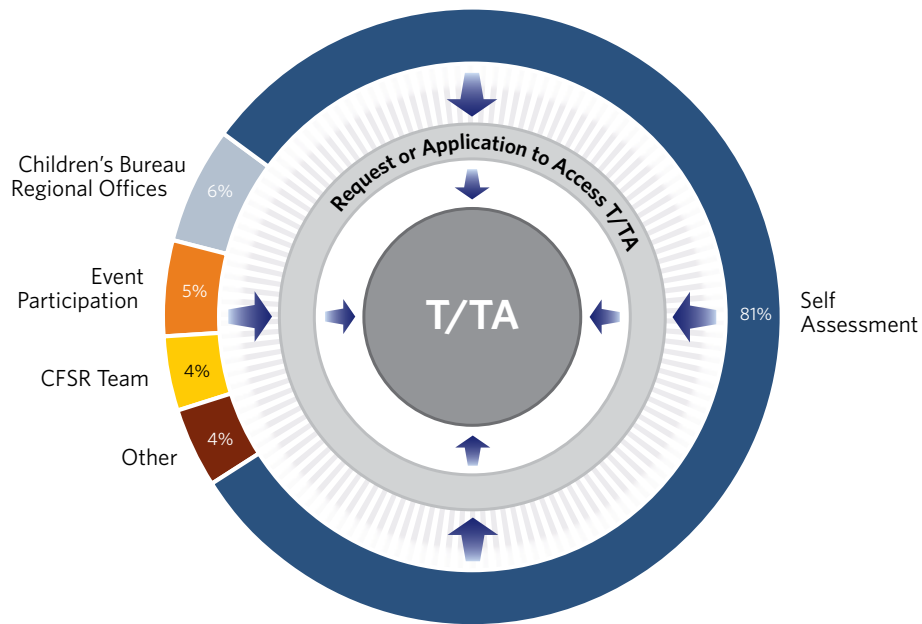
**Combining T/TA From NRCs and ICs:  
A State Example**

Jurisdictions could access T/TA from multiple NRCs and an IC at the same time. For instance, West Virginia received services from the Atlantic Coast Child Welfare IC for its implementation of a safety assessment management system. In developing and implementing the system, West Virginia also received T/TA from the NRC for Child Protective Services and the NRC on Legal and Judicial Issues (which provided training for judges). At the beginning of its initiative, West Virginia had been receiving T/TA from the NRCs for Organizational Improvement and from Child Welfare Data and Technology to improve its array of services.

**Figure 7. Average Hours of Direct Service by Work Plan Duration for ICs and NRCs**



**Figure 8. Identifying the Need for and Requesting T/TA**



Once the need was identified, the State or Tribe could make a request for T/TA. The assessment and work planning processes were managed by a centralized entity responsible for coordinating onsite T/TA. The coordination center tracked requests and facilitated the assessment of needs and the development of comprehensive work plans that addressed critical issues. In collaboration with the Children's Bureau, the coordination center monitored NRC services in accordance with these established work plans.

In general, States with the greatest need received more hours of T/TA. They also received more T/TA over time.

**The Connection Between Needs and Services**

The Children's Bureau was interested in whether States with the greatest need for T/TA actually received the greatest amount of tailored services during the evaluation period. The evaluation team created a "State need level" variable based on data from the *Child Welfare Outcomes 2009: Report to Congress*.<sup>11</sup> States were ranked from 1 to 50 for seven child welfare outcomes found in the report, and a total score was

computed for each State. States were grouped in thirds and labeled as high-need (17 States), moderate-need (16 States), and low-need (17 States). Measuring T/TA in different ways showed the following results:

- There was no clear association between the level of State needs and the number of implementation projects or work plans directed to States during the study period.
- Overall, the States with the highest level of need received more hours of direct contact during tailored services than the moderate- and low-need States. ICs provided considerably more hours of services to high-need States than to low- or moderate-need States. No significant variation was observed in the hours of NRC T/TA by the level of State need.
- During the last year of the evaluation period, there was an increase in hours of IC services to high-need States and a decline in hours to low- and moderate-need States. Although these patterns were consistent with the hypothesized increase of T/TA to high-need States over time, they need to be interpreted with some caution. The hours of T/TA delivered to high-need States toward the end of the grant period may reflect increased services to complete project work in a small number of States, rather than a pattern across all higher need States.

<sup>11</sup>For more information on the *Child Welfare Outcomes 2009: Report to Congress*, access the full report at <http://www.acf.hhs.gov/programs/cb/resource/cwo-06-09>.

## Facilitators and Barriers to Utilizing T/TA

Factors that facilitated and hindered utilization of NRC and IC services by State and Tribal child welfare systems were assessed through two waves of interviews with State and Tribal child welfare directors.

Most common facilitators to utilization of T/TA:

- Federal monitoring reports and jurisdictional plans for improvement<sup>12</sup>
- Prior relationships with NRCs
- Discussions with the Children’s Bureau regional office
- NRC level of knowledge and skills



Most common barriers:

- Limited availability of State and Tribal staff time and other resources to engage in T/TA with providers
- Perceived burden and complexity of the process to request services
- Timeliness with which T/TA could be received after being requested and approved
- The high quality of services available from providers outside the Children’s Bureau T/TA Network



## Collaboration Among T/TA Providers

The Children’s Bureau expected that once a jurisdiction identified a particular need, barrier, or issue, providers would partner and collaborate with other network providers and the jurisdiction to comprehensively assess and mutually define the problem in the context of broader system conditions. The evaluation therefore assessed the level of collaboration among providers by examining provider interactions, coordination, information-sharing, competition, and shared vision and purpose. Collaboration was measured in multiple ways:

- Responses to the web survey of IC and NRC directors administered in 2010 and 2012
- Responses to the web survey of recipients, administered semiannually
- Data from the web-based T/TA tracking system
- Interviews and focus groups with IC and NRC directors and Children’s Bureau staff
- Responses to the telephone survey of child welfare directors, administered at 18-month intervals in 2010, 2012, and 2013

Evaluation findings showed a slightly higher degree of interaction among NRCs than among ICs and a low level of interaction across the two types of centers. Across all centers, however, communication was more frequent with ICs than with NRCs. In general, centers that interacted with other providers at least occasionally reported satisfaction with the frequency and quality of communication. These centers found their working relationships to be effective in helping them provide better quality products and services. Centers reported that some to most providers had a shared identity and a common vision and purpose for their work, with NRCs reporting a greater sense of shared identity than ICs.

In contrast, only *some* centers were viewed as collaborating to identify, assess, and disseminate evidence of best and promising practices in child welfare in both 2010 and 2012. Reported barriers to such collaboration included competition and proprietary interests. When delivering joint, tailored services, providers tended to collaborate with particular partners. T/TA tracking data validated respondent perceptions. Data on the hours of collaboratively delivered, tailored services showed that while centers were collaborating, it was not widespread or lengthy, with 8 percent of IC and NRC hours of services delivered collaboratively. There was a tendency for specific centers to be active collaborators with the same partnering center. In general, centers with similar content areas, prior working histories, and personal relationships reported having stronger collaboration.

### What Is Quality T/TA?

Evaluators defined quality as effectively meeting customers’ (State and Tribal child welfare systems’) expectations and needs with regard to T/TA access, delivery, and results.

### Quality of T/TA

Evaluators measured State and Tribal perceptions of T/TA quality and how those perceptions changed over time. Quality was measured in three main ways:

- Responses to the telephone survey of child welfare directors, administered in 2010, 2012, and 2013
- Responses to the web survey of recipients, administered semiannually
- Interviews, focus groups, and observations in 2011–2013 with stakeholders of five different implementation projects

<sup>12</sup>Federal monitoring reports referenced included State Child and Family Services Reviews and Program Improvement Plans.

**Quality Related to the Knowledge and Expertise of Consultants.** During each survey administration, the majority of the child welfare directors reported that, in general, providers were prepared to work with their State or Tribe and had overall knowledge and understanding of how a particular child welfare system operated. There was a trend toward increased acknowledgment of the providers' preparedness over time. A commonly cited reason for consultants' preparedness was a past history of work with the child welfare jurisdiction.

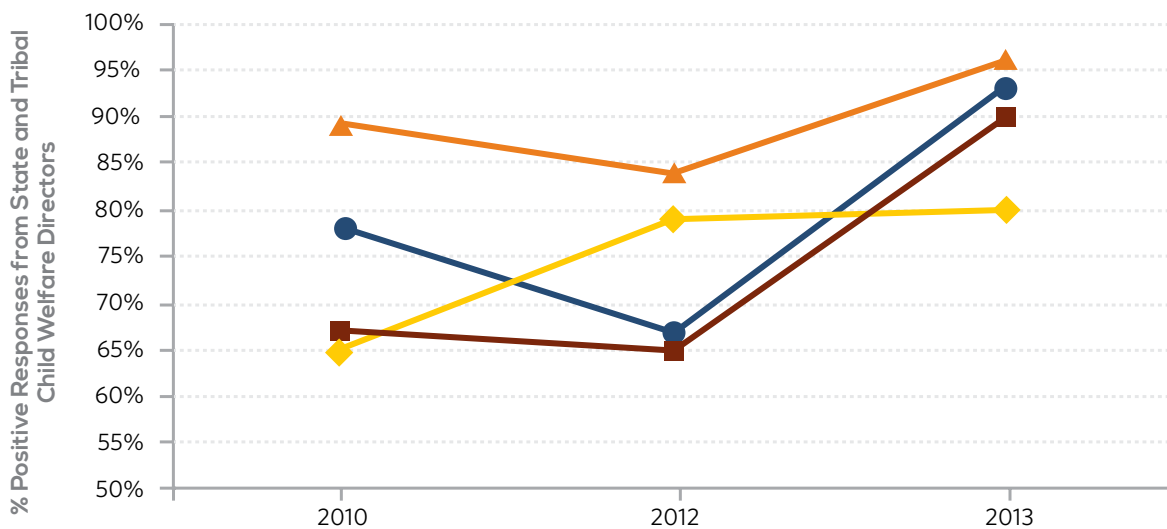
**Quality Related to the Relevance of T/TA.** Survey respondents tended to view the T/TA process as solution focused, with the majority agreeing that T/TA offered a range of solutions from which their jurisdiction could decide on the most appropriate course of action. This increased over time. By the final survey administration, 90 percent of all respondents and 92 percent of States perceived T/TA as "having offered an array of solutions and having allowed the jurisdiction to choose the most appropriate actions."

**Quality Related to the Usefulness of T/TA.** Child welfare directors reported that the services received

had addressed the issues for which their agencies had requested T/TA. Child welfare directors also indicated the services provided by NRCs or ICs had been useful, contributing to organizational or systems changes within the child welfare systems. The extent of the contribution varied based on the particular area of change undertaken by the State or Tribe. As with other aspects of T/TA quality, directors' perceptions of quality related specifically to the usefulness of T/TA grew more positive over time.

**Quality Related to the Coordination of Multiple Providers.** The majority of child welfare directors interviewed received services from multiple providers. As shown in Figure 9, their survey responses suggest that, overall, the State and Tribal child welfare directors had positive perceptions of the quality of T/TA coordination. When asked about the logical sequencing of services, providers' knowledge of each other's efforts, and the overall coordination of services, the majority of child welfare directors gave the highest or the second highest rating on a 5-point scale. Furthermore, the ratings significantly increased over time, particularly from 2012 to 2013.

**Figure 9. Quality Related to Coordination of Multiple Providers**



- ◆ Did the T/TA reflect an understanding of your child welfare system and how it operates?
- Did the T/TA offer an array of solutions and allow the State/Tribe to choose the most appropriate action?
- ▲ Did the T/TA address the issues for which the State/Tribe sought T/TA?
- Overall, how well do the multiple providers coordinate their activities when they work together in your jurisdiction?

**Quality in Support of Implementation Projects.** During 2012 and 2013, approximately one-third of the State and Tribal child welfare directors responding to the survey were involved with implementation projects supported by the IC in their region. These directors were asked about their participation in developing the project work plan, the work itself, the pace of work, and stakeholder involvement in guiding the project. Overall, the States and Tribes with implementation projects reported to be satisfied with their experiences and viewed the support of the IC positively.

*"[Providers] are very capable, educated, and very respectful about not presenting us with solutions, but delivering options."*

State child welfare director

Likewise, this positive experience was found in the five case studies of jurisdictions with implementation projects. Stakeholders in all five jurisdictions reported overall satisfaction with the quality of the services received, including providers' skills and knowledge, and the resources ICs were able to provide. Stakeholders also viewed peer learning opportunities facilitated by the ICs as particularly valuable to the jurisdictions. Provider flexibility, adaptability, and ability to tailor assistance to each jurisdiction's specific needs and circumstances appeared to be an important aspect of quality services.

**Effective T/TA Strategies.** During the 2013 interviews with child welfare directors, when they and their staff had several years of services to reflect on, evaluators asked the directors about several indicators related to the success of their T/TA.

*"Which types of technical assistance or topical areas covered by the ICs and NRCs have been most [least] successful at meeting your State's or Tribe's needs?"*

Child welfare directors answered the questions in different ways, with some identifying topic areas and others identifying modes of T/TA delivery or strategies:

- Overall, the topic area of T/TA that directors reported as most successful in meeting their agencies' needs related to safety models. Other successful topic areas included differential response, addressing unidentified perpetrators, parent partners, preservation services, concurrent planning, domestic violence, managing by data, family engagement, adoption support, and assistance with strategic planning.



- The most successful type of service delivery cited by child welfare directors was peer-supported T/TA when a provider was able to link the child welfare system with other child welfare systems that could provide useful information and successful examples from their own jurisdictions.
- While only a few child welfare directors answered the question about "least successful" T/TA, those that did reported T/TA on developing a safety guide, on leadership, and on supervision as being the least successful in meeting their agencies' needs.

**Relationships Between T/TA Providers and Recipients.**

Evaluators examined the relationships that developed between and the States and Tribes that received services. They explored both the quality of the relationships and the way the relationships changed over time.

**Data Sources.** Data from three sources were used to examine the relationships between providers and recipients:

- Responses to the telephone survey of child welfare directors, administered in 2010, 2012, and 2013
- Interviews with IC and NRC directors
- Responses to the web survey of T/TA recipients, administered semiannually

Evaluators analyzed the data to determine recipients' satisfaction with providers' follow-through, satisfaction with the level and quality of communication, level of comfort with disclosing areas of concern or weakness regarding the child welfare system, and overall satisfaction with the relationships with providers.

**Levels of Satisfaction With T/TA.** States and Tribes receiving services reported high levels of satisfaction regarding the nature and quality of the relationships and

## Lessons Learned in Evaluating Implementation and Outcomes

The use of a common focus group guide with key team members across multiple implementation projects helped advance knowledge about what stakeholders considered important to implementation and also how services helped support the development of different capacities and drivers. In the absence of more objective evidence, this type of qualitative data can be particularly useful for informing future initiatives. Moving forward, more can be done to develop increasingly rigorous measures, implement them more consistently, and use them to further increase knowledge about the effectiveness of T/TA in building capacity.

The effective use of data was a critical aspect of both implementation and evaluation of outcomes. The more successful projects gathered administrative data and information from surveys and focus groups to better understand the underlying problems, as well as the readiness of jurisdictions to take on the change efforts. Successful strategies also incorporated knowledge from the research literature and best practices underway in other jurisdictions into the process of selecting an intervention to address the jurisdiction's problem. Once implementation was underway, measuring fidelity to the new program or practice was critical to ensure that implementation was consistent and occurred as intended. While all of these components support successful implementation, many jurisdictions needed support in understanding how data and evaluation could be used as valuable tools to help guide change initiatives and achieve and track outcomes.

interactions between them and the providers. These high satisfaction levels applied to both NRCs and ICs. The overall feeling of satisfaction with the relationships and interactions with providers was expressed in both the telephone survey of child welfare directors (which included State and Tribal child welfare directors or administrators) and the web survey of T/TA recipients (which included middle managers, supervisors, and others). The overall feeling of satisfaction with the relationships and interactions was found across all three fiscal years during which the data were collected, indicating this sense of satisfaction was generally consistent and stable.

### Outcomes of T/TA

The value of T/TA is measured by outcomes (e.g., learning, knowledge transfer). Many factors influence whether T/TA will be effective in making lasting changes in a State's or Tribe's organizations and systems, which can make it difficult to isolate the impact of T/TA. Evaluators explored T/TA outcomes for NRCs and ICs, including outcomes in terms of capacity building and systems change. Finally, facilitators and barriers to achieving the desired outcomes through services were identified.

**Outcomes of NRC Services.** Local evaluators of the NRCs worked in collaboration with the Children's Bureau and the cross-site evaluation team to develop a report format for detailing the outcomes of NRC services for jurisdictions.

Each NRC evaluator completed an outcome report, although there was variation in the way that local evaluators completed the report. Most outcomes assessed were perceived outcomes, and no NRC evaluator conducted analyses to determine whether particular processes or outputs affected outcomes. Reports showed the following outcomes:

- All seven of the NRCs that assessed training found positive results. Specifically, all NRCs found some evidence for the effect of tailored T/TA (individualized to the needs of a State or Tribe) on perceived learning and transfer of knowledge.
- Five NRCs (of the nine with complete data) found positive results with respect to evaluating learning as a result of webinars, peer-to-peer meetings, roundtables, and the use of products on websites and in newsletters.
- Seven NRCs (of the nine that assessed this outcome) found positive results with respect to improved knowledge and skills, and intent to transfer learning to the field as a result of classroom trainings or meetings.
- Several NRCs followed up with participants after training or coaching and found positive impacts on behavior and organizational change.

**Outcomes of IC Services.** The majority of IC services were provided to 24 implementation projects. Each IC conducted 3 to 7 projects in its assigned region. ICs provided a wide range of T/TA and support



to projects, from conducting assessments and strategic planning to building implementation capacity and developing sustainability plans. Implementation projects supported diverse initiatives that addressed a range of child welfare practices and systems issues that were classified into five key areas: (1) developing and implementing practice models, (2) improving culturally competent responses, (3) using data and implementing quality improvement and TA systems, (4) building supervisory and staff capacities, and (5) broadening engagement of child welfare stakeholders. Each project was required to have an independent evaluation to track and assess results. Evaluation findings were used for monitoring purposes and to inform the ongoing change processes. Evaluators examined a variety of outcomes:

- **Project outputs** included practice models, strategic plans, collaborative processes, new and revised policies, training curricula, publications for staff and families, data and quality assurance systems, and continuous quality improvement (CQI) tools.
- **Intervention uptake and fidelity** were measured through checklists of program and initiative components; case review tools; surveys and assessments of knowledge, attitudes, and/or behaviors consistent with the intervention; participation in activities; changes in specified practices; and quality assurance assessments. In some instances, ICs reported challenges to measuring fidelity, including defining how fidelity to practice standards could be demonstrated, delays in implementation, and insufficient data in case files.
- **System and organizational outcomes** were most frequently assessed by changes in staff knowledge and competencies, engagement and knowledge of stakeholders, and implementation of specific policies or practices. Other outcomes were related to interagency or State and Tribal relationships, organizational culture, and the use of data or new systems (discussed further below under Systems Change Outcomes).

Improvements in child and family-level outcomes were the ultimate goal for the implementation projects, although the duration of the projects was not typically long enough for these outcomes to be assessed. For example, during interviews, nearly half of child welfare directors (8 of 17 responding) indicated their project had met or was close to meeting its objectives, but it was too early to determine whether their desired outcomes had been achieved. During the project periods, however, many projects identified relevant measures, set up or enhanced data and evaluation systems, and built capacity, positioning the jurisdictions to track changes in child and family-level outcomes as they moved forward.

IC evaluators also used a common focus group guide to assess perceived changes in the capacity of jurisdictions to manage change initiatives (e.g., implementation capacity). Focus groups of key members from 19 implementation project teams most commonly reported the following implementation capacities and drivers as having been enhanced as part of the project or as having been particularly important to the implementation process:

- Leadership
- Training and coaching
- Shared values, vision, and mission
- Decision support data systems

**Capacity Building Outcomes.** Categories of outcomes were classified as either capacity building initiatives or systems change initiatives, and were treated as mutually exclusive categories for the purpose of this analysis. The definition of capacity building that was developed by the evaluation team, and upon which the coding of qualitative data was based, was the following:

*Capacity building refers to building an organization's skills, competencies, and infrastructures, such as use of data, building a training system or database, supervision, training of trainers, and generally doing what is necessary within the organizational structure to support practice and ensure the work is done properly. These are activities that help build organizational capacity to support the agency's work with children and families.*

Table 2 is based on the results from the telephone survey of child welfare directors when it was completed by 60 directors for the final time in 2013. Respondents reported the types of capacity building changes that occurred in their State over the past 3 years that had been sustained and the provider that contributed to the change. (Changes with respect to Tribes are addressed in the T/TA and Changes in Tribal Child Welfare Systems section.) The areas of change fell into three main categories: creating and maintaining data and technology systems, enhancing organizational supports, and building and managing relationships with partners.

Overall, child welfare agency directors reported 105 sustained capacity building changes. Child welfare directors cited the Children's Bureau providers as contributing to 47 percent of these changes (i.e., in 49 instances, a specific IC or NRC was named) and cited other external T/TA providers (i.e., private organizations or consultants) as contributing to 33 percent of these changes. Collectively, agency directors cited both Children's Bureau and external providers as contributing to 80 percent of the 105 changes.

**Table 2. Sustained Capacity Building Changes Reported by States, 2010–2012**

| Area of Change   | Number of States Reporting Change | Providers Reported to Contribute to Change* |    |            |
|--|-----------------------------------|---|----|------------|
|  |                                   | NRC   | IC | External** |
| <b>Creating and Maintaining Data and Technology Systems</b>  |                                   |   |    |            |
| Using or managing by data  | 13                                | ●   | ●  | ●          |
| Creating or refining the Statewide Automated Child Welfare Information System (SACWIS)                 | 10                                | ●   |    | ●          |
| Building databases and systems to support fostering connections  | 6                                 | ●   |    | ●          |
| <b>Enhancing Organizational Supports</b>   |                                   |   |    |            |
| Building leader and supervisor capacity  | 13                                | ●   | ●  | ●          |
| Creating a system or procedures for family finding   | 12                                | ●   |    | ●          |
| Creating or refining a quality assurance/CQI process   | 11                                | ●   |    | ●          |
| Enhancing the training system  | 7                                 | ●   |    | ●          |
| Addressing trauma and incorporating trauma-informed practices into the work                            | 5                                 | ●   |    | ●          |
| Changing the service array   | 3                                 | ●   |    |            |
| Use of the Child and Adolescent Needs and Strengths (CANS) screening tool by staff                     | 3                                 |   |    | ●          |
| <b>Building and Managing Relationships With Partners</b>   |                                   |   |    |            |
| Building relationships with the courts and incorporating legal changes                                 | 8                                 |   |    | ●          |
| Performance-based contracting, including emphasis on providers' use of evidence-based practices (EBPs) | 8                                 | ●   |    | ●          |

\*A bullet denotes that at least one State indicated the type of provider contributed to sustained change.

\*\*External T/TA is that provided by an organization, agency, or consultant outside of the Children's Bureau T/TA Network.



**Systems Change Outcomes.** As noted above, evaluators treated the outcome categories for capacity building initiatives and systems change initiatives as mutually exclusive.

*Systems change refers to changing how an organization approaches its work and how it operates, such as adopting a new approach to meeting client needs, implementing a practice model across the child welfare system, incorporating centralized intake, working to deal with problems of disproportionality, and incorporation of safety and assessment tools into ongoing casework.*

Systems change outcomes were measured for States and Tribes. According to a practice brief by one of the ICs: “Child welfare systems face immense challenges to prevent abuse and neglect, reduce the number of children and youth being removed from their homes into foster care, ensure they are safely reunified or find a permanent place to call home. From prevention to permanency, many child welfare systems fall short of meeting these challenges.... A more comprehensive approach is required to achieve and sustain change: one that both addresses systemic issues, as well as implementation of practice innovations.”<sup>13</sup> The ICs engaged in long-term, indepth consultation to support States and Tribes undertaking systems changes.

Overall, child welfare agency directors reported 207 sustained systems changes during the final telephone survey (2013). Child welfare directors cited Children’s Bureau providers as contributing to 44 percent of these changes (i.e., in 91 instances, a specific IC or NRC was named) and cited other external providers (i.e., private organizations or consultants) as contributing to 36 percent of these changes.

Collectively, child welfare agency directors indicated that providers assisted jurisdictions in attaining 80 percent of the 207 sustained systems changes reported in the past 3 years. The changes made by States (see Table 3) included how they addressed out-of-home care issues, particularly permanency (31 States); how they addressed safety (27 States); and the adoption or creation of a practice model (25 States). These findings illustrate that T/TA was an important ingredient in the ability of child welfare systems to achieve their desired changes.

#### **T/TA and Changes in Tribal Child Welfare Systems.**

Evaluators interviewed nine Tribal child welfare directors in 2013. Only three of the nine Tribes interviewed received T/TA from the ICs or NRCs, yet all three reported that the T/TA had contributed to changes in their systems. Tribes reported sustained changes during the past 3 years in these areas:

- Implementing new data information systems (three Tribes)
- Updating child welfare policies and procedures (two Tribes)
- Reworking the Tribal code to better reflect the Tribe’s beliefs (one Tribe)
- Expanding staff and services (one Tribe)
- Implementing an intensive training system (one Tribe)
- Licensing of more Tribal foster homes and increased placement with relatives (one Tribe)
- Addressing safety (one Tribe)
- Implementing a new practice model (one Tribe)
- Using family group decision-making (one Tribe)
- Addressing mental health issues in children (one Tribe)

As part of the 2013 telephone survey of child welfare directors, respondents were asked, “Did the T/TA provided by NRCs and/or IC contribute to the organizational or systems changes made over the past 3 years in your child welfare system that have been sustained?” A majority (76 percent) replied affirmatively that the T/TA had helped them to achieve changes.

<sup>13</sup>Western and Pacific Child Welfare Implementation Center. *A Framework for Implementing Systems Change in Child Welfare: A Practice Brief*. Available at [http://wpicenter.org/inc/resources/projects/Framework\\_For\\_Implementing\\_Systems\\_Change.pdf](http://wpicenter.org/inc/resources/projects/Framework_For_Implementing_Systems_Change.pdf).

**Table 3. Sustained Systems Changes Reported by States, 2010–2012**

| Area of Change  | Number of States Reporting Change | Providers Reported to Contribute to Change* |    |            |
|---|-----------------------------------|---|----|------------|
|   |                                   | NRC   | IC | External** |
| Addressing out-of-home care issues, particularly permanency   | 31                                | ●   | ●  | ●          |
| Addressing safety   | 27                                | ●   | ●  | ●          |
| Adopting or creating a practice model   | 25                                | ●   | ●  | ●          |
| Installing differential response  | 19                                | ●   | ●  | ●          |
| Permanency roundtables  | 18                                |   |    | ●          |
| Organizational restructuring  | 15                                | ●   | ●  | ●          |
| Focusing on family team meetings and family engagement practices  | 11                                | ●   |    | ●          |
| Focusing on youth in the system   | 9                                 | ●   | ●  | ●          |
| Creating centralized intake   | 9                                 | ●   | ●  | ●          |
| Enhancing in-home services  | 7                                 | ●   | ●  | ●          |
| Installing a systems-of-care approach to practices  | 6                                 | ●   |    | ●          |
| Legislative changes and changes driven by new statutes that influence new child welfare practices and/or services | 6                                 | ●   | ●  | ●          |
| Addressing education and well-being   | 5                                 |   |    | ●          |
| Inclusion of fathers***   | 5                                 |   |    | ●          |
| Addressing mental health and well-being****   | 3                                 |   |    |            |
| Implementing structured decision-making   | 3                                 | ●   |    | ●          |

\*A bullet denotes that at least one State indicated the type of provider contributed to sustained change.

\*\* External T/TA is that provided by an organization, agency, or consultant outside of the Children’s Bureau T/TA Network.

\*\*\* The Quality Improvement Center for Non-Residential Fathers, another Network member, also provided some T/TA.

\*\*\*\* Three States reported changes in addressing mental health and well-being, but did not cite specific providers.

**Facilitators and Barriers to Organizational and Systems Change.** Using data from the telephone survey of child welfare directors administered in 2010 and 2011, interviews with IC and NRC directors and Children’s Bureau staff, and case study interviews collected during 2011 site visits to selected jurisdictions, evaluators identified facilitators of and barriers to change.

**Facilitators**

- Strong leadership provided by the organization’s leader
- Leader’s long tenure in the agency
- Long tenure of senior administrators and managerial staff
- Management’s active involvement in the change effort
- Agency’s supportive organizational culture (attitudes, values, and beliefs)



**Barriers**

- Lack of financial resources
- High rate of staff turnover
- Lack of staffing resources



**Lessons Learned From Completed Implementation Projects.** A significant lesson from completed implementation projects is that organizational and systems change takes significant time. Key factors that appeared to facilitate capacity building and positive outcomes in implementation projects include:

- Upfront preparation (i.e., assessment of readiness for change, organizational capacity assessments)
- Careful selection and definition of the interventions and tailoring to the specific needs of the jurisdiction
- Developing implementation projects that have a clear focus and manageable scope for the designated timeframe
- Committed agency leadership
- Dedicated project managers
- Clear roles for providers and project team members
- Broad-based stakeholder buy-in
- Cross-functional implementation teams
- Peer-to-peer learning
- Phased implementation

**IMPLICATIONS OF THIS EVALUATION FOR T/TA**

The findings from this evaluation of T/TA in child welfare have potential implications for both providers and recipients of services. In general, a child welfare jurisdiction moved through three key phases (requesting T/TA, conducting assessments and planning for T/TA, and delivering T/TA) for onsite, tailored T/TA delivery, as seen in Figure 10. This section presents cross-cutting themes and implications organized by stage of T/TA.

**Requesting and Accessing T/TA**

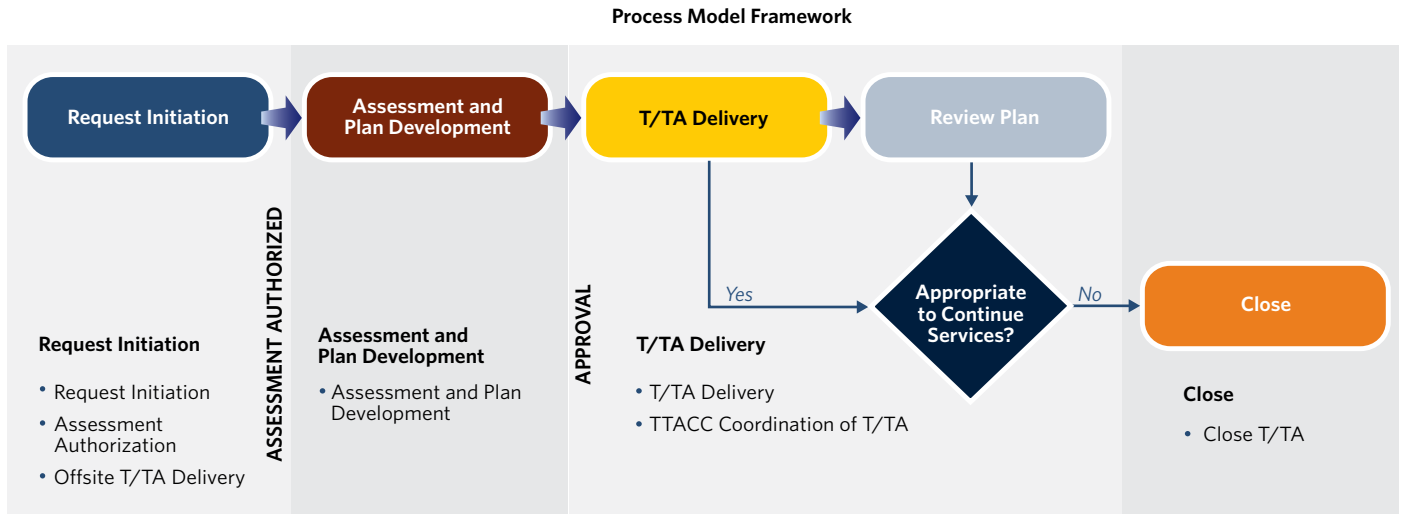
The majority of States and Tribes that received tailored T/TA from the NRCs initially identified their own need for services. In some cases, a Federal representative or

**A Tale of Two States’ Implementation Projects**

New Jersey and Alaska Tribes have child welfare systems that operate in two very different contexts, with differing histories of child welfare, resources, leadership, organizational culture, geography, structure, and history of managing change. Nonetheless, both were able to effect change through their implementation projects supported by T/TA from ICs and NRCs.

- New Jersey’s implementation project focused on improving the capability of workers to use data to manage and inform practices. The project was facilitated by a strong, data-informed organizational culture, and actively involved senior leadership and participation of middle managers. The IC T/TA was a successful catalyst for improvements in staff skills to manage using data, development of staff into leadership positions, and enhancements to CQI processes.
- Alaska Tribes’ implementation project focused on building relationships between a Tribal partnership and the State’s Office of Children’s Services. Tribal and State project leaders were strong champions and drivers of the project, which produced changes in the inter-organizational climate between Tribal and State child welfare systems. The project resulted in increased trust and openness to true collaboration between the Tribes and the State. Five Tribal pilot communities moved forward with culturally appropriate in-home practice models to increase their abilities to provide in-home services for abused and neglected children and reduce reliance on the placement of children in State foster care.

**Figure 10. T/TA Business Process**



Source: Children’s Bureau, *T/TA Network Standard Business Process Maps and Tools Training Manual*

monitoring team member identified the need. Once needs were identified, States or Tribes requested T/TA through a coordination center, which served as a “matchmaker” for providers and recipients. Once jurisdictions submitted T/TA requests, the coordination center, relevant NRCs, and Federal staff reviewed them. When necessary, NRCs conducted additional assessments prior to developing work plans. The evaluation found that some child welfare agencies perceived the request process to be burdensome and complex, and that there were delays in service delivery after T/TA was requested and approved. These challenges hindered T/TA utilization for some agencies.

**Implications:**

- Providers must balance their need for indepth assessment information with the jurisdictions’ desire for easy access to T/TA.
- Providers can be proactive in reaching out to needier jurisdictions to offer services.
- Providers can be proactive in talking with jurisdictions about what the new and emerging issues are and can direct jurisdictions to the issues and priorities requiring attention, helping to identify where they should engage in planning.

**Assessments and T/TA Planning**

The first step in tailored T/TA was a review of the jurisdiction’s needs and the development of a plan to guide the T/TA. This was a crucial step in the T/TA process, and the time needed to successfully complete the assessment and planning

activities was often underestimated. The ability of staff in the jurisdiction to engage with providers and be active participants in the change initiative was critical for T/TA to be effective and for achieving capacity building and systems change.

When deciding on interventions to address the jurisdiction’s problem, providers’ successful strategies focused on the use of evidence-based or evidence-informed practices, and those interventions used in other jurisdictions. Capacity building and positive outcomes in implementation projects were facilitated by careful selection, definition, and tailoring of the intervention to meet the needs of the jurisdiction. In addition, implementation projects that had a clear focus and manageable scope for the designated timeframe were more apt to achieve their project goals.

**Implications:**

- The assessment can be time consuming. Providers need to invest time in assessing a jurisdiction’s system and the jurisdiction’s capacity to engage in T/TA, including both staff availability and skill level.
- Effective T/TA builds on prior work in the jurisdiction.
- Effective T/TA requires engaging stakeholders in the jurisdiction.
- Given that most jurisdictions are engaged in multiple initiatives, providers should gain an understanding from the assessment of how the current initiative aligns with other ongoing efforts.

- Providers can best assist jurisdictions in identifying appropriate interventions by incorporating knowledge from the research literature and best practices underway in other jurisdictions. In the absence of evidence-based practices, providers often had to design and tailor interventions to meet the specific needs of the jurisdiction.
- The scope of a work plan must consider the jurisdiction's capacity and be manageable within the given timeframe.
- Providers can best support implementation when they have a clear conceptualization of the interventions necessary to achieve the desired outcomes.
- Project roles for providers and recipients should be clearly defined and managed.

### Delivering T/TA

Both the NRCs and ICs provided T/TA through general events and supported peer networking and learning communities through listservs, community-of-practice platforms, regular teleconferences, and websites. Child welfare directors consistently wanted to learn about what other jurisdictions were doing, successful and unsuccessful approaches and interventions, and strategies that appeared to be promising.

ICs and NRCs also provided tailored T/TA, which varied in format, duration, topic, and intensity. The study found that States and Tribes were not always prepared to engage in intensive, long-term T/TA efforts, but some sought short-term assistance to move them forward in making improvements to their child welfare systems. Sometimes a jurisdiction needed something as simple as an assessment tool, training on a topic, or data management software. In other jurisdictions, recipients needed support in understanding how data and evaluation could be used to help guide change initiatives and achieve and track outcomes.

In interviews, child welfare directors reported that they typically engaged providers based on their desire to work with the most knowledgeable consultants. External T/TA (services provided by those outside the Children's Bureau T/TA Network) was sometimes seen as advantageous because of the flexibility it offered in both resources and timing.

### Implications:

- Child welfare agencies value opportunities for peer-to-peer consultation, but limited State and Tribal resources for travel can be a barrier to cross-system learning. Providers should identify and create opportunities for jurisdictions to learn from each other as a part of T/TA delivery.
- A comprehensive T/TA delivery system needs to offer short-term services and trainings, as well as long-term intensive support, in order to meet jurisdictions' varied needs and capacities.



- T/TA approaches should be grounded in the best high-quality evidence that supports practices rather than approaches with which consultants are most comfortable.
- T/TA centers should consider using consultants and experts within the jurisdiction to capitalize on the knowledge and familiarity with the jurisdiction's child welfare system, its history, data and the change efforts that have succeeded and failed.
- T/TA can play an important role in helping jurisdictions move through successive implementation stages.
- Recipients may be better able to move their projects more quickly to the initial and full implementation stages if the problem to be addressed is assessed with available data, and if capacity and readiness have been assessed in advance.
- To facilitate capacity building and systems change, providers should consider combining assistance to develop the jurisdiction's practice expertise with assistance that supports their capacity in change management.
- Providers can help serve as guides to the jurisdictions as they implement interventions, but the States and Tribes must be the ones to lead implementation.
- Once implementation is underway, T/TA may be needed to support the jurisdiction's use of data to guide the change initiative and monitor the outcomes, including fidelity to the intervention.
- Sustained change requires sufficient resources for support.

## How T/TA Contributed to Capacity Building and Systems Change

Child welfare directors described the ways in which T/TA was provided that proved to be most useful to organizational and systems change. Their responses fell into four general categories:

- Model and tool development
- Bringing ideas from other States
- Facilitation and coaching
- Sharing expert knowledge and opportunities for peer learning

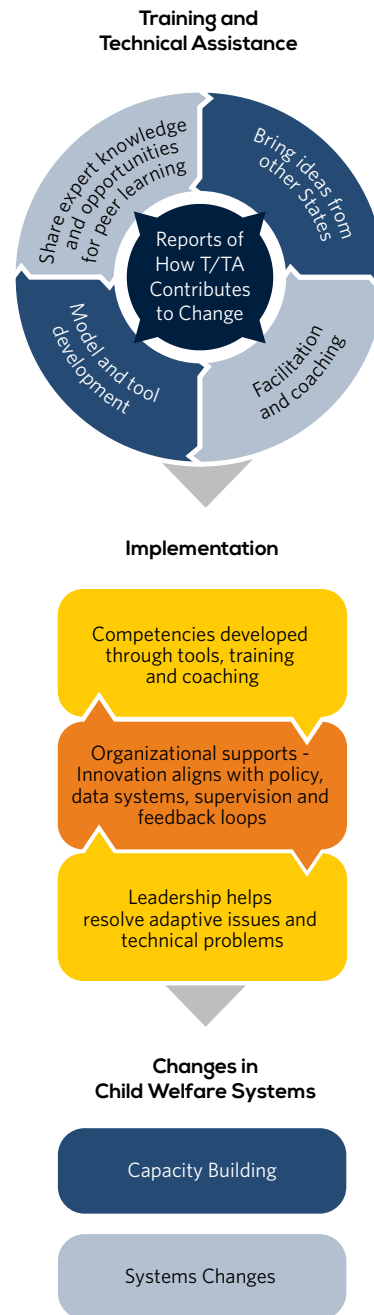
These four areas support a general model for how T/TA was used by jurisdictions to make changes to their systems, as depicted in Figure 11.

### Implications:

- The model proposes that providers can support organizations in achieving capacity building and systems changes by employing a combination of services, including model and tool development, facilitation and coaching, expert knowledge, and peer learning.
- Successful implementation depends on an organization's application and installation of implementation drivers.<sup>14</sup> By strategically leveraging T/TA strategies, providers can assist jurisdictions with understanding the relationship between key drivers and developing and enhancing these necessary competencies, skills, and organizational supports.

Organizations can achieve capacity building and systems changes through the interplay of T/TA services and products, facilitation, expert knowledge, and peer learning, as well as the successful application and installation of implementation drivers.

Figure 11. Model of How T/TA Contributes to Change in Jurisdictions



<sup>14</sup>Implementation drivers are the mechanisms or processes that can be leveraged to improve competencies and create a more hospitable organizational and systems environment for evidence-based programs or practices, or other innovations (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).



## IMPLICATIONS OF THIS EVALUATION FOR FUTURE EVALUATORS OF T/TA

The evaluation methods developed and used to measure the delivery, quality, and effectiveness of T/TA are discussed in this section, along with the implications for future evaluations. The importance of gathering both quantitative and qualitative data and tracking data over time are also explored.

### Evaluation Methods

Evaluators used a mixed-method, longitudinal approach to evaluate NRC and IC services as they developed and matured over the course of the study. Multiple data collection strategies were used to capture quantitative and qualitative data. Some of these data were collected directly by the evaluation team, whereas other data were provided by the centers and their local evaluators (e.g., semiannual reports, data from the T/TA tracking system, final evaluation reports). Throughout the evaluation period, the combination of quantitative and qualitative data allowed evaluators to address complementary evaluation questions and provide in-depth analysis.

A significant amount of quantitative data came from the T/TA tracking system designed specifically for this initiative (see the text box on page 15). The tracking system gave the Children's Bureau and its providers a comprehensive record of service delivery, and it generated reports with descriptive tables, charts, and graphs to assist users with understanding the services delivered to an individual child welfare agency, as well as trends in aggregate service delivery over time.

ICs and NRCs recorded the unduplicated hours of direct contact with recipients when providing tailored services. For the purposes of defining *dosage*, or exposure to tailored T/TA, evaluators counted the hours of contact from the recipient organization's perspective, considering only

the hours that a jurisdiction received from one or more providers. For example, if multiple consultants from a center were simultaneously involved in delivering tailored services for 2 hours to a conference room full of child welfare agency managers, the State was recorded as having received 2 hours of direct contact. The hours of direct contact did not reflect the *level of effort* required by center's staff to deliver tailored services.

Many providers also recorded the level of effort (staff person-hours) that went into providing the *indirect services* that were necessary to prepare for direct, tailored T/TA, such as conducting background research, reviewing documents, preparing resources and tools, and so forth. The hours of providers' indirect activities were not included in evaluators' calculation of the dosage of T/TA received by jurisdictions.

The T/TA tracking system also collected an array of descriptive information about the characteristics of direct service activities, including the types of strategies or approaches used by providers, such as consultation, facilitation, coaching, and training. Providers received detailed instructions and reference guides on data entry and definitions, and quality assurance leads in each center performed routine data quality checks supported by the evaluation team. Evaluators did not assess the degree to which providers operationalized strategies similarly or whether providers consistently adhered to particular models of service delivery.

In addition to analyzing data from the tracking system, the evaluation team collected data through telephone surveys with child welfare directors from all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and 16 Tribes. The survey was administered three times, at 18-month intervals. The evaluation also relied on several other data sources, including a web survey of recipients (six waves were conducted between 2010 and 2013), interviews with IC and NRC project directors and Federal staff, and longitudinal case studies (conducted in jurisdictions implementing change efforts in Alaska, New Jersey, New Mexico, Ohio, and West Virginia).

Although evaluators were successful in their data collection efforts, they did encounter some challenges. The evaluation team had expected to work with local evaluators of the 10 NRCs to identify common outcomes and indicators that could be used across the centers. The evaluation team intended for a common measure or common strategies for assessing outcomes to be used across providers and included in the evaluation. Due to delays in gaining consensus on common outcomes, however, this never came



to fruition. Building on the existing literature in capacity building from community development and public health (Chinman, Wandersman, Ebener, Hunter, et al., 2005; Collins, Phields, & Duncan, 2007; Flaspohler, Wandersman, Stillman, & Maras, 2008; Potter & Brough, 2004), the local NRC evaluators, facilitated by the cross-site team, made considerable progress over the course of the evaluation in identifying the dimensions of the jurisdictions' capacity that were expected to improve as a result of the services provided. These areas included:

- Leadership
- Resources
- Organizational infrastructure, functioning, and operations
- Social and interagency networks
- Critical reflection and evaluation
- Awareness, attitudes, knowledge, and abilities
- Collective identity and connectedness

In addition to challenges in identifying common outcomes and measures of T/TA, the evaluation and its findings were limited by its reliance on data based on perceptions and the relatively short duration of the evaluation in relation to change initiatives that may require significantly longer periods of time to yield the desired outcomes. Each of these issues are discussed in greater detail below.

### **Measuring Perceptions of T/TA Quality and Change**

Evaluators spent a significant amount of time and effort measuring child welfare directors' and recipients' opinions regarding the quality of the services. In addition, the evaluation relied on stakeholders' perceptions of whether T/TA achieved the desired capacity building and systems change outcomes. For example, the evaluation team asked child welfare directors whether the tailored services they received contributed to the jurisdictions' ability to achieve change. Similarly, many of the local NRC and IC evaluators used measures of perceived changes in attitudes or knowledge to measure the impact of their individual centers' T/TA. While measures of quality and perceptions of change are important data points, evaluations of T/TA should begin to use more rigorous and objective measures of whether T/TA achieved its intended outcomes. This will require well-defined T/TA practices and strategies, as well as clear articulation of the short-, intermediate-, and long-term outcomes of T/TA. It also will require the development of appropriate measures that are reliable and valid, as evidenced by the challenges that several local IC evaluators faced in assessing the outcomes achieved by the implementation projects.

### **Logic Models**

Logic models articulate the inputs and outputs necessary for the intervention, as well as the expected outcomes. For each outcome specified on the logic model, data indicators are identified that will show whether change has occurred. Logic models or their accompanying evaluation plans should include measurable data indicators that are expected to change or "move" as a result of the intervention.

The logic model is an evaluation tool that can help identify intended outcomes. An evaluator typically develops a logic model at the beginning of an evaluation. By involving agency and program staff in the development of logic models, evaluators may be able to facilitate stronger evaluations of T/TA while also clarifying how agencies' interventions are expected to impact outcomes. Child welfare agencies are in the best positions to assist evaluators with articulating interventions, specifying the potential outcomes and indicators of change, and identifying any mediating variables that may interfere with the achievement of outcomes. Using a logic model can help an agency to clearly state what it hopes to gain from T/TA and can support the alignment of providers' and agencies' expectations. Logic models that thoughtfully detail T/TA activities, outputs, and outcomes can also facilitate a greater understanding of the level of effort required by both the provider and the agency to achieve their shared goals.

### **Duration of the Evaluation**

Major changes in organizational practices and operations are not usually quick events, but rather they take several years. Long-term changes and their sustainability require long-term evaluation periods. In a number of cases, especially with implementation projects, local IC evaluators found that evaluation periods were not long enough to properly assess whether the desired outcomes, particularly at the child and family-level, were achieved. Furthermore, evaluations that strive to build knowledge for the field about whether jurisdictions are able to sustain change efforts and about how T/TA may be used to support sustainability may require longer evaluation periods. Alternatively, evaluators may need to more carefully select their methods and measures given the evaluation timeframe.

## Implications for Evaluation Design and Methods:

- Evaluators should strive to capture descriptive data about the services currently being provided. Future evaluations will benefit from having descriptive information about the T/TA delivered and its dosage. This evaluation identified concrete methods for quantifying and characterizing units of tailored T/TA to more clearly measure what, how much, to whom, and how services were provided. These data allowed centers and the Children’s Bureau to address whether services addressed jurisdictions’ needs or whether there were gaps.
- Future evaluators and providers should attempt to clearly define and operationalize the T/TA approaches and strategies that will be used across providers. For example, consistent definitions and measures of approaches to coaching or facilitation would allow providers and evaluators to assess fidelity to common strategies and improve consistency across providers.
- Future evaluators should clearly define the outcomes that are expected to improve as a result of T/TA and use common measures or strategies to assess changes in capacity. As postulated by the evaluation team and local NRC evaluators, the types of capacities that may change include leadership; organizational infrastructure, functioning and operations; awareness, attitudes, knowledge, and abilities; resources; social and interagency networks; critical reflection and evaluation; and collective identity and connectedness.
- Future evaluators of T/TA efforts should engage agency and program administrators in articulating the components of the logic model, and the outcomes and indicators that will be used in the evaluation of T/TA. Logic model discussions also can help ensure that providers and recipients have the same expectations about inputs, outputs, and the intended outcomes of T/TA.
- T/TA is an opportunity to build recipients’ evaluation capacity, which may be considered a potential outcome of T/TA services. Evaluators who engage and partner

mix of quantitative and qualitative measures to track an initiative or policy’s impact. Jurisdictions that set up well-planned evaluations will be better able to identify the connections between their child welfare interventions and outcomes for children and families. Sound measures and evaluation of the organization’s outcomes can support providers’ efforts to assess the effectiveness of their T/TA. Building jurisdictions’ evaluation capacity also will support their efforts to use data for decision-making and continuous improvement.

- Evaluators and providers must move beyond measures of satisfaction and perceived impact. This evaluation relied heavily on satisfaction and perceptions regarding the effectiveness and contributions of T/TA to jurisdictions’ capacity and systems change efforts. Future evaluation efforts need to move beyond satisfaction and perceptions toward more objective measures of performance. This will require clear articulation of the intended short-, intermediate-, and long-term outcomes of T/TA, as well as reliable and valid measures.
- Evaluators and providers must build feasible timeframes into evaluations of sustainability. Longer timeframes for evaluations allow evaluators a better opportunity to assess long-term outcomes that are expected to result from implementation of an intervention. Future evaluators who intend to gather empirical evidence regarding achievement and sustainability of long-term outcomes should carefully consider the feasibility of their measurement choices in light of evaluation timeframes.

## CONCLUSION

This evaluation advances what is known about the delivery of T/TA to child welfare agencies, especially as they engage in systems and organizational change. The evaluation also introduces new strategies for measuring T/TA and its effectiveness. Lessons learned, such as the importance of organizational leadership, the duration and intensity of T/TA, and the ability of child welfare systems to sustain organizational change, may assist those studying and delivering T/TA.

This project demonstrates the commitment of the Children’s Bureau to the evaluation of T/TA and to learning from those evaluation efforts to advance future practices. Many of the findings from this evaluation were incorporated into the new structure and delivery system of the Children’s Bureau’s current Capacity Building Collaborative. As with all Children’s Bureau T/TA, this most recent effort was undertaken with the goal of improving safety, permanency, and well-being outcomes for children and families across the Nation.

Evaluation briefs, tip sheets, and other materials from the *Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance* initiative are available on the Children’s Bureau website: <http://www.acf.hhs.gov/programs/cb/capacity/cross-center-evaluation>



## GLOSSARY

### **adaptive leadership**

The practice of mobilizing people to tackle tough challenges and thrive, which conceptualizes leadership as a practice that involves both diagnosis and action (i.e., observing and understanding an organization before making a change). (Heifetz, Linsky, & Grashow, 2009)

### **capacity building**

Building an organization's skills, competencies, and infrastructures, such as the use of data, building a training system or database, supervision, training of trainers, and generally doing what is necessary within the organizational structure to support practices and ensure that the work is done properly.

### **Child Welfare Implementation Center**

A Children's Bureau-funded T/TA provider that delivers services to selected States and Tribes in its region. ICs work with jurisdictions on specific child welfare projects and focus on implementation and sustainability of systems change.

### **coaching**

A critical strategy in the transfer of learning and implementation of change whereby the identified "coach" focuses on developing specific staff skills and assessing competence in consistent implementation. Child welfare jurisdictions are now commonly integrating coaching as part of training, workforce development, and systems change strategies. (Child Welfare Information Gateway, adapted from the National Child Welfare Workforce Institute)

### **cross-site evaluation**

Study that focuses on processes, outputs, and outcomes across all NRCs and ICs funded by the Children's Bureau, rather than center-specific evaluation findings. The evaluation utilized a mixed-method, longitudinal approach to evaluate the ICs and NRCs.

### **evidence-based practices**

Approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well. (*Strengthening Families and Communities: 2011 Resource Guide*)

### **evidence-based programs**

A defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. (*Strengthening Families and Communities: 2011 Resource Guide*)

### **evidence-informed practices**

Practices that use the best available research and practice knowledge to guide program design and implementation. (*Strengthening Families and Communities: 2011 Resource Guide*)

### **external T/TA providers**

Providers that are not part of the Children's Bureau T/TA Network.

### **implementation drivers**

Mechanisms or processes that can be leveraged to improve competencies and create a more hospitable organizational and systems environment for evidence-based programs or practices, or other innovations. (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)

### **implementation project**

An approach to T/TA, conducted by ICs, that provides indepth and long-term consultation and support to States and Tribes in their implementation of multi-year systems change projects.

### **implementation science**

The systematic study of specified activities designed to put into practice activities or programs of known dimensions, which posits that there are multiple stages to and drivers (e.g., mechanisms or processes that drive change) that support implementation. (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)

### **implementation stages**

Common phases that most organizations cycle through when putting a new program or practice in place; the stages are not linear or static. For this project, the stages generally included (1) problem identification, engagement, and visioning; (2) strategic planning; (3) innovation design and installation; (4) initial implementation; and (5) full implementation, maintenance, and institutionalization. (National Implementation Research Network and project materials)

### **leadership**

The ability to set a direction and influence others to follow. Increasingly, child welfare researchers and reformers have focused on the importance of leadership in building and maintaining an effective workforce. Agency administrators and judicial officers can set the tone for the organization and affirm the importance of its workforce through large and small decisions, as well as day-to-day interactions with staff. (Child Welfare Information Gateway)

### **learning communities**

A mechanism for facilitating peer T/TA.

### **logic model**

A map or a simple illustration of what you do, why you do it, what you hope to achieve, and how you will measure achievement. It includes the anticipated outcomes of your services, indicators of those outcomes, and measurement tools to evaluate the outcomes. (Child Welfare Information Gateway)

## **National Child Welfare Resource Centers**

A Children's Bureau-funded T/TA provider that delivers services and expertise to all States and eligible Tribes and territories in the specific child welfare content areas for which they were named: Adoption, Child Protective Services, Data and Technology, In-Home Services, Legal and Judicial Issues, Organizational Improvement, Permanency and Family Connections, Recruitment and Retention of Foster and Adoptive Parents, Tribes, and Youth Development.

### **organizational change**

Change efforts to strengthen the capacity of a child welfare organization to provide targeted and effective services. (Child Welfare Information Gateway)

### **outcomes**

An assessment of the results of a program compared to its intended purpose. (Office of Management and Budget)

### **outputs**

A measure of activity or effort that can be expressed in a quantitative or qualitative manner. (Office of Management and Budget)

### **peer learning or networking**

T/TA or relevant examples and experiences shared by child welfare directors and administrators; may be facilitated by a provider or a learning community.

### **substantial, direct T/TA**

Direct contact with recipients in response to a jurisdiction's request or application for assistance, lasting at least 1 hour in duration (whether provided onsite or offsite, in-person or remotely), and occurring during a single business day or part of a multi-day T/TA activity onsite at the jurisdiction.

## **sustainability**

Efforts to ensure that a program, funding, or organizational supports are available to maintain a certain level of services to children, youth, and families after the original funding that supported the program has ended.

### **systems change**

Changing how an organization approaches its work and how it operates, such as adopting a new approach to meeting client needs, implementing a practice model across the child welfare system, incorporating centralized intake, working to deal with problems of disproportionality, and incorporation of safety and assessment tools into ongoing casework.

### **training/technical assistance**

A means of building capacity by improving the ability of individuals, teams, organizations, networks, or communities to create measureable and sustainable results.

### **general or universal T/TA**

T/TA available to multiple States and Tribes for training, information-sharing, peer networking, or dissemination; may be one time or regularly scheduled events, and may be targeted to a particular group of recipients that share a professional role or an interest in a topic or issue. Examples of general T/TA include webinars, conference presentations, and regional meetings.

### **tailored T/TA**

T/TA designed to meet the needs of a specific State or Tribe; provided in response to a specific T/TA request.



## REFERENCES

Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, 8(1), 94-197.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.

Child Welfare Information Gateway. Glossary. Available at <https://www.childwelfare.gov/glossary/glossarya>

Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services; Child Welfare Information Gateway; FRIENDS National Resource Center for Community-based Child Abuse Prevention; & Center for the Study of Social Policy, Strengthening Families. (2011). *Strengthening families and communities: 2011 resource guide*.

Children's Bureau. (2011, December 6). *T/TA Exploration Workgroup practice model development: Considering best practices that support effective and efficient technical assistance delivery*. Presented at the Children's Bureau Exploration Workgroup Meeting. Silver Spring, MD.

Children's Bureau. *T/TA Network standard business process maps and tools training manual*. Washington, D.C.

Chinman, M., Hannah, G., Wandersman, A., Ebener, P., Hunter, S., Imm, P., & Sheldon, J. (2005). Developing a community science research agenda for building community capacity for effective preventive interventions. *American Journal of Community Psychology*, 35(3/4), 143-157.

Collins, C., Phields, M. E., & Duncan, T. (2007). An agency capacity model to facilitate implementation of evidence-based behavioral interventions by community-based organizations. *Journal of Public Health Management and Practice*, 13(1), S16-S23.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). Available at <http://ctndisseminationlibrary.org/PDF/nirnmonograph.pdf>

Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology*, 41(3), 182-196.

Heifetz, R. A., Linsky, M., & Grashow, A. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Cambridge, MA: Harvard Business Press.

Office of Management and Budget. *Primer on performance and measurement* (revised February 28, 1995). Available at <http://govinfo.library.unt.edu/npr/library/resource/gpraprmr.html>

Potter, C., & Brough, R. (2004). Systemic capacity building: A hierarchy of needs. *Health Policy and Planning*, 19, 336-345.





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