Making Research Work in Child Welfare

Co-Creating a Program Model for Supportive Visitation, a Core Child Welfare Service
Overview
Session Goals

1) Illustrate how implementation science principles can be used at the state and local level to build evidence for a child welfare service model

2) Demonstrate the importance of using a disciplined and intentional teaming structure to move work forward

3) Show the value of logic models and practice models for creating a well-defined practice
Connecting Research and Practice to Make a Difference

CHANGING HOW WE WORK

• Make sure practitioners’ voices are reflected in research efforts
• Build sustained and trusting relationships
• Engage partners who can help generate and make sense of research
• Establish organizational routines that create opportunities for learning and improvement
• Develop the resources and a culture that values different kinds of evidence, including research
DCF’s Operating Areas

New Jersey Department of Children & Families

- Children’s System of Care
- Child Protection & Permanency
- Clinical Services
- Adolescent Services
- Family & Community Partnerships
- Division on Women
How CP&P Serves Children and Families

- Internal Case Practice Model
- External Purchased Services
Federal and State Movement

• Field and funding is moving towards the integration of evidence-based models

• DCF Strategic Plan Priority - continue to transition service array to research and evidence-supported service models using an implementation science framework approach

• DCF’s Office of Strategic Development is charged with modernizing the service array by applying the best available evidence and developing solutions to address the needs of children, youth and families.
CP&P External Purchased Services

• 864 providers in the community that we purchase services from

• Core Services Purchased:
  – Supportive Visitation Services
  – Family Preservation Services
  – Mental Health Treatment
  – Assessment and Evaluation
  – Supportive Housing
  – Substance Use Disorder Treatment
What does DCF contract for?
Types of CP&P Visitation Providers

**Therapeutic Visitation**

“An intensive program which combines family therapy and parent training within a consultative model of service delivery that is both educationally and therapeutically based. Includes parenting instructing pre- and post-visitation”

(Anne Henley, Director, Family Solutions, VA)

**Supervised Visitation**

Contact between parents and their children in out-of-home care while in the presence of a specially trained professional who is actively involved in promoting change in parent/child relationships.
CP&P Policy:
Visitation - NJAC 10:122D-1.1

- (a) “each child...shall have the opportunity to visit with parents, siblings and interested relatives.
- (b) “Visits that are frequent and of long duration are beneficial...and facilitate movement toward achieving...permanency.”
- “…the goal is to hold a visit every week for a period as long in duration as possible.”
**MSA Requirements:**

**Updated Sustainability and Exit Plan.**

| 29. | Parent-Child Visits – weekly: 60% of children in custody with a return home goal will have an in-person visit with their parent(s) or other legally responsible family member at least weekly, excluding those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child. |
| 30. | Parent-Child Visits – bi-weekly: 85% of children in custody will have an in-person visit with their parent(s) or other legally responsible family member at least every other week, excluding those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child. |
Making Research Work
CP&P core service - Visitation

• Challenges
• Opportunity to move towards evidence
• Where do we Begin?
  – DCF Administrative Data
  – Literature/Research
  – Interview/Focus Group
  – Model Selection – what if there is no model?
CP&P: Children served in out-of-home setting (<18 y/o), 2016

Source: DCF Commissioner’s Dashboard

Children served in out-of-home setting (under 18 years old), 2016

<table>
<thead>
<tr>
<th>Month</th>
<th>Children Served</th>
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<tbody>
<tr>
<td>Jan</td>
<td>7024</td>
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<tr>
<td>Feb</td>
<td>7111</td>
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<td>Mar</td>
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<td>Aug</td>
<td>6994</td>
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<tr>
<td>Sep</td>
<td>7024</td>
</tr>
<tr>
<td>Oct</td>
<td>6999</td>
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</table>

New Jersey Department of Children and Families
MSA Requirements: DCF Performance Measure #20

MSA Target 60%: Weekly Visitation (Reunification Only)
Source: CSSP Monitoring Reports

- June 2011: 34% (n=2769)
- June 2012: 42% (n=3427)
- June 2013: 50% (n=3970)
- Dec 2014: 63% (n=3770)
- Dec 2015: 81% (n=2616)
Visitation Performance
Commissioner’s Dashboard – Dec 2016

Parent - Child Visits

- Parent/child Visits Bi-weekly
  Target - 85%
- Parent/child Visits Weekly
  Target - 60%

Literature Review
Why is family time important?

Child Welfare Outcomes:
• Increase the likelihood for reunification
• Reduce placement lengths of stay
• Decrease chance of re-entry

Child Welfare Outcomes:
• Lower levels of anxiety & depression
• Exhibit fewer behavioral problems
• High well-being ratings & adjust well to placement

The visit environment plays a crucial role in supporting positive family interactions. **Home-like and other supportive settings** are preferable.
Weekly visits are the target.
But bonding is still challenging even if targets are achieved.

Once a week is standard practice in most places.

But it’s difficult to bond in only one hour a week.
Policy meets Practice
Focus group with area/local CP&P staff.

• What does visitation decision-making look like within your area?
• How can we improve the process and achieve better outcomes for families?
• What do you need in a visitation program?
Policy meets Practice
Recommendations for visitation from area/local CP&P.

- Safety
- Transportation
- Cancellation/Rescheduling Policy
- Documentation/Communication
- Program Hours
- Case Goal Restrictions
What we learned from the literature and existing practice.

• Family time is critical
• No “off-the-shelf” evidence-based or evidence-supported visitation model available
• CP&P contracts separately for therapeutic and supervised visitation
• Type of visitation a family receives is based on CP&P and court order or service availability

How can we make it better?
A CONTINUUM
Includes assessment that drives visitation level(s) to meet family needs.

Child is Reunified/Discharged from Placement

- Supervised Visitation: Relatives/Community Partners
- Supervised Visitation: Contracted Providers/CP&P
- Unsupervised Visitation
- Therapeutic Visitation: Clinical
- No Visitation/Unsafe
Restructured Supportive Visitation Services
DCF’s Vision for Pilot

• Collaborative Assessment, Planning and Re-assessment Processes
• Visitation Continuum & Post-Reunification Supports Under One Program
• In-Home/In-Community Visits
• Flexible hours (evenings, weekends and holidays)
• Transportation
• NJS Documentation
Restructured Supportive Visitation Services
DCF’s Awarded Provider

- Family Connections
  - ReConnections Supportive Visitation Services

- Two Catchment Areas
  - Morris and Sussex Counties
  - Passaic County
FAMILYConnections’ Mission is to engender hope, enhance safety, heal trauma, and strengthen families and communities through innovative counseling, skills-building, training, and prevention.
Family Connections’ ReConnections SVS
Program Components

Assessment and Planning includes:

• Intake
• Pre-Visitation Plan Visits
• Rose Wentz Visitation Matrix
• Visitation Planning Meeting

All of the above is in collaboration with the family, CP&P, relatives, resource families and/or service providers.
Family Connections' ReConnections SVS
Program Components

Visitation services provided along a continuum.

- Reunified
- Unsupervised (Aftercare)
- Relative/Community Partner Supervised
- Supportive Supervised
- Therapeutic Supervised

**Reassessed** at regular intervals to ensure families have least restrictive settings and access to more than one type of visitation.
Model Selection
What if there is no model?

- Building the evidence for this practice
- Applying an implementation science approach to the innovation
Partnersing to Unpack, Capture and Support the SVS Pilot Approach

DCF and Family Connections
Active Implementation

Formula for Success

Effective Practices

Effective Implementation

Enabling Context

Improved Outcomes

1. Teams
SVS Pilot
Teaming for Successful Implementation

Teams

• Are the mechanism to “work” the equation
• Provide an accountable structure to move the development of the program along – it’s where the work gets done
• Facilitate communication and feedback loops from the practice to leadership and policy level
SVS Pilot Implementation Supports
Teaming Structure

- Provided input on area visitation needs
- Program Management Team

- Serves as centralized forum for
- Develops visitation
- Practice model removes barriers for
- Identify Operations/Systems
- Develop quarterly report
- Visitation Evaluation Team

- Define referral and billing processes
- Visitation Model Design Team

- Provides input on process and outcome evaluation
- Visitation Implementation Team

- Communication and feedback loops between CP&P and implementing agency
- New Jersey Department of Children and Families
Active Implementation

Formula for Success

Effective Practices
Effective Implementation
Enabling Context
Improved Outcomes

Teams

What does it look like at the local level?

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Active Implementation

*Formula for Success*

- Effective Practices
- Effective Implementation
- Enabling Context
- Improved Outcomes

1. Teams
2. Intervention Selection
   - 2a. Logic Model
   - 2b. Practice Profile
Effective Practices

What is not “effective practice”?

• Programs that lack clarity around the practice
• Variation in the level of specificity used to describe operations
How do we develop Usable Interventions?

- Step One – Logic Model
  - Roadmap – what you want to accomplish and how you plan on getting there

- Step Two – Develop a Practice Profile
  - A tool for operationalizing a practice/intervention so that staff, supervisors, directors, CEOs, and/or funders have a clear understanding of the work.
  - Provides clear descriptions of the features that must be present to say that the practice/intervention is being used
Logic Models
Help to Clarify

• What you are doing & what results you hope to achieve by doing what we are doing.

• What you are trying to accomplish and how you plan on getting there.

• What the destination is and the road to take.
DCF Logic Model
Components

- Vision
- Target Population
- Resources
- Activities/Outputs
- Intermediate & Long Term Outcomes
**Family Connections ReConnections Supportive Visitation Services**

**DRAFT LOGIC MODEL**

**Vision:** Each child placed by the Division of Child Protection and Permanency (CP&P) in out-of-home placement shall have the opportunity to visit with parents, siblings and interested relatives to maintain and strengthen familial interactions and work toward permanency.

**Name of Initiative:** Family Connections ReConnections Supportive Visitation Services (ReConnections SVS)

**Target Population:** Families involved with CP&P, with children in out of home placement and parents/caregiver is working towards permanency. Cases originate in Passaic, Morris and Sussex counties. This program is ideal for families who have recently been separated and are working towards permanency. Permanency includes reunification, KLG, adoption or live with relatives.


<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>ACTIVITIES/OUTPUTS</th>
<th>MID TERM OUTCOMES</th>
<th>DCF LONG TERM OUTCOMES</th>
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<tbody>
<tr>
<td>Key resources of your program</td>
<td>Tangible things done by program staff that reach participants or targeted people — including frequency, duration, etc.</td>
<td>Effects connected to Activities, Including changes in behavior, practice, decision making, policies or social action</td>
<td>Ultimate impact on social, economic, civic or environmental conditions; these are the last set of outcomes that might be observed</td>
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**Locations**
- Passaic
- Morris
- Sussex
- Within an reasonable distance from above counties

**Funding**
- DCF Fee-for-service model

**Transportation**
- 4 FC vans in each service area (Morris/Sussex and Passaic), 8 vans total to transport children and/or parents to and from visits.

**SYSTEMS COLLABORATION & COORDINATION:**

**CP&P:** Collaborate with CP&P to identify families appropriate for participation in the Supportive Visitation program and continue to work with FC to meet family and program goals.
- Phone calls (varies by case, at minimum monthly but more often as indicated) Phone calls will serve as primary regular contact for CP&P and FC to case conference and review family progress and service needs. If there is an incident/concern during a visit FC staff will contact case worker in addition to progress note; if CP&P staff is aware of risk of concern regarding family they will contact FC staff.
- **Family Team Meetings:** (every 3 months) Facilitated by CP&P with FC representation, if family so chooses. The purpose of this meeting is to team toward permanency goals and service needs.
- **Written collateral:** Letters describing family progress and adherence to visitation plan and service needs. For example, progress report is sent to CP&P for court (every 3 months) or reports sent at the request of the CP&P worker, i.e., reports sent post-overnight visitation.
- Input contact into NJS (weekly, within 5 business days of visits)

**Transportation**
- FC coordinates and can provide assistance with transporting child(ren) and/or parents, as
How do we develop Usable Interventions?
Created Logic Model
What Are They?

Practice Profiles

• Describe the essential functions that allow a model to be teachable, learnable, and doable in community organizations
• Promote consistency across practitioners at the level of actual service delivery
• Consist of measurable and/or observable, behaviorally-based indicators for each essential function

(Metz, Bartley, Blasé, & Fixsen, 2011)
Each Essential Function:
• Identifies “expected” activities
• Identifies “developmental” variation(s) in practice
• Identifies incompatible or undeveloped practices
## Essential Function

**Engaging**

*Establishing and maintaining relationships with family by building rapport through open communication, staff consistency, and involving family, CP&P, resource parents, service providers and additional family members in all aspects of the visitation process*

<table>
<thead>
<tr>
<th>Expected</th>
<th>Developmental</th>
<th>Unsatisfactory</th>
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<tr>
<td>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</td>
<td>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</td>
<td>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</td>
</tr>
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- **Initiates and maintains ongoing phone and in-person contact with family**
  - Introduces self and program, discusses referral source and answers any emergent questions, preferably in a phone call
  - Schedules appointments at time and place that is convenient for the family and confirms visits
  - Communicates in an open, honest, respectful and culturally sensitive manner
  - Discusses roles and responsibilities to ensure that parents understand and follow policy and procedures of the program.

- **Schedules and conducts visits in the least-restrictive setting.**
  - Ensures visits occur in a home-like, welcoming location. Visits at the family’s home are preferred, if safe/suitable
  - Discussion with the family of all options for visit locations during intake, and collaborating with CP&P and client to finalize visit location.
  - The order of priority for visits to occur as follows: Family Home, Relative Home, Resource Home, Community Location, Provider/Partner Agency, or CP&P

- **Ensures a safe environment for parent-child contact**
Next Steps
More work ahead with the SVS Pilot

• Usability Testing of Practice Profile

• Attending to Implementation Drivers

• Focusing on Evaluation
Questions and Conversation
Take Aways!

Infrastructure  Evidence Integration
Learning  Org Culture & Capacity
Relationships
Thank you