

Child Welfare Information Gateway Podcast
Prevention: Effective Program Evaluation TRANSCRIPT

Presenters: Female Narrator; Tom Oates, Child Welfare Information Gateway; Lynne Mason, Kentucky Division of Protection and Permanency; Belina Turner, Kentucky Division of Protection and Permanency

[00:00:00]: [Music Introduction]

FEMALE NARRATOR [00:00:02]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You'll hear about the innovations, emerging trends and success stories across child welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

TOM OATES [00:00:33]: Welcome to the Child Welfare Information Gateway podcast. Tom Oates with you again – thanks so much for taking the time to listen and be part of this special community. A reminder for you, you can subscribe to the Information Gateway podcast on ApplePodcasts, Google Play, Spotify, Stitcher and Soundcloud to make sure you receive each new episode as we release them. We are continuing our series here on prevention and focusing on the work of the Community-Based Child Abuse Prevention grantees – the CBCAP grantees. And today we're looking at evaluating prevention efforts. Now, we're gonna take a look at this across two episodes: one focused on the micro level of evaluating specific programs and one episode looking at the macro level of evaluating prevention across an entire state. So, this episode dives into the micro level.

[00:01:23]: We're focusing on what's going on in Kentucky and specifically with a program receiving CBCAP funds called Community Collaborations for Children. This is an in-home services program operated by the State's Division of Protection and Permanency. Now, as we talk about evaluation to ensure programs are delivering on the intended outcomes – and when it comes to prevention, we're generally talking about the reduction of abuse and neglect cases or the reduction of families coming into contact with the child welfare system. I want you to pay attention to the different levels of evaluation that's laid out by our guests, Lynne Mason and Belina Turner from Kentucky's Division of Protection and Permanency. They've implemented evaluation using data collection from their engagement with families. They're also monitoring data and progress from a statewide and region-wide approach, and they've now embarked on applying all of this within a Continuous Quality Improvement approach. Well, we start the conversation with Lynne Mason describing the Community Collaborations for Children program and the services they're providing families.

[00:02:29]: So, Belina and Lynne, let's just first start off talking about the Community Collaborations for Children that's going on in Kentucky and give me a little bit of the background, here, on this. It's an in-home services program, so talk to me about the target audience and how you're really receiving this audience, how are those referrals coming to you?

LYNNE MASON [00:02:50]: Okay. Here in Kentucky, we utilize an in-home services program and it's called Community Collaborations for Children, as you mentioned. That is funded by the CBCAP grant that we were awarded and here in Kentucky, we serve families statewide. So, in every county, every region across the state, we provide in home services to families. We receive our referrals as a result of community partners, self-referrals - you know, individuals that just may hear about our program and need services - family friends, the child welfare agency. The only referrals that we actually receive from the child welfare agency are those that do not have any substantiated findings for abuse or neglect. Our services are free, as I mentioned before, they're available to any family that feels like they need further assistance.

TOM OATES [00:03:54]: Alright, so, Lynne, explain to me then, you know, what exactly are you providing the families that you're reaching out to.

LYNNE MASON [00:04:00]: Well, here in the State of Kentucky, we provide a nurturing parenting curricula to our families. It's an evidence-based curricula where we provide services to the family for 8-12 weeks in their home. It's as an effort to prevent any barriers, you know, related to transportation, scheduling conflicts and you know, it really gives us an opportunity to work with the family one on one without them having to go anywhere else. We work on housing, we work on budgeting, we work on, you know, if they have issues related to communication, you know, regarding maybe their child's school, we help them with that. We help them with school involvement, we connect them to, you know, mental health agencies. We really try to work with the family to prevent, you know, any barriers or any risks that may be, that may exist in the family to prevent, you know, any future high-risk issues that would result in abuse and neglect of the children in the home.

TOM OATES [00:05:16]: So, with that, and it sounds like there's obviously a diverse amount of either, you know, resources or, you know, kind of topics that you're working with families on. So, with that, you know, kind of diverse array to kind of say how you engage the families, I'm curious now as we start to dive into the evaluation, what are the tools and the assessments that you're using to then collect data?

BELINA TURNER [00:05:38]: Okay, we utilize what's called the NCFS G tool, which is the North Carolina Family Assessment Skill tool and there are actually ten domains that we look at in that tool. A few of those domains include the environment of that family, parental capabilities, family safety, child well-being, among others. And with that tool, they evaluate, you know, there's a scale, either there's a, the family has identified inadequate, you know for environment, if they assess that family and determine if they have a serious problem related to housing or, you know, concerned with their housing or maybe they have lack of housing and they have a serious problem, then they want to try to help that family to either move up to the next scale of adequate or that, you know, eventually they have a clear strength, for instance if they don't have housing, we want to assist them with obtaining appropriate housing. Or if they have housing that is unsafe for the children, then we want to help them to have a home that is safe for their children.

[00:06:54]: In addition to that, we do, with the NCFS G, we do a pretest. So, when we first start our services with the family, we do a pretest just to see where the family is. And at the end of our services with the family, we do a post-test, just to see if they have improved in those domains. For instance, if child wellbeing was an issue and it was a serious problem, we want to make sure that that is no longer an issue related to that family. Another assessment that we use is the Ages and Stages Questionnaire 3 and the Ages and Stages Questionnaire Social and Emotional and these are used, the worker actually completes these assessments with the family to determine if any child under the age of five has any developmental delays and if children are identified to have any developmental delays, then they either refer them to services - which they should be doing all the time, referring them to services, for instance, Head Start, preschool are some of the services that we have here in Kentucky - as well as that ASQ workbook has worksheets in it for the worker to do with the family to enhance those skills with the child to work on their developmental delay.

[00:08:21]: So, those are some of the assessments that we use. As I mentioned, we use, the parenting curriculum that we use in the Nurturing Parenting curricula. In the past, we had three other parenting curricula that we used, but we realized that there wasn't consistency with that, especially when, you know, we're covering the entire state, and the Nurturing Parenting curricula seems to work more

effectively with the families that we serve. And with that curricula, we also do a pre and post-test, as well, so we do a pretest with the family just to kind of see where they are and then when we complete our services within eight to twelve weeks, we do a post-test. And if they are still, you know, on any of these - especially the NCFS G and the Nurturing Parenting - if they are not showing significant improvement, then that gives us an opportunity to continue services with that family. So, typically, we serve families for eight to twelve weeks, however, we do have some families that require longer than that time and we don't just limit them to that, you know, specific timeframe.

TOM OATES [00:09:30]: So, with all of that data that you're able to collect, you know, and also the testing that you're able to do with each individual family, you know, now I'm curious to how does the state take a look at this and how does this information then either get shared, get used and to get implemented to make sure that the programs themselves are not only benefitting the individual families, but then you can learn from them for that continuous quality improvement.

[00:09:54]: So, when we talked before we recorded, we went over this various tiers of evaluation, this kind of three tiers of evaluation and dealing with a database, about the in home services database and at a peer exchange level, where you're starting to get people of like minded and like professions to start to turn around and say how do we execute that CQI. And then, you know, looking at this from a state or a region-wide kind of tool to then monitor, hey, how are we doing as a region or how are we doing as a state. So, let me pull back to the in-home services database about, you know, what's collected and measured in the database, because you're getting so much diverse information out of the assessments.

LYNNE MASON [00:10:38]: Well, actually, the database - first of all, let me say that in Kentucky, we have found that it's pretty difficult to evaluate prevention because with CBCAP, the goal is to prevent initial abuse in any child. So, that means that you don't, I mean, that's the general population. So, if you, what are you gonna compare that to? So, that's a bit of an issue. So, what we've tried to do is, I've been doing this for 22 years in Kentucky, so, through the years we have enhanced and changed and revised the database to hopefully be more effective in what we've collected and how we collect it and making it easier for workers, giving us more information.

[00:11:21]: So, some of the things, we collect all the information we can about a family, like the composition of the family. Are there two parents? Is it a grandparent raising the child, an aunt, who is actually living with that child? The age of the children, sometimes the age of the parents or the caretaker because we all know if you have a grandparent who's 80 and they're raising a 14 year-old, there are issues that are different than if you have a 30 year old mother and father. Because, grandparents, you know, it's been a long time since they've had teenagers in their, in their home. So, that's one of the things, those are some of the things. It's all about the demographics of that family.

[00:12:02]: In addition, we collect the NCFS G scores in the database, the NCFS that Belina was talking about, we collect those scores. And, one of the things that I think we need to make sure that everyone knows, I don't know if everyone is familiar with that particular tool, but one of the things that is beneficial, it's not, though it is somewhat subjective, there are very specific definitions of each of the subsets under the domains. So, for example, under housing stability, if you have a serious problem - they're threatened with eviction, they can't pay their rent, they don't have housing at all, or they're living in a car or they're living with a friend or they're house jumping because they're living different places.

[00:12:47]: So, that is a very big definition, that tells you exactly what that looks like so that if I entered that, I can say okay, my family is threatened with eviction, Belina can say mine doesn't meet mortgage, and so, we're both rating that family the same way. So, in terms of consistency, you pretty much know where a family stands on that tools. So, that's a really important thing, too, because it gives us better and more genuine information. We also, because our goal is to, if any child, the ASQ 3, that's the social, emotional assessments, the developmental assessments, we want that for all children five and under, that's the criteria.

[00:13:35]: And sometimes, it's a tool that's done with the parents, so sometimes it takes a little longer for that to get into the system than others, but, we wanted to make sure that as many of those children as possible are tested, are evaluated, tested is the wrong word, they're evaluated for their developmental levels. We also look at the number of children and parents with disabilities, because we know that sometimes either of those groups can cause a family to be more at risk. For example, if you have a family that has never experienced, they're young and they've never experienced a child in a wheelchair, and suddenly, they have a child who is going to have to be in a wheelchair - there are things that they have to know that they may not know they need to know, because that's never happened to them. So, we want to make sure that we are giving them every possible advantage and every possible resource that they can find to take care of those children.

[00:14:31]: And, if the parent has a disability, we wanna do the same thing. Because our goal is to keep children and families together, safe, in their home and that they have the resources they need to survive and to flourish. So, that's, those are some of the things that we are gathering. The other thing is, we have in our databases, also, we have case notes. We have cases for, we have all kinds of information about the family and the case notes are something that can be read and any supervisor or any worker can go back and see, they can refer to that to see where their family was and where they are now, because sometimes you can forget that. So, case notes are a very important tool that's totally different than just numbers and though it is not, you know, it's a little bit more subjective, it still is something that we use quite a lot and supervisors use it, too.

[00:15:27]: The only other thing that we really want to make sure that we're doing is that we are tracking the number of referrals we make, because, the more referrals you make for a family, the more resources they have and the more resources they have, the better they are going to be able to maintain their children's safety and that their home's gonna be adequate. In some of our regions, additional services are very difficult to find. We have some extremely rural regions. We have a couple of counties - we have 120 counties in Kentucky, which is huge numbers of counties - and we have some of our more rural regions, they have maybe two places to work, I mean, there's very little there. And so, a lot of the time, churches may be your referral source, and sometimes they have to get a little creative. So, it's nice to know whether they were referred to an additional service and maybe even where that is, because then that can be shared and everybody can perhaps get a better handle on where a resource is in some of the more rural or distressed counties.

TOM OATES [00:16:34]: Sure. And there's, and you just, really hit it in the last, just saying what you just said towards the end about sharing the data, with so much that gets collected and you're able to look at it, you know, in so many different ways and they can kind of paint a lot of different pictures. So, I'm curious, then, with all of that data, how is it used across the state or even across regions to, not only measure effectiveness, but really to make decisions off that data - is there, kind of a recurring, you know, review or is this done kind of at an ad hoc basis because the data's always available, I'm curious

what the state of the regions do with the data in terms of making their strategic directions moving forward.

LYNNE MASON [00:17:14]: Well, honestly, the first thing that we do, Belina and I receive reports quarterly and we send those to each region so that they can see their own data and they can see other people's data. You can kind of get a handle on what's going on between regions, they can look and see how they're doing and for one thing, it cleans up your data, so that if you look at and you see that you have four workers and two of them have not entered this or that and it seems like they're struggling in an area because that's been pervasive, you can then go in and collect that and your data becomes more legitimate. In addition, it is a way to kind of judge where they stand and where they are in the cases that they have that are active and cases they have that are closed, they can track the numbers.

[00:17:59]: We have them propose a number of cases that they plan to complete in a year, it gives them a tool to make sure that we're on the same page, that they have the same number that we have, you know, that everybody is looking at everything pretty much the same. The other thing is it also has assisted us in changing some of our past parenting curricula because we had seen that some things seemed to be more effective and based on the data, the people, the regions that used a particular curriculum seemed to be having better outcomes. So, we were able to make some decisions about that. The biggest, one of the biggest things, however, is it really does assist you in areas of training because if you can see that there's an area that the whole state seems to be working - for example one of the things that we hear is because there's so many kids now that are on the autism spectrum, it is very difficult to find trainers in that area and so a lot of the regions have not been able to do that.

[00:18:59]: So, Belina and I have been looking for that because we believe that that will improve some of our outcomes for families that have children who have autism, if the workers understand that spectrum better and understand how they can work with those kids and how they can work with those families. So, that's one, training is another thing. It tells us, it tells Belina and I if we need to go and work with a particular region because their data is significantly lacking in a specific area, not just overall, but you know, maybe they're really struggling with one area and sometimes that can be as simple as there are no mental health services that are readily available. The waiting list is long, there may not be anything we can do about that because we don't have the money to, you know, hire new therapists. However, it can give us an idea of why they're struggling and at least we're able to justify for ourselves and for the funding sources that this is why this is happening and we know it and we've made, you know, we've talked to the people who, maybe, can make those changes.

[00:20:05]: So, that's another thing. But, we also have a satisfaction survey that we do with families at the end of the services and that's very beneficial because it kind of gives you a measure of your consumer. Is your consumer satisfied, does your consumer feel like they're getting something out of this? And I think that a lot of places, a lot of databases don't catch that in the same way, because this has a little piece of narrative and then it's got questions and you can add comments. And, it's been real interesting because we get a lot of information on those satisfaction surveys that you don't get on a number database. So, those are some of the ways that we've really been able to use that. And also one other thing it does show sometimes it shows a service array and that's a good thing because we also serve on some of the child welfare subcommittees and since we're part of child welfare, we can certainly report that back and we can say, you know, in these two regions, this seems to be a pervasive problem, and that's a very beneficial thing, I think for everyone, so.

TOM OATES [00:21:08]: It's a huge impact, especially and it's really, really valuable, especially as it kind of led us on to this other part of the evaluation, kind of, spectrum that you're executing in Kentucky of using CQI. A lot of times your findings then help, you know, foster, hey, where do we go from here, how do we improve. But, you guys are trying to use CQI in a different way to, kind of, aid in your program evaluation - would you be able to, kind of, you know, walk through where you guys are starting in kind of using CQI in this way?

LYNNE MASON [00:21:40]: Well, this is real interesting because for years and years when FRIENDS - which is the National Resource Center for CBCAP - when they very first initiated the peer exchange process, we jumped on that with both feet. And through the years - we've done that for probably for 15-18 years - and through the years, we have made so many valuable changes in our service array and in our services and in our database and in our hiring procedures, the whole gambit. It was so helpful. And we noticed in the last few years, it had kind of became tired. It felt like that people, you know, they had done it and it's, you know, it is a reactive kind of fix, so it reacts to things at the end of the year. CQI is more proactive, so that issues and problems can be brought forth at any time during the year. You don't have to wait 'til the meeting in May and then discuss what's happened. I will tell you this - the cabinet, our cabinet for our child welfare system, they are, we've had a CQI process for years and they're kind of reupping it to match it with our, the needs of Families First.

[00:22:51]: And so, we are hoping to be able to be more dancing in tandem in CQI with the cabinet as opposed to just being by ourselves because we were really the only ones who did the peer exchange. But, it is such a switch for us and for our providers that we are, we are still in the, we had hoped to be farther than this, but we're still in the planning stages. We have a CQI core team that is working on the implementation. So, we have three groups of, that are one supervisors' group that's going to receive the issues that come in and begin to work on the, you know, a resolution or possibilities. And then we have one for the, the supervisors, the staff and then we have one for our parents, because we want parents to be able to participate in that.

[00:23:42]: CQI in Kentucky - and I think this is the way it always is - the issues go up and then they come down and you hope when they come back down you have a resolution to at least consider. You know, you may try it and it may not work so then you send it back up. So, it goes up through a system, through a process. So those CQI groups will then send it to Belina and I, and if it was something that was beyond us, we would send it through the child welfare system for it to come back down. So, that's what we're hoping to find as time goes on, but again, we're in the infancy stages of this. And it is such a switch that we're finding it to have caused a lot of confusion. So, we're gonna back up a little bit and try to redefine things for those three groups and see if we can't get started with more success.

TOM OATES [00:24:35]: You know, trying to get the ball rolling in a process like this is a huge effort and hopefully once momentum is set and, you know, you get into a rhythm, it can prove fruitful. So, and the final part of this whole, you know evaluation approach is really kind of looking at it from a state or region-wide and asking the questions and saying, hey, how are we doing as a state or as a region. And so, from when we were talking earlier, you mentioned a monitoring tool, kind of, and I think for me, I look at it as a dashboard, but I'm curious of what the uses are to you to look at, you know, all of this data that is coming across for the various ways you are interacting with families. So, talk to me about the tool that's being implemented.

BELINA TURNER [00:25:19]: Okay. We have a monitoring tool - and actually Lynne and I serve, you know, we are housed with the child welfare agency, so we are housed with the prevention services

branch. And on that branch is an, you know, we have CPC services as well as family preservation services. So, anyways, we through all of those contracts, all of those in-home services are monitored, have contracts in place. And, a monitoring tool is developed every year by the child welfare agency for those contracts just to make sure that, you know, they're complying with services, that they're meeting with the number of families they proposed - because each agency proposes a number of families and then we decide if we are going to accept that or not that they intend to serve. However, those families, you know, they may just complete assessments on those families but we look at those closed, completed cases. I mean, that, for us if you actually work with that family for the eight to twelve weeks, then that is the number of families you have served for the year.

[00:26:33]: The monitoring tool it looks at, it measures effectiveness based upon if the, like I mentioned, the number of families served, if they've completed, you know, the worker is completed the appropriate assessments with the family, the NCFSS G, the ASQ, if they completed the Nurturing Parenting curriculum with the family, if they did those pre and post-tests. In addition, the monitoring specialist conducts a case review. So, you know, he or she will look at the case file, determine if HIPAA forms have been completed, if all of the required forms that you know, we require for our contract are actually in the file signed by the family, if the worker completed home visits because they are supposed to conduct home visits weekly, two to four hours per week with the family - they look at that. And following that monitoring site visit, the monitoring specialist will develop a report and that report will be sent to Lynne and I, as well as the agency and the child welfare agency. And it identifies if there are no deficiencies and the agencies is actually, you know, meeting the requirements of the contract or if they are not.

[00:28:07]: And if there are deficiencies found, then they develop a corrective action plan and it gives that agency the opportunity to work on areas of, you know, that were issues. You know, it may be that the staffing did not receive the appropriate training that year that they were required or they didn't meet the number of families and it could've been because of staffing, you know, that's often an issue in some of our regions more so than others. So, then they have to come up with a plan on how the following year they intend to meet the number of families. So, that's the monitoring tool that we watch.

TOM OATES [00:28:48]: So, how are those agencies reacting to something like this? I mean, could you give me a sense of a before and after about how they were able to, kind of make decisions or is this becoming something that they've gotta really, kind of, you know, use a lot of brain power on?

LYNNE MASON [00:29:02]: Depends on what the deficiencies are. Some deficiencies are things like they were, one of the contract issues is they have to attend the meetings that we host and they had a death in the family and they were unable to attend. Well, the monitor doesn't know why they didn't attend, they just know they didn't attend. And so, that's easy, you write a letter saying this staff member had a death in the family. That's an easy fix. But now, if there are some, you know, missed expenditures - I don't know if that's a word - but expenditures that are not within the guidelines or if you, you know, if you have a staff member that has some big issues, we've had some people in the past that have been less than reputable, perhaps, and somehow, they got hired. Anything like that that can happen, those are a little bigger.

[00:29:53]: And so, then they do have to use a lot of brain power, because what are they gonna do, how are they gonna make amends? You know, if it's money, usually they have to pay it back and if it's staffing, then they have to figure out how are they going to ensure that that staff member will then do, carry out the job properly. So, it depends on, but they will be dinged, that's what they say, dinged - they dinged us - they can be dinged for something as easily, I mean as simple as I didn't attend this meeting,

it's in the contract I have to, they write it up, that simple. So, it all depends, there's a big gambit of that, it depends.

TOM OATES [00:30:33]: So, I'm curious, now, for that perspective after, you know, years of running this and watching the time move forward and adding to new tools - what's that single piece of advice you would give to other program directors out there to ensure effective evaluation?

LYNNE MASON [00:30:52]: Personally, I have a couple. The first one is you've got to be patient. It doesn't happen in a year, you have to make sure everybody is on the same page, including the child welfare system for us, because that's where we're housed. But, you know, it's just, it has to be, everybody has to be patient until you can see that things are where they should be, there's a lot of changes that you have to make, people have to be willing to change, everybody including the staff in the regions. You know, it's really, I think those are the two things that are the biggest, willingness to change and like, in the, as a result of the peer exchange or as a result of the CQI, you have to be able to change if you're gonna make that stuff happen. And, patience, you got to be patient. Belina, probably has a different perspective because she hasn't been here as long, so, I don't know, sometimes that makes a difference, too. What do you think, Belina?

BELINA TURNER [00:31:47]: I agree with that, you know, I think patience and readiness for change, because it's so hard, you know, like Lynne mentioned, we're really trying to, you know, change from the peer exchange process to the CQI process and when folks have, you know, been doing peer exchange for so many years, I mean CQI is, you know, completely different for them. And so, it's going to take some time. I do think that it's really helped us to have, you know we have multiple evaluation methods and that really gives us a clearer picture of the services we're providing the families. You know, we're able to look at our database to see, you know, for instance, if workers are not completing those ASQ screenings for children five and under and the percentage is off, we're able to look at and that was an issue in many of our regions across the state so Lynne and I went and we trained all of our regions on - and you know, what it was, they just were not, they didn't know how to enter the data correctly. And, you know, that's the negative side to a database, you know, sometimes what you enter is not always, you know, representative of the information or the, you know, the data that you collected. So, you know, they just instead of hitting N/A on some of their questions, they were, you know, clicking no and it automatically assumed that they did not complete those evaluations. So, I mean, I think that's important and we use the monitoring tool. I mean, we just have lots of ways, we have our client satisfaction surveys, so that gives us our qualitative data, so not only do we have quantitative data, but we have qualitative data.

LYNNE MASON [00:33:35]: The various evaluation techniques are very beneficial because they give us different data for everything and that's good. It is, so, thank you.

[00:33:47]: Now if you head over to this episode's webpage at www.Childwelfare.gov, we'll point you to some of the tools that Belina and Lynne mentioned, including the North Carolina Family Skills Assessment tool – the NCFSG, along with Ages and Stages Questionnaire 3 and the Nurturing Parenting curricula. Now the other episode focused on evaluation takes a look at how an entire state can evaluate prevention. Now, this can be tricky considering states have different regions with different needs each implementing different programs. And there is no more challenging a state, perhaps, than California - not only for its diversity but that it is also a county-administered child welfare system. That episode is live right now, so I encourage you to take a listen to that one as well. We spoke with Hillary Konrad from

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California's Department of Social Services about the new ways the state is looking at evaluating prevention.

[00:34:40]: So a reminder, if you've got questions about resources, data, best practices, tools for training or information you want to share with families, head on over to www.childwelfare.gov and check out Child Welfare Information Gateway or you can reach out to our Information Support Services team at info@childwelfare.gov. My thanks to Lynne Mason and Belina Turner from Kentucky's Division of Protection and Permanency, and my thanks to you for listening in, subscribing, and joining us here on the Child Welfare Information Gateway podcast. I'm Tom Oates – have a great day!

FEMALE NARRATOR [00:35:18]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at www.childwelfare.gov and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.