



Key Findings & Lessons Learned

Oregon's IV-E Waiver Demonstration Project Evaluating the Relationship Based Visitation & Parent Mentor Programs

*Prepared by:
Center for Improvement of Child & Family Services
Portland State University
January 2016*

Background

The Center for the Improvement of Child and Family Services at Portland State University was contracted by the Oregon Department of Human Services (DHS), Child Welfare Department, to evaluate two programs being implemented through the Title IV-E Waiver Demonstration Project:

1. Relationship-Based Visitation (RBV)
2. Parent Mentoring Program (PMP)

RBV services were offered to families with children ages 0-12 who were in an out-of-home placement. The model provided an intensive parent coaching model, based on the evidence-based Nurturing Parenting Program (NPP, Bavolek, McLaughlin, & Comstock, 1983; See also: www.nurturingparenting.com) and was delivered during parent-child visitation by contracted providers. RBV was implemented in 29 counties within 13 Districts.

The Parent Mentoring Program employed peer mentors to support parents with substance abuse issues whose children are either receiving in-home or out-of-home services through child welfare. Parent Mentors, who were typically parents who were in their own recovery and

who had experience with the child welfare system, utilized a relationship-based, parent-directed approach to working with DHS clients to help them sustain their own recovery and successfully retain or regain custody of their children. Parent Mentoring was provided in 7 counties within 4 Districts.

Study Design

Comprehensive process/implementation evaluations as well as rigorous outcome evaluations were conducted for both service models. In RBV and PM counties, eligible families were randomly assigned to receive either the intervention or DHS services as usual. For RBV, 1751 cases were randomly assigned to receive services and 1887 served as controls. In PM, 784 cases were randomly assigned to the PM group and 489 served as controls.

Key Findings: RBV

1. Implementation of RBV to fidelity proved challenging. Challenges in implementation were documented for both DHS and RBV providers. For DHS, a number of branches struggled to implement screening and referral processes successfully, resulting in a substantial number of randomized cases not being referred

to RBV providers. Engaging families in RBV services was also challenging for a number of reasons, including family issues (substance abuse, incarceration, homelessness), lack of caseworker understanding of, and support for, RBV services, lack of contact information for DHS clients, etc.. RBV providers also varied substantially in their ability to successfully implement the Nurturing Skills curriculum and parent coaching model, and struggled to retain families in services for the intended duration.

2. RBV parents showed promising improvements in terms of parenting outcomes, self-care skills, and social support. Results from interviews and assessments conducted with a non-random sample of RBV and control parents showed significant positive change among RBV parents (relative to controls) across a variety of outcome domains. Compared to controls, RBV participants improved more in terms of: (1) having appropriate expectations for children; (2) avoiding corporal punishment; (3) empathy; (4) appropriate parent-child roles; (5) supporting children's power and independence; (6) behavioral management skills; and (6) self-care skills. RBV parents also improved more than controls in two domains of the Protective Factors Survey: Perceived Social Support and Nurturing skills. Control parents generally stayed the same or worsened slightly worse in all these areas over time.

3. There were no significant differences in most key child welfare outcomes for parents served with RBV compared to controls. Despite the positive effects on parenting and parent well-being, there were few observed outcomes in the child welfare domain. There were no significant differences in the length of time children remained in foster care, the rates of reunification, or the likelihood of child welfare recidivism. In fact, generally children who received RBV services appeared to spend somewhat more time in foster care than did children in the control group.

Key Findings: PMP

1. A number of activities surfaced as key mentoring practices- what mentors do that parents and others identify as making a difference: assertive outreach and frequent contact; give parents a voice; warmth, kindness and connection; information, transportation and accompaniment; advocacy; helping parents understand how systems work; honesty and accountability; be there for parents; and build support networks.

2. The process evaluation and fidelity assessment suggested that the following are important features of the PMP model: parent-directed goal setting and planning; mentors and parents have similar life experiences; mentors' ability to meet in the community and outside regular work hours; protecting parents' privacy; focus on recovery; and support and opportunities for professional development for mentors.

3. Both quantitative and qualitative data indicated that the PMP had a positive impact on a range of short term outcomes such as engagement in recovery related activities, enhanced connections to informal supports and support networks, and positive changes in parent's level of hope, self-efficacy, empowerment and self-regard.

4. There were no significant differences in key child welfare outcomes for children whose parents were assigned to the PMP compared to controls. Analyses compared children in the treatment group with those in the comparison group one and two years post randomization. There were no significant differences in entry into foster care, the length of time children remained in foster care, time to permanency, type of permanency, repeat maltreatment, or re-entry into foster care or re-removal.

Conclusions & Lessons Learned

1. Statewide, large-scale roll-out of a completely new intervention such as RBV proved challenging. In particular, some of the major implementation problems could have been addressed by more gradual implementation of the model. Specific challenges in the statewide roll-out included:

- Communication with DHS staff about the RBV program, which families were eligible, and what the service model looked like, was difficult. Better communication and ongoing training could have helped to improve referral rates and set the stage for more positive collaboration between RBV providers and DHS staff.
- There was substantial variability in the level of implementation fidelity and quality across RBV providers. More intensive up-front and ongoing training was needed to support program implementation.

2. More time was needed to fully develop, pilot, and fine-tune the RBV model. While the RBV program did provide an effective program for addressing parenting concerns, it was not sufficient to reduce the length of time children spent in out of home care. Careful formative evaluation and program development could have identified ways to strengthen the model to more quickly and effectively address length of stay, such as:

- Empowering and training RBV providers to more directly address other safety concerns that may have hindered family reunification.
- Developing a mechanism for better collaboration between RBV and the judicial system might also have helped improve child welfare outcomes.
- Improving the quality of DHS-RBV collaboration through strategies such as co-location of RBV providers at the branch.
- Providing more logistical supports, especially transportation for parents and children.

- Better identification of families who were a “good fit” and likely to benefit from RBV services.

3. Assertive outreach, responsive, mobile mentors and open-ended eligibility helped the PMP to successfully connect with a relatively high proportion of the parents referred to the program.

- Parent Mentors conducted assertive outreach with parents, including stopping by their homes, showing up at court or visits, and sending post cards and letters.
- Parents remained eligible for the program even if they initially declined or failed to engage in services, as long as their child welfare case remained open.
- Mentors were able to meet parents in a variety of settings in the community. In addition, mentors were very accessible to parents, and were frequently able to respond to requests for crisis support within a matter of hours.