ARIZONA FOSTERING READINESS
AND PERMANENCY PROJECT

Usability Testing Final Report

December 3, 2012
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Introduction

This report provides the findings of the Usability Test conducted for the Arizona Department of Economic Security’s (DES) Fostering Readiness and Permanency (FRP) Project by DES FRP staff in partnership with LeCroy & Milligan Associates, Inc. The FRP Project is funded under the Permanency Innovations Initiative (PII) of the Children’s Bureau, within the United States Department of Health and Human Services, Administration for Children and Families. Usability testing is done to stabilize the implementation of an intervention, particularly when the intervention is not evidence-based, and to provide ongoing information about necessary adjustments and improvements to the intervention in the early stages of implementation. This is particularly important when the intention is to conduct a rigorous evaluation of an intervention to assess its effectiveness in achieving desired outcomes.

Overview of the FRP Project

The FRP Project has been described in detail in the FRP Project Implementation Plan submitted to the Children’s Bureau in July 2011. The key characteristic of this project is that it represents a team approach in which efforts are made to prepare a young person for permanency simultaneously with searching for and preparing individuals to serve as permanent connections or to provide permanent homes for the young people. DES contracted with Arizona’s Children Association (AzCA), a licensed child welfare agency, to implement the FRP Project in conjunction with each young person’s DES Child Protective Services Specialist (CPSS). Briefly, the intervention includes three components.

1. One component addresses a young person’s readiness for permanency using an approach called the 3-5-7 Model, which was developed by Darla Henry. The 3-5-7 Model is implemented by an AzCA staff person who is called the Youth Advocate.

2. The second component, which will be implemented simultaneously with the 3-5-7 Model, involves an intensive search and preparation of potential permanent families or connections for the young person using the Family Finding Model, developed by Kevin Campbell. The Family Finding component is implemented by an AzCA staff person who is called the Care Coordinator; the Care Coordinator also serves as the Youth Advocate’s supervisor.

3. The third component is a team approach developed specifically for the FRP Project. In this approach, the Youth Advocate, the Care Coordinator, and the CPSS comprise a Child Advocate and Recruitment Expert (CARE) Team, which meets on an as needed basis and provides guidance and decision making pertaining to achieving permanency for each young person enrolled in the project.
Usability Test Overview
Planning for the Usability Test phase of the FRP Project began in the spring of 2012 with the establishment of a Usability Testing Subcommittee of the FRP Implementation Team. Members of the Usability Testing Subcommittee are listed in Appendix A. In preparation for the test period, meetings of the Usability Testing Subcommittee were held throughout the spring and early summer of 2012 to develop the Usability Test Plan. The plan development process involved selecting the areas of the intervention to be tested, constructing relevant measures, identifying appropriate data sources, and determining the level of performance on the measures required to establish stability of the area being measured. The primary areas selected for Usability Testing include the following:

- **Usability Test 1**: The viability of the collaborative aspect of the CARE Team model;
- **Usability Test 2**: The viability of the Quality Assurance (QA) tools with regard to capturing the information relevant to the Practice Profiles and contractual agreement;
- **Usability Test 3**: The willingness of young people to participate in the project and engage with the Youth Advocate;
- **Usability Test 4**: The viability of the clinical supervision process;
- **Usability Test 5**: The viability of the case mining and other processes for identifying potential permanent people;
- **Usability Test 6**: The viability of the random assignment process for the evaluation; and
- **Usability Test 7**: The viability of the coaching process.

For each area, specific measures were developed, sources of information were identified, and stability standards were established (see Exhibit 7). Data to assess each measure comes from several sources, including:

1. **Quality Assurance (QA) observations of service delivery** (e.g., clinical supervision sessions and CARE Team meetings) conducted in October 2012;
2. **responses to QA Coaching Feedback Surveys** administered online in October 2012;
3. **QA Reviews of Case Records**;
4. **individual interviews conducted with DES and AzCA FRP project staff, coaches, and CPSSs from Cohorts 1 and 2 during the week of October 22, 2012.**

In addition, follow-up observations and interviews were conducted in November 2012 to examine...
the Usability Test areas where the standards had not been achieved and areas that had not been tested during October 2012.

The Usability Testing phase ran from August 1, 2012 to October 31, 2012, to allow sufficient time for the contract with AzCA to be awarded and for staff at AzCA to be hired and trained along with CPS staff. A Usability Testing Interview Report (see Appendix B) included interviews with staff from the first cohort and provided relevant information on project implementation to the FRP Implementation Team and Usability Testing Subcommittee. Necessary adjustments to project implementation were made for the second cohort based on this preliminary report. Areas of the FRP Project that were changed during the course of the Usability Testing phase are discussed in the Performance Improvement section of this report and in Appendix C. A subsequent Usability Test period began on November 5, 2012, addressing areas of concern identified in the initial Usability Test period, as highlighted in this report.

Description of Cohorts 1 and 2
The first cohort for Usability Testing began on August 1, 2012 and included a caseload of 11 young people, nine CPSS, two Care Coordinators, and four Youth Advocates. The second cohort for Usability Testing began September 17, 2012 and included seven young people, six CPSS, one Care Coordinator, and two Youth Advocates.

Profile of Young People
Exhibits 1 through 6 present key characteristics of the 18 young people in Cohorts 1 and 2 who were served during the Usability Test period from August 1, 2012 to October 31, 2012.

Exhibit 1. Age Ranges of Young People in FRP

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-6 Years</td>
<td>17% (3)</td>
<td></td>
</tr>
<tr>
<td>8-9 Years</td>
<td>17% (3)</td>
<td></td>
</tr>
<tr>
<td>13-14 Years</td>
<td>33% (6)</td>
<td></td>
</tr>
<tr>
<td>16-17 Years</td>
<td>33% (6)</td>
<td></td>
</tr>
</tbody>
</table>
Exhibit 2. Gender of Young People in FRP

- Male, 67% (12)
- Female, 33% (6)

Exhibit 3. Race of Young People in FRP

- White: 56% (10)
- Black: 28% (5)
- Mixed Race: 17% (3)

Exhibit 4. Ethnicity of Young People in FRP

- Non-Hispanic, 61% (11)
- Hispanic, 39% (7)
Exhibit 5. Months in Foster Care of Young People in FRP

*6 of these 7 cases were in care for 14 to 15 months.

Exhibit 6. Placement Type of Young People in FRP

- Foster Home, 50% (9)
- Group/Residential Treatment, 50% (9)
Usability Test Metrics

Initially, the Usability Tests outlined in the plan for Arizona’s FRP Project were completed for 16 of the 18 measures within the seven key areas to assess the viability of the model interventions. The initial assessment was done at the end of October 2012. At that time, the standards for 10 of the 16 measures were met, and 6 were not met. Two measures could not be assessed at the end of October 2012 and were completed in November.

During late October and most of November, additional training and instructions were provided to project staff. Subsequent to these efforts, a follow-up assessment was conducted in November 2012 for those measures that could not be tested or did not meet the expected standards during the initial testing period. At the end of November 2012, the standards for 15 of the 18 measures were met, the standard for one measure was partially met, and the standards for two measures concerning coaching were not met. For these last two measures, a reexamination in November was not possible because there were no additional coaching sessions held in November. However, as a result of this feedback the FRP Project Core Team has scheduled a meeting with the coaches and the Federal technical assistance team to improve the coaching process.

Based on the findings of the October and November Usability Test assessments, the Usability Testing Subcommittee believes that the FRP project has successfully completed the Usability-Testing phase and is ready to move forward to the Formative phase. Although not all expected standards were achieved, the majority of interventions are stable and being implemented as intended. Most importantly, all but one of the young people are fully engaged in the project (one young person is on runaway status) and CARE Teams have already found family members or other people who are potential permanent placements or connections for the child.

Exhibit 7 presents a summary of the specific measures assessed for each of the seven Usability Test areas, the findings, and whether the metric was met. A notation of N/A indicates that the metric was process oriented and no performance standards were established. A detailed analysis of the findings for each Usability Test area is presented in the following section of this report. The Performance Improvement section of the report outlines a comprehensive set of completed, ongoing, and future modifications expected to adequately address the barriers cited, particularly for areas where the metrics were not met or were just below the goal.
**Exhibit 7. Summary of Usability Testing Metrics and Findings**

<table>
<thead>
<tr>
<th>Usability Test Area Measures</th>
<th>Findings</th>
<th>Metric Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USABILITY TEST 1: ASSESS THE VIABILITY OF THE COLLABORATIVE ASPECT OF THE CARE TEAM</strong></td>
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<tr>
<td><strong>Measure 1.1:</strong> The average score across items assessing the perceived effectiveness of the collaborative aspect of the CARE team will be 3.5 or higher for each Youth Advocate, Care Coordinator, and CPS Specialist.</td>
<td>The initial finding was that for 19 (86%) of the 22 CARE Team members, the average score across items assessing the collaborative aspect of the CARE Team was 3.5 or higher. The follow-up finding was that for 22 of the 22 CARE Team members, the average score across items assessing the collaborative aspect of the CARE Team was 3.5 or higher.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measure 1.2:</strong> 75% of the relevant items included in the quality of interactions checklist will receive a rating of 3 (indicating an expected level of implementation).</td>
<td>The initial finding was that for 7 (64%) of the 11 CARE Teams, at least 75 percent of the observed items included in the quality of interactions checklist received a rating of 3 from at least one observer. The follow-up finding was that for 10 of the 11 CARE Teams, at least 75 percent of the relevant observed items included in the quality of interactions checklist received a rating of 3 from at least one observer. One CARE Team was cancelled and could not be rescheduled during the month of November.</td>
<td>Yes</td>
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<tr>
<td><strong>Measure 1.3:</strong> The number of CARE team meetings held will be consistent with the young person’s individualized work plan.</td>
<td>The number of CARE team meetings held was consistent with the young person’s work plan for 100 percent of the young people.</td>
<td>Yes</td>
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</tbody>
</table>
| **Measure 1.4:** Assessment of barriers/challenges and facilitators to effective collaboration in the CARE Team. | Key barriers and challenges to effective CARE Team collaboration:  
- Lack of clarity about the roles and responsibilities of the individual CARE Team members (i.e., the Youth Advocate, Care Coordinator, and CPSS) – 9 (41%) interviewees. (NOTE: Addressed through CARE Team Advanced training implemented in November 2012.)  
- Lack of preparation of CPSS for the meeting and lack of follow-up on tasks assigned – 8 (36%) interviewees. (NOTE: Addressed through CARE Team Advanced training implemented in November 2012.)  
- Lack of involvement and support from critical people in the child’s case – 3 (14%) interviewees.  

Key facilitating factors to effective CARE Team collaboration:  
- Early agreement among CARE Team members regarding type and frequency of communication, the importance of communication, and specific timelines for responding to questions or requests – 10 (45%) interviewees.  
- The CARE Team format and guiding principles – 15 (68%) interviewees.  
- The fact that everyone on the team is on board with the project and has the same goal of wanting it to work for the young person – 10 (45%) interviewees.  
- The personalities of the team members – 6 (27%) interviewees.  
- Attendance at training together – 4 (18%) interviewees. | N/A |

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<table>
<thead>
<tr>
<th>Usability Test Area Measures</th>
<th>Findings</th>
<th>Metric Met?</th>
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</thead>
<tbody>
<tr>
<td><strong>USABILITY TEST 2: DETERMINE WHETHER THE QA TOOLS PROVIDE THE FRP PROJECT WITH THE QA INFORMATION NEEDED.</strong></td>
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<tr>
<td><strong>Measure 2.1:</strong> 90% of the Practice Profile specifications regarding the 3-5-7 Model intervention are matched by the information obtained from the QA Tools.</td>
<td>The QA tools were found to be effective in collecting information relevant to 90% or more of the Practice Profile specifications of the 3-5-7 Model intervention.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measure 2.2:</strong> 90% of the Practice Profile specifications regarding the Family Finding intervention are matched by the information from the relevant QA tools.</td>
<td>The QA tools were found to be effective in collecting information relevant to 90% or more of the Practice Profile specifications of the Family Finding intervention.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measure 2.3:</strong> 90% of the Practice Profile specifications regarding the CARE Team intervention are matched by information from the relevant QA tools.</td>
<td>The QA tools were found to be effective in collecting information relevant to 90% or more of the Practice Profile specifications pertaining to the CARE Team functioning.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measure 2.4:</strong> 100% of the requirements specified in the DES contract and the procedures manual is captured by information from the relevant QA tools.</td>
<td>The QA tools were found to be effective in collecting information relevant to 100% of the requirements specified in the DES contract thus far.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>USABILITY TEST 3: DETERMINE IF THE YOUNG PERSON IS WILLING TO INITIALLY MEET WITH THE YOUTH ADVOCATE AND IF THE YOUNG PERSON WILL CONTINUE TO PARTICIPATE AFTER INITIAL MEETINGS WITH THE YOUTH ADVOCATE.</strong></td>
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<tr>
<td><strong>Measure 3.1:</strong> 75% of the young people selected to participate in FRP will agree and attend at least one session with the Youth advocate within 15 days of assignment.</td>
<td>All 18 (100%) young people attended at least one session with the Youth Advocate within 15 days of assignment.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measure 3.2:</strong> 88% of the young people who participate in at least 1 session with the Youth Advocate will attend 2 or more sessions during the period under review.</td>
<td>All 18 (100%) young people participated in multiple sessions with the Youth Advocate.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measure 3.3:</strong> Assessment of resistance from other individuals in the young person’s life to the young person participating in the project.</td>
<td>A few (6) CPSS interviewed experienced some resistance from other individuals in the young person’s life to the young person’s participation in the FRP Project. Resistant individuals included: foster parents, therapists, family members, and a Foster Care Review Board. Most of the concerns were resolved when the CPSS and Youth Advocate provided an explanation of the FRP Project to the individual.</td>
<td>N/A</td>
</tr>
<tr>
<td>Usability Test Area Measures</td>
<td>Findings</td>
<td>Metric Met?</td>
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| **Measure 3.4:** Assessment of external conditions that may be a barrier to the young person participating in the FRP project. | Four CPSS reported external conditions that may be a barrier to the young person’s participation in the FRP Project:  
  - Young person has a mental health condition (1);  
  - Young person believes that they can make all of the connections she needs on her own (1);  
  - Young person comes from an abusive family (1); and  
  - Young person’s runaway status (1). | N/A        |
| **USABILITY TEST 4: DETERMINE THE VIABILITY OF THE CLINICAL SUPERVISION PROCESS FOR THE YOUTH ADVOCATE** |                                                                                                                                                                                                                                                                                                                                     |            |
| **Measure 4.1:** A formal supervisory session will occur at least 1 time each week during the period under review. | Each Youth Advocate had a weekly formal supervisory session with his or her supervising Care Coordinator during the review period.                                                                                                                                                                                                     | Yes        |
| **Measure 4.2:** Each Care Coordinator will achieve a score of 3.5 or higher on a scale assessing the effectiveness of the clinical supervision process in assisting the Youth Advocate in the performance of his or her job. Each Youth Advocate will achieve a score of 3.5 or higher on a scale assessing the effectiveness of the clinical supervision process in assisting the Youth Advocate in the performance of his or her job. | For the *initial assessment*, all three (100%) Care Coordinators achieved an average score of 3.5 or higher on the items assessing effectiveness of supervision. Three (50%) of the six Youth Advocates achieved an average score of 3.5 or higher on the items assessing effectiveness of supervision. For the *follow-up assessment*, five of the six youth advocates achieved an average score of 3.5 or higher on the items assessing effectiveness of supervision. The sixth youth advocate achieved a score of 3.25, which was determined to be sufficient to meet the Usability Test standard. | Yes        |
| **Measure 4.3:** At least 75% of the items on the supervisory checklist will be observed by the QA reviewers during the latest supervision session observed for each Care Coordinator and Youth Advocate pair. | At the *initial assessment*, five (83%) of the six Care Coordinator-Youth Advocate pairs had a supervisory session in which at least 73 percent of the 11 items on the supervisory checklist were addressed during the latest supervisory session. Four pairs had at least 75 percent of the items addressed and one pair had 73 percent. It was determined by the Usability Test Subcommittee that the 73 percent was sufficient to meet the Usability Test standard. For the *follow-up assessment*, all six of the Care Coordinator-Youth Advocate pairs had a supervisory session in which at least 73 percent of the 11 items on the supervisory checklist were addressed. | Yes        |
Measure 4.4: Assessment of barriers and facilitators to the effectiveness of the supervisory process.

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<thead>
<tr>
<th>Usability Test Area Measures</th>
<th>Findings</th>
<th>Metric Met?</th>
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<tbody>
<tr>
<td></td>
<td><strong>Key barriers to effectiveness of supervision:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>• Lack of clarity of roles and responsibilities. The Care Coordinators and Youth Advocates have received the same level of training and experience with the FRP Project and interventions; however in a supervisor/supervisee relationship, one person is theoretically supposed to know more than the other – 8 (89%) interviewees. (NOTE: Addressed in a meeting of FRP AzCA staff in November 2012.)</td>
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<td>• Lack of sufficient supervisory experience of Care Coordinators - 3 (33%) interviewees. (NOTE: Although the expected standards were not met, the FRP will provide additional supervisory training to Care Coordinators.</td>
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<td>• Personality and work style differences between the Care Coordinator and Youth Advocate – 3 (33%) interviewees. (NOTE: Youth advocates interviewed in November indicated improvement in this area over time.)</td>
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<td></td>
<td><strong>Key facilitators to effectiveness of supervision:</strong></td>
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<tr>
<td></td>
<td>• The use of the 3-5-7 Model Readiness Continuum during the supervisory session – 5 (56%) interviewees.</td>
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<td>• A good match between the personality characteristics of the Care Coordinator and Youth Advocate – 3 (33%) interviewees.</td>
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<td></td>
<td>• Weekly formal supervision sessions – 1 (11%) interviewee.</td>
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<tr>
<td>Usability Test Area Measures</td>
<td>Findings</td>
<td>Metric Met?</td>
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</table>
| **USABILITY TEST 5: DETERMINE VIABILITY OF CASE MINING AND OTHER PROCESSES FOR IDENTIFYING POTENTIAL PERMANENT PEOPLE.**                                                                                                               | For the *initial assessment*, the case mining process was not examined because AzCA staff was not fully trained on CHILDS until October 31, 2012. For the *follow-up assessment*, the young people included were those who began the project on November 5, 2012 to ensure that the findings reflect the case mining process that will be implemented going forward. When names identified during case mining were family members, foster families, or extended kin, inclusion of these names on the list of identified people were matched at a rate of 80 percent or higher for paired Care Coordinators. However, Care Coordinators did not uniformly agree on other people to be included in the list, such as former case managers, teachers, and counselors. As a result, when these people were considered, the match did not achieve the 80 percent level. Based on these findings, it was determined that the standard was partially achieved.  
(NOTE: Although this measure was initially considered to be critical to the implementation process, as the project unfolded, both the Family Finding purveyor and the Care Coordinators discovered that it was more time efficient for the Care Coordinators to utilize the knowledge of the young person, foster parents, biological parents, and CPS Specialists as resources for potential connections and then follow-up with case mining to identify additional names and information as necessary. The case mining process was revised to be a secondary rather than primary source of potential connections, which is reflected in the revised Practice Profiles. The lack of “matching” with regard to non-family individuals in the case file is not an impediment to the effective implementation of the FRP Project.) | Partially   |
| **Measure 5.1:** 80% of the names identified in the case mining process by one Care Coordinator will match the names identified by a second Care Coordinator.                                                                 |                                                                                                          |             |
| **Measure 5.2:** At least 10 potential permanent family options or permanent connections will be identified through processes other than case mining.                                                                                                                                  | During the *follow-up assessment*, all three Care Coordinators identified at least 10 potentially permanent family options or connections through processes other than case mining of the young person’s case file. | Yes         |

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Arizona FRP Project, Usability Testing Final Report, 12/3/2012  
14
**Usability Test Area Measures**

<table>
<thead>
<tr>
<th>Measure 5.3: Assessment of barriers and facilitators to identifying people who could possibly be a permanent family or connection for the young person.</th>
<th>Barriers to identifying permanent resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For most of the young people, Care Coordinators have not had a problem finding names of potential connections. The issue is finding current contact information (addresses or telephone numbers) for these potential connections. This process is time consuming and does not always yield successful results.</td>
</tr>
<tr>
<td></td>
<td>• Care Coordinators are concerned that they do not have the appropriate skills or time to find the current addresses and telephone numbers for the large array of names that they have identified.</td>
</tr>
<tr>
<td></td>
<td>• It is difficult for Care Coordinators to balance time needed for discovery activities and contacting potential connections found. (NOTE: Addressed in revision of the Practice Profiles.)</td>
</tr>
<tr>
<td></td>
<td>• When contacts are made, sometimes people do not return the call of Care Coordinators. Care Coordinators are not clear what they should do in this situation.</td>
</tr>
<tr>
<td></td>
<td>• Care Coordinators are unclear about next steps they should take once a potential connection is located and contacted. (NOTE: Addressed during Family Finding training sessions in November/December 2012.)</td>
</tr>
<tr>
<td></td>
<td>Facilitating factors to identifying permanent resources:</td>
</tr>
<tr>
<td></td>
<td>• The CPSS and the young person are the key people for providing information about possible connections for the young person.</td>
</tr>
<tr>
<td></td>
<td>• The discovery process seems to be most successful when one connection is found who is cooperative and provides contact information for other potential connections.</td>
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<tr>
<td></td>
<td>• Seneca search results were helpful for the case of one young person but not for another case.</td>
</tr>
</tbody>
</table>

**USABILITY TEST 6: DETERMINE IF THE RANDOMIZATION PROCESS IS WORKING AS INTENDED**

| Measure 6.1: 100% of CPS Specialists will be assigned as outlined in the randomization protocol. | All CPSSs were assigned to either the treatment or control group through a randomization process. Additionally, 16 additional CPSSs were randomly chosen to replace the CPSSs who were initially selected but left their positions thereafter. | Yes |
| Measure 6.2: 90% of cases will be assigned as outlined in the randomization process. | All cases were assigned to either treatment or control groups in accordance with the randomization process. | Yes |
## Usability Test Area Measures

<table>
<thead>
<tr>
<th>Usability Test Area Measures</th>
<th>Findings</th>
<th>Metric Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USABILITY TEST 7: DETERMINE THE VIABILITY OF THE COACHING PROCESS AND PROCEDURES</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| **Measure 7.1:** Each Care Coordinator will rate a score of 3.5 or higher on a scale measuring the effectiveness of the 3-5-7 Model coaching process. Each Youth Advocate will rate a score of 3.5 or higher on a scale measuring the effectiveness of the 3-5-7 Model coaching process. | - For the *initial assessment*, two of three Care Coordinators and all six Youth Advocates rated the 3-5-7 Model Coaching Process at an average score of 3.5 or higher across the five measures on the Coaching Feedback Survey.  
- For the *initial assessment*, during interviews, eight (89%) of the nine Care Coordinators and Youth Advocates rated the effectiveness of the 3-5-7 Model coaching calls at 3.0 (Sometimes Effective) or higher. Because there was only one measure for the interviews, the Usability Test Subcommittee decided to set the standard at 3.0 instead of 3.5.  
- *No follow-up assessment* was conducted for this measure because there were no coaching sessions during November. However, based on information from the interviews, the FRP project will be implementing considerable changes in the coaching process and will be meeting with the coaches in December to finalize these changes and the coaching plan. The Usability Testing Subcommittee is satisfied that these efforts will stabilize the coaching process. | No          |
| **Measure 7.2:** Assessment of barriers and facilitators to effective coaching relevant to the 3-5-7 Model intervention.                                                                                           | Barriers to effective coaching of the 3-5-7 Model  
- There were not enough coaching sessions or coaching time to get all questions answered and to meet the needs of the Youth Advocates – 5 (56%) interviewees. (NOTE: To be addressed in a meeting with the coaches and Federal training and technical assistance staff in December 2012.)  
- One coach spent too much time talking and did not have time to address the Youth Advocate’s and Care Coordinator’s questions – 5 (56%) interviewees.  
- Too much time was spent reporting what has been done with cases; less time was spent on providing feedback and problem solving – 3 (33%) interviewees.  
- The telephone conference format is difficult, especially when there are a lot of people on the phone – 4 (44%) interviewees. (NOTE: To be addressed during an upcoming meeting in December 2012 with the coaches and Federal training and technical assistance staff.)  
Facilitating factors to effective coaching of the 3-5-7 Model  
- The style of Darla Henry’s coaching calls promotes greater understanding of the 3-5-7 Model – 3 (33%) interviewees. | N/A         |
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<thead>
<tr>
<th>Usability Test Area Measures</th>
<th>Findings</th>
<th>Metric Met?</th>
</tr>
</thead>
</table>
| **Measure 7.3:** Each Care Coordinator will rate an average score of 3.5 or higher on a scale measuring the effectiveness of the Family Finding coaching process. Each Youth Advocate will rate an average score of 3.5 or higher on a scale measuring the effectiveness of the Family Finding coaching process. | - For the *initial assessment*, two of three Care Coordinators and two of five Youth Advocates (one did not respond to the survey) rated the Family Finding coaching process at an average score of 3.5 or higher across the five measures on the Coaching Feedback Survey.  
- For the *initial assessment*, during interviews, eight (89%) of the nine Care Coordinators and Youth Advocates rated the effectiveness of the Family Finding coaching calls at 3.0 (Sometimes Effective) or higher. Because there was only one measure for the interviews, the Usability Test Subcommittee decided to set the standard at 3.0 instead of 3.5.  
- *No follow-up assessment* was conducted for this measure because there were no coaching sessions during November. However, based on information from the interviews, the FRP project will be implementing considerable changes in the coaching process and will be meeting with the coaches in December to finalize these changes and the coaching plan. The Usability Testing Subcommittee is satisfied that these efforts will stabilize the coaching process. | No |

| Measure 7.4: Assessment of barriers and facilitators to effective coaching relevant to the Family Finding intervention. | **Barriers to effectiveness of Family Finding coaching calls:**  
- The style of coaching focuses on turning questions back to the person inquiring, rather than answering the question. Interviewees suggested that this strategy is not helpful in resolving concerns – 2 (22%) interviewees.  
- Too much time was spent reporting what has been done with cases; less time was spent on providing feedback and problem solving – 3 (33%) interviewees.  

**Facilitating factors to effectiveness of Family Finding coaching calls:**  
- The problem-solving focus of calls is helpful – 2 (22%) interviewees.  
- Focusing on specific cases is helpful – 2 (22%) interviewees. | N/A |
Usability Test Metrics Detailed

This section provides detailed findings for measures within each Usability Test Area. Data to assess each measure came from several sources, as noted in the discussion of findings:

- QA Reviews (e.g., observations of clinical supervision sessions and CARE Team meetings) conducted throughout October 2012 by members of the QA Team, which included contractors from LeCroy & Milligan Associates and members of the DES FRP Core Team, as well as follow-up observations conducted in November 2012.
- Responses to QA Coaching Feedback Surveys administered online in October 2012;
- Review of Case Records by the QA Team; and
- Individual interviews conducted with DES and AzCA FRP project staff, coaches, and CPSSs from Cohorts 1 and 2 during the week of October 22, 2012 and follow-up interviews with select staff during the week of November 26, 2012.

Usability Test 1: Assess the Viability of the Collaborative Aspect of the CARE Team

**Measure 1.1:** The average score across items assessing the perceived effectiveness of the collaborative aspect of the CARE team will be 3.5 or higher for each Youth Advocate, Care Coordinator, and CPSS.

This measure was assessed through interviews with the key CARE Team members: Youth Advocates (n=6), Care Coordinators (3), and CPS Specialists (13). At the time of the interviews conducted the week of October 22, CARE Teams had held at least three meetings for all young people in Cohort 1 and one to two meetings for young people in Cohort 2. By the November follow-up interviews, CARE Teams had held an additional one to two meetings for each young person. Initially, the key finding was that for 19 (86%) of the 22 CARE Team members, the average score across items assessing the collaborative aspect of the CARE Team was 3.5 or higher. At follow-up, the average score across items assessing the collaborative aspect of the CARE Team was 3.5 or higher for all 22 CARE Team members (see Exhibit 8). ²

<table>
<thead>
<tr>
<th>Rating Level</th>
<th>Number of Interviewees (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average rating of 5 (Always Effective)</td>
<td>4 (18%)*</td>
</tr>
<tr>
<td>Average rating of 4 (Usually Effective) to 4.9</td>
<td>12 (55%)</td>
</tr>
<tr>
<td>Average rating 3.5 (Sometimes Effective) to 3.9</td>
<td>6 (27%)</td>
</tr>
<tr>
<td>Total</td>
<td>22 (100%)</td>
</tr>
</tbody>
</table>

² All ratings of 5 were given by CPSS.

² The scale used was 1 = Not effective, 2 = Rarely effective, 3 = Sometimes effective, 4 = Mostly effective, 5 = Always effective.

LeCroy & Milligan Associates, Inc.
Arizona FRP Project, Usability Testing Final Report, 12/3/2012
Measure 1.2: 75 percent of the relevant items included in the quality of interactions checklist will receive a rating of 3 (indicating an expected level of implementation).

This measure was assessed using the quality of interactions checklist through observations of the third CARE Team meeting for each of the young people in Cohort 1. This checklist measured level of fidelity of CARE Team meeting implementation to the Practice Profiles. Cohort 2 was not included in this assessment because these CARE Teams had not yet held their third meeting and the Usability Testing Subcommittee felt this assessment would be premature.

The 11 CARE Teams of Cohort 1 were observed by members of the QA Team using the quality of interactions checklist of 34 items. Observers assigned a rating of 1 (unacceptable implementation), 2 (working toward but not yet achieving expected implementation), or 3 (all relevant parties are implementing their roles as expected) to each of the items observed during the meeting (observers indicated N/A or not applicable if the item was not observed during the meeting). When two people conducted the QA observation, the highest rating assigned was used for the Usability Test analysis.

The initial finding was that for 7 (64%) of the 11 CARE Team meetings observed, at least 75 percent of the observed items received a rating of 3 from at least one observer. Two of the four teams that did not meet this metric achieved a score of 3 for more than 50 percent of observed items and the remaining two received a score of 3 for 50 percent or less of observed items. Overall, only two CARE Teams received a rating of 1 or unacceptable implementation for one of the items observed.

After the follow-up observations were conducted in November, 10 of the 11 CARE Teams achieved a score of 3 (from at least one observer) for 75 percent or more of observed items. One CARE Team meeting scheduled for late November was cancelled and rescheduled for December.

Measure 1.3: The number of CARE team meetings held will be consistent with the young person’s individualized work plan.

The number of CARE team meetings held was consistent with the young person’s work plan for all 18 (100%) of the young people. In addition, there were multiple contacts among CARE Team members between meetings. Generally, CARE Team meetings were held at least once a month during the Usability Test period.
Measure 1.4: Assessment of barriers/challenges and facilitators to effective collaboration in the CARE Team

The 22 Care Coordinators, Youth Advocates, and CPSSs interviewed were asked to identify any challenges or barriers to effective CARE Team collaboration and any factors that facilitated effective CARE Team collaboration. The challenges and facilitating factors are presented below.

Key barriers and challenges to effective CARE Team collaboration

- Lack of clarity about the roles and responsibilities of the individual CARE Team members (i.e., the Youth Advocate, Care Coordinator, and CPSS) – 9 (41%) interviewees. There was confusion about what Youth Advocates can and cannot do and particular concern about the decision that the Youth Advocates and Care Coordinators are not allowed to attend Child and Family Team (CFT) Meetings, which many people felt improved the CARE Team collaboration. Interviewees expressed a need for a better understanding of how all of the roles fit together and how that plays out in the CARE Team.
- Lack of preparation of CPSS for the meeting and lack of follow-up on tasks assigned – 8 (36%) interviewees. Interviewees identifying this challenge attributed it primarily to the high caseloads carried by the CPSS.
- Lack of involvement and support from critical people in the child’s case – 3 (14%) interviewees.

Key facilitating factors to effective CARE Team collaboration

- Early agreement among CARE Team members regarding type and frequency of communication, the importance of communication, and specific timelines for responding to questions or requests – 10 (45%) interviewees.
- The CARE Team format and guiding principles – 15 (68%) interviewees. Specific mention was given to the process of assigning a goal or task to be completed before the next meeting to each team member (i.e. accountability), the group determination of how the meeting will proceed, and the process of making sure that everyone has the opportunity to speak at every meeting.
- The fact that everyone on the team is on board with the project and has the same goal of wanting it to work for the young person – 10 (45%) interviewees.
- The personalities of the team members – 6 (27%) interviewees.
- Attending training together – 4 (18%) interviewees.
Conclusions and Possible Revisions

The findings indicate that CARE Team members perceive their CARE Teams as effective with regard to collaboration and that, when observed by independent raters, all but one of the CARE Teams was operating with fidelity to Practice Profile expectations. The one CARE Team that could not be reassessed will be observed in December. The initial and follow-up results demonstrate that the Usability Test requirements for this area have been or will be met and the project is ready to move into the formative phase.

The findings of interviews with CARE Team members indicate that many of the team members view the meeting format and guiding principles and the willingness of the participants to work together and communicate collaboratively as particular strengths. Several areas of concern were also identified and are being addressed through additional training and coaching.

One initial concern identified pertained to a lack of clarity among CARE Team members about the specifics of their roles and responsibilities within the FRP Project and how they fit together. Another concern pertained to a recent decision that Youth Advocates and Care Coordinators could no longer participate in CFT Meetings, which were viewed by all members of the CARE Team as an important source of information about the young person, her or his current status, and family member involvement. In general, CARE Team members were not clear about why this activity was no longer allowed. These areas of concern, along with several others, have been addressed through the CARE Team Advanced Training curriculum, which began in November 2012.

Another key concern pertained to the caseloads of the CPSS and how their workloads affect their ability to function fully as a member of the CARE Team. This concern was expressed by both the CPSS and other CARE Team members. Unfortunately, there is little that can be done to address the workloads of the CPSS except to continue to support them and be as flexible as possible with scheduling and expectations.

Two of the three Care Coordinators also indicated that they would benefit from training in meeting facilitation skills, particularly when the CARE Team meetings become blended perspectives meetings. Opportunities to building meeting facilitation skills will be discussed.

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3 Although some of the CARE Team members had the perception that Youth Advocates and Care Coordinators were no longer allowed to participate in CFT meetings, the actual communication from the CARE Team trainers was that participation in CFT meetings should be restricted to special situations. Training sessions are being used to provide clarification on the CFT meetings and similar issues.
with the trainers/coaches and federal technical assistance teaming during their scheduled meeting in December.
Usability Test 2: Determine Whether the Quality Assurance Tools Provide the FRP Project with the QA Information Needed

All QA tools were tested with the results reviewed by the Usability Testing Subcommittee and revisions were made as necessary. The tools that were tested and revisions made are provided in Appendix D.

Measure 2.1: 90 percent of the Practice Profile specifications regarding the 3-5-7 Model intervention are matched by the information obtained from the QA Tools.

The QA tools were found to be effective in collecting information relevant to 90 percent or more of the Practice Profile specifications for implementation of the 3-5-7 Model intervention.

Measures 2.2: 90 percent of the Practice Profile specification regarding the family finding intervention are matched by the information from the relevant QA tools.

The QA tools were found to be effective in collecting information relevant to 90 percent or more of the Practice Profile specifications regarding implementation of the Family Finding intervention. The one exception to this was the tool used to evaluate the knowledge gained through the Family Finding training. Because the purveyor normally provides training in six separate units, the FRP Core Team, in conjunction with the Children’s Bureau consultants, is attempting to determine how best to evaluate knowledge and skills gained from individual training sessions. In November, a new tool for Session 1 of the Family Finding training has been developed and will be tested in December 2012.

Measure 2.3: 90 percent of the Practice Profile specifications regarding the CARE Team intervention are matched by information from the relevant QA tools.

The QA tools were found to be effective in collecting information relevant to 90 percent or more of the Practice Profile specifications pertaining to the CARE Team functioning. DES is in the process of updating the Practice Profiles to reflect the changes that were made during Usability Testing. Once these changes have been documented, updates to the quality assurance tools will aligned with the revised Practice Profiles.
Measure 2.4: 100 percent of the requirements specified in the DES contract and the procedures manual is captured by information from the relevant QA tools.

The QA tools were found to be effective in collecting information relevant to 100 percent of the requirements specified in the DES contract thus far. DES has recently finalized specific guidelines for staff qualifications and staff hiring and the QA tool will be expanded to address the new requirements.

Conclusions and Possible Revisions

Usability Test findings indicate that the area of QA tools is stabilized and that the project is ready to move to the formative implementation phase with regard to QA. The one tool that was determined through Usability Testing as not stabilized is the training assessment for Family Finding. The difficulty in developing this tool is that Family Finding provides six training sessions over a six-month period that focus on different aspects of the model during each session. Furthermore, the purveyor had not established clear measurable specifications of the skills developed during each session. At present, new tools to assess participants’ knowledge and understanding at the end of Family Finding Sessions 1, 3 and 6 are being developed to better capture changes with training over time, based on the revision of the Practice Profiles.
Usability Test 3: Determine if the Young Person is Willing to Initially Meet with the Youth Advocate and if the Young Person will Continue to Participate after Initial Meetings with the Youth Advocate.

Measure 3.1: 75 percent of the young people selected to participate in the FRP will agree and attend at least one session with the Youth Advocate within 15 days of assignment.

Based on case record reviews, all 18 (100%) young people attended at least one session with the Youth Advocate within 15 days of assignment to FRP.

Measure 3.2: 88 percent of the young people who participate in at least 1 session with the youth advocate will attend 2 or more sessions during the period under review.

Based on case record reviews, all 18 (100%) young people participated in multiple sessions with the Youth Advocate.

Measure 3.3: Assessment of resistance from other individuals in the young person's life to the young person participating in the project.

A few CPSS interviewed reported having experienced some resistance from other individuals in the young person’s life to the young person’s participation in FRP, as exemplified below.

- For three of the young people, the foster parents expressed concern about the young person’s participation in the project. In two cases, the CPSS explained the project to the foster parents and was able to address their concerns and resolve the problem. In one case, a placement change was made resulting in a more appropriate placement and resolution of resistance.

- In another case, the therapist at the young person’s residential treatment facility expressed concern about the 3-5-7 Model and whether that would replicate what the therapist was doing. Both the CPSS and Youth Advocate explained the 3-5-7 Model to the therapist, resolving concerns.

- In another young person’s case, the family was not open to cooperating and expressed concern that the young person’s contact with other family members would be harmful. The CPSS worked with this family to explain how these connections might be beneficial.

- For one young person, the Foster Care Review Board (FCRB) expressed some concern about the young person’s involvement with the program. This was resolved when the CPSS explained the program to the FCRB.
Measure 3.4: Assessment of external conditions that may be a barrier to the young person participating in the project.

A few CPSSs interviewed reported that external conditions may have been a barrier to the young person participating in FRP, as exemplified below.

- For one young person, there were mental health conditions that were seen as a barrier to their effective participation in FRP. The CPSS did not feel this barrier could be resolved.
- One young person no longer wants to be involved with the project because she believes that she can make all of the connections she needs on her own. To resolve this, the CPSS has been talking to her about what the project can do for her, such as helping her locate her siblings.
- For one young person, all family members are abusers and it was difficult to understand how the Family Finding model might work for this young person. This concern was resolved by focusing Family Finding efforts on prior care providers and facility staff members as potential permanent connections, rather than abusive family members.
- One young person is on runaway status; however he actively participated in the program before he went AWOL about mid-October.

Conclusions and Possible Revisions

Usability Test findings indicate that the 18 young people randomly selected for participation in the FRP Project had an initial meeting with their Youth Advocates in a timely manner and continued to be involved with the project and with their Youth Advocates. One young person, although initially engaged in the project, is currently on runaway status. Usability Test findings also indicate that most external resistance to the young person’s participation was resolved by the CPSS, Youth Advocate, and/or Care Coordinator speaking to the person and addressing their concerns. No revisions are proposed for this area.
Usability Test 4: Determine the Viability of the Clinical Supervision Process for the Youth Advocate

In the FRP Project model, the Care Coordinator supervises the Youth Advocate, focusing on the Youth Advocate’s implementation of the 3-5-7 Model intervention as well as clinical and other issues that may arise that are not directly related to the 3-5-7 Model. The Usability Test phase examined the clinical supervision process with regard to frequency and effectiveness in enhancing the Youth Advocate’s performance of his or her job.

**Measure 4.1:** A formal supervisory session will occur at least 1 time each week during the period under review.

Based on interview data, each Youth Advocate has a weekly formal supervisory session with his or her Care Coordinator.

**Measure 4.2:** Each Care Coordinator and Youth Advocate will achieve a score of 3.5 or higher on a scale assessing the effectiveness of the clinical supervision process in assisting the Youth Advocate in the performance of his or her job.

All three (100%) Care Coordinators interviewed rated the effectiveness of the clinical supervision process in assisting Youth Advocates in their job performance at an average score of 3.5 or higher on the relevant items. Additionally, at follow-up, five (83%) of the six Youth Advocates interviewed rated the effectiveness of the clinical supervision process in assisting them in their job performance at an average score of 3.5 or higher. The sixth Youth Advocate achieved a score of 3.25 for the effectiveness of the clinical supervision process, which was determined by the Usability Testing Subcommittee as sufficient to achieve the metric.

**Measure 4.3:** At least 75 percent of the items on the supervisory checklist will be observed by the QA reviewers during the latest supervision session observed for each Care Coordinator-Youth Advocate pair.

Supervisory sessions for the first cohort of two Care Coordinators and four Youth Advocates were observed the week of October 8, 2012, which was approximately 10 weeks after the date of project implementation for Cohort 1. Supervisory sessions for the second cohort of one Care Coordinator and two Youth Advocates were observed during the same week, which was approximately three weeks after the date of project implementation for Cohort 2.

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4 The scale used was 1 = Not effective, 2 = Rarely effective, 3 = Sometimes effective, 4 = Mostly effective, 5 = Always effective.
The Practice Profiles identify 11 key issues that should be addressed in each supervisory session. **The key finding is that for five (83%) of the six Care Coordinator-Youth Advocate pairs, at least 75 percent of the 11 items on the supervisory checklist were addressed during the latest supervisory session.** For one of the Care Coordinator-Youth Advocate pairs, 73 percent of the 11 items were addressed during the latest supervisory session. This score was considered by the Usability Testing Subcommittee as sufficient to meet the required standard.

**Measure 4.4: Assessment of barriers and facilitators to the effectiveness of the supervisory process.**

In the interviews, the three Care Coordinators and six Youth Advocates identified challenges or barriers to the effectiveness of supervision and factors that facilitated effective supervision.

**Key barriers to effectiveness of supervision**

- *Lack of clarity of roles and responsibilities – 8 (89%) interviewees.* The Care Coordinators and Youth Advocates have received the same level of training and experience with the FRP Project and interventions; however in a supervisor/supervisee relationship, one person is theoretically supposed to know more than the other. This was noted to result in some confusion and inconsistent information. **(NOTE: This will be addressed through training and supervision from the AzCA Program Supervisor.)**

- *Lack of sufficient supervisory experience of the Care Coordinator – 3 (33%) interviewees.* **(NOTE: This will be addressed through supervisory training for Care Coordinators in December 2012.)**

- *Personality and work style differences between the Care Coordinator and Youth Advocate – 3 (33%) interviewees.* **(NOTE: These barriers are being addressed through the intervention of the AzCA Program Supervisor.)**

**Key facilitators to effectiveness of supervision**

- *Use of the Readiness Continuum during the supervisory session – 5 (56%) interviewees.*

- *A good match between the personality characteristics of the Care Coordinator and the Youth Advocate – 3 (33%) interviewees.*

- *Weekly formal supervision sessions – 1 (11%) interviewee.*
Conclusions and Possible Revisions

Interview findings indicate that Care Coordinators and Youth Advocates generally described the supervisory relationship as effective. Although some concerns and barriers were identified, overall the Usability Test requirements for the supervisory aspect of the project have been met and the project is ready to move into the formative phase.

One of the key concerns identified during October interviews was that role clarification may be important to improving the supervisory relationship, particularly with regard to helping the Youth Advocates and Care Coordinators navigate the reality of operating as colleagues and learning together about the project and the interventions, while at the same time one of them is expected to supervise the other. This may require more training for Care Coordinators about their supervisory roles. At the time of the follow-up interviews, role clarification has since been addressed by additional training and supervision from the AzCA Program Supervisor. AzCA will also provide the Care Coordinators with additional supervisory training in December.

Also, although several interviewees suggested that the 3-5-7 Model Readiness Continuum was a useful tool for them, they noted that the tool is very lengthy and using the tool for each young person on their case load takes up the full supervision hour. They were concerned that when they have a larger case load, they would not be able to cover the continuum for all the young people. In response to this concern, additional instructions on the most effective and efficient use of this tool were provided during training and coaching in November 2012.

Additional recommendations were mentioned in interviews with AzCA staff and the FRP Project Coaches. All of these areas have been or are in the process of being addressed.

- Require that the Care Coordinators have some supervisory experience.
- Provide support to Care Coordinators in supervising Youth Advocates on non-3-5-7 Model type activities (e.g., are they getting their work done, can they manage their hours effectively, what are barriers to getting work done and managing time, etc.).
- Provide additional training on coaching and coaching experiences for the CARE Team Program Supervisor to help him take a lead in ensuring the fidelity of the interventions.
- Allow for group work/supervision on the 3-5-7 Model Readiness Continuum, with discussion led by the CARE Team Program Supervisor and supplemented by coaching from Darla Henry/Stephanie Wolfe.
Usability Test 5: Determine the Viability of the Case Mining and Other Processes for Identifying Potential Permanent People.

**Measure 5.1.** 80 percent of the names identified in the case mining process by one care coordinator will match the names identified by a second care coordinator.

The case mining process involves an intensive review of both the paper case file and the file in CHILDS, the DES automated management information system for child welfare cases. Because AzCA staff was not fully trained on CHILDS until October 31, the assessment of this measure took place in November 2012.

The cases included in this assessment were young people who began the project on November 5, 2012, to ensure that the findings reflect the case mining process that will be implemented through the remainder of the project. When names identified during case mining were family members, foster families, or extended kin, inclusion of these names on the list of identified people were matched at a rate of 80 percent or higher for paired Care Coordinators. However, Care Coordinators did not uniformly agree on other people to be included in the list, such as former case managers, teachers, and counselors. As a result, when these people were considered, the match did not achieve the 80 percent level. Based on these findings, it was determined that the standard was partially achieved.

Although this measure was initially considered to be critical to the implementation process, as the project unfolded, both the Family Finding purveyor and the Care Coordinators discovered that it was more time efficient for the Care Coordinators to utilize the knowledge of the young person, foster parents, biological parents, and CPS Specialists as resources for potential connections and then follow-up with case mining to identify additional names and information as necessary. The case mining process was revised to be a secondary rather than primary source of potential connections, which is reflected in the revised Practice Profiles. The lack of “matching” with regard to non-family individuals in the case file is not an impediment to the effective implementation of the FRP Project.

**Measure 5.2.** At least 10 potential permanent family options or permanent connections will be identified through processes other than case mining.

This measure was assessed in November for the new cohort of cases to ensure that the process is consistent with the case mining process using CHILDS. All three Care Coordinators were able to identify 10 potential permanent family or connections from a source other than the young person’s case file.
Measure 5.3: Assessment of barriers and facilitators to identifying people who could possibly be a permanent family or connection for the young person.

Interviews with the three Care Coordinators included questions concerning the barriers and facilitators to identifying people who may be potential permanent families or connections for the young people in the program. The responses to these questions are summarized below.

Barriers to identifying permanent resources

- For most of the young people, it has not been a problem to find names of people, but these names often do not have addresses or current telephone numbers. It is extremely time consuming to find telephone numbers and addresses and not always successful.
- When contacts are made, people are not always calling back and it is unclear what Care Coordinators should do in those situations.
- There is a lack of clarity about next steps for Care Coordinators when family members are contacted.
- It is difficult for Care Coordinators to balance the time needed for discovery activities and contacting potential resources.
- Care Coordinators are concerned that they do not have the appropriate skills or time to find the current addresses and telephone numbers of the large array of names that they have identified.

Facilitating factors

- The key people who have been providing information about possible resources for the young person are the CPSS and the young person.
- The process seems to be most successful when one person is found who is cooperative and who provides other contacts and information about how to contact them.
- The Seneca search was helpful in the case of one young person but not for another.

Conclusion and Possible Revisions

Although Care Coordinators had a high level of agreement when the case mining process was used to identify family members, foster parents, and extended kin, there was less agreement as to inclusion of other people as potential resources for a permanent home or connection. Regardless of this finding, the Usability Testing Subcommittee no longer considers the matching of non-familial persons to be critical for effective project implementation. Because the Care Coordinators were able to match names of case mined relatives, foster families, and extended kin, the Usability Test requirements for this area have been met to the extent that they are still relevant.
Usability Test 6: Determine if the Randomization Process is working as Intended

Although the young people included in the Usability Test phase are not part of the evaluation cohort, the randomization process was tested to determine its viability. As of July 27, 2012, 219 CPS Specialists had been randomized with 62 percent assigned to the treatment group and 38 percent assigned to the control group. Overall, randomization was done according to the initial protocols. However, a few challenges arose that required alterations in the protocols. The challenges included staff turnover, cases with siblings, and the inability of some CPSS to attend the FRP pre-service training due to prior commitments. The evaluation liaison on the FRP Core Team has been in ongoing contact with the Federal PII Evaluation Team (Westat) and all decisions regarding alterations in the randomization protocol have been approved by Westat. The revised protocol includes procedures to follow if one of the identified challenges arises.

Measure 6.1. 100 percent of CPS Specialists will be assigned as outlined in the randomization protocols

All CPS Specialists were assigned either to the treatment or control group through a randomization process; 16 CPSS were randomly chosen to replace CPSS who were initially selected but left their positions since the initial selection process. Protocols were developed for assignment of new ongoing CPSS assigned to offices in conjunction with Westat evaluators.

Measure 6.2. 90 percent of cases will be assigned as outlined in the randomization process.

All cases were assigned to either treatment or control groups in accordance with the randomization process. That is, if a case was identified as eligible and the assigned CPSS was assigned to the treatment group, then the case was assigned to the treatment group; if the assigned CPSS was assigned to the control group, the case was assigned to the control group. All other young people who become eligible will be assigned to a treatment or control CPSS based on the caseload size of the CPSS. Again, any alterations to this process have been established in conjunction with the Westat evaluation team.

Conclusion and Possible Revisions

The randomization protocol underwent changes as a result of the Usability Test phase and is now stabilized with all new processes approved by the Westat evaluation team. If revisions are necessary as the project moves forward, they will be done in conjunction with the Westat evaluation team.
Usability Test 7: Determine the Viability of the Coaching Process and Procedures

Information about the coaching process is collected on an ongoing basis through the Coaching Feedback Survey administered online within one business day of each coaching session. Additionally, more specific and in-depth information was collected during individual interviews with the Youth Advocates, Care Coordinators, and CPSSs, and project coaches Darla Henry, Stephanie Wolfe, and Bob Friend.

Measure 7.1: Each Youth Advocate and Care Coordinator will achieve a score of 3.5 or higher on a scale measuring the effectiveness of the 3-5-7 Model coaching process.

Eight (89%) of the nine Care Coordinators and Youth Advocates interviewed rated the overall effectiveness of all 3-5-7 Model coaching calls at 3.0 (Sometimes Effective) or higher. Six (67%) rated the effectiveness at 4.0 (Mostly Effective) or higher. Because only one item in the interview protocol assessed effectiveness of coaching, the standard was shifted to 3.0 from 3.5.

In response to the Coaching Feedback Survey administered after the 3-5-7 Model coaching call on 8/24/12 for Cohort 1 and 10/19/2012 for Cohort 2, two of three Care Coordinators had an average score for the 3-5-7 Model coaching process of 3.5 or higher across the five measures on the survey. Additionally, all six Youth Advocates had an average score for the 3-5-7 Model Coaching process of 3.5 or higher across the five measures on the Coaching Feedback Survey.

No follow-up assessment was conducted for this measure because there were no regular coaching sessions held in November. However, based on feedback from interviews, the FRP project will be implementing considerable changes in the coaching process and will be meeting with the coaches in December to finalize these changes and the coaching plan. The Usability Testing Subcommittee is satisfied that these efforts will stabilize the coaching process.

Measure 7.2: Assessment of barriers and facilitators to effective coaching relevant to the 3-5-7 Model intervention.

Barriers and facilitators to effective coaching on the 3-5-7 Model were identified during interviews with Darla Henry and Stephanie Wolfe, as well as the Care Coordinators and Youth Advocates.

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5 The scale used for interview measures was 1 = Not effective, 2 = Rarely effective, 3 = Sometimes effective, 4 = Mostly effective, 5 = Always effective.
6 The scale used for the Coaching Feedback Survey was 1 = Not at all effective, 2 = Slightly effective, 3 = Somewhat effective, 4 = Mostly effective, 5 = Completely effective.
Advocates. These barriers will be addressed during the FRP meeting with the coaches and the Federal Technical Assistance team in December.

Barriers to effective coaching relevant to the 3-5-7 Model

- There are not enough coaching sessions or coaching time to answer all questions and meet the needs of the Youth Advocates - 5 (56%) interviewees.
- One coach spent too much time talking and not enough time addressing participant questions - 5 (56%) interviewees.
- Too much time is spent reporting on what has been done on cases, rather than problem solving and providing feedback – 3 (33%) interviewees.
- The telephone conference format is difficult, especially when there are a lot of people on the phone – 4 (44%) interviewees.

Facilitating factors to effective coaching relevant to the 3-5-7 Model

- The style of Darla’s coaching calls promotes greater understanding of the 3-5-7 Model - 3 (33%) interviewees.

Measure 7.3: Each Care Coordinator and Youth Advocate will achieve a score of 3.5 or higher on a scale measuring the effectiveness of the Family Finding coaching process.

Eight (89%) of the nine Care Coordinators and Youth Advocates interviewed rated the effectiveness of the Family Finding coaching calls at 3.0 (Sometimes Effective) or higher. Five (56%) rated the effectiveness at 4.0 (Mostly Effective) or higher. One person rated the Family Finding coaching process at a 2 (Rarely Effective). Based on the Coaching Feedback Survey administered after the Family Finding coaching call on 10/12/2012, two of three Care Coordinators and one of five Youth Advocates rated this coaching call at an average score of 3.5 or higher across five measures (one Youth Advocate did not respond to this survey).

No follow-up assessment was conducted for this measure because there were no regular coaching sessions held in November. However, based on feedback from interviews, the FRP project will be implementing considerable changes in the coaching process and will be meeting with the coaches in December to finalize these changes and the coaching plan. The Usability Testing Subcommittee is satisfied that these efforts will stabilize the coaching process.

Measure 7.4: Assessment of barriers and facilitators to effective coaching relevant to the Family Finding intervention.

Information on barriers and facilitators to effective coaching relevant to the Family Finding Model intervention came from interviews with Bob Friend, the Care Coordinators, and Youth Advocates.
Advocates. These barriers will be addressed during the FRP meeting with the coaches and the Federal Technical Assistance team in December.

Barriers to effectiveness of Family Finding coaching calls
- The style of coaching is not helpful to resolving concerns since it focuses on turning questions back to the person who asked the question rather than answering the question – 2 (22%) interviewees.
- Much of the time on the call has been spent reporting on what people are doing with their cases rather than providing/receiving feedback – 3 (33%) interviewees.

Facilitating factors to effectiveness of Family Finding coaching calls
- The problem solving focus is helpful – 2 (22%) interviewees.
- Focusing on specific cases is helpful – 2 (22%) interviewees.

Conclusions and Possible Revisions
Although almost all of the Care Coordinators and Youth Advocates rated the effectiveness of the coaching calls at 3.0 (Sometimes Effective) or higher, information from the interviews and Coaching Feedback Surveys suggests that coaching is an area that may need improvement as the project implementation moves forward. As a result, FRP Project management will meet in December with the coaches and the Federal Technical Assistance providers to address the key concerns regarding coaching.

Some ideas for improvement that were provided by the interviewees are presented below.
- Provide coaching to Cohorts 1 and 2 together as a group instead of separately so that the later cohort can learn from the experiences of the earlier cohort.
- Conduct focused coaching calls just for the Youth Advocates and Care Coordinators for the 3-5-7 Model and just for the Care Coordinators for Family Finding.
- Provide more structure to the calls with specific agendas and topics; perhaps the Youth Advocates and Care Coordinators could develop the agenda together ahead of time.
- Increase the frequency and duration of coaching calls, particularly for the 3-5-7 Model.
Performance Improvement

Key program adjustments were made to improve performance of the FRP Project during the Usability Testing period from August through October 2012. Additional program changes were made in November, and others are scheduled for implementation in December 2012. These changes are the result of issues identified through QA Reviews, the Preliminary Usability Testing interviews, the Usability Test findings, and experiences and perceptions of the FRP Project staff. Appendix C includes a list of program changes noted in Implementation Team and Usability Testing Subcommittee Meeting Minutes from August – October 2012. A comprehensive approach consisting of completed, ongoing and future modifications is expected to adequately address the barriers cited, particularly for areas where the metrics were not met or were just below the goal.

Key Changes Made During Usability Testing, August–October 2012, and November Follow-up

- The CARE Team Introductory Training curriculum was revised to include additional content and emphasis on the roles and functions of the CARE Team Members and expectations for the meetings.
- QA Reviewers initiated Preliminary Feedback Sessions with Care Coordinators and the Program Supervisor following each observation session.
- The 3-5-7 Model Readiness Continuum Tool was implemented (9/26/2012) for Youth Advocates to use for assessment of young persons and review with their Supervisors. The purpose of the Tool is to provide ongoing documentation of the phases, behavioral indicators and relevant activities within the 3-5-7 Model framework.
- Youth Advocates are more involved in the Family Finding process than initially anticipated, working with the young person to identify and contact potential connections through the mobility mapping activity. Practice profiles and other protocols will be adjusted to expand their role.
- Policies and Procedures were adjusted to provide guidance on participants for the CARE Team meetings to focus on the CPSS, Youth Advocate, Care Coordinator and Young Person (as appropriate). Additional participants (such as probation officers, relatives, foster parents, etc.) can be invited for specific discussions but their presence on an ongoing basis may not be appropriate.
- A simplified presentation of the Guiding Principles was developed for review at the CARE Team meetings when young people and other family members are in attendance.
• Changes to the CARE Team Agenda/Work plan were made to increase the focus on tracking of action steps and instilling a sense of urgency to the work that is occurring.

• The Implementation Team established a Work Group to develop staff selection criteria for the Care Coordinators and Youth Advocates to supplement the minimum qualifications guidelines. (NOTE: completed in November)

• Policies and Procedures were adjusted (10/23/2012) to suggest/require that CARE Team Meetings be held weekly to increase frequency of communication among CARE Team members. Some of the meetings will be conference calls to supplement the face-to-face meetings. Additional training was provided on these changes impacting the CARE Team meetings during Family Finding Training Sessions held for all four cohorts of staff during the end of October.

• Clarification of some of the Family Finding activities for Care Coordinators was provided in recent Family Finding ongoing training. For example, Care Coordinators and Youth Advocates are expected to contact potential connections to request information without having to obtain approval from the CARE Team. Clarification was also provided to the Youth Advocates involving requirements for completion of background checks when contact occurs between a young person and a potential supportive connection.

• The Practice Profiles for the Youth Advocate, Care Coordinator, CPS Specialist and CARE Team will be revised to reflect changes in practice.

• The advanced session of CARE Team training was implemented on November 16 for Cohort #1 and will be implemented for the other cohorts in the coming months.

• Policies and procedures were adjusted to help CARE Teams focus on permanency and suggest designating the CPSS to serve as the liaison to the other meetings concerning the young person such as the Child and Family Teams, unless there are compelling circumstances for the Youth Advocate and Care Coordinator to attend.

• The case mining process was revised to be a secondary rather than primary source of names of potential permanent placements or connections. The primary sources of these names were identified as the CPS Specialist, the young person, the foster family, and the young person’s relatives.

• The Family Finding Training addresses planning and facilitating Blended Perspectives Meetings to focus on family members and identifying, assessing and prioritizing potential permanent connections for young persons. These meetings will be in addition to the CARE Team meetings and will be implemented beginning in November-December.
• Presentations by Care Coordinators and Youth Advocates were incorporated into the training sessions for Cohorts #3 and #4 to facilitate the team approach as these groups did not have AzCA staff as participants; this process will be continued in subsequent sessions.

Next Steps for December 2012

• The Quality Assurance standards and measures for the Family Finding Training and Service Delivery will be revised to reflect more accurately the delivery of the training and practice expectations for each of the CARE Team members (Youth Advocate, Care Coordinator and CPSS).

• There will be a revision of the policies regarding attendance for 3-5-7 Model and Family Finding Coaching sessions to focus more on Care Coordinators and Youth Advocates, and less on the CPSS unless a specific case relevant to a particular CPSS is being discussed. This will allow the CPSS to have more options for their time commitments. Specific cases will be identified in advance with background information sent to the coaches prior to the coaching session.

• CARE Team Coaching Calls will be added as a resource.

• Special coaching and consultation sessions on the 3-5-7 Model and Family Finding will be provided on site by Darla Henry and Bob Friend to Care Coordinators and Youth Advocates in December.

• AzCA will provide training on supervision and facilitation to the Care Coordinators.

• AzCA will provide training for Care Coordinators and Youth Advocates on Trauma Informed Care.

• The use of Team Decision Making (TDM) Meetings was reinstituted by the division for permanency, change of placement, and age of majority decision on October 1, 2012. The impact on the FRP Project is unknown at this time; however, further discussion and monitoring will occur to determine if there is any impact on the FRP Project, particularly regarding the use of CARE Team Meetings.
Appendices

Appendix A: Usability Testing Subcommittee
Appendix B: Usability Testing Interviews Preliminary Report, 9/14/2012
Appendix C: Program Implementation Changes Made during Usability Testing
Appendix D: FRP Quality Assurance (QA) Instrument Revision Status Report
Appendix A: Usability Testing Subcommittee

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ARIZONA FOSTERING READINESS AND PERMANENCY PROJECT

Usability Testing Interviews Preliminary Report

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September 14, 2012

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Introduction

Interviews were conducted with 16 individuals representing 100 percent of the first cohort of the Usability Testing Phase and the FRP Coaches: 2 Care Coordinators, 4 Youth Advocates, 7 CPS Specialists, the Arizona’s Children Association (AzCA) CARE Team program supervisor, and the 2 Coaches (Darla Henry and Bob Friend). The interviews took place on September 10 and 11, 2012. Interviews with the Care Coordinators, Youth Advocates, and Project Supervisor were conducted in person by two staff from LeCroy & Milligan Associates; interviews with the CPS Specialists and coaches were conducted over the telephone by two additional LeCroy & Milligan Associates staff. All interviewers have a working knowledge of the FRP project and received training on conducting the interview protocols.

The interviews were intended to gather preliminary information about Usability Test areas to inform possible changes in program implementation that may be needed prior to the start of the second cohort of young people on September 17. These interviews were conducted slightly less than 6 weeks after the onset of the Usability Test phase. All program staff involved in cohorts 1 and 2 will be interviewed in person in late October 2012 to gather the final Usability Test data. Coaches will also be interviewed by telephone at that time.

This report provides the findings of the preliminary interviews for relevant Usability Test Areas.

Findings

USABILITY TEST 1: ASSESS THE VIABILITY OF THE COLLABORATIVE ASPECT OF THE CARE TEAM

At the time of the interviews, all CARE Teams had held at least one CARE Team meeting, with one CARE Team having held two meetings. For most of the CARE Teams, the second meeting was scheduled to occur within a few days after the interview took place.

The interview information relevant to Usability Test 1 included the following:

- The score on a scale of items assessing the perceived effectiveness of the CARE Team’s ability to work together - specifically, the Youth Advocate, Care Coordinator, and CPS Specialist. The scale ranged from Not Effective (1) to Always Effective (5).
- An assessment of barriers and facilitators to effective collaboration.
Additional information relevant to Usability Test 1 is being collected on an ongoing basis through Quality Assurance Reviews, such as observations of CARE Team meetings. This information is provided to the FRP Core Team shortly after each observation and will be incorporated in the final Usability Test report.

**Interview Findings (N = 13 interviewees)**

One criterion for successful performance with regard to Usability Test 1 was that the **average score (mean) across five items pertaining to the effectiveness of the CARE Team collaboration must be 3.5 or higher for each interviewee.** This analysis included only the responses from the Youth Advocates, Care Coordinators, and CPS Specialists. Twelve (92%) of the 13 interviewees achieved this criterion. The one person with an average rating of 3.0 attributed this rating to the “newness” of everything and the lack of clarity about exactly how they were to develop the work plan during the first meeting. The specific findings were as follows:

- Rating of 5 (Always Effective) - 5 (38%) interviewees;
- Rating equal to or greater than 4 (Usually Effective) but less than 5.0 - 5 (38%) interviewees;
- Rating equal to or greater than 3.5 (Sometimes Effective) but less than 4.0 - 2 (15%) interviewees;
- Rating of 3.0 (Sometimes Effective) - 1 (8%) interviewee;
- Average rating across Youth Advocates and Care Coordinators: 4.12; and
- Average rating across CPS Specialists: 4.75.

**Key barriers to effective collaboration among CARE Team members.**

- **Insufficient frequency of communication among CARE Team participants in between meetings (6 interviewees).** The general concern expressed with regard to this barrier is that a lot goes on with the young person between CARE Team meetings and a lot of questions arise in response; however, not all questions are getting answered quickly and information is not always being shared quickly. This was seen as a hindrance to moving things forward with the child.

- **The workload carried by the CPS Specialists (6 interviewees).** Although none of the CPS Specialists interviewed identified this as a barrier, all Youth Advocates and Care Coordinators expressed the view that the magnitude of the CPS Specialists’ caseloads and workloads was a barrier to effective collaboration. However, this was not noted as a criticism of the CPS Specialists but rather as something to be considered when scheduling meetings, determining the length of meetings, assigning responsibilities to CARE Team members, and needing information from the CPS Specialist.
• The “newness” of the CARE Team approach and “uncertainty” about roles and responsibilities (6 interviewees). Interviewees noted that there was a lack of clarity about what everyone was supposed to be doing both during CARE Team meetings and in between meetings. Common questions included: How exactly are they to develop the work plan? What are the roles of all additional people invited to meetings and how much time should be spent at meetings explaining the FRP program to new people? What are the responsibilities of different members of the CARE Team both within and outside the meetings?

• The difference in perspectives on how to work with the young person between staff implementing the 3-5-7 Model and the CSP Specialists (4 interviewees). This concern was raised by Youth Advocates who indicated that the principles and practices of the 3-5-7 Model were not always consistent with traditional child welfare principles and practices.

• No barriers (3 interviewees). Three CPS Specialists noted that there were no barriers to the effectiveness of the CARE Team collaboration.

**Key facilitating factors to effective collaboration among CARE Team members.**

• The quality of communication (10 interviewees). Although the infrequency of communication was seen as one barrier to effectiveness, the general quality of communication and the willingness of all parties to keep everyone informed about what was going on with the child was described as a facilitating factor. Interviewees noted the “openness” of communication, the value of face-to-face meetings, the many e-mails sent to ensure that the Youth Advocates and/or CPS Specialists updated one another on the status of the young person on an ongoing basis, and the participation of the Youth Advocates and Care Coordinators in CFT meetings.

• The shared view and goal of the team members (9 interviewees). Interviewees said that the collaborative aspect of the CARE Team was effective because the participants viewed themselves as a team, had the same goals, and were committed to focusing on what was best for the child.

• The fact that everyone was trained together and knew one another by the time they got to the CARE Team (3 interviewees).

• The structured format of the CARE Team meetings (3 interviewees). Interviewees suggested that the effectiveness of the CARE Team was facilitated by the structured agenda for the meeting requiring that the discussions be consistent with the guiding principles and that everyone have input.
Discussion and Recommendations

Interview findings suggest that the collaborative aspect of the CARE Team is effective and that the CARE Team component of the project is becoming stabilized, despite the earliness of implementation. The one interviewee who did not meet the score criteria for perceived effectiveness of the CARE Team explained her rating as resulting from the “newness” of the CARE Team experience. Interview data indicate that participants of the CARE Teams view themselves as a team and as having responsibilities to one another and to serving the best interests of the child. They noted that participants in each CARE Team make every effort to communicate openly and have developed strategies for between meeting communications, although at the time of the interview, these were not as effective as anticipated. While concerns were expressed about communication and the challenges with regard to clarity of roles and responsibilities, interviewees tended to perceive these problems as a function of the newness of the process and anticipated that they would be alleviated as everyone became more familiar with the CARE Team model.

The key recommendations from interviewees for improving the effectiveness of the collaborative aspect of the CARE Team included the following:

- Establish clearer guidelines for the CARE Team meeting with regard to how additional people are incorporated and what their input is expected to be for the work plan. One recommendation was that the first CARE Team meeting should include just the core group of Youth Advocate, Care Coordinator, CPS Specialist, and young person, if relevant.
- Reinforce the guiding principles with regard to the work of 3-5-7 Model and Family Finding so that everyone is on the same page when developing the work plan for the child and understands the perspectives of the Youth Advocate and Care Coordinator who are leading implementation of the 3-5-7 Model.
- Have routine conference calls between CARE Team meetings or more face-to-face meetings so that everyone can be updated and decisions can be made without having to wait for the next CARE Team meeting.
- Address technical issues, such as having cell phones for CPS Specialists, a conference line access for CARE Teams so family members can call in, and a process for the Youth Advocate to enter a case note in the case whenever she/he has contact with the young person.
USABILITY TEST 3: DETERMINE IF THE YOUNG PERSON IS WILLING TO INITIALLY MEET WITH THE YOUTH ADVOCATE AND IF THE YOUNG PERSON WILL CONTINUE TO PARTICIPATE AFTER INITIAL MEETINGS WITH THE YOUTH ADVOCATE.

At the time of the interviews, all of the young people were actively participating in working with their assigned Youth Advocate and had already been seen by the Youth Advocate multiple times. Although one youth is a frequent runaway, he has continued to participate in meetings with the Youth Advocate when he is not AWOL. The Youth Advocates indicated that there were no problems in getting the young people to agree to meetings at least once a week. Consequently, the criteria regarding the young people’s participation with the youth advocate have been met for the first cohort.

Interview Findings (N= 7 interviewees)
Usability Test 3 also involves an assessment of resistance from other individuals in the young person’s life to the young person participating in the project. The CPS Specialists reported experiencing this type of resistance for only 3 of the 11 young people served during the first cohort of the Usability Test period. The types of resistance experienced and actions taken were as follows:

- For one young person, the resistance came from the Intensive Case Manager, who had known the now 15-year old young person since age 5 and did not believe the program would work for this young person. The CPS Specialist dealt with this resistance by being optimistic about the possibility of success for the young person, but reported that the efforts were not successful. However, the young person continues to participate in the program.

- For another young person, the resistance came from the foster parents who felt burdened by the additional meetings or “things” that they felt they had to do because of the program. The CPS Specialist, Youth Advocate, and Care Coordinator dealt with this resistance by working closely with the foster parents and focusing them on the possible positive outcomes for the child. These efforts were noted to have been successful.

- For the third young person, the resistance came from the Residential Treatment Facility where the young person was placed. Staff at the facility was described as being skeptical and standoffish until the Youth Advocate made concerted efforts to develop a rapport with the staff. Also, both the Youth Advocate and Care Coordinator attended monthly staffing meetings at the facility. The CPS Specialist noted that these efforts were successful with some, but not all, of the people at the facility who were resistant to the young person’s participation.
Usability Test 3 also involves an assessment of external conditions, such as transportation or scheduling, which may be a barrier to the young person participating in the intervention. No interviewee identified this concern, although two Youth Advocates indicated that some of the placements of the young people required at least an hour long drive for a meeting.

**Discussion and Recommendations**

Information from the interviews indicates that the criteria for Usability Test 3 have been achieved with all of the young people participating on a routine basis. Interview information also suggested that resistance from other people to the young people participating in the project was infrequent and minimal and has not resulted in any young person being unable to fully participate.

Although it was not a specific part of the Usability Test, Youth Advocates expressed some concerns about the QA observation process. They noted that all of the young people agreed to have the QA observers come to one of the sessions, but that the young people in general were not comfortable with it. One young person asked the Youth Advocate if “those people” were going to “come watch her again.” When the Youth Advocate said “No,” the young person said “Good.” Another young person asked the Youth Advocate not to “bring her friends next time.” One Youth Advocate suggested that the relationship with one of the older youth would be adversely affected by having an observer in one of the sessions and she did not think this young person would trust her in the same way. Youth Advocates suggested that much less work was done in the sessions that were being observed due to either their own or the young person’s unease.

The two key recommendations for the next cohort were: (1) that there be only one observer instead of two, since two was overwhelming for the young person, particularly when the workspace was small; and (2) that the observation not occur so soon in the Youth Advocate’s work with the young person.
USABILITY TEST 4: DETERMINE THE VIABILITY OF THE CLINICAL SUPERVISION PROCESS FOR THE YOUTH ADVOCATE

At the time of the interviews, all Care Coordinators had met with their assigned Youth Advocates at least once a week for a supervisory session. This frequency meets the Usability Test criterion of a formal supervisory session between the Care Coordinator and the Youth Advocate at least once a week.

The information relevant to Usability Test 4 that was to be gathered through interviews included the following:

- The average score on items assessing the effectiveness of the supervisory sessions.
- An assessment of the barriers and facilitators to the effectiveness of the supervisory process.

The QA observation process also is included in the assessment for Usability Test 4. The findings of these observations are currently being reported individually to the FRP Core Team and will be incorporated into the overall assessment of Usability Test 4 in the final report at the end of October. The findings from the recent interviews are presented below.

**Interview Findings** (N = 6 interviewees)

Usability Test 4 requires that each Youth Advocate and Care Coordinator achieve an average score of 3.5 or higher on the items assessing the effectiveness of the supervisory sessions. Five (83%) of the six interviewees met this criterion. The one interviewee who did not meet the criterion was a Youth Advocate who expressed concern about differences in working styles and personality between the Youth Advocate and the supervisor. However, this person also noted that they were currently working through this barrier. The specific findings were as follows:

- Rating equal to or greater than 4 (Usually Effective) but less than 5 (Always Effective): 2 interviewees.
- Rating equal to or greater than 3.5 (Sometimes Effective) but less than 4: 3 interviewees.
- Rating equal to 3.0 (Sometimes Effective): 1 interviewee.

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7 The score was calculated by determining the average rating for the effectiveness of resolving each of the issues raised during supervision and adding that to the rating for the effectiveness of the supervisory process in assisting the Youth Advocate in performing her/his job, and then dividing by two. Care Coordinators had the same ratings for both of their assigned Youth Advocates.
Key barriers to effective supervision

- Lack of sufficient knowledge of Care Coordinators about the 3-5-7 Model (3 interviewees).
- Differences in personalities and work styles (3 interviewees). One person suggested using the results of a Myers-Briggs personality test to assign supervisory teams.
- The Care Coordinators do not have sufficient knowledge about the program and often cannot answer the Youth Advocate’s questions (2 interviewees).

Key facilitators to effective supervision

- The requirement of weekly supervisory sessions (3 interviewees).
- The quality of the relationship – good communication, honesty, supportiveness (3 interviewees).

Issues discussed during supervision. Although not part of the Usability Test, the kinds of issues discussed during supervision may shed some light on possible areas for coaching or training.

- Engaging younger children through the 3-5-7 Model activities and adapting the activities to be more appropriate for the 5 and 6 year olds in the program (3 interviewees). Youth Advocates working with young children expressed concern that the workbook activities for 3-5-7 Model do not always work for the young children and they sought advice from their supervisor on activities to engage younger children.
- Concerns about what is or is not appropriate to do with the Young Person in terms of activities that are not directly related to the job (3 interviewees). Youth Advocates reported that although they were expected to build rapport with the young person, they were not always sure what they could or could not do as part of that rapport-building process.
- The role of the Youth Advocate in reaching out to possible connections and obtaining names from the young person (2 interviewees).
- How to complete progress notes or monthly reports (2 interviewees).
- Determining what is the “next step” (2 interviewees).
- Concerns about the Young People – their safety or well-being (1 interviewee).
- Concerns about the attendance of other people at the first CARE Team meeting and how that affected the work plan (1 interviewee).
Discussion and Recommendations
Findings from the interviews indicate that the clinical supervision process is well established with regard to frequency of meeting and clarity of purpose. Other than personality differences, which may be expected in any supervisory situation, the key barrier seems to be that the Youth Advocates do not view the Care Coordinators as sufficiently experienced or knowledgeable about the 3-5-7 Model to assist them in that arena or as sufficiently knowledgeable about the FRP program to answer their questions. However, some of the Youth Advocates noted that their supervisors provided them with good ideas for working with the young people and also reported that when the Care Coordinator cannot answer a question directly, she will find out the answer for them.

Recommendations provided from interviewees included the following:

- Make the expectations of the supervisory process clearer for both the Youth Advocate and the Care Coordinator (3 interviewees).
- Invite the program supervisor for the Care Coordinators to be part of a supervisory session occasionally so that he can answer questions that the Care Coordinators cannot answer (1 interviewee).
- Provide more training to the Care Coordinators (1 interviewee).

USABILITY TEST 7 – DETERMINE THE VIABILITY OF THE COACHING PROCESS AND PROCEDURES

For the most part, information about the coaching process is being collected on an ongoing basis through the coaching feedback survey. These data are collected after each coaching session and a report is submitted to the FRP Core Team. The findings of the coaching feedback survey will be included in the final Usability Test report in October.

For Usability Test 7, the interviews with the Youth Advocates, Care Coordinators, and CPS Specialist incorporated a question about the general usefulness of the coaching sessions they had experienced so far and any recommendations they had about improving the sessions. Interviews also were conducted with the coaches (Darla Henry and Bob Friend) about their perceptions of the coaching sessions and their recommendations for improvements.
Interview Findings

AzCA staff and CPS Specialists:
- 10 of the 13 interviewees indicated that the coaching calls should be for AzCA staff only and not involve the CPS Specialists and CPS Unit Supervisors. Two of the seven CPS Specialists expressed the opinion that participating in coaching calls was not a good use of their time and that they would prefer to participate only if their case was being discussed during the call. A few CPS Specialists noted that their participation was dependent on their schedule and availability. Youth Advocates and Care Coordinators suggested that the coaching calls would be more useful if they were the only participants on the call and that they would feel more comfortable raising concerns and asking questions in that smaller group setting.
- Youth Advocates and Care Coordinators indicated that the coaching sessions with Darla Henry should be more frequent because they had a short time to work with the young people and a month is too long between coaching sessions.

Coach’s Perspective- Bob Friend (Family Finding Model):
In an interview, Bob Friend indicated general satisfaction with the two initial coaching sessions, although he noted that it was too early to know what the impact of coaching is on job performance. He made the following comments:
- He has asked people to submit questions or themes that are coming up for them prior to the next coaching call. However, he noted that no one submitted anything between the first and second coaching call. He said that once he was on the call, he asked for input and people were open and forthcoming with their comments and questions but they did not submit anything prior to the call.
- A few people on the call shared that they had utilized Family Finding strategies with the young person and that it went very well; he was very pleased with that.
- In most of his coaching work, he does a call with the director and a few key supervisors and they then serve as coaches for the people doing the work. He wondered if he might be able to do something similar for the FRP project.
- He plans to do some coaching on managing with fidelity that would include just Care Coordinators and the FRP Program Supervisor at AzCA.
- The interview finding that CPS Specialists do not want to participate on the coaching calls because they do not believe the calls are relevant to their work was shared with Bob Friend and he was asked for his opinion. He expressed concern that the CPS Specialists may not see the connection at this time between the Family Finding model and their work as CPS Specialists because some of that is not brought up until later on.
in the process. He noted that as the process evolves, there will be more collective work and the CPS Specialist will be more involved in the process itself. He also noted that when some of the cases are being discussed, the CPS Specialist may have information about the child and a given situation that the Youth Advocate and Care Coordinator do not have. Without that information, he, as a coach, may provide suggestions that are not appropriate to the situation or the child.

Coach’s Perspective: Darla Henry (3-5-7 Model)
In an interview, Darla Henry indicated general satisfaction with her initial coaching call. She was delighted to hear from participants on the coaching call that the Youth Advocates were using the tools and activities that they had been trained to use and using them in the context of the model. She could tell from their questions that they understood the model and the philosophy underlying the model. She made the following additional comments.

- If the Youth Advocates have a particular issue that they want to talk about, she would like them to send her a short blurb about the young person and the challenge the Youth Advocate was experiencing. This would give her an opportunity to look at the training materials and find appropriate references for them before the next coaching call. She suggested that this information would make the calls more productive for everyone.

- She noted that to her it is useful to focus the initial coaching sessions on where the Youth Advocates are with the young people, what they are doing, and the challenges they are experiencing. She indicated that in later sessions, she may give a brief presentation around some common themes that are emerging.

- She expressed concern that she did not have feedback from the Youth Advocates about their experiences in using the model. Information was shared with her from the interviews indicating that Youth Advocates working with the young children who were age 5 and 6 were having difficulty with some of the activities, which appeared to be geared to older youth. She said that information was very important feedback and that she would take that into consideration in the coaching calls. She noted that Stephanie and she plan to revise the workbook in the future to have a developmental component.

- She has no concerns thus far about the coaching process, although she suggested that an opportunity to do some coaching that allowed for visual contact would be ideal. She described the coaching for the FRP as a reciprocal learning process.
Discussion and Recommendations
The interview information suggests that the coaching component of the project is an evolving process for both coaches and participants. Although there was a clear recommendation from the Youth Advocates, Care Coordinators, and CPS Specialists that the coaching calls should include only the Youth Advocates and Care Coordinators, information from Bob Friend suggests that there may be benefits to the CPS Specialists of which they are not yet aware. This finding suggests that informing CPS Specialists about potential benefits of the coaching for their work may be preferable to simply excluding the CPS Specialists from the calls. Their CARE Team members could also let them know if they plan to ask a question during coaching about the young person they are working with so that the CPS Specialist could participate and both learn and provide input if needed.

Another recommendation from both Bob Friend and Darla Henry was that coaching participants should submit information to them prior to each coaching call about cases they would like to talk about on the call and provide some basic information about the case and the problem. This information would give the coaches the opportunity to prepare for the call and also identify any themes that may emerge from requests.

ADDITIONAL COMMENTS AND CONCERNS
At the end of each interview, interviewees were asked if they had anything else to say that they thought might be helpful for understanding the implementation of the project thus far and any concerns or recommendation that they had. Interviewees offered the following:

- The role of the Care Coordinator is not as well defined as it needs to be, particularly with regard to the Family Finding work.
- There was concern about the Care Coordinators being able to fulfill their job requirements when the program goes to full scale. It was noted that if Youth Advocates have 10 to 12 cases, the Care Coordinators will be responsible for and must participate in at least 20 to 24 CARE Teams each month.
- It is not clear how the Youth Advocates will be able to fulfill their job requirements when the program goes to full caseloads, particularly since they are expected to see each child at least once a week and for some children, there is extensive travel time to their placements.
- The introductory training should involve more role-playing and practice. For example, some of the activities, such as the Tree of Life, could be practiced on co-workers first.
- Foundational training on CPS is needed for Care Coordinators and Youth Advocates who do not have CPS experience.
- The 6-month service time seems too short a timeframe for achieving success because of
the complexity of the cases and the extent of the grief and loss work needed.

- The 3-5-7 Model is not always age appropriate. There needs to be different approaches for different age groups.
- The training is not a good use of time for the CPS Specialists. The messages they are sending about the Youth Advocate and Care Coordinator can be explained in a few hours. Sitting in a classroom for so long is a concern when you have a full caseload.
- It would be helpful to have some information about the young people, particularly the age of the children, when they are referred so that they can be assigned to the Youth Advocate whose skills and background and experience are the best fit.
- Training should happen for everyone at once so they can see the whole picture at once. Training for CARE Team, Family Finding, and 3-5-7 Model all together – a week or two.

And finally, from a CPS Specialist…

- “The young person I work with has opened up a lot more than he has in the past. All CARE Team members are on board and we are asking the right questions through FRP and he is ready to start opening up.”

The additional concerns expressed by the interviewees suggest some areas for further exploration with regard to implementation of program features not being directly tested in the Usability Test phase of the program. The potential workload burdens when the project goes to full scale seem particularly worthwhile to examine. It may be useful, for example, during the Usability Test phase to have Care Coordinators and Youth Advocates track the hours needed to complete certain tasks, such as setting up a CARE Team meeting, preparing for a CARE Team meeting, the length of the CARE Team meeting itself, time spent in between-meeting communications, time needed to visit the young person, etc. This may provide a clearer understanding of workloads once the project is in full implementation.

The various concerns related to training may also be of value to explore. Although the Usability Test phase is examining the usefulness of the QA instruments for capturing information relevant to training quality and satisfaction, it may be important to also consider various ways of offering the training, as noted by the interviewees. In addition, there is a clear message from both the additional comments and the comments regarding the issues discussed in supervision that both training and coaching must include more information about using the model with children as young as 5 or 6 years old.
Appendix C: Program Implementation Changes Made during Usability Testing

Examples of Key Program Changes Made in to the FRP Project During Usability Testing Phase, 8/1/2012 – 10/31/2012

- Development of FRP Policies and Procedures Manual for CARE Team to include following additional content and clarification for the following areas:
  - Clarification re “days” = “business days” for compliance requirements for FRP. The following initial timeframe was mapped out by the IT (Implementation Team Meeting 7.26.2012).
  - CPSS is notified of the YP’s eligibility for the FRP Project.
  - CPSS has 10 business days to meet with the YP and OOH Placement Provider.
  - Westat has 10 business days to conduct the Evaluation following the initial meeting between the CPSS and YP/OOH Placement Provider.
  - The CPSS has 2 business days from when Westat notifies the CPSS they have completed the evaluation to submit the PS067 to start FRP Services.
  - The Youth Advocate has 10 business days to see the YP from receipt of the referral and the CARE Coordinator has 10 business days from receipt of the referral to meet with the CPSS to begin discovery.
  - The CARE Team is to have their first meeting within 15 business days of the referral (business days 11-15).
  - Program Brochures were revised to ensure coordination with the program evaluation. The policy and procedures manual will be updated to remove all references to information on assent and focus instead on program engagement. (Implementation Team Meeting 7.26.2012).
  - Protocol regarding the Young Person attending CARE Team Meetings. The first CARE Team Meeting is primarily used to share information about the YP (reason for coming into care, current permanency status and barriers to permanency, etc.). It was finally decided that it would be at the CPSS discretion whether or not the YP would attend any, parts or all of the first CARE Team Meeting. Attendance at subsequent meetings will be guided by the CARE Team decision. (Implementation Team Meeting 7.26.2012).
  - Guidelines for Family Finding Searches through the Seneca Center when free (no cost) search efforts are not successful. (Implementation Team 8.9.2012).
  - CARE Team Meetings – function and purpose vs. Family Finding Meetings (Implementation Team 8.9.2012).
  - Policies and Protocols to encourage conference calls between CARE Team members between meetings. (Implementation Team Meeting 10.4.2012).
  - Review expectations regarding frequency of CARE Team Meetings and guidance for who
should be invited to participate beyond the CPSS, Youth Advocate and CPSS.
(Implementation Team Meeting 10.4.2012).

- Review expectations regarding Care Coordinator and Youth Advocate attending other CPS-Related Meetings (Implementation Team Meeting 10.4.2012).
- Further develop Coaching Process and Procedures based on Feedback from Coaching Calls to address the different roles of the CARE Team Members (CPSS, Youth Advocate and Care Coordinator) frequency, content and format.
- Implementation of the 3-5-7 Model Readiness Continuum Tool on 9.26.2012 to provide structure for Youth Advocates in assessing the young persons within the 3-5-7 Model framework and using as a discussion tool with the CARE Coordinators in Clinical Supervision sessions. (Implementation Team 10.4.2012).
- Prepared an abbreviated version of the Guiding Principles in simple language to utilize in CARE Team meetings when young persons, family members and other nonprofessionals are attending.
- Practice Profiles for the Care Coordinator, Youth Advocate, and CPSS will be amended by a Working Committee led by Teresa Patterson (DES) and Tonia Stott (Consultant, LeCroy & Milligan Associates) to fill in gaps and reflect changes in program implementation. (Implementation Team Meeting 10.4.2012).

Sources:
Meeting Minutes from Usability Testing Subcommittee and Implementation Team
Implementation Team Meeting Minutes 7/26/12
Implementation Team Meeting Minutes 8/9/12
Implementation Team Meeting Minutes 10/4/12
Implementation Team Meeting 8/23/2012
Implementation Team Meeting 9.6.2012
Implementation Team Meeting 9.20.2012
Implementation Team Meeting 10.4.2012
Implementation Team Meeting 10.18.2012 -cancelled
Usability Testing Subcommittee Meetings and Conference Calls
Usability Testing Subcommittee Meetings and Conference Call 8.17.2012
Usability Testing Subcommittee Meetings and Conference Call 8.31.2012
Usability Testing Subcommittee Meetings and Conference Call 10.4.2012
Usability Testing Subcommittee Meetings and Conference Call 10.18.2012
## Appendix D: FRP Quality Assurance (QA) Instrument Revision Status Report

**Arizona Fostering Readiness and Permanency Project**  
Usability Test # 2  
QA Instruments Status (Revised 10.16.2012)

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<th>Instrument #</th>
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<th>Revisions to Instruments between 8.1.2012-10.31.2012</th>
<th>Dates QA Instruments Administered</th>
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| #1 Training Satisfaction Survey | Good for Process Improvement | 7.20.2012  
Changed administration from Survey Monkey (online) to paper surveys distributed on site to increase response rate (from 63% to 100%). | 6.28.2012  
6.29.2012  
8.15.2012  
8.16.2012  
8.17.2012  
8.27-8.28.2012  
9.13.2012 (2)  
9.25.2012  
9.28.2012  
10.1-10.2.2012  
10.23.2012  
10.25.2012  
| #2a/2b Pre Post Participant Self-Assessment: CARE Team | 8.13.2012-Questions revised for clarity of roles  
8.15.2012  
| #3 Pre Post Participant Self-Assessment: 3-5-7 Model | | 7.19-20.2012  
8.27-8.28.2012  
10-1.2.2012 |
8.16.2012  
9.25.2012  
10.23.2012 |
| #5 CARE Team Training Observation Checklist | | 6.28.2012  
8.15.2012  
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<td>Case Record Review</td>
<td>CHILDS Access TBD</td>
<td>10.3-5.2012 10.22.2012</td>
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<td>#13</td>
<td>Youth Advocate Focus Group on Activity Selection</td>
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