Translating Evaluation Research into Administrative and Direct Practice: The Case of the New York KinGAP Implementation

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KinGAP Kick-Off
The Kinship Guardianship Assistance Program: The Right Permanency Option for the Right Family
New York Kinship Guardianship Assistance Program (KinGAP)

- On April 1, 2011, New York State implemented the kinship Guardianship Assistance Program that was authorized under the Fostering Connections to Success and Increasing Adoptions (FCSIA) Act and signed into law on October 7, 2008.

- KinGAP) gives states the option to use federal Title IV-E funds for subsidized guardianship payments to relatives who are committed to caring for these children permanently when they leave foster care.
Purpose of Workshop

- The case of the New York Kin GAP is used to illustrate the process by which evaluation research is translated into administrative and direct practice.

- Rigorous program evaluation is a key resource for developing legislation, prioritizing public spending, and assessing whether government programs are achieving their intended outcomes.

- Before conducting rigorous summative evaluations, it is usually necessary to engage in a formative evaluation process that develops or refines the program or intervention in light of the best available evidence about impacts on direct practice and client outcomes.
Purpose of Workshop (cont’d)

- Likewise once the efficacy of an intervention has been established through rigorous summative evaluation, it is necessary to engage in a translational evaluation process that implements and adapts the intervention to the particular needs of individual clients and the capacities of practitioners in local service settings.

- The purpose of this workshop is to provide a framework for making the transitions from the micro-level of clinical practice through formative evaluation to the macro-level of summative evaluation and back to the micro-level of client outcomes through translational evaluation.
Micro-Macro Transitions

Summative Evaluation
(Internal Validity)

Practice-Informed Intervention
Evidence-Supported Intervention

Direct Practice

Practice Expertise
Evidence-Based Practice

Macro

Translational Evaluation
(External Validity)

Formative Evaluation
(Statistical Validity)

Micro
Key Challenges

- The transition from the micro-level of direct practice to the macro-level of evaluation research and then back again to the micro-level of evidence-based is a complex organizational process.
- Failure to manage the process skillfully can seriously erode the ability to generate valid scientific evidence of program efficacy and compromise the delivery of evidence-supported interventions.
- This can result in practitioners’ resisting rigorous evaluation designs, incomplete compliance with treatments as intended, and weak evidence for the effectiveness of child welfare interventions.
Cycle of Results-Oriented Accountability

- Quality Improvement (Reflexivity/Construct validity)
- Outcomes Monitoring (Scope of interest/Construct validity)
- Evaluation (Causality/Internal validity)
- Data Analysis (Transparency/Statistical validity)
- Research Review (Evidence-supported/External validity)
Micro-Macro Feedback Loops

Macro

Practice-Informed Intervention

Formative Evaluation

Quality Improvement

Micro

Evidence-Based Practice

Direct Practice

Translational Evaluation

Evidence-Supported Intervention

Replication

Summative Evaluation
Formative Planning Steps

Definition
Collection and analysis of information based on practitioner expertise and social theory for purposes of prioritizing the presenting problems and needs of a client or target population in order to identify evidence-supported interventions or develop practice-informed to achieve the outcomes valued by the client and other stakeholders.

1. Outcomes Monitoring
   - Are the intended outcomes of sufficient scope, e.g. defined over a long enough time horizon and inclusive enough of potential unintended consequences, to determine that client best interests are being served?

2. Data Analysis
   - What population conditions, risk and protective factors that are predictive of the outcomes should be targeted for intervention?

3. Research Review
   - What potential interventions for achieving the intended outcomes are supported by empirical evidence for similar populations?
Illinois experienced a sharp increase in its foster child population from 1986 to 1995.
Most of the growth was accommodated by the placement of children with kin

State of Illinois

*As of December 31, 2003
As a result, Illinois registered the highest per capita rate of kinship foster care in the nation.
Case Flow Dynamics of Kinship Care Growth in Illinois

![Graph showing the trend of kinship care growth in Illinois from 1985 to 1998. The graph includes a cross-sectional count and cohorts, with a significant increase in the number of children over time.]
Margaret: My daughter had dropped the children off. The first year was okay, but then it got sort of a hassle for me to have them, you know and pay my rent. I called. After I explained what the Aid was giving the children, a caseworker in the court said “Well that's not near enough to take care of those children. But if you prefer switching to DCFS, we would give you much more than what the Aid is giving you.”

Sandra: Some workers from the Department of Children and Family Services (DCFS) came knocking on my door at 1:30 at night. They said they couldn't find a placement for the month-old baby my daughter just abandoned. Now I already had custody of three of my grandchildren by another daughter. But I agreed to keep the baby for a few days until they could find somewhere to put her. I was gonna give her up. But they couldn't find a placement for her right away. And then that's when I fell in love with her. I didn't want to part with her. So I kept her.
Quantitative Data Analysis

State of Illinois

Relative Risks of Discharge

AFDC v. Foster Care

Per Month

$3,000
$2,500
$2,000
$1,500
$1,000
$500
$0

Number of Children

1 2 3 4 5 6 7 8 9
Incorporation of Informal Kinship Care: Every piece of social policy substitutes for some traditional arrangement a costly new bureaucratic arrangement in which public agents take over some part of the traditional role of the extended family, ethnic or community group (Glazer, 1988).

Barriers to Permanence: Few grandparents choose to adopt…. Further this option is inconsistent with cultural norms about family structure and role expectations for African-Americans (Burnette, 1997).

Promising Practice: Subsidized guardianship is used to address the problem of older children who resist adoption and where potential adoptive parents resist adoption for cultural reasons (Schwartz, 1997).
Formative Implementation Steps

**Definition**
Clear description of the intervention and operational definitions of core practice components for purposes of testing the fidelity and quality of practitioner performance in the implementation of the intervention.

4. **Designing Usability Tests**
   - What core practice components are operationally defined to measure the degree to which practitioners are delivering the intervention as intended to the target population?

5. **Improving the Quality of Implementation**
   - What adjustments in training, coaching, usability testing, and in the intervention itself are made to achieve the desired levels of fidelity and quality of implementation?
Reassessment of Permanency Options

State of Illinois

1,297 children assessed during 1993-94.

- Return home
- Other
- Independence
- Adoption
- Long-term care
New Kinship Care Option: DRA

State of Illinois

Before
- 68.4%
- 4.4%
- 19.9%
- 3.4%

After
- 47.1%
- 4.0%
- 19.0%
- 4.7%
- 23.0%

1,297 children assessed during 1993-94.

- Blue: Return home
- Green: Other
- Yellow: Adoption
- Cyan: Long-term care
- Orange: Delgated Relative Authority
- Pink: Independence
Formative Evaluation Steps

**Definition**
Collection of data for the analysis of the statistical association between the implemented intervention and the service outputs and proximal outcomes that link to the distal outcomes valued by the client and other principals.

6. **Monitoring Outputs and Proximal Outcomes**
   - What service outputs and proximal outcomes link the intervention to the intended distal outcomes?

7. **Analyzing Agency Performance**
   - Is there a practically important association between the intervention and service outputs and proximal outcomes, which trends toward statistical significance ($p < .15$) or better?

8. **Reviewing the Level of Evidence**
   - What is the level of empirical evidence in support of the interval validity of the observed statistical association between the intervention and the service outputs and proximal outcomes?
Implementation Failure of Home of Relative DRA and Kinship Adoption Reforms

State of Illinois

![Graph](graph.png)

- **Cross-Sectional Count**
- **Entry Cohorts**
- **Exit Cohorts**
Availability of IV-E Waivers

To allow “children to stay or be placed in a familial setting that is more cost effective than continuing them in foster care.”

-- USDHHS, 1995

• Authorized use of IV-E funds to subsidize legal guardianship by biological relatives of foster children who have been in state custody, resided continuously with the prospective guardian, and for whom reunification and adoption have been ruled out as permanency plans.

• Also was available under special circumstances to foster children who reside with “fictive kin” or unrelated foster parents.
Subsidized Guardianship Fixed Many of the Implementation Problems with DRA

- **Unlike DRA, guardianship transfers legal responsibility from the state to the guardian.**
  Guardians gain full legal responsibility for the children under their guardianship with respect to medical care and living arrangements unlike DRA in which some of these responsibilities remain with the state.

- **Transfer of legal guardianship closes both the agency and court cases.**
  Families are no longer subject to routine court appearances, quarterly case reviews and visits by caseworkers.

- **Subsidized guardianship allows the guardian to receive the same monthly stipend that the caregiver received when the child was in foster care.**
Well-Built Evaluation Question

P – Population you want to serve.
I – Intervention or program whose average effect you want to estimate.
C – The alternative course of action with which you will draw comparisons.
O – Intended outcomes you hope to achieve.
Are children in foster families (P) that are offered subsidized guardianship as a supplementary permanency option (I) more likely to reach legal permanence by reunification, adoption, or legal guardianship (O) than children in foster families that are not offered this option (C)?
Summative Implementation Steps

Definition

Design and maintenance of the integrity of a randomized controlled experiment for purposes of rendering a summary judgment of the casual efficacy and effectiveness of the practice-informed intervention in attaining the intended outcomes, on average, for the target population.

9. Approximating the Desired Counterfactuals

− How precisely do the randomized intervention and comparison groups approximate statistical equivalence at baseline?

10. Encouraging Treatment Compliance

− What adjustments in training, coaching, and leadership are made to increase treatment compliance and minimize treatment crossovers and attrition?
Statistical Equivalence = Absence of Association between I and P
Ideal (But Impossible) Experiment

What if the identical group of children could be simultaneously observed under the intervention and comparison conditions?

vs.

Intervention Outcome

Comparison Outcome
Potential Outcomes

The difference between the two potential outcomes, if it could be observed, would provide an estimate of the effect of the intervention (e.g. SG option) compared to the comparison (e.g. usual permanency planning services).
**Casual Effect is Average of Individual Differences in Length of Stay**

<table>
<thead>
<tr>
<th>Subject (j)</th>
<th>Potential Outcomes</th>
<th>Causal Effect</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(SG = O^I_j)</td>
<td>(Usual = O^C_j)</td>
<td>(\sigma = O^I_j - O^C_j)</td>
</tr>
<tr>
<td>1</td>
<td>100</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>300</td>
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<td>3</td>
<td>530</td>
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<tr>
<td>4</td>
<td>700</td>
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<td>5</td>
<td>900</td>
<td>770</td>
<td>130</td>
</tr>
<tr>
<td>6</td>
<td>500</td>
<td>470</td>
<td>30</td>
</tr>
<tr>
<td><strong>True Average</strong></td>
<td><strong>505</strong></td>
<td><strong>715</strong></td>
<td><strong>-210</strong></td>
</tr>
</tbody>
</table>
Approximating the Impossible Experiment

• Such simple calculations of intervention effects, however, can never be made at the individual (micro) level because it is impossible to observe a person simultaneously under both the treatment & control conditions.

• Instead evaluators have to fall back on high quality statistical approximations to this ideal but impossible experiment, which allow them to draw inferences about average intervention effects at the population (macro) level.
Ideal (But Impossible) Experiment

 Intervention Group

 vs.

 Comparison Group
Randomized Controlled Experiment

- Random assignment to intervention & comparison groups.

- Randomized controlled trial (RCT) is the best approximation to the desired comparison.
## Randomization Results in Similar Groups

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Intervention</th>
<th>Comparison</th>
<th>Difference $\Delta \approx 0$</th>
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</thead>
<tbody>
<tr>
<td><strong>Child attributes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at 1st interview</td>
<td>9.9 yrs. old</td>
<td>10.1 yrs. old</td>
<td>-0.2 yrs.</td>
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<tr>
<td>Age at removal</td>
<td>4.8 yrs. old</td>
<td>4.8 yrs. old</td>
<td>0.0 yrs.</td>
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<tr>
<td>African-American</td>
<td>83.6%</td>
<td>85.6%</td>
<td>-1.7%</td>
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<tr>
<td><strong>Caregiver attributes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at 1st interview</td>
<td>51.2 yrs. old</td>
<td>51.8 yrs. old</td>
<td>-0.7 yrs.</td>
</tr>
<tr>
<td>High-school graduate</td>
<td>45.7%</td>
<td>44.1%</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aunt/uncle-niece/nephew</td>
<td>18.0%</td>
<td>18.1%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Foster parent-foster child</td>
<td>18.5%</td>
<td>17.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Unmatched ethnicity</td>
<td>2.8%</td>
<td>3.3%</td>
<td>-0.5%</td>
</tr>
</tbody>
</table>
Average Causal Effect (ACE) Can Be Approximated

<table>
<thead>
<tr>
<th>Subject</th>
<th>I_j vs. C_j</th>
<th>O^I_j</th>
<th>O^C_j</th>
<th>Causal Effect</th>
<th>% Change</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>C</td>
<td></td>
<td>100</td>
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<tr>
<td>2</td>
<td>I</td>
<td>300</td>
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<td>3</td>
<td>C</td>
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<td>4</td>
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<td>6</td>
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</tr>
<tr>
<td>Observed Average</td>
<td></td>
<td>567</td>
<td>800</td>
<td>-233</td>
<td>-29.2%</td>
</tr>
</tbody>
</table>
## The Perfect Practitioner Paradox

<table>
<thead>
<tr>
<th>Subject</th>
<th>I&lt;sub&gt;j&lt;/sub&gt; vs. C&lt;sub&gt;j&lt;/sub&gt;</th>
<th>O&lt;sub&gt;I&lt;/sub&gt;&lt;sup&gt;j&lt;/sup&gt;</th>
<th>O&lt;sub&gt;C&lt;/sub&gt;&lt;sup&gt;j&lt;/sup&gt;</th>
<th>Causal Effect</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>100</td>
<td>100*</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>I</td>
<td>300*</td>
<td>650</td>
<td>-350</td>
<td>-29.2%</td>
</tr>
<tr>
<td>3</td>
<td>I</td>
<td>530*</td>
<td>1100</td>
<td>-570</td>
<td>-29.2%</td>
</tr>
<tr>
<td>4</td>
<td>I</td>
<td>700*</td>
<td>1200</td>
<td>-500</td>
<td>-29.2%</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>900</td>
<td>770*</td>
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<td>-233</td>
<td>-29.2%</td>
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</tbody>
</table>
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<th>Subject $j$</th>
<th>$I_j$ vs. $C_j$</th>
<th>Potential Outcomes</th>
<th>Causal Effect</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$O_{Ij}$</td>
<td>$O_{Cj}$</td>
</tr>
<tr>
<td>1</td>
<td>C</td>
<td>100 *</td>
<td>100 *</td>
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<tr>
<td>Observed Average</td>
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</tr>
<tr>
<td>Perfect Practitioner Average</td>
<td></td>
<td>510</td>
<td>447</td>
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</table>
Summative Evaluation Steps

Definition
Summary judgment of the comparative causal efficacy and effectiveness of the intervention in attaining the intended outcomes, on average, for a target population.

11. Monitoring Proximal and Distal Outcomes
   - Are the intended distal outcomes validly and reliably measured to assess if client best interests, on average, are adequately being served?

12. Analyzing Effect Sizes
   - Is there a practically important and statistically significant effect size of the intervention on the measured distal outcomes?

13. Replicating the Intervention
   - Is the observed effect size replicable in other contexts or commensurate with other effect sizes reported in systematic research reviews of similar interventions?
A year after implementation of the SG demonstration there was a 8.3 percentage point permanency advantage for children in the experimental group who were offered the choice of subsidized guardianship compared to children in the control group.
Nine years later, the effect size diminished to 6.6 percentage points but there still was a practically important and statistically significant difference in permanency rates between the intervention and comparison groups.
But Are Illinois’ Results Generalizable?

• Doubts about the generalizability of the Illinois findings stemmed from state’s unique policy history. As a result of HMR reform there was a financial incentive for the unlicensed caregivers to leave the foster care system for higher subsidies under the new subsidized guardianship program. The question left hanging was whether there would there be as large a permanency effect where such financial incentives did not exist.

• The opportunity to test the generalizability of the Illinois findings came about as a result of the approval of two waiver applications from Wisconsin (2005) and Tennessee (2006), which closely replicated the demonstration and evaluation design in Illinois.
Waivers Validate SG is a Replicable Model

Illinois (June, 2007)

Wisconsin (September, 2009)

Tennessee (October, 2009)

[Diagram showing percentages for different categories in each state]
Effect Size Estimates: Odds Ratios

- Illinois: 1.58 (Lower 1.19, Point 2.01, Upper 2.15)
- Wisconsin: 2.21 (Lower 1.15, Point 4.05, Upper 4.04)
- Tennessee: 2.31 (Lower 1.32, Point 4.04, Upper 4.04)
The bipartisan Fostering Connections to Success and Increasing Adoptions Act, signed into law by President Bush on October 7, 2008, represents the most significant federal reforms for abused and neglected children in foster care in more than a decade. Congress took a careful look at the challenges facing children and families in the child welfare system. In crafting solutions to these challenges, it built upon testimony, briefing statements, and visits from youth who had been in foster care, grandparents and other relative caregivers, and birth, foster and adoptive parents, as well as other advocates, public and private agency representatives, researchers and others to better meet the needs of children who are abused and neglected and end up in foster care.
Generalization to Other States

- The GAP legislation affords states the option of using federal Title IV-E funds to support kinship guardianship payments for children living in the homes of relative foster parents who become the children’s legal guardians.

- Even though federal GAP reflects key lessons learned from the IV-E waiver experiments, child welfare administrators in other states are now trying to determine if their state or local community is among the jurisdictions to which this generalization applies or instead is one of the exceptions to the rule.
Generalization to New York State

“Propensity score matching” (PSM) was employed to approximate the counterfactual of what might have happened in a state like New York that did not have IV-E waiver authority if instead they had been granted a waiver to offer subsidized guardianship just like Illinois, Tennessee, and Wisconsin.
# Propensity Score Matching Results

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Unmatched Samples</th>
<th>Matched Samples</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New York State</td>
<td>Experimental Sites</td>
<td>(IL,TN,WI)</td>
<td>New York State</td>
</tr>
<tr>
<td>Group size</td>
<td>5,460</td>
<td>8,590</td>
<td>4,214</td>
<td>4,214</td>
</tr>
<tr>
<td>Child's age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age at removal</td>
<td>4.8</td>
<td>4.8</td>
<td>5.0</td>
<td>4.9</td>
</tr>
<tr>
<td>Mean age at placement with kin</td>
<td>6.6</td>
<td>5.9*</td>
<td>6.5</td>
<td>6.4</td>
</tr>
<tr>
<td>Placement history</td>
<td></td>
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<tr>
<td>Mean number of removal episodes</td>
<td>1.3</td>
<td>1.2*</td>
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<tr>
<td>Mean number of placements</td>
<td>2.0</td>
<td>2.3*</td>
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<tr>
<td>Mean days from removal to placement</td>
<td>408</td>
<td>328*</td>
<td>364</td>
<td>360</td>
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<tr>
<td>Child demographics</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
<td>49%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>African American</td>
<td>58%</td>
<td>63%*</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Non-Latino White</td>
<td>8%</td>
<td>29%*</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Latino</td>
<td>23%</td>
<td>6%*</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Other race/ethnicity</td>
<td>0.5%</td>
<td>0.2%*</td>
<td>1%</td>
<td>0.3%*</td>
</tr>
<tr>
<td>Race/ethnicity unknown</td>
<td>10%</td>
<td>2%*</td>
<td>5%</td>
<td>4%*</td>
</tr>
</tbody>
</table>

*Significantly different from the New York sample at the .01 level.
Translational Implementation Steps

Definition
Collection and analysis of information based on social theory and practitioner expertise for purposes of adapting an evidence-supported intervention to a different local context or to the needs of a different group or individual client in usual services settings.

14. Designing Moderator and Mediator Tests
- What adaptations to data collection, delivery of the intervention, or evaluation design are made to support the sub-group analyses of effect-size moderators and the identification of potential mediating factors?

15. Optimizing Treatment
- What adjustments in training, coaching, and monitoring are made to adapt data collection, delivery of the intervention or evaluation design to particular populations and different local contexts?
Well-Built PICO Questions Expand into……
Logic Models

**Resources**

- **Target Population** subdivided by important moderating conditions

**Implementation**

- Staff recruitment, selection, manual development, training, coaching and supervision for delivery of services
- Services, activities, and products that are to be delivered to the target population.
- Organizational mechanisms and support for ensuring adherence to program model (fidelity) and best practice standards

**Outputs**

- Quantities of services, activities or products that are delivered, including measures of the extent to which service delivery adheres to program model and best practice standards.

**Outcomes**

- Short-term changes in the population that are intended to result from the program outputs.
- **Proximal**
  - Long-term changes in the population that are expected to result from the proximal Outcomes.
- **Distal**
  - Unintended consequences (positive or negative) of a specific intervention beyond its targeted impact.

**Comparison**

Intervention vs. Comparison
Outcomes answer the question: What will be different after the target population has received the program's outputs compared to if they never received the outputs.

Outcomes are not what a program does, but what happens for the population because of what a programs does.
**Theory of Change**

<table>
<thead>
<tr>
<th>External Conditions</th>
<th>Assumptions</th>
<th>End Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exogenous historical, political, cultural, and social factors that are beyond an agent’s control but influence the capacity of the agent to achieve the desired outcomes. The list can also include a readiness assessment of the timeliness and importance of the problem being addressed.</td>
<td>Underlying beliefs and postulates about human nature, motivation, and purposive action that bring about change and help interpret why a specific intervention is expected to result in the desired outcome. These assumptions can be based on one or more behavioral and social science theories for explaining and understanding the etiology, incidence, and prevalence of social problems for purposes of social intervention.</td>
<td>General end-values under which specific outcomes can be included, such as health, safety, permanence, economic benefit, subjective well-being, equality, autonomy, freedom, solidarity, due process, budgetary efficiency, productivity, as well as community-specific values.</td>
</tr>
</tbody>
</table>
Consolidated KinGAP Logic Model

**Resources**
- Children residing in the same relative foster home for 12 months or more.
- KinGAP v. Usual Permanency Options

**Implementation**
- Caseworker Training
- Permanency checklist
- Child & family meetings
- Offered SG option
- Rule-out appropriateness of reunification/adoption
- Planned SG goal
- Administrative Directive Memo
- Legal screening

**Outputs**
- # of related foster parents identified as permanency resources (+)
- # of children with guardianship goal (+)
- # of KinGAP petitions finalized by court (+)

**Proximal Outcomes**
- Length of stay in care (-)
- Long-term foster care (-)
- Combined permanency rates (+)
- Administrative cost savings (+)

**Distal Outcomes**
- Foster care re-entries (0)
- Subsequent abuse (0)
- County costs (0)
- Racial over-representation (-)
- Reunification & adoption rates (0)
- Kinship intake (0)

**External Conditions**
- Growth in long-term kinship foster care population.
- Lack of IV-E assistance for permanent legal guardianship.
- Lower kinship permanency rates than permanency rates in non-related foster homes.

**Assumptions**
- Many relatives are interested in making a permanent commitment but TPR/adoption conflict with cultural traditions.
- Payment disparities with foster care subsidies discourage permanent legal guardianship
- Kin altruism and family duty inhibit defection from caregiving role.

**End-Values**
- Family autonomy
- Kinship solidarity
- Budgetary efficiency
Manualization of the Intervention

Developed under a consultant agreement between Dr. Mark F. Testa and the New York Office of Children and Family Services (OCFS). The work was coordinated by Michelle Rafael, Director, Policy Analysis, OCFS, with the assistance of Lynn Baniak, Policy Analyst, OCFS. John Stupp, Esq., Assistant Deputy Counsel, OCFS, provided legal review. The manual was written under his direction by child welfare specialists, Leslie Cohen, MSW and Melinda Lis, MSW. Several chapters of the manual benefited from the consultation of Dr. Joseph Crumbley, who is a family therapist and trainer specializing in kinship care.
Consolidated KinGAP Logic Model

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- Budgetary efficiency
Permanency Planning Checklist

The tool was designed to help caregivers and caseworkers think about permanency options that best meet the needs and circumstances of the family and the child. The tool is included as an appendix to the Guide http://www.ocfs.state.ny.us/kinship/KinGAP_Practice_Guide.pdf
Consolidated KinGAP Logic Model

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**Implementation**
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- Kin altruism and family duty inhibit defection from caregiving role.

**End-Values**
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- Kinship solidarity
- Budgetary efficiency
## Incomplete Compliance with Intended Treatment

<table>
<thead>
<tr>
<th>Group</th>
<th>Illinois</th>
<th>Wisconsin</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Intervention</td>
<td>1,197</td>
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<td>251</td>
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<tr>
<td>Offered SG</td>
<td>930</td>
<td>77.7%</td>
<td>148</td>
</tr>
<tr>
<td>Not Offered SG</td>
<td>267</td>
<td>22.3%</td>
<td>103</td>
</tr>
<tr>
<td>Comparison</td>
<td>1,228</td>
<td>100%</td>
<td>235</td>
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</tbody>
</table>
Here, Z = Random Assignment: 1) predicts likelihood of SG offer; 2) doesn’t have direct impact on the outcome, except through its effect on the offer of SG.
# Estimates of Reduced Days of Paid Foster Care

<table>
<thead>
<tr>
<th>Group</th>
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<th>Wisconsin</th>
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<tr>
<td></td>
<td>Total</td>
<td>Mean</td>
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<tr>
<td>Intervention</td>
<td>1,303,784</td>
<td>1,089</td>
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<tr>
<td>Offered SG</td>
<td>906,685</td>
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<td>397,099</td>
<td>1,487</td>
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<tr>
<td>Comparison</td>
<td>1,593,580</td>
<td>1,298</td>
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</table>

<table>
<thead>
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<th>Estimates</th>
<th>Illinois</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Difference</td>
<td>% Change</td>
</tr>
<tr>
<td>ITT</td>
<td>-209</td>
<td>-16%</td>
</tr>
<tr>
<td>Offered SG - Comparison</td>
<td>-323</td>
<td>-25%</td>
</tr>
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</table>
Translational Evaluation Steps

Definition
Adaptation of an evidence-supported intervention that combines individualized assessment of a client’s needs with due consideration to client preferences and societal values when making evidence-based practice decisions.

16. Outcomes Monitoring
- Are the intended outcomes sufficiently aligned with societal values and tailored to the particular cultural and consumer preferences of the clients?

17. Analyzing Moderator and Mediator Effects
- Are there mediators of effects that can explain the impact of the intervention on the intended outcomes or statistically significant moderators of effect sizes?

18. Disseminating Evidence-Based Practices
- How is a replicable evidence-based model disseminated through publications, training, and other outlets to support widespread implementation of the model?
### Approximating the Counterfactual in New York

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>New York State</th>
<th>Experimental Sites (IL, TN, WI)</th>
<th>Diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term foster care</td>
<td>43%</td>
<td>34%</td>
<td>9%</td>
</tr>
<tr>
<td>Exited foster care</td>
<td>57%</td>
<td>66%</td>
<td>-9%</td>
</tr>
<tr>
<td>Reunification</td>
<td>24%</td>
<td>22%</td>
<td>2%</td>
</tr>
<tr>
<td>Adoption</td>
<td>29%</td>
<td>23%</td>
<td>6%</td>
</tr>
<tr>
<td>Guardianship</td>
<td>0%</td>
<td>18%</td>
<td>-18%</td>
</tr>
<tr>
<td>Other relatives</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Careful exploration of different permanency options should help the family make a final determination about which goal, adoption or kinship guardianship, is the most appropriate to pursue for the child in their care. Detailed information about kinship guardianship assistance and how it compares to adoption can be found in chapter 4 of this guide. If the family chooses kinship guardianship, the law requires that adoption be determined not to be appropriate from one of more of the following reasons:

- A child 14 and older does not want to be adopted.
- There are no grounds for termination of the parental rights and the parents refuse to surrender their rights.
- Foster parents are opposed to altering family relationships through adoption.
- The birth parents are currently involved and can play an important role in the child’s life.
Final Language

Careful exploration of different permanency options should help the family make a final determination about which option, adoption with a subsidy or kinship guardianship with the relative receiving kinship guardianship assistance payments, is the most appropriate to pursue for the child in their care. Information about kinship guardianship assistance and how it compares to adoption subsidy can be found in New York State’s Permanency Comparison Chart (Appendix D).

According to federal and New York State statutes, even if the family chooses kinship guardianship over adoption, the social services district must determine that return home or adoption are not appropriate in order for the child to be eligible for kinship guardianship assistance payments.

In addition, the social services district must determine that the kinship guardianship arrangement is in the child’s best interests and, in doing so, that there are compelling reasons why return home and adoption are not in the best interests of the child. In making this determination, the social services district should consider one or more of the following:

- A child 14 years or older does not want to be adopted.
- There are no viable grounds for the termination of parental rights and the parents refuse to surrender their rights.
- Related foster parents are opposed to altering family relationships through adoption.
- The birth parents are currently involved and can play an important role in the child’s life.

SUPERVISORS:
Permission to move forward with guardianship should not be granted until sufficient documentation is provided in the progress notes as to why adoption is not an appropriate permanency option.
ATTORNEY: Can you tell us what adoption is?

GRANDMOTHER: The kids remain with me until they get 18.

ATTORNEY: Okay. Do they have any – are there any parental rights intact if you adopt the children? Or do you become their mother?

GRANDMOTHER: No. I’ll still be their grandmother.

ATTORNEY: Was subsidized guardianship ever explained to you, ma’am?

GRANDMOTHER: No.
Guardianship Assistance Boosted Permanence

At wave II of the evaluation (2000) there was still a 6% permanency advantage, but perhaps two-thirds of the completed guardianships might have eventually converted into adoptions in the absence of the option.
But with Some Loss of Adoptions

At wave II of the evaluation (2000) there was still a 6% permanency advantage, but perhaps two-thirds of the completed guardianships might have eventually converted into adoptions in the absence of the option.
Worthwhile Trade-Off?

At wave II of the evaluation (2000) there was still a 6% permanency advantage, but perhaps two-thirds of the completed guardianships might have eventually converted into adoptions in the absence of the option.

Is the net gain in permanence worth the loss in adoptions?
• **Original meaning of permanence as lasting**
  – Rooted in the psychology of attachment that defines permanence as a lifelong relationship that arises out of feelings of belongingness among persons.

• **Newer meaning of permanence as binding**
  – Rooted in law that defines permanence as a lifelong commitment that is legally enforceable.

• **Demotes guardianship as a permanency goal**
  – Newer thinking establishes a hierarchy of permanency goals. Requires ruling-out of reunification and adoption prior to pursuing guardianship. Guardianship is less binding because it is more easily vacated by the caregiver & more vulnerable to legal challenge by birth parents than termination of parental rights and adoption.
Evidence-Based v. Authority-Based

• **Permanence is Lasting**
  – Relationship not certain to last forever but *intended* to last indefinitely.
  – Least restrictive (most family like) principle.
  – Full disclosure of permanency options that allows kin to choose option that best fits cultural norms and sense of belongingness.
  – Consistent with social work values, ASFA & CWLA standards.

• **Permanence is Binding**
  – Commitment needs to be legally binding to qualify truly as permanence.
  – Hierarchy of permanency goals: reunification, adoption, followed by guardianship.
  – Strict interpretation of “rule-out” that adoption needs to be ruled out independently of the desires of the family.
  – Supported by lawyers, federal waivers, & NCJFCJ standards.
Model for Evidence-Based Practice Decisions

Clinical State & Circumstances

Clinical Expertise

Client’s Preferences & Actions

Research Evidence

Haynes, Brian, Devereaux, & Guyatt, *Evidence-Based Medicine* 2002; 7:36-38.

Are foster children who are discharged to legal guardianship (P) more likely later to be moved out of their home (O) than if federally subsidized guardianship assistance (I) were never made available to their foster families (C)?
Matching (PSM) Creates Similar Groups

<table>
<thead>
<tr>
<th>Attributes</th>
<th>All Cases</th>
<th>Adoption</th>
<th>Guardian</th>
<th>Matched</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child attributes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at 2(^{nd}) interview</td>
<td>9.4 yrs. old*</td>
<td>8.7 yrs. old*</td>
<td>11.9 yrs. old</td>
<td>11.7 yrs. old</td>
</tr>
<tr>
<td>African-American</td>
<td>88.0%</td>
<td>82.8%*</td>
<td>88.6%</td>
<td>87.6%</td>
</tr>
<tr>
<td><strong>Caregiver attributes</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Age at 2(^{nd}) interview</td>
<td>50.0 yrs. old</td>
<td>50.4 yrs. old</td>
<td>53.4 yrs. old</td>
<td>54.0 yrs. old</td>
</tr>
<tr>
<td>Working</td>
<td>46.2%*</td>
<td>44.2%*</td>
<td>39.7%</td>
<td>36.8%</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aunt/unc-niece/neph</td>
<td>14.7%*</td>
<td>14.8%*</td>
<td>22.2%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Fosstr par-fosstr child</td>
<td>33.8%*</td>
<td>31.5%*</td>
<td>9.1%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Family duty scale</td>
<td>-0.030*</td>
<td>-0.106*</td>
<td>0.526</td>
<td>0.585</td>
</tr>
<tr>
<td>Raise to adulthood</td>
<td>79.3%*</td>
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<td>95.4%</td>
</tr>
</tbody>
</table>
Illinois (June, 2000)

- Matched cases approximate the ideal comparison condition.
- Two-thirds would have likely been adopted, but one-third would have remained in state custody.

*Do the two groups exhibit different rates of placement disruption after 7 years?*
Relative Risks of Placement Disruption

State of Illinois

[Graph showing relative risks of placement disruption with points at 0.86, 1.81, and 1.16]
Guardianship is as permanent for children as adoption.

<table>
<thead>
<tr>
<th>Response</th>
<th>Illinois</th>
<th>Wisconsin</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Agree Total</td>
<td>65%</td>
<td>41%</td>
<td>67%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>25%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Agree</td>
<td>40%</td>
<td>34%</td>
<td>57%</td>
</tr>
<tr>
<td>Disagree Total</td>
<td>35%</td>
<td>59%</td>
<td>33%</td>
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<tr>
<td>Disagree</td>
<td>23%</td>
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</tr>
<tr>
<td>Strongly Disagree</td>
<td>12%</td>
<td>17%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Client Preferences

Robert Johnson
Evaluations Can Be Qualitative

- Evaluations tend to be portrayed as quantitative rather than qualitative. This portrayal is wrong.
- If evaluating is about intervening, nothing in the notion of intervening requires that either the intervention or the outcome be measured quantitatively.
- It is easy to run a qualitative experiment, or a partly qualitative experiment. Instead of traditional measures, or in addition to them, add traditional qualitative methods of observation. Nothing in the experiment prevents this; and we would undoubtedly gain much by doing so.

Evaluations Are About Discovery

- The essence of evaluation is to discover what happens when we intervene in a system. If we knew what would happen, we wouldn’t have to experiment; and most fields (including child welfare) are full of experiments that, one way or the other, resulted in the unexpected.

- The beauty of experimenting is that we cannot fully control what happens after we intervene. Inevitably we discover new things as a result.

Contact Information

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Tel. 919-962-6496

Presentation was reviewed and approved by the New York Office of Children and Family Services (NYOCFS) in accordance with Article VI – Publication of the Consultant Agreement between Mark F. Testa and the NYOCFS.