

Session 6.09 – Identifying and Refining the Target Populations for a National Initiative to Reduce the Long-Term Foster Care Population

Panelists:

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Please note: The following is a direct transcription and has not been edited.

Randi Walters: I think we'll go ahead and get started. On behalf of the Children's Bureau, we want to welcome you. This is our first, it's really our first presentation at a national level, providing some information about what we're learning through the permanency innovations initiative. So, we're really excited you're here in the room. I want to remind people that we're digitally recording these sessions. And so, there is a level of implied consent, if you're going to ask questions or participate in the conversation, we hope that we feel comfortable with that being recorded.

I thought what I would do before we turn it over to this wonderful panel, is describe a little bit from the federal perspective what we were hoping to accomplish with the permanency innovations initiative, when we both wrote the announcement and decided to fund this. So, I thought I'd spend just a few minutes before I turn it over to Andrea, describing kind of what our thinking was our intent as we began that.

You heard a little bit this morning from Commissioner Samuels related to our watching of the trends, related to the amount of children that are in foster care. And watching these trends go down, the decline over the last little bit, that we think is in many ways attributable to ASFA and in many ways attributable to changes in child welfare systems.

You saw this slide this morning too, but very quickly where Commissioner Samuels talked about our idea that the decline is mostly being driven by the reductions in the number of entries that we're starting to see a little bit of decline in those exits as well. But that was sort of the impetus for saying the whole smaller is better and what are we doing for the kids that are staying in care longer. So, we think that that might be a little bit tougher of a population to be addressing and we wanted an initiative that would target the kids with the most serious barriers to permanency that are staying in care longer. So, that's the impetus for the overall initiative.

We also started to think about what were the characteristics of the children that are staying in care longer. And there has been some good data mining, related to kids that are ageing out, what their needs are. And so, that was also an important piece of the impetus for the initiative.

When we brought all of the, when we did the program announcement and brought the grantees together, we said over and over again, we'd like to focus on innovations for children that were at the most rest for staying in care. The kids that were likely to linger

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for three years or more and that we wanted to understand much, much better what the needs of those children might be.

So, along comes this \$100 million presidential initiative, which is you know, a big for many of you that have been following CB funding, a much larger block of money than what we usually award for a particular project. And we had all levels of leadership that said yep, this is something that we very much want to focus on. We want to see if we can invest at this level, if we can really see numbers drop in the amount of time that it takes to get to permanency and in our knowledge development related to the needs of the children that stay in care longer.

The other thing that we thought would be really important for the field is to focus the initiative on building up of our evidence for replicable strategies. And that's been the part that is probably going to be trickiest for us moving forward. It's a real shift for the field to keep pushing them to think about how do, we design evaluation that's rigorous enough, how do we design the implementation strategies that we could take across the country and say we think that you can replicate this. We think if you understand your population and your needs that we'll be able to do this again. So, that's been in the forefront of our goals through the whole project.

So, what we're hoping is that the PII will develop a body of evidence to inform permanency practice and service provision for children in foster care across the country. And we've had just attention from highest levels of government in doing this, and a lot of support now from George Sheldon as we move forward in what we're going to learn.

So, it's been, you guys, it's been a year, no, a year since these awards, a year, that's send six cooperative agreements were awarded. And the other thing that we learned quite a bit about from the implementation center awards is that a planning year is a really important piece for grantees that are seeking to implement large scale innovations.

And so, we have some amazing recipients that we're working with from the grantees and you're going to get to hear from some of them. But here is the list, Arizona, California Department of Social Services, Illinois Department of Child and Family Services is working with us, the University of Kansas Center for research, the LA Gay and Lesbian Community Service Center in California and then Washoe County in Nevada. So, those are our six grantees.

But another big piece of this initiative was to say we're going to award six cooperative agreements, but at the same time we want two support contracts that are in place from the very beginning, in an attempt to grade in from the outside, evaluation with the service delivery.

So, well, let me talk about the technical assistance contract first. One of the other things that we're testing from the children's bureau is that if we provide a uniform model of technical assistance using the tenants of implementation science and move grantees

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through a process that's similar for all six. Where we learn something very important about implementing evidence inform practice. We think that we will.

So the TA contract was awarded right away, JBS international is working with us on that as well as the center for the support of families and the national implementation research network. So, we've got a really nice marriage of great Child Welfare expertise in that TA contract as well as the implementation science expertise.

Also then, the second contract is an evaluation contract. And our deal with that is that we wanted to have an external evaluator that would design and conduct both local level and cross site evaluations of the interventions and that we would be able to design and conduct the evaluation of both implementation process and cost at the same time.

So, do you remember that scene from Princess Bride where no one thinks it's possible? And that old couple stands there and they gather and they're like what they got married and they go in the castle.

Most of our management meetings for PII Jay and Mark Tester in the room and Andrea, and Matt, we're like, it's a huge undertaking. We're trying to do an awful lot with this initiative. But we're really excited about the potential for leaning in this.

The CB has been really clear that the goal of the initiative is really about these long term outcomes for children and foster care. So, we have not, you know, I think there are some days where I'm like why are we getting lost in the weeds, we really want the goal to still be these distill outcomes for lack of a better word.

But we've also been very clear that in order to get to those distill outcomes, we have a lot of learning to do about the clear need for a theory of change that moves us from a problem to a response in an articulated way. And many, well, all of you at this table have worked really hard on operational-izing that, what is the theory of change that's going to get us from A to B?

We've also wanted grantees to be very specific about defining their problem about identifying the risk and protective factors for the target population. And that has been a learning that you're really going to hear the exciting piece of that data mining and what those activities have looked like today. Who are we talking about that we want to serve, and how do we know what their needs are? And so, that will be the focus of this panel.

And you'll hear in that process too, then the next step of our collective commitment to developing and testing interventions and innovations and then implementing and evaluating what outcomes we're finding. So, that's a little bit of a big picture about what we're hoping to accomplish.

And with that I'll turn it over to you Andrea, for the rest of the presentation.

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Andrea Sedlak: Thanks Randi, it's been a very exciting year. And I hope to share with you we all hope to share with you some of what we've accomplished.

The evaluation contractor – we those of us in the room, decided that certain tools would be helpful to grantees in crafting their well-built evaluation questions. And we took a perspective that we call PICO or PICO depending on which of us you speak to. The P standing for the population, the I, for the intervention, the O outcome and C for comparison.

In order to build an evaluation question that is testable, it has to have all these elements and specify them. Do children in population P, that we receive the intervention I, have a significantly better outcome O than children in comparison group C who do not receive the, I. In order to build the evidence base going forward from the initiatives, the interventions, that are explored, examined in this permanency innovations initiative PII.

So, we developed these tools, four tools, four templates and two – and there were two, summit of plans that grantees and the evaluation team had to submit, somehow rather spacing all messed up here. But the population template and the intervention template, led into or fed into the implementation plan and the evaluation plan, both summative plans.

These are templates where the grantees really examined and defined their population, really defined their intervention in a way that spoke to the population they chose. And then, in the comparison template, identified what comparison they'd be using and in the outcomes template, identified both proximal outcomes that spoke to their theory of change, what intermediary changes they anticipated would be happening as a result of their intervention as well as how those led into the distal outcome, the reduction in long-term foster care or the achievement of permanency sooner for the children who received the intervention.

So, what we're going to talk about today are some of the findings that grantees have come up with in addressing their P Template, their population template. That template asks them to answer what target Ps or populations are risk of long term foster care or disproportionately represented in long-term foster care in their system, what are the specific child placement family characteristics of the P that put the P at risk of long term foster care.

And what evidence shows that, these are associated with long term foster care. And they were asked to prioritize these characteristics and summarize the results of what we call data mining, looking into what system data they have on their cases that show that these characteristics are associated with risk of long term foster care.

And then, to talk about what – in addition if there are such, key systemic barriers, especially in fact their P, whether it would be staffing organization support and service, leadership, other kinds of factors. And the goal of this is, P template are to clearly

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identify the P, the risk factors so that the intervention can speak directly to those needs and the logic really get linked into the overall plan.

So, they did various things to inform their population template, grantees conducted literature reviews, we did to the evaluation contractor looking for support for the kinds of factors that the grantees believed were effecting their long term foster care populations, they conducted focus groups with their case workers, conducted case worker reviews and data extraction of the case files, and did analysis of administrative data.

So, using administrative data, they described the long-term foster care population, compared characteristics of the children, who are in long-term foster care with children who are in care for shorter periods. And also, modeled risk characteristics, known at earlier points in time that distinguish children or predict which children would move into long-term foster care compared to those who would exit to permanency sooner.

So, that's the overall plan of the P Template and of the efforts that you're going to hear about today. We're going to start with David Judkins from Westat, he's a Senior Statistician, known for his analytic expertise. And David, I'm sorry I don't know the title for this, but you were recently the chair of one of the American Statistical Association Conferences.

David Judkins: I was the program chair for Joy statistical meeting in Maryland beach this year, so.

Andrea: Right.

David Judkins: For 6,000 people, I organized a program.

Andrea: So, David conducted analysis that he'll talk to you about today on the – you are talking about Washoe right, right. And then, after David, I'll introduce the other speakers.

David Judkins: Thank you Andrea. Okay. So, the topic that I've got here is survival trees and child welfare and I'll tell you about what those are. I mean, typically when one goes to analyze survival data, and in this case, survival data means how long you stay in foster care. So, actually surviving a long time, it's a bad thing as opposed to in the world of life insurance or medical treatment. So, here is survival, is a bad thing that means you're stuck in Child Welfare.

One immediate thing of pots proportional, how is its models? And these are great for many things but main effects I'm going to always point to a suitable target population. So, like if you're doing a pots proportional houses you might find that factors a, b and c, are all associated with longer foster care spells.

But that doesn't necessarily mean that children with all three factors have an elevated risk of long-term care, it could be the interactions among them will reduce risk, and even if

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they are, even if the three do work together to produce higher risk, it could be that the size of the population that has all three of those risk factors is too small to be worth targeting than with a custom intervention. So, we wanted something that would target that is big enough to be worth developing an intervention for them.

So, one of the things were easy. Now, let's just say that if we had a large sample recent case with an indication of whether their placements have become long-term placements, we could use some standard interaction detection software like search, shade or card which are designed to find interactions and miles of continuous support, or categorical and binary variables.

So, it would be really simple, I mean, I'm going to tell you a little bit more about those tools are but the fact is that they're all off the shelf tools, that we could just reach out and use them. However those tools don't work on censored data. And this world the censoring comes in the fact that you know, we decide at some point, okay, we're going to analyze administrative data now and the fact is that lot of the children are still in foster care.

Now, we could solve this problem if we only use really old data but then, what would you know, everyone say, what's the irrelevance of data from the 1950s, you know, it takes 20 years for kids to get through this. So, you know, we have to deal with censored data. So, what I did was to extend tree models the censored survival data.

Now, in general tree models, the well-known tools in this field are search, shade and cart, they'll come from original idea that Morgan and Sundquist in 1963. They called a tree models because the visual display is and I'll show you one in a minute, stronger resemble family genealogy trees.

So, the question for me, as I worked on this was how to adapt them to use censored survival data. And also how to ensure the groups are large enough to warrant investment custom research. And by the way I did this work under a different evaluation as we were looking at Ohio.

So, here is an example of a tree that we did and this is in Ohio, which this mouse wasn't on the wrong side here. So, the first split that we did in Ohio was we said, okay, everyone who placed with relatives initially is different from non-relative placements. They have very different patterns of – or very different risk of going into long-term foster care.

Then amongst those who replaced with relatives what mattered was their age and time and placement, whether they were underage, under one year of age or over one year of age, and it's getting smaller to read but amongst those they are under one year, it mattered if they were under two months of age at the time of placement or older infants.

So, amongst the relative – kids placed with relatives who weren't infants it mattered whether they were sexually abused or not. Amongst those kids not placed with relatives

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there was a big difference between those who's problems were so severe at the time of placement that they had to go straight to a detention facility or to a hospital.

Amongst those there was a big difference between the white children amongst those who didn't have to go straight away to jail or hospitals. There's a big difference between those who went to group homes and those who didn't. So, that's the example of, what the Ohio tree looked like.

All right. So, I'm thinking about how to go about this problem, I thought, well, a group of children who had high risk long term care placement should have a distinctive survival curve or survival as defined as a continuation of a placement episode and tree regression mailing software makes series of binary splitting decisions in such a manner to maximize the differences between the resulting nodes.

So, I had to think about how do you quantify the distances between survival curves? If I could think away to quantify the distances between survival curves and I could decide on which variable split on first.

Now, as it turns out and I didn't really discover this thought, I was working in this presentation, I'm not the first one who had this idea. In fact some of the work goes back to the 80s.

My ideas are little bit different from others, but just it's not fully, I didn't know about a service developing, but I can't really think that to be the first one to do this so.

All right, so now we'll back up a little bit for those, you don't know about Three Miles I'm going to give you an example just take you through an example that I did years ago and predicting non response in a follow up survey and one of the survey research is important to understand to develop a group of non-response adjustments cells, groups where people have very different response propensities.

So, we had some variables available here which you can read, well, I'm trying to read them out. And this software considered a very large number of possible first splits. And the first thing it decide to split almost mobility, during the south that when you're doing a follow up survey, those people who moved well, they're harder to find and interview again, then people who stays put. So, the software recognized that, their response rate was 55 percent from movers compared to 79 percent for non-movers. So, right off the back, that's a huge split.

Amongst movers it turns at Hispanic movers were much more difficult to trace than the other groups. So, it split on that. And amongst non-movers, the difference was between just of colors versus white, the whites in both groups were much easier to track.

So, splits continued on each road with independent decisions made across the nodes and the algorithm stopped, when each node became either too small to split further or there is no head or generate that could be discovered within the final node.

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So, my co-authors and I back at then, from 30 cells and the response rates varied from 32 percent to 95 percent. So, it's very highly predictive and that's not, if we could do that same thing for who is at risk of long term Foster Care get rates varying from 32 percent to 95 percent that would be great in terms of targeting who really needs an intervention and who doesn't.

We didn't get splits at high and the work I'll show you at least, I don't think we got that good, but still that's the idea. So, who uses tree model, they're popular amongst survey methodologies for the problem I just showed you, they're popular for fraud detection and credit card transactions.

And general, they're popular for people who need to make predictions, they're less popular if people want to understand the contributions or various factors for some outcome, now people who like pots proportional house model usually must understand the contributions of various things more.

So, the quote here from one of this references I discovered. Interest in tree based methods for census survival data usually it comes from the needs of clinical researchers to define interpretable prognostic classification roles both for something and for designing future trials, I thought, well, that's exactly where we are, we're trying to design future trials. So, I will reinvent the wheel, other people have had same idea, but at least I thought like I'm on the right track.

So, how do you define distances between survival curves? And I think about survival curves and I'll go a little, picture in the air here, which won't be very good for the audio recording, but anyway, they start off with the upper left with everyone having survival probability one, then they're showing like a banana and they come together at the zero because everyone acts at the end, so everyone has the probability to survival zero at the end.

So, the distances between them varied as you go along the curve. And so, I was sort of stumped by that and I thought well, it seems to me that hazard curve, show more interest in variation overtime then the survival group. Now, as it turns out, look at the calculus of it, if you know one, you'll know the other.

So, let me just define these terms. The survival curve at day T is to probability the child will still be in Foster Care of day T.

So, on day zero, it's one, you know, on the day they turned 21 at zero, okay.

The hazard curve at day T; is probability the placement will end on that day given that the placement episode do not end sooner. So, generally these hazard curves can be very, hazard rates are going be very small numbers, people and let's probably getting on any given day, given – I can't think of yet.

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The fact that they're so near zero makes them hard to estimate. And I'll show you some examples of how we deal with that and Washoe county, this is, Reno, I used their data for illustration here.

And they prior to any data mining they said look; we only want to deal with children who have been in care already for at least one year. So, all the covariates that we used here were defined as of that already in placement for one year.

Here is what the hazard curve looks like. And you see, this thing is very noisy, this is calculated week by week, what is the daily probability of exist given that you haven't existed yet.

Now, some of those peaks maybe due to administrative procedures that maybe called for like a closer annual review say on, even your anniversaries of the placement day or it could be just noise.

So, but a smoother function on that, it's not parametric smoother. And when I do this, it's going to be easier to see the differences between groups. If I didn't smooth it, you wouldn't be able to see any differences between groups because they're so noisy.

Now, it certainly looks to me, like I can't really explain this point. But this point here, this bump is that two year mark. So, maybe that's significant, maybe actually smooth us more or maybe less, I don't know, but you'll be able to see some interesting things with us.

So, in calculating differences between hazard curves my software has two options like considered, one is to take the maximum distance at any of the measured points. And this is inspired by the Smirnov Test. And the other is detected average distance at all the measured points.

And I certainly wish, I thought about like smoothing it first and then calculating the differences. But anyway, maybe do that in a future, one of you will pick up the ball and run with that.

So, and to make sure that they found, groups are big enough to work with. We imposed restrictions on what variables can be used at each split. And my software soft-primitive it only do three splits, it requires strictly binary input variables, so it forms at most eight nodes and usually exactly that number.

So, the rule I put in, it says that okay, that analyst approaching using the program can say, how big the final node needs to be. And then the split before that should be at least three times among on each side is split before that should be 10 times the final desired node sides.

So, in Washoe given that this just a single county and the number of children at care for at least one care is small, we set the minimum size, quite of a bit small then for other

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states, we set at just 50, so that just 50 meant minimum size for second level note is 150 and the minimum size for and it's a misprint there, so I should be first level notes was 500.

So, that meant, there was six variables were eligible for the first split. I'm going to show you the graph for all six of them.

This shows hazard curves very by whether the removal was due to parental substance abuse, the black solid line is for the, parental substance abusers. And you see that in general, they have higher hazards of existing during most of the time, you think oh gosh, that's awful, parent substance abuse, why are those kids getting out sooner, well, I guess, it just says and amongst the bad things that could explain like a child moving the parent substance abuse perhaps one of the easier things to treat, the other things are harder to treat. So, those kids are going back sooner.

This is a factor of, this is a function of age, the black line here is preschool kids and you see the preschool kids are, generally go back sooner, they have higher hazards of existing all alone.

This outline is for school aged kids, when you think, oh gosh, these are all most the same, aren't they? And why did you use with same variable twice, I don't know if any of you're in run regression or proportional hazards model you put in the same variable or almost the same variable twice and it's going to blow up, it's going to be really unhappy.

In this case, we're not exactly the same because there are few kids they're under one and there's few 19 and 20 year olds maybe they'll remember we targeted something at. But this software is, yeah, is tolerates that very easily, it doesn't get upset by this redundancy.

So, this is if they're removed due to neglect and those lines don't look very different from each other. And this is based upon sex of the child and you'll see there's not much difference there. And then this is, this is by whether they were in a Foster family home as oppose some other resource type at one year and you don't see much going on there.

So, going back through those, think yourself which one do you think matter the most. Well, here is the two roles, if you use the maximum distance at any time point between the two hazard curves that substance abuse variable is the most powerful, it stands at the top.

If you use the average role, actually I should have used the child age that 5 to 18. So, which role use does matter, we use the maximum role. So, we did the first split in parental substance abuse and I hit them the second splits.

And I'm not going to show you all the alternatives, I'll just you how we split it and you can sort of fall along, I don't know if you have it. So, within those were removed due to parental substance abuse we then split on whether they were in Foster family homes at age year one.

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For those that were not removed due to parental substance abuse, what seen the matter most is whether they're removed due to incarceration and you'll see that having a parental incarcerated, it means you're likely to stand Foster Care longer, the black line is generally lower.

Third splits. So, these parental substance abuse and they were in the Foster Family Home and here we split on, Hispanicity, we see it's starting to get noisy even with this smooth increase, we're going off the chart.

And then age within another group, it's getting very noisy when you get down to the small sample sizes, ethnicity. This is whether they had an adequate housing and here you'll see these lines crossing, those were housing or housing was the reason for the removal have lower hazards of existing to begin with, but then hire in the middle and lower, again I'm not sure exactly what, but here is, all of them together, which is, which you got in your handout as well. So, you can maybe read them better here. And on the far right hand side, we have the percent that are in this definitional long term Foster Care, so, you see, we succeeded and teasing our rates varying from 25 percent to 49 percent.

In general, the group is a good size group, group effort, that's orange line, 213 kids, excuse me, 206 kids had meeting duration of 1,213 days. So, what were these kids, these are, the reason they care is because their parents were jailed and they're not Hispanics.

So, and then that shows the final survival curves and group F is the orange start line, across the top you see, they're most likely to be there. And that's a whole group and I'm done. Thank you.

Andrea Sedlak: All right, see, he did very well.

David Judkins: Then we said we're going to involve five minutes questions on each one before we go to next one. So, I'll take questions now if there are any, yes?

Speaker: As you proceed through the various lists, several times it get smaller and the estimates become perhaps a little bit less precise. Is there a way to, that you developed or the other authors have, in other work, to sort of objectively determined at what point, and you probably continue to split, have we got enough people and more reliant on that particular group. So, is there a way to determine whether when that particular sample you should be stopping at say two or three, you know what I mean?

David Judkins: Yeah, I understand the question. Yeah, that's a great question. The people like behind cart, the people that use it for credit card fraud, a lot of efforts tend to the stopping real decision. They have very complex procedures with cross validation and bootstrapping and all sorts of things trying to figure out exactly how low they can go, the problem is that you're throwing so many variables at it, that there's a lot of over-fitting going on, and so standard test for statistical significant are easily defeated. But to answer

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your question from my software no, I just took whichever variable explained the most because that was all I had time and budget to do. Other questions, yes Mark.

Mark Testa: David, this tree was for one our sites, is that correct?

David Judkins: Yes.

Mark Testa: And so, what's interesting is that, you sort of identifying the path and one that looks like it's still pretty big is that housing, parent, no parent/jail, and no substance abuse.

David Judkins: Right.

Speaker: You know, quite often, in Child Welfare we don't think about interventions being with housing, and I wondered how this informed the thinking about which interventions would be most valuable?

David Judkins: I'll let George to answer that question.

George Gabel: Actually this was one of their population, they actually were looking at two population kids in care of one year, but also kids that are actually preventive...

David Judkins: Would you probably step up to the mike?

George Gabel: They actually have two populations, one which is preventive population which is larger all kids sort of coming into the front door; this one was particular for kids that who are already in care at least one year. And this actually helped them produce their high risk characteristics for their target.

So, those characteristics are, they got one or two other characteristics from their case record review, but the parents incarcerated is the reason and housing as a reason as actually how they're defining their high risk population. And so, they came up, they are working on an intervention to match up with that group, those groups or those characteristics.

David Judkins: That's one of the other advantages, others approach I think, is that you might get some hints as to how shape an intervention when you know a little bit about the group that's at high risk, yes.

Speaker: So, I'm not a researcher, I mean, oh, I can talk that a little bit, okay.

Speaker: I'm not a researcher. How, you know, I'm thinking if all the various factors like mental illness or like child's externalizing behaviors. And I know, we tend to look at substance abuse and don't at least in my agency track mental illness.

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How do you make sure that based on what you come up with, you're shaping the intervention that's inclusive of all these factors that may not have been factored in, but might actually be significant.

Like if I look at my kids who are long term stayers, its kids with externalizing behavior over the age of 7, who don't have families, who love them among conditionally or an extended family who are going to work with an agency.

David Judkins: Well, that's a good question. And we were really frustrated dealing with these data sets that there were so few variables on them like, you know, the set of eligible variables we had for the first, but we're just six, you know, obviously would love to had a couple of hundred variables. But, this is, the SACWIS world that we live in.

Andrea Sedlak: Yeah, I think that's one of the lessons learned about using existing data to shape plans for changing the way the system looks, the richer the data, the more you have to go on that maybe far more relevant. But we were hampered we lived with what we could pull.

And in fact, Washoe even did case record reviews to pull more information out that would feed into their identification and risk factor. So, our next speaker is Dr. Becci Aiken from Kansas. She is a research associate at the school of social work at the University of Kansas. She's a key person in the leadership roles in the Kansas Intensive Permanency Program, KIPP, which is one of the grantees under the PII. And she's been working for a while now on the kinds of analysis that really round up feeding very directly into what Kansas has done with the target population, so Becci.

Becci Aiken: Okay. So, I'm going to just give you a little bit of context about Kansas situation as we start here. And she's said it's called the Kansas Intensive Permanency Project or KIPP and was convened by the university. But, we had some really important partners with us, which one was the Public Child Welfare Agency. And then, before Foster Care Providers in Kansas that listed there.

And it's important for you to know Kansas was privatized in 1997. And so, these four agencies are responsible for Foster Care and happened since 1997. And the state really does not get involved in the day-to-day workings of Foster Care cases, they are responsible, they go to the court and represent the state.

The other piece of the context is important is that we have a long history of a public private university partnership in the state. And so, this I think affected our response to the PII initiative and this planning process. I'll talk a bit that about later.

And I want to show you this is a map of Kansas and our five Foster Care regions. And what you can see here is that each of those agencies is responsible from anywhere one to 52 counties. So, our region four is the western half of our state and they're responsible for very large geographic area, which affects them how they can respond, you know, and how we can choose interventions.

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The next slide shows, the Kansas counties by population density and the great counties are urban, the blue are semi-urban, the ones I want to draw attention to though, are those that are yellow, we consider those frontier. And there are fewer than six people per square mile in those counties. So, people are very far apart and so delivering services is greatly affected by that.

So, a little bit a background on KIPP. So, the person who asked the question left. So, now she's going to miss the responses to that. But, our target population is children with severe emotional disorders or SED. But our target of our intervention is actually the parents of those children with SED, our intention is to intervene early in the case and work intensively with that work focused on parents and kids with SED.

So, initially the problem of definition in Kansas was all about these kids with SED getting stuck in Foster Care. And the agency partners talked about the lack of dedicated parent services, like we don't have the financial resources dedicated to serving parents the same as we do for serving children.

In our financial resources they follow the kids wherever they go in our system, but they don't necessarily follow the parents. And also initially we talked about the impact of parental trauma and then the story that got told was this widening gap between parent and child.

So, kids come into care, they have these externalizing behaviors like the person was talking about. And a lot of times they disrupt their placements and the caseworker and sub focusing all of his or her attention on the child.

Meanwhile, the parent is kind of on the side and forgotten and all of our energies and our resources get focused on that kid and their behavior and trying to keep them stable in their placements, a lot of times they're not, they get moved and in Kansas that often means, you get put out further away.

And so parents and kids get this widening gap both emotionally and physically further and further apart. So, that was the story that we started out with.

Our approach to defining the target population then began during our proposal development phase and it was consensus approach, we gathered the agencies together and just started talking about how are the kids that get stuck in Foster Care. And two issues came at during that time, one was kids with SED and the other was kids with developmental disorders.

We chose during our proposal development phase to focus on kids with SED because we believe at that time were a larger number of kids than those who have had developmental disorders. That's a much smaller population.

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Then during our planning phase, we were given the directive to have a laser like focus and to look at our target population all over again and we took that hard into it. And we asked the questions, what are the critical barriers to permanency, what are the risk factors of long term Foster Care.

And our approach was really, what I'm calling a triangulation approach. We want to look at multiple information sources, do multiple analysis. And check kind of confirm; is SED really the risk factor that we should be paying attention to. And so that's what we did.

We did four major activities during this planning phase. First let review in expert consultation, quantitative data analysis, case record review of family, risk factors and then a survey on systemic barriers. And I'm going to go through each one.

And let review, we reviewed about 20 empirical studies and consulted with about half a dozen, Child Welfare Act experts. I think all of them are nearly; all of them are here, not in this room, but at this conference.

On the key findings of literature and expert consultation, there is a good number of studies on permanency, a lot of variables have been examined. What you will find if you look across those studies, there is one variable that consistently shows that it inhabits permanency and that is children's mental health status. Agent raise their important, they're not consistent across studies.

But children's mental health is, it inhabits reunification and adoption or permanency in general, but that's how I studied. So, the literature really shows it's an important risk factor.

Then, in our expert consultations, there was consensus that a current gap is this focus on parents early on in the life of a Child Welfare case.

Our second activity was our quantitative analysis and we looked at a sample about 7,100 kids and we looked at kids who entered Foster Care in fiscal year, '06 or '07. And we chose those years because we wanted the most reasonable possible to tell us that our current population, but also we needed, you know, at least three years to observe them to see who stayed. So, we ended up with, you know, like a maximum stay of around five years, I think.

So, we did three types of quantitative analysis, we looked at their mental health diagnosis, we actually had access to Medicaid data. So, we could see what they, these children have been diagnosed with. And then, we did bivariate analysis on the outcome of long term Foster Care, which was staying in care, three years or longer.

And then we did multivariate analysis, on two outcomes we did logistic regression on the outcome of long term Foster Care, which is a yes, no, were you in long term Foster Care or not and then survival analysis, whether outcome was time to reunification.

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So, the key finding on the descriptive of analysis was that the most prevalent diagnosis of children in long term Foster Care was behavior disorders. And those who were not in long term Foster Care and contrast; there was prevalent diagnosis was adjustment disorders.

Then we also found children with SED in long term Foster Care, more likely to have both externalizing and internalizing behaviors. And so, like the person in the audience who brought up externalizing, I think a lot of people thought that would be the, diagnosis we would find would be externalizing behaviors and true, but there is, the majority of them actually are both. And so, that was very important information for us as we went to select an intervention and design our intervention later on.

Then we also found that the kids who are SED in long term Foster Care more likely to present with curve occurring developmental disorders that's SED and DD then the kids who are not in long term Foster Care. So, that issue that came up originally you can see it remerged here.

So, here is the summary of the bivariate and multivariate analysis. On the bivariate analysis, where we looked at the outcome of long term Foster Care, you're just looking one variable at a time. So, you're not controlling for the other variables.

And I should say we had a 11 variables, gender, age, race, whether or not they had the disability, whether or not they were SED, what type of maltreatment had they been removed from, it removed from a home prior to this episode, what type of placement did they enter, were they placed with siblings. Did they experience early stability and have the ex-parents run away? So, those were all 11 variables.

And two variables with the strongest association to long term Foster Care with the presence of an SED and the presence of disability. Okay, but the more sophisticated analysis is the multivariate analysis where you control for the other variables and your model. And in the logistic regression, the variable with the strongest relationship to long term Foster Care was SED status.

So, children with SED with three and half times more likely to be in long term Foster Care then kids who did not have an SED, it's really large association. Then reunification as the outcome, they were two variables with the largest effect on reunification and that was SED and early stability. So, kids who had an SED were 90 percent less likely to reunify then kids who did not have an SED.

This is a survival curve like David was suggesting, it looks like a banana as he was saying. And so, the blue line is kids without an SED, the red line is kids with an SED. And so, the steeper the slope that means they're existing which is what we would want. And so, you can see they're separated, the two lines are distinctly separated and they were definitely statistically significant between those two times to accept.

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Okay. So, our third activity during this was to do case record reviews because we wanted to focus on the parents, we want to know more about what were the barriers that they were experiencing. So, we did a random selection of 30 cases of children with SED and long term Foster Care and we focused on the parents need early on in the case.

And so, we went out and went all over the state and read these cases. And when you talk about kids in long term Foster Care and you read their cases. There are about 5 to 10 binders about this big that you read a lot of paper. And so, we read those and then we followed up interviews with case managers and supervisors to get, you know, missing information that we couldn't find that many papers and into verify that we were understanding the case correctly.

This is a summary that we put together of 30 cases, then on the left hand column is case 1 through 30. And then, across the top, I know it's too small for you to see up there, but I'm just telling you that kind of what we did.

And so, across the top is each factor and so we recorded one zero, one if it was present, zero if it was not and 99 if it's missing data, we couldn't tell. And then yellow highlighting is where we recorded whether or not, we thought it was a critical barrier in this case. But that got in the way of this family achieving permanency. And like I said, we did interviews to try to verify this with the caseworker or the case managers and supervisors.

So, in summary we found five respecters were both high prevalent and most associated with long term Foster Care, poverty, parent mental health problems, parent alcohol and drug problems, parent history of trauma, and parent incompetency or parenting attitudes. So, again that information then we used as we went to select our intervention.

Our fourth activity was to do a survey on systemic barriers, we did electronic surveys sent it out to all of our partners and then they sent it to their staff and we reached 232 individuals that was a Child Welfare staff that range from front line to CEOs, both private and public agency staff.

So, the key findings on that, there were five systemic barriers. The number one barrier was lack of dedicated parent services. The second was high caseloads. Third was high caseworker turnover. Then parent lack of transportation. And finally barriers related to our court system.

And so, all of those things we took into consideration as we selected our intervention and then also if we needed to supplement our intervention like around the court system issues.

So, our lessons learned, I think number one we learned that SED is more important then other child characteristics for the data that we had available. The data show that children with SED are sub group at the highest risk of long term Foster Care, you know, our agency partners suspected this from their practice experience and then we had data that confirmed it.

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Children with SED and long term Foster Care experience both externalizing and internalizing behavior it's a major lesson for us. And then the family risk factors are critical barriers that must be addressed to expedite stable permanency.

So, what is our reaction to the PII approach and, you know, this is, we thought we'd already done all this, returned in our proposal, you know, we had to spent several more months and lots of time and resources and meetings doing it again.

But we were mostly very positive about it. It really did open our minds to the possibility of finding a different our new target population. And it provided this opportunity to immerse the agency administrators in data not just the university folks and some of them had never seen any of this before.

And to see the contrast between how quickly kids without SED get, you know, reunified compared to those with SED. They had never seen that before. And so we provided them with hard data and something that they might have known, but now they could see it in data. So that was a great process. It then promoted this data driven decision making process for us. And I think to accept this culture for using data for a lot of our decisions, all of our decisions, it did require a lot of resources, it was labor intensive for the data collection, the analysis and interpretation.

We had a ready resource for that and that the university was a partner and we've been doing research on this for several years other sites might not have that. So, that I think is definitely something to consider by the CB because I don't think it's something you can just do, if you don't already have some of that capacity in place.

It did create a sense of urgency and four and it strengthened our commitment for this target population. So, these were people, your partners sitting at the table who have been doing Child Welfare work for 25 years.

But we brought in case – we looked at the data. And the things were said like, how sad people were and that they felt that they had failed these children as we talked about their stories and how long they were in Foster Care, you don't really talk about the kids who stay in Foster Care for five, six, seven years that much I think.

So, they, it just brought them up to a different level for examination and then inspection and the people are now really committed to it and created I think a catalyst for change.

And then, it also assisted us and selecting our intervention very, very much so. So, my colleague Dr. Stephanie Bryson is here. She was supposed to present on that yesterday, but you know, that it didn't happen. But anyway, it was, these two things defining the target population and selecting the intervention went hand to hand so, any questions.

Let's see, I just said well, our first, okay, so we got notified, you know, right before October 1st. Our first expert consultation was December 20th. We had our kickoff

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meeting November 15th or so. And then our first expert consultation was December 20th. Okay, then we, to February 20th. We did it really rapidly though, I don't know if you could do that, if you didn't have the capacity ready to go.

Speaker: I was just wondering, I know that, so you indicated that in terms of, you indicated for severe emotional disorders was the mental health diagnosis that was utilized, the question I...

Becci Aiken: Not exactly, but...

Speaker: Okay. I was wondering if you could expand upon that and clarify whether or not there's any standardized sort of protocol or operation wise definition for that and who actually does that, is it done prior to the case being transferred to the agency or after. And subsequent to that, have you seen any variation with respect to the likelihood that a child's can be diagnosed given at location of where services are being provided?

Becci Aiken: I would say, yes. But that's based on other studies we've done. And then what diagnosis they get varies by location also. But, in Kansas, we have kind of a designation called SED. And that's how kids get certain levels of mental health services. So, our mental health system does that. So, they administer and assessment and determine whether or not the kid is SED. Now that's changing with our project because we're going now to do it in the Child Welfare agencies, but.

Speaker: Agency refers to that assessment, correct?

Becci Aiken: Yes, this is how it used to happen. But now it's going to happen differently, but yes.

Speaker: Have you seen any, now I assume with your state as with other states, so there's been a variety of different fiscal and budgetary sort of strengths. Have you seen any increase in the likelihood of this diagnosis taking place given the draw down from Medicare, Medicaid dollars since there's any correlation with respect to any physical constraints or agencies. The agencies as well as the state's been dealing with.

Becci Aiken: We just got a new governor. And that affected things. So, I believe administrative policy, so ours actually decreased recently, there's a lot more to go into about that. But, I don't, I think that we've been doing this long enough prior to our new administration right now, but I don't think that it had to do with drawings CMS dollars. I think that kids going into Foster Care, they are more likely to get diagnosed and get that designation, it's like a gateway to services and there is research to support that.

Mark Testa: Stephanie can you help us with our suspense, what is the intervention you selected?

Stephanie Bryson: Sure Dr. Testa. The intervention that we chose after a lot of soul searching and analysis, we narrowed it down to two interventions. And then we had

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something of a competition between the two and that was triple P and parent management training that work in model.

And we ultimately chose parent management training. So, ISII and they're out of the social learning center and organ social learning center. They're prevail and we chose them largely based on, well, based on a review of evidence which was substantial particularly for this population and then we conducted as Becky said, series of expert interviews in which people were frankly telling because triple P has very good evidence.

But, for this population, Patty Chamberlain and I think said it best and she said, you know, they've really proven themselves with this population is prettily external like kids with externalizing behavior problems. So, to address your question earlier and then as Becky also presented, you know, the kids that we're talking about, have both internalizing and externalizing.

And so, not only did we did chose PMTO, we also took to heart the paper written by Mark Chaffin and then Rick Barth, who kind of mentioned it again in an expert interview in which he said, you know, be careful not to, to put too much in the intervention because actually Mark Chaffin's article had indicated that just focusing on parenting allows the parents to just focus on parenting and when they're split between a number of different priorities that affects our water down somewhat.

So, we went pretty much just with PMTO, we are tailoring it, but we're in that process right now, of trying to tailor it, for the population and make sure that we're, and it's required some modification, it's an interesting process. So, I'll say more if you'd like to find me later.

Andrea Sedlak: Thank you. I think we have to move on, but we'd like to thanking for her. And now the speaker is Dr. Daniel Webster, he's research specialist at the Center for Social Service Research at the University of California Berkeley and he's been the data advisor on the CAPP project, CAPP being one of the grantees in the PII, the California Partners for Permanency.

Daniel Webster: I was hoping, I get to introduce myself because I was going to play off the metaphor of Princess Bride, you know, because I love that movie. And I was thinking of, you know, for the metaphor Storm in the Castle, which one would I be, you know, I certainly wouldn't be Andre the Giant, you know, but I'd probably the Spanish sword guy, anyway, I like that movie.

So, I'll start off with, this is my context slide, like Becci's and I'll borrow a phrase from one of my colleagues who presented earlier today, this is the bless your heart slide because we had been talking to another colleague, Anita Barbee about CAPP, California Partners for Permanency plans for reducing long term Foster Care and she's aware of the size of our state and so bless your heart was her response.

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Because we already said, California is a huge state, 57,000 kids in care, it's a county administered, but state overseeing system. So, generally there are 58 different counties who tend to do their own respective approaches to things. And so, I think there's a general recognition that you need large scale Child Welfare Reform is a challenging prospect and that you got potential difficulties when you're dealing with system, potential system level reforms and agency level, reorganizations and then course staff, changes in staff, actions and behaviors.

So, I think for success to be tangible in our state, you really have to, there's a recognition that you have to have cooperation between both, all the major players, the state and the county department of social services as well as the other practitioners in stakeholders, who have a big hand in what's going on in our state and Child Welfare System.

So, actually the last bullet there, the last blue bullet on the slide there I think reflect somewhat the success that the project has mobilized around itself with in terms of getting key people in the state, who are interested in this and who have taken this, this project on passionately and who are working together on an ongoing basis to, you know, to think through these problems and to come up with some innovative solutions to try to help the population that we will be talking about here in a moment.

So, but we've got the tribes on board as well as the state department of social services and then county welfare's directors and all the major foundations or also have representatives that are meeting, every month we meet together in Sacramento to talk about different issues as well as the training academy as we move to refine our intervention, once I get specified and then to hopefully then of course disseminate that into practice.

But let me back up and say, I mentioned California's 57,000 kids in care, we're not going to try to go statewide with the CAPP project first, it's first going to be rolled out in three counties and three offices in Los Angeles county. So, those counties are Fresno on the north coast, which, excuse Fresno, well, they would kill me if I, what about now, they'll probably be happy to be F1 in North Coast, it's very hard and for us now which is actually in the central valley, just Humboldt's on the north coast, and then LA. We've got three offices out of the roughly 18 offices in Los Angeles county, which is the largest county in the state, I think there's roughly 18,000, 19,000 kids in care in Los Angeles. But torrents Water Ridge and Pomona, they comprise about 15 to 20 percent of Los Angeles county, the caseload at the Los Angeles.

And we also have Santa Clara which is in the San Francisco Bay area, where San Jose, city of San Jose is. And then hopefully as we rollout the project refine our work that we're doing the plan will then be to eventually move on to other sides, replication sides of which ten have been normally selected at this point.

Our approach to defining the target population similar to what Becky was describing, I guess, it technically started in response to the RFP for the PII initiative where we looked at some of the literature and writing up our proposal and looked at a lot of bivariate data

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that's available in California, some of you maybe familiar with the center for Social Services Research where I'm a researcher, where you have a partnership with the state and we provide an ongoing basis, lots of system level, Child Welfare outcome metrics.

And so, we were able to use that to get a general sense of the target of the population that we thought would be most at risk of being in the long term Foster Care. When we were awarded the grant and then we began the process of the target population, filling out the target population template as Becky pointed out that timeframe was very short, you know, less than two months.

And so, we've really focused on using administrative data to try to dig in a little bit deeper and look it and look at some questions around, well, which are the children that would be most likely to experience, do not experience permanent outcomes.

And what we used for that was the California, children services archive that's the database that I mentioned that we use at Berkeley to provide these outcomes across the state, it's based on extracts from SACO system that we get every three months that we update every three months and we put it into a longitudinal format that enable us to track children's Child Welfare histories basically from the first hotline call, all the way through multiple episodes spells in and out of Foster Care.

And so, for the population template work, we started with looking at some additional bivariate analysis to look at kids existing from care for the population of children in care, we looked at a couple of exist cohort analysis. And for those of you who are familiar with Fred Wulczyn's work, we realized there are inherent biases depending upon the type of analysis that one uses when looking at data, exist cohorts tend to bias towards the short stayers and care.

We also, it's not on the side, but we'd also looked at some point in time data as well, which tends to be skewed the other way to kids who stay in care for longer period of time. And we came up with similar answers, actually to tip my hand, we ended up affirming becoming up to a similar result with each level of analysis, but we'll look at that together as we move forward.

So, after we did the bivariate, exist cohort analysis then we did some multivariate analysis of entry cohorts that kids coming into care for the first time and tracking them over several years of time and examining their likelihood's of existing the permanency based on a number of factors in the same model.

So, this is an example of one of the bivariate analysis that we looked at exists from care, this is for one of the sides, the torrents, the Los Angeles torrents office. And so, what this graph is showing us is, of all the exists across, one, two, three, four, five, six, six consecutive years of all the exists that occurred in that year, what proportion of those exists were to a non-permanent status, okay.

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So, these are kids who are leaving care in each of the six years, what proportion of those kids leaving care, left to, what we would consider a non-permanent type of an exist that being largely emancipating from care or running away from care or transferred to juvenile justice, they're smattering others, smaller outcome such as refusing services or even death, child deaths would be included there like several that would curve each year would be in there as well.

But, the bold dark line in this graph shows us, the good news I guess, which is that over this, this period of time which was 2004. These are rolling years from July 2004 to July 2005. And the far left up to July 2009 to July of 2010 on the far right. So, four years' worth the time, but just from mid-year to mid-year.

And the good news here is that we saw a decline in the proportion of our - exists who are leaving to these non-permanent types of exists. So, fewer of these kids are running away or being emancipated in this jurisdiction.

The not so great news is the red line is the, these are ethnic group, so the colored lines above and below the dark line. And so, the red line is African-American exist, proportions existing to non-permanent exists and you can see that, for this jurisdiction across this time spent African-American's had much larger proportion that were existing at these non-permanent exists for each of these respective years.

And then we've got Whites and Hispanics are below the overall dark lines, which is all racist combines, there is not, we don't have a couple of other groups, Asians for native American's, there were so few, well I'm already, okay, I'm already at 10 minutes, I used my metaphor from Princess Bride and went on too long about that. So, I'm going to have to pick it up here, storm the castle, okay.

So, anyway, so I didn't plot on here Native Americans and Asians although they were a couple of those kids in this jurisdiction. But as you know from small frequencies those lines, if you're plotting proportions they jump all over the place and it tends to, you know, give you a headache. So, I suppress those lines on this graph.

This bivariate analysis is very typical of the other side, so I just use this as an example, but we saw this, very similar affect in each of the other side. So, let me show you another graph, a different analysis bivariate, this one actually is one of the federal measures on long term Foster Care from composite three, which looks at of all the kids who emancipated or turned 18 during the year, what proportion of them had been in care for at least three years or more.

And here again the dark line in the middle, it shows, this is combined across all the sides that we're, for the CAPP project, we see a slight decline in this proportion of kids who are in care for three or more years when they emancipated or turned 18.

Again, the red line above the dark line is African-Americans, it's higher then all of the other ethnic group except on a couple of data points for the orange line which is Native

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Americans, which you can kind of get that, the jumpiness of the line because of the small frequencies.

These are a lot of the results that I've just been talking about, one of the issues that as we move to the next step of moving to a multivariate analysis, we're taking into account other factors to get age, gender, placement type these kinds of things.

In addition to, looking at ethnicity is the issue that came up very early on about the undercount of Native American children in the SACWIS system and this is something that I think has been, you know, lots of jurisdictions have pointed to. And so, and these jumpy lines that we saw, a lot of it is due to the data that we're calling on for our ethnic coding is a self-report ethnicity code.

And so, in order to and so to do, with some work that one of my colleagues was doing within American-Indian enhancement work group, one of my colleagues at Berkeley developed some new strategies to extract additional information on ICWA eligibility and tribal affiliation that we were able to triangulate on to get a broader picture of who could be coded as American-Indian.

And so, that was something that we incorporated into our multivariate analysis that was not in the bivariate analysis. We took the bivariate analysis. It's a preliminary multivariate, examples to our statewide county evaluation liaisons, professor Testa and I shared some of this information with them, we also presented to our cross side planning team in Sacramento of these partners on the first slide that I showed you.

And they came up with some suggestions on ways to look at our multivariate analysis in addition to improving the American-Indian children coding, using age, ethnic, group, gender, number of different variables.

Multiple placement moves indicators at that case planning goal indicator to see, you know, what's the case planning for these children as well as depending guardians which is something that's small number of kids but they wanted that.

And also to not looking kid to limit the – to start the analysis for those kids who were in care for at least 90 days because if you look, if you look at kids and say, 8 plus days on, there's a big shelter affect for those kids that you're in a shelter up to 30 days, right, at least and sometimes longer than that. And that tends to really affect, you know, you've got a big shelter affect for those kids existing system.

I'm going to try to talk fast Andrea, and get to this analysis. So, here is the survival curve where we made these adjustments to Native Americans where we re-coded basically based on this additional work, the top blue line, those kids that are tend to stay in care longest and this is a survival curve for exist to permanency versus not. So, this survival curve is not just existing care, this is exists to permanency that being reunification, adoption or some form of legal guardianship versus not which would be running away

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emancipate or staying in care or we actually, if a child move to independent guardianship we sensor that the point in which they moved independent guardianship.

And what we see here by race is that, the blue line actually for a lot, which is Native Americans ends up being long, longer or staying in care or not existing the permanency up for quite a while up towards the end of the, you know, up towards the end of the three year follow up when the red line which is African-Americans then that starts to be longer.

But clearly after about a year or so that these two groups you can see or end up, you know, they are higher not, existing permanency at a higher rate than the other ethnic groups. Here is a result of multivariate model which put them altogether and the hazard ratio for ethnic groups African-Americans had the lowest likelihood of existing permanency followed by American-Indians with the re-coded American-Indian and then Hispanics, we're also marginally significantly less likely to exist the permanency then the reference group in this case, which is white kids.

When we added, we added more data to the model, we added, I read many, many models, this is for all sides combined, I ran models for each of the respective sides, I ran other models where we included more of a non-participating LA offices. And lots of interesting, the bottom line that I'll just skip, jump to the character of the chase, the bottom line, when you look at all the different models and you run them for each office. The most robust predictors that kept coming through were whether the kid was an African-American ethnicity or in some jurisdictions American-Indian ethnicity. There were other factors, such as multiple placement moves or case plan goal which were also significant in most of the models, but not all of them.

And so, if you're trying to develop an initiative that you want to help a target population, but you run the risk of what David said of like if you break it down too small then you end up with the population that's, you know, what point do you, you know, stop, dicing up your potential, target population to intervene with.

And so, what we determine was that, these were the most robust predictors by in large across our sides. And so, as we move to develop our intervention, which is an integrated casework practice model the components of which have yet to be determined that's ongoing. But that, these tend to be the groups that kept jumping out all the way from the bivariate analysis up through multiple multivariate analysis that we were going to focus on.

And so, I'll skip to the, these are the results. And so, moving forward, identification of systemic barriers that are effecting differentially affecting these two groups is part of what's going on now, there's some institutional analysis that are going on in each side. And input is being solicited from the stakeholders and community partners and each of the size to get their input on why their views on barriers, they see to why African-Americans for example are having a tougher time getting the permanency in their side.

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And so, that information will be used in the determination of selecting practice intervene, evidence informed practices that will be then coherent together into an integrated practice model that will be rolled out in the sides.

And let me just close with the challenges for constructing as we move forward in the evaluation, a number of challenges for constructing our comparison group are coming to live, we've with J Bell and Jennifer Dewey and some other of our colleagues and technical assistants, we're starting to think through them. But there are some definite challenges with respect to identifying our target children in our sides. And then trying to come up with a comparison child of similar characteristics in a non participating sides, because as you can see from the variables that we were able to get our hands on, has been brought up a couple of times. They're not, you know, we wish we had a lot more, we didn't have, we did not have poverty and a poverty indicator or substance abuse, domestic violence, mental health issues that any number of different factors which could load on whether or not a child is achieving a permanency that we just didn't at that point under the time constraints, weren't able to get into the mix.

So, moving forward certainly as we select our as we do our data analysis for the evaluation, we want to be drawing on more richer data's are hoped to both, do the evaluation and construct the comparison groups. So, I'll just end it there.

Andrea Sedlak: Thank you.

Daniel Webster: Questions, yes.

Speaker: So, you've identified two target groups, Native Americans, African-Americans, say these white kids. So, have you analyzed the contributing factors for that? So, how do you select an intervention if you don't know that the castle factors are?

Daniel Webster: Yeah, it's a good point. So, how do we know, that's part of these identifying the systemic barriers to these particular kids. And so, as part of the process for selecting the practice intervention that will be netted into this practice mode, each side is undergoing an institutional analysis with over the course with several days which is, you know, social worker interviews and a number of different, I have been part of them. But, so the methodology I'm not particularly, go ahead Robin, are you familiar with...

Robin: Oh no, I was just going to follow up...

Daniel Webster: Okay. Well, I'm just going to say, they're undergoing institutional analysis with their workforce to get a sense on why they think these particular and community partners as well on why they think this particular group may have be more at risk for not reaching permanency then taking the results of those analysis that they have done. They're going back to their stakeholders in each of the communities and presenting the data to them. These things that they've discovered from this analysis and asking for further input on it and for, you know, varying of the barriers as well as, I think

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hopefully getting input on potential practices that they think might be helpful for, you know, for these kids, for those groups of kids.

So, that's part of the process that's actually ongoing right now. So, we have not, whereas an integrated practice model and concept has been what the overarching intervention that's been decided upon and certain values of the practice model have been agreed upon by a lot of key partners, the actual practices for the components of the practice model, some general areas of determine such as family finding and engagement and a trauma, healing of trauma and pre and post permanency support, these kinds of general areas that seemed to have popped at a number of different points.

Our general areas have been agreed upon, but the actual practices themselves have yet to be determined and integrated into this, into this model. Does that somewhat got, – okay, good, okay. Robin, Professor Perry, excuse me.

Robin: Yes, Dr. Webster. Listen on an institutional analysis, it sounds like they're asking questions of actually workers maybe administrator. You mentioned community partners. Is there any attempt in that institutional analysis to try to gage the extent to which actually that agency is connected with that community? Or looking at actually, people who are service recipients and to gage their perspective, the extent to which workers are culturally confident, the extent to which it might be ethnic racial matching of workers or workforce initiatives that are sensitive to some of those cultural issues that maybe some of those contributing fact.

Daniel Webster: Yeah, that's a really good question, Robin. And I have to just admit that I don't know, I've not been a part of these analyses on the ground. And so, I'm not that familiar with the methodology and how they rollout and what factors, you know, that they're using, what data they're bringing to bare, you know, how they're measuring the degree to which that the agency maybe connected with the, you know, with their community, but you know.

But, I think that's certainly going forward, Robin that will be as part of the implementation analysis and of the initiative, I think to the degree that we that, certainly I think to the degree we think, look, find those locations that are high end poverty or whereas maybe service provision is, you know, not, you know, lacking, that maybe our evaluation implementation piece can look to measure, are we matching up our services or maybe that's one of the contributing factors is that, these children are not due to a lack of engagement, there is a not the commencer at level of services or even available services that are getting linked up to those kids, they're just based on this, you know, lack of really connecting, whether be cultural sensitive or whatever.

So, the degree to which we can measure that new evaluation, link that up, I think will be, you know, ultimately better for helping us, demonstrate the efficacy of the intervention. Other questions, on Princess Bride?