The Permanency Innovations Initiative

The Children’s Bureau’s Innovations Initiative (PII) is a multi-site demonstration project that supports the implementation and evaluation efforts that aim to improve permanency and other outcomes for children in foster care who face the most serious barriers to permanency. Each PII grantee is delivering a unique intervention to help a specific subgroup of children leave foster care in fewer than three years.

The PII Approach to Evidence Building

In response to the lack of evidence-supported programs geared specifically to the needs of the child welfare population, PII developed a systematic, phase-based approach to implementing promising practices with integrity and building empirical evidence for that validity: the PII Approach to Evaluation.

This approach created a process for:
1. identifying programs that show the best evidence available of past success
2. replicating or adapting evidence-supported interventions with fidelity to the tested design
3. isolating evidence where it is lacking through rigorous evaluations
4. weaving out or adjusting interventions that did not have the desired impact

The Kansas Intensive Permanency Project (KIPP)

KIPP is a PII grantee working to accelerate permanency for families of children, ages 3–16, in foster care who have serious emotional disturbance (SED). KIPP is a statewide public-private partnership between the University of Kansas (KU) School of Social Welfare, the Kansas Department for Children and Families, and Kansas’s two private providers of foster care: KVC Behavioral HealthCare, Inc. and Saint Francis Community Services, Inc.

Service Emotional Disturbance (SED) is defined as a mental, behavioral, or emotional disorder that adversely affects the child’s ability to function in the home, in school, or in the community, and which results in functional impairment that adversely affects his or her ability to function in the home, in school, or in the community, with examples including depression, anxiety, or aggressive behavior.

KIPP delivers an evidence-based parent training program, Parent Management Training-Oregon Model (PMTO), to families in their homes, beginning shortly after their children have been removed from the home. PMTO is a behavioral intervention program designed by Dr. Gerald Patterson and colleagues at the Oregon Social Learning Center, a renowned research center in the area of antisocial behavior in children.

The KIPP model combines PMTO with robust referral to supportive services such as child care, cash assistance, and substance abuse or mental health treatment. The KIPP model is trauma-informed, requires master’s-level clinical therapists to deliver the intervention, and has a lower supervision-to-treatment ratio, and a higher rate of parent-child visits than was typical in Kansas foster care services.

The goals of KIPP are to:
1. Help families of children with SED achieve family reunification more quickly and with higher success rates.
2. Increase families’ capacity to provide for their children’s needs.
3. Work with the family and community on addressing barriers to reunification.
4. Connect families to longer-term community based services and supports.
5. Provide intensive and necessary services to support families with children in foster care.

Research Questions

By applying the PII Approach, this evaluation of KIPP sought to answer four research questions:

1. What is the relationship between assignment to receive the KIPP intervention and stable permanence?
2. What is the relationship between assignment to receive the KIPP intervention and the proximal outcomes?
3. Do proximal outcomes predict stable permanence?
4. Do proximal outcomes mediate the relationship between assignment to receive the KIPP intervention and stable permanence?

Method

Participants

The process of determining eligibility for KIPP and assigning cases to intervention or comparison conditions began at foster care intake. In Kansas, when a child enters foster care the private foster care agencies are required to conduct an assessment of the child’s functioning, using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PEFcas).

Families of children who were assessed as having SED, and who were age 3–16, were eligible to participate in KIPP. If (a) they had a case plan goal of reunification, and no legal termination of parental rights or abscission of parental role had been initiated, (b) the parent(s) resided within the service area, (c) a parent(s) was not incarcerated for longer than three months at the time of study evaluation; and (d) the case did not have a “no contact,” order from the court system. Parents included stepparents, adoptive parents, or others in a parental role.

KIPP target population included children ages 3–16, who were in foster care and met the criteria for SED.

Families who met these criteria were randomized to intervention or comparison groups. Each randomized case consisted of the identified parent(s) and child identified with SED, or “index” child, for whom data were collected. After randomization, the foster care agency contacted the family, informed them of the study and their intervention group status, and asked them if they would agree to participate in the study by signing written informed consent statements. The final sample for the study included N=520 cases (n=524 in the treatment group and n=396 in the comparison group).

Data

Parental mental health supports Social supports & resources & social skills Child functioning Parenting behavior Parent mental health

Outcome

Parenting behavior Child functioning Child behavior

Instrument or Data Source

Family Interaction Task North Carolina Family Assessment Scale North Carolina Family Assessment Scale North Carolina Family Assessment Scale

Analyses

Analyses were conducted using a progressive series of preliminary models, leading to a full examination of the impact of assignment to the intervention on stable permanence.

1. Conducted an Intent-to-Treat (ITT) analysis that estimates the impact of assignment to intended intervention on the number of Days to Stable Permanence regardless of whether or not the intended intervention was actually received. Included tests for potential interaction effects of case characteristics in moderating this relationship (Research Question 1). 2. Examined the impact of assignment to intended intervention on the proximal outcomes (Research Question 2). 3. Examined the impact of the proximal measures on the number of Days to Stable Permanence (Research Question 3) 4. Conducted Treatment-on-Treated (TOT) model examining the impact of assignment to intended intervention on the number of Days to Stable Permanence, while adjusting for the proportion of youth who completed the KIPP intervention. This model included case characteristics as potential mediators of that relationship, and proximal measures as potential mediating factors that explain any impacts (Research Question 4).

To ensure the inclusion of all cases eligible for the study, missing scores on proximal measures due to sample attrition, lack of consent to the data collection, and alienation status were imputed for steps 2 through 4 steps in the analysis.

Findings

Assignment to the treatment group improved the number of days to Stable Permanence. Stable permanence happened more quickly when parental mental health was better at either Time 1 or Time 2.

Results

RQ1: What is the relationship between assignment to receive the KIPP intervention and stable permanence?

Finding: Assignment to receive the KIPP treatment had no main or interactive effect on stable permanence.

RQ2: What is the relationship between assignment to receive the KIPP intervention and the proximal outcomes?

Finding: Assignment to the treatment group improved child functioning and increased the family’s readiness for reunification, but also increased child non-compliance and parents’ use of discipline. Among children assigned to receive the KIPP intervention, those who had prior removals from the home showed poorer social skills and more problem behaviors, compared to children who had no prior removals.

Conclusions

The evaluation of PII contributes to what little is known about the implementation of parent training among families involved in the child welfare system, and specifically about the application of the PMTO model to this population. KIPP was an innovative approach to tackling complex challenges among some of the hardest to serve families in the child welfare system. While KIPP improved aspects of child and family well-being, and families assigned to the intervention were reported by case managers as more ready to reunify, there is no evidence that this affected their transition to stable permanency.

Implications for Child Welfare

Using the PII Approach, we conducted evaluations of each PII intervention with the utmost rigor and transparency. These site-level findings from Kansas showed that the intervention had positive effects on various aspects of child well-being, as measured by proximal outcomes, but produced no positive changes in permanency that could confidently be attributed to program assignment or receipt of treatment.

A key to understanding this may be the administrative decisions that play a significant role in permanency outcomes. For example, if well-being improves as a result of an intervention, and it is recognized by a case manager who sees the family as more ready for reunification, reunification sill cannot happen without actions taken by supervisors, judges, and other decision-makers in the child welfare system. This information is needed to understand how decision-makers understand improvements in family well-being and incorporate that information into their decision-making about whether and when to reunify families.