



California Partners for Permanency (CAPP)

In 2010, the Children's Bureau (CB) awarded the California Department of Social Services (CDSS) a [Permanency Innovations Initiative](#) (PII) grant. The resulting project, California Partners for Permanency (CAPP), was led by the CDSS in partnership with counties, parents, youth, caregivers, communities, and Tribes. The goal for its 5 years of federal funding was to improve permanency outcomes for all children and reduce disparities in outcomes for African American and American Indian children in or entering foster care who statewide data indicate are at elevated risk of a non-permanent exit (e.g., aging out) or remaining in long-term foster care. CAPP implemented a Child and Family Practice Model that includes culturally sensitive engagement; empowerment of family, Tribal, and community networks; and use of culturally based healing practices and practice adaptations. The intervention was implemented in four counties: Fresno, Santa Clara, Humboldt, and Los Angeles (Pomona and Wateridge offices).

PII is a 5-year demonstration project designed to implement and evaluate interventions intended to improve permanency outcomes for children most at risk of remaining in long-term foster care. PII is building the child welfare evidence base by integrating evaluation research and implementation science. This integration is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and to provide evidence about program effectiveness. The federal government supported the PII Grantees as they implemented and evaluated their interventions through two offices within the Administration for Children and Families. Through the PII Training and Technical Assistance Project (PII-TTAP), the CB provided training and technical assistance (T/TA) to PII Grantees to strengthen their use of best practices in implementation. The Office of Planning, Research and Evaluation (OPRE) supported rigorous within-site and cross-site evaluations of PII Grantees' interventions.

The following is a profile of the CAPP initiative.

TARGET POPULATION

The CAPP target population was African American and American Indian children in or entering foster care or remaining in long-term foster care. To identify the group at highest risk of poor permanency outcomes, the PII Evaluation Team partnered with the Center for Social Services Research at the University of California, Berkeley, to conduct an analysis of statewide case-specific child welfare data. African American and American Indian children were the two subgroups identified as having the most significant barriers to permanency and experiencing the worst outcomes.

BARRIERS TO PERMANENCY

The longer children stay in the foster care system, the more likely it is they will face negative outcomes. In California, statewide data illustrate the disproportionate impact on—and disparate outcomes experienced by—African American and American Indian children. Because child welfare practice and systems are often not organized to adequately understand the unique strengths and needs of these families and do not consistently partner with such families, communities, and Tribes to meet the needs of their children, culturally based supports and services may not exist in sufficient supply and too often are not valued where they do exist. This lack of identifying, developing, advocating for, funding, and/or supporting access to culturally responsive supports and services that are sensitive to the current and historical trauma of the children and families being served contributes to negative outcomes.

THEORY OF CHANGE

CAPP theorized that the disproportionate impact on and disparate outcomes experienced by African American and American Indian children could be most effectively addressed and positive permanency outcomes achieved for *all* children by developing and implementing a practice model in partnership with communities and Tribes that:

- Acknowledges the history of racism and discrimination in communities; recognizes its impact on institutions, communities, Tribes, families, and children; and actively addresses biased or inaccurate assumptions about race, class, or sexual orientation to create visible change in behaviors and interactions
- Moves from a medically or professionally driven model of helping to one that recognizes the parents, child, youth, family, Tribes, and community as true partners in developing solutions
- Recognizes issues of social justice and the unequal distribution of power and resources as service delivery is planned
- Consistently and repeatedly partners with the child or youth, birth parents, and entire extended maternal and paternal family, support community, and Tribe in solution- and outcome-focused planning and decision-making
- Engages the broader community and Tribes in problem posing and solving rather than attempting to identify and fix all problems alone

INITIATIVE AND ASSOCIATED INTERVENTION(S)

After conducting an intensive exploration process during the first year of the initiative, CAPP partners could not identify an existing intervention or group of interventions that could be combined into a comprehensive and culturally responsive approach to child welfare practice to address their identified problem and the needs of their target populations. With the approval of the CB and OPRE, CAPP co-created the Child and Family Practice Model in partnership with communities and Tribes in the involved jurisdictions. The model provides all of the necessary components for supporting change at both *practice* and *system* levels by including five key elements: (1) a theoretical framework that provides the foundation for the model; (2) a set of guiding values and principles for all related actions; (3) a front-line practice approach that informs and guides all interaction with children and families; (4) a set of leadership behaviors

that align with the front-line approach and guide interactions with staff and partners as well as organizational and business processes; and (5) the development of organizational and systemic capacity to support the changes that are sought through the model.

INTERVENTION START DATE AND NUMBERS SERVED

For CAPP, the intervention start date refers to the date on which social workers in each CAPP site were trained and began providing services to children and families using the Child and Family Practice Model (CFPM). As of February 2013, the CFPM was active in all CAPP sites. The table below provides the number of *foster children* who were served by the Child and Family Practice Model over the course of the initiative. It is important to note that many other children in emergency response, family maintenance, family preservation, and “over 18” youth in extended foster care were also served by the CFPM; however, they are not included in the table.

Table 1. Total Number of Children Served

County/Office	Start Date	Number of Foster Children Served Through March 2016
Fresno	March 2012	4,429
Santa Clara	July 2012	2,642
Los Angeles-Pomona	May 2012	1,729
Los Angeles-Wateridge	October 2012	3,916
Humboldt	February 2013	536
TOTAL CHILDREN SERVED		13,252

INTERVENTION STATUS UPDATE

As indicated above, the Child and Family Practice Model was inspired and co-created by the CAPP sites with their community partners; therefore, there was a significant amount of development work before the sites were able to focus on implementation. CAPP coordinated a cross-site teaming structure while each implementing site created local implementation teaming structures, strengthened community partnerships, promoted buy-in for the intervention, and planned for implementation. Each jurisdiction identified a need to handle CFPM training and coaching locally. Each developed and tested training curricula and a local approach to coaching service delivery that integrated other valued and aligned practice initiatives locally.

Community and Tribal partnerships were key in training, coaching, and developing and implementing the CFPM fidelity assessment process, which is based on observation of a teaming process with the family. Fidelity criteria were established that defined acceptable fidelity as the extent to which 60 percent of the events are scored higher than 3.3 (on a scale of 1-5). CAPP established a structure and process for data collection, related staffing, and systematic review and use of data to inform decisions at each local site. An existing data system was

leveraged (tailored to county needs) for each site to house and track the following data: training delivery and post test results; coaching delivery, assessments of supervisor and manager coaching; fidelity assessment data; and system support survey data.

Throughout the initiative, CAPP encountered barriers while also achieving many implementation successes. Initially it took more time to develop the CFPM and implementation supports than was originally expected. Much of this was reflective of the relationship-building and trust that needed to be developed with local community partners to ensure their meaningful participation and involvement. While this resulted in delays in the implementation time frame, it also resulted in a more cohesive model with implementation supports tailored to local cultural and community strengths and needs. Additionally, there was a lack of visible leadership and understanding of the role of leadership in engaging community partners and supporting implementation. This was resolved by development of Leadership Behaviors (Practice Model behaviors for a parallel behavior at the leadership level) and by use of a technical assistance framework that identified the functions of linked leadership and implementation teams to support the practice.

Another barrier was the ability to provide coaching support at all levels of the agency. Each implementing agency identified part-time resources for coaching, but these resources could not address the significant need for ongoing coaching support. This was addressed by developing the coaching skills of local supervisors, managers, and executive leaders and integrating coaching support into supervisory relationships, interactions, and meetings. Several implementing sites experienced high staff turnover. This created a situation of increasing burden of responsibility on the remaining staff, resulting in slower uptake of the Practice Model and continual need for training and intensive coaching of new staff.

The numerous successes of CAPP included the use of system reviews to uncover barriers to improved outcomes for the target population and the creation of a practice model to address the key barriers that emerged as well as actively and meaningfully involving community and Tribal partners in implementation and system supports for the practice model, by partnering in training, coaching, and fidelity assessment, as well as working together to establish pathways to culturally responsive, community-based supports and services. Another success was the use of active implementation frameworks to support scale-up and system-wide use of the practice model to serve a large number of children and families across multiple jurisdictions.

The CAPP CFPM is in varying stages of initial implementation in the five locations. While training and coaching are in place in all sites, only three of the five sites have launched and completed a significant number of initial fidelity assessments (90% completed in two sites; 50% completed in one site). Another site has not pursued fidelity assessment due to staff workload and agency capacity issues, while another site is working to start up its CFPM fidelity assessment processes.

The CFPM will continue to be used in these locations. To promote sustainability and increase the likelihood of broad-based state and regional support of the practice, CAPP is working with county and state partners to ensure alignment between the CFPM in CAPP sites and the California Child Welfare Core Practice Model that has recently been developed and will be implemented in other California counties. Expanded infrastructure and a standard approach to

implementation is being worked on to increase capacity and support for practice model implementation and sustainability across the state.

EVALUATION STATUS

Each PII intervention is undergoing independent evaluation, overseen by the Office of Planning, Research and Evaluation (OPRE). The evaluation of CAPP comprises an analysis of data on demographic and case characteristic variables, contextual factors, and permanency outcomes to answer the following six research questions about CAPP-served children:¹

1. Do more (a larger percentage of) CAPP-served children exit to their permanent family within 12/24 months from the start of the CAPP intervention, without re-entering in the following 6 months, compared to historical matched children?
2. Are more CAPP-served children placed in the family that later becomes their permanent family within 12/24 months from the start of the CAPP intervention, compared to historical matched children?
3. Are more CAPP-served children with their family—either discharged to reunification, guardianship, or adoption OR placed in trial home visit, relative, guardian, or pre-adoptive home—at 18 months from the start of the CAPP intervention, compared to historical matched children?
4. Are more CAPP-served children safe and stable after being discharged from foster care, compared to historical matched children?
5. Are CAPP-served African American and American Indian children more likely to exit to their permanent family, without re-entry, compared to historical matched children after controlling for case characteristics and contextual factors? (multivariate)
6. Is the difference in the time to permanence between AA/AI children and Other (White and Asian) children in the CAPP treatment group smaller than the difference between AA/AI and Other children in the historical comparison group?

The sample size for the permanency evaluation is N=13,252, Table 1 (above) displays the numbers of CAPP children included in the analysis, by CAPP county/office.

The final evaluation report for CAPP will present formative evaluation findings on the relationship between receipt of CAPP practice model services and permanency outcomes. As of the date of this publication, evaluation results were forthcoming. See the Permanency Innovations Initiative page on the OPRE website in late 2016 for more information (<http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation>).

¹ A CAPP-served child is defined as a child who was: (1) Served by the child welfare agency in a CAPP site; and (2) Assigned to a CAPP-trained worker as the primary worker during a placement episode; and (3) In a foster care placement episode in the CAPP county/office for at least 8 days at some point between the first possible CAPP start date (the first CAPP training date in the CAPP site) and 12/31/2015.