Exploring Case and Service Characteristics of Children In Long-Term Foster Care to Guide Organizational Decision-Making for Implementing Practice and System Reforms

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"Research That Makes A Difference: Advancing Practice and Shaping Public Policy"
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Symposium 3: Thursday, January 12, 2012, 1:30-3:15 pm, Independence C

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Acknowledgement

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Papers & Authors

- **Paper 1:** Using Quantitative and Qualitative Methods to Explore Barriers to Permanency for Children Who Entered Care Because They Were Unsafe At Home
  - Authors: Diane DePanfilis, PhD, MSW; Pamela Clarkson Freeman, PhD, MSW; & Sarah Reiman, MSW

- **Paper 2:** California Partners for Permanency (CAPP): Toward Reducing Disparity In Child Welfare Permanency Outcomes
  - Authors: Daniel Webster, PhD; Debbie Williams, MSW; Stuart Oppenheim, MSW; David Plassman, MSW; & Joseph Magruder, PhD

- **Papers 3:** Using Quantitative and Qualitative Methods to Explore Barriers to Permanency for Children with SED and Their Parents
  - Authors: Becci A. Akin, PhD; Stephanie A. Bryson, PhD; Tom McDonald, PhD; & Sheila Walker, MSW

Background

- In 2009, 423,773 children were in foster care in the U.S. and almost half (44%) had not achieved permanency by 17 months as mandated by ASFA (DHHS, 2010).

- To address this problem, the federal government launched a major permanency innovation initiative to improve outcomes for children with the most serious barriers to permanency, build an evidence base for practice, and disseminate findings.

- Prior research has suggested that complex parental and family problems (Kelleher, et al., 1994; Glisson, et al., 2000), characteristics of children (Connell, et al., 2006; Courtney, et al., 1997; George, 1990), and service and system variables (CFSR, 2010; Wulczyn, et al, 2010) impact the length of time that children stay in foster care.

Background

- The initiative is structured to follow the stages of implementation science (Fixsen, et al., 2005) which begins with an exploration of risk and protective factors related to the problem (long term foster care) and the target population.

- The projects represented in this symposium employed collaborative relationships between public and private agencies and Schools of Social Work to conduct studies on three target populations at risk for long term foster care:
    - (1) African American and American Indian children;
    - (2) unsafe children due to maltreatment; and
    - (3) children with serious emotional and behavioral problems.

Purpose of Symposium

- To present the methods and analyses used to identify risk characteristics for long term foster care.
- To discuss the methods used to engage agency partners in defining the scope of data exploration and to consider the results of analyses in their eventual selection of practice/policy strategies that will be tested with these three target populations.
- To engage participants in discussions to consider the benefits of university-agency partnerships for using implementation science to drive system and practice reforms.
- To discuss directions for future research, policy, and practice.

PERMANENCY
INNOVATIONS
INITIATIVE

PII

Paper 1: Using Quantitative and Qualitative Methods to Explore Barriers to Permanency for Children Who Entered Care Because They Were Unsafe At Home

Authors:

Diane DePanfilis, PhD, MSW, (Presenting Author) Professor & Associate Dean for Research
Pamela Clarkson Freeman, PhD, MSW, Research Assistant Professor
Sarah Reiman, MSW, Research Specialist

University of Maryland School of Social Work, Ruth H. Young Center for Families & Children

Collaborators

Background

- Long history of collaboration between project partners:
  - ACTION for Child Protection has provided training and technical assistance to WCDSS for more than ten years.
  - The Children's Cabinet has provided services to children and families in Washoe County since 1985, much of it in collaboration with WCDSS.
  - ACTION for Child Protection and the University of Maryland have collaborated on implementation and evaluation of other Children's Bureau initiatives in Alabama, Georgia, Tennessee, and West Virginia. Project leads have collaborated together since the 70s.
- Each partner brings unique expertise to the project initiative and operates from similar philosophical principles.

Background: Patterns of Exit

- Half of children entering care are likely to reunify with their parents within the first 12 months (USDHSS, 2011).

- Rates of reunification stabilize after approximately four months in care, and are consistently low after 18 months (Courtney, 1994).

- The greatest proportion of youth either reunify or are discharged to custody of a relative within the first 30 days, with rates of exit fastest for children discharged to guardianship with a relative followed by reunification, custody of a relative, emancipation and adoption (McDonald, 2007).
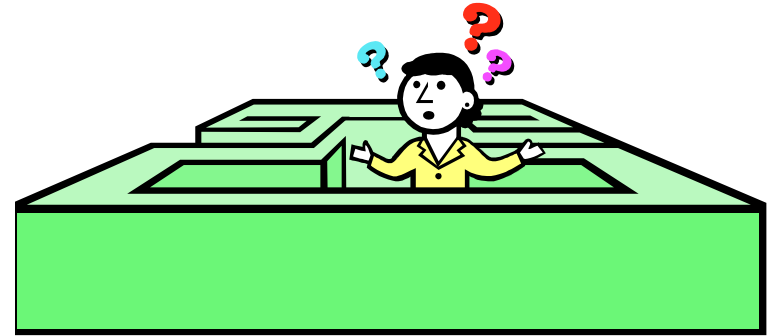
Patterns of exit are complex and have been found to vary by a variety of factors, including type of placement (e.g. nonkin vs. kin) and permanency outcome (e.g. reunification, adoption, guardianship) (Akin, 2011; Courtney, 1994).

Background: Child & Family Characteristics

- **Child Characteristics** - Children with physical disabilities or health problems at the time of foster care placement have repeatedly been associated with longer lengths of stay in care and lower rates of discharge to reunification (Becker, Jordan, & Larsen, 2007; Benedict & White, 1991; McDonald et al., 2007; Wells & Guo, 1999).

- **Family Characteristics** - Children with parental drug abuse as a reason for removal had a much lower rate of discharge to reunification. Similarly, rates of discharge were lower for children when the reasons for removal included abandonment, inadequate housing, neglect, and sexual abuse (McDonald, 2007), or for children placed due to neglect or dependency (Glisson et al., 2000; Wells & Guo, 1999).

Background: Service Characteristics

- The greater the number of visits between a caseworker and family, the better the chances for a successful reunification (Benedict & White, 1991; Lewandowski & Pierce, 2004).

- Similarly, more frequent parent-child visits and fewer caseworkers (Davis, Landsverk, Newton, & Ganger, 1996; Leathers, 2002; Leathers, Falconnier, & Spielfogel, 2010; McMurty & Lie, 1992; Potter & Klein-Rothschild, 2002) have been shown to have strong positive effects on reunification.

Study Objectives

The purpose of this paper is to explore:

a)   the timing of reunification (or other permanency outcomes) for maltreated children placed in foster care;

b)   the relationship between child, family, and placement characteristics collected at the time of placement and permanency outcomes; and,

c)   the type and level of services provided after maltreated children are placed in care and how these factors predict or impede the achievement of timely permanency outcomes (i.e., timing of exit from out-of-home care).

Study Methods

- Convergent parallel nested design
  - quantitative and qualitative data were collected separately, yet concurrently, and merged at the point of analysis.

- Secondary analyses of administrative data and case records

- Outcome Variable: Time to exit (number of days to exit).
- Covariates:
  - Child & Parent Characteristics – age, race, CG marital status
  - Placement Characteristics – number of placements, reasons for placement, safety threats, engagement, case plan match to reasons for placement & safety threats

Study Sample

- Quantitative Sample
  - An entry cohort of 2,680 children who entered care on or after July 1, 2006 due to safety threats associated with maltreatment; children were followed through January 2011. After removing children who exited in 30 days, models were developed with 1500 children.

- Qualitative Sample
  - Previously coded data from two random samples of case records (families with children in care >2 years (n=15) and >3 years, n=15).

Sample Demographics (snapshot)*

	Quantitative Sample		Qualitative Sample	
	N=2680	%	N=30	%
Gender – Male	1328	49.6	20	66.7
Race – Caucasian	2029	75.7	23	76.7
Ethnicity – Non-Hispanic	1798	67.1	22	73.3
Marital Status – Single Mother	1543	57.6	21	70
FC Status – Still in Care	487	18.2	30	100
	M	SD	M	SD
Child Age	6.39	5.41	4.92	4.56
Reasons for Removal	2.3	1.42	2.89	1.57
Safety Threats	.99	1.24	2.28	1.19

*Numbers vary as a result of missing data

Data Analyses

- Quantitative Data Analysis
  - The primary bivariate technique was the use of the Kaplan–Meier method which allowed observing bivariate relationships between independent and dependent variables.
  - Multivariate analyses conducted using Cox regression

- Qualitative Data Analysis
  - Case study analysis used to extract depth and meaning in context (Padgett, 2008).

Results
RQ1: What are the patterns of exit?

N=2680

Survival Function

Cum Survival vs *The number of days to exit*

Results
RQ1: What are the patterns of exit?

N=1500

- 5 variables increased the time to exit:
  - African American children
  - # of safety threats identified at placement
  - Inadequate housing at the time of placement
  - Single mother
  - Caregiver use of methamphetamine at time of placement
- 1 variable decreased the time to exit:
  - Placement partially due to having a "parent who could not cope"
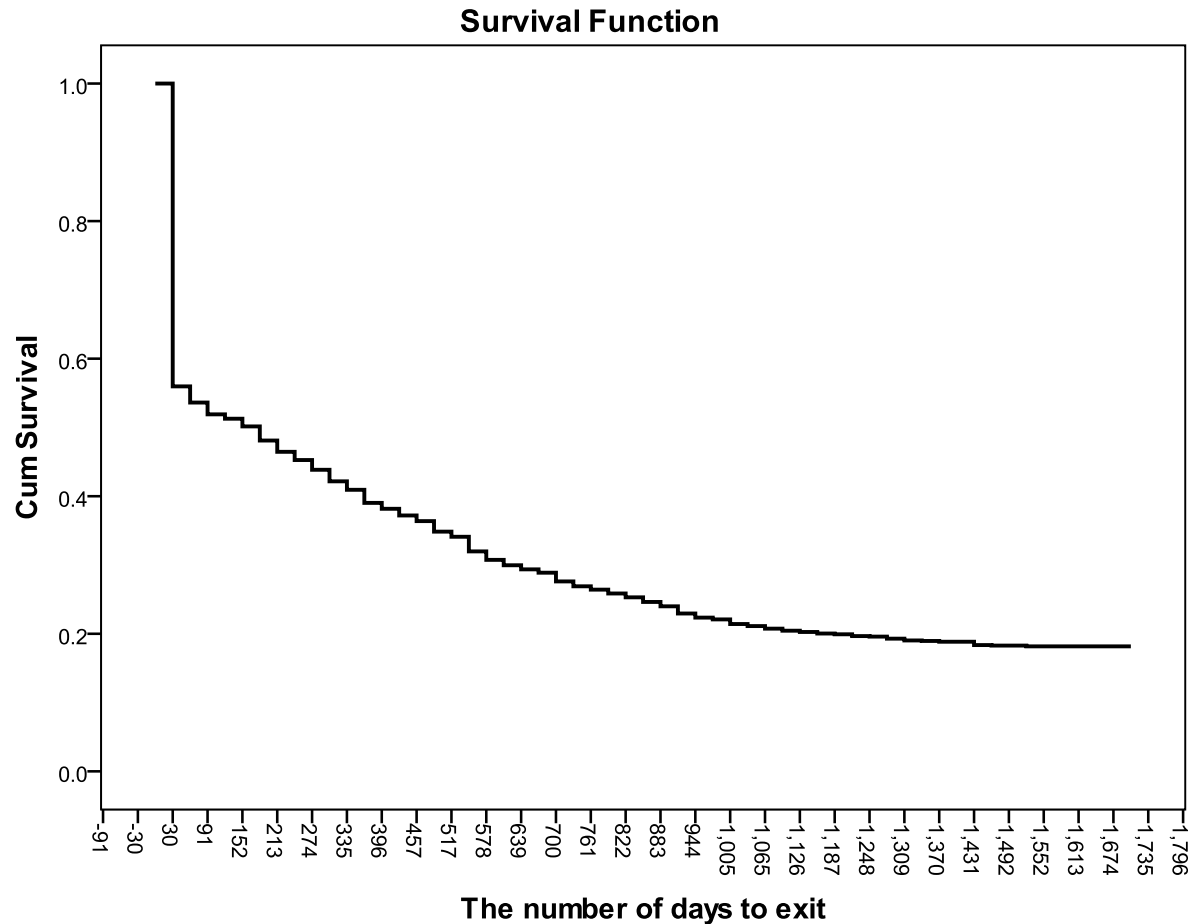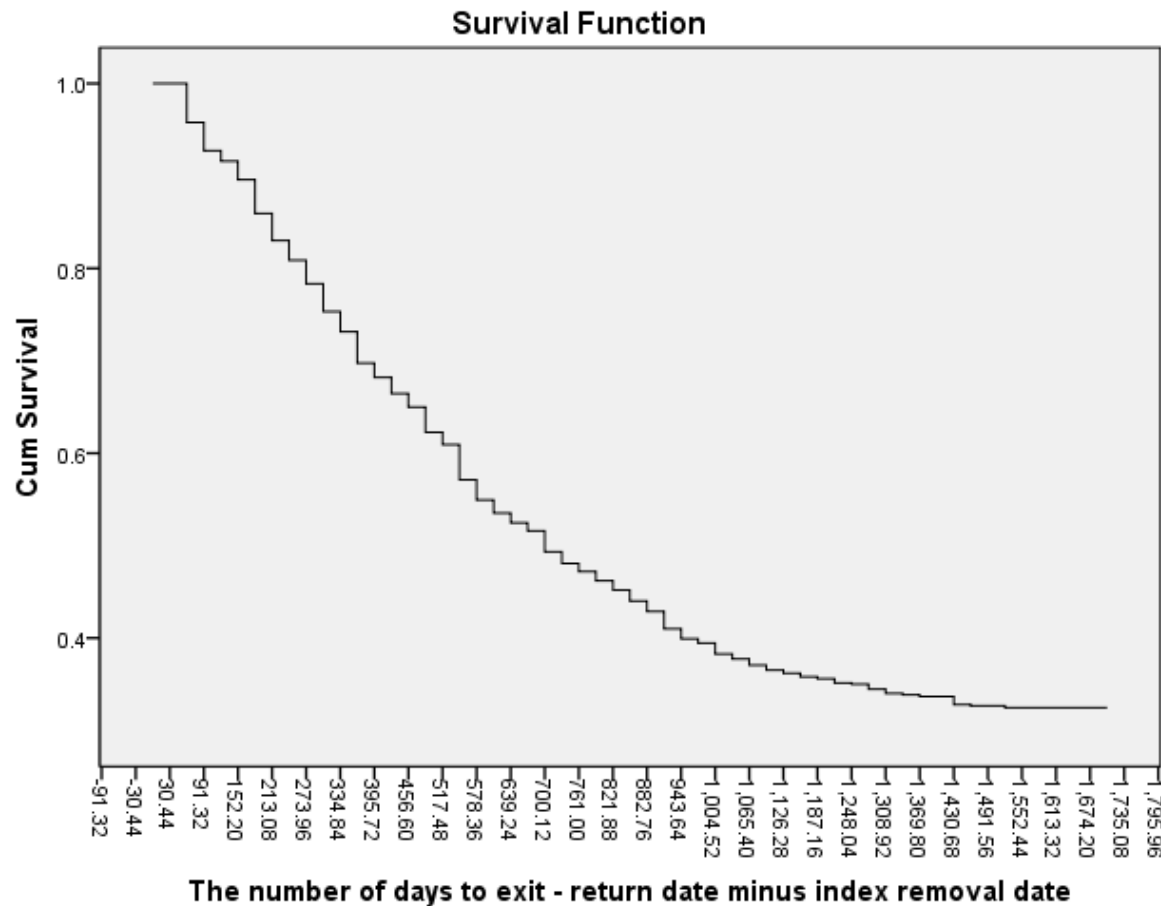
Results RQ2
What child, family & service characteristics were associated to the time to exit?

Variables in the Equation (Cox Proportional Regression Model, n=1500)

	B	SE	Wald	df	Sig.	Exp(B)	95.0% CI for Exp(B) Lower	Upper
age	.012	.007	2.972	1	.085	1.012	.998	1.027
Prior placements	-.094	.068	1.874	1	.171	.911	.796	1.041
Total # Reasons for placement	-.027	.038	.502	1	.479	.973	.903	1.049
Total # Safety Threats	.051	.025	4.237	1	.040	1.052	1.002	1.105
Race	-.216	.110	3.828	1	.050	.806	.650	1.000
Marital Status (SF)	-.158	.073	4.706	1	.030	.854	.740	.985
Parent Can't Cope	.299	.108	7.743	1	.005	1.349	1.092	1.665
Parental DA	.104	.092	1.270	1	.260	1.109	.926	1.328
Inadequate Housing	-.297	.103	8.329	1	.004	.743	.607	.909
Parental Incarceration	-.121	.080	2.282	1	.131	.886	.757	1.037
Parental Meth Use	-.210	.109	3.687	1	.055	.810	.654	1.004

Results RQ3
What services were provided to families of children in long term care? (qualitative question)

- Quality of safety assessments or in-home safety services *- most unsafe children placed, few in-home safety plans*

- Engagement of parents/caregivers *– 80% seen by worker once a month or less often*

- Quality of assessments *– only 13.3% were comprehensive*

- Quality of case plans *– only 13.3% addressed reasons for placement*

- Service Match *- most families not provided services to address the safety threats/reasons for placement*

- Parent-Child Visits *– provided once a month or less often*

Conclusions by Project Team

Parental Substance Abuse & Associated Problems leading to Child Maltreatment –
> 20% Impending Danger – determination child is unsafe

| Inadequate Safety Assessments | Inadequate In-Home Safety Services | Inadequate Engagement of Parents |

Placement in Foster Care: Goal Reunification

| Inadequate Assessment of Caregiver Protective Capacity | Case Plans without SMART Goals | Court-Ordered Services that May not be related to the Reasons for Placement |

Limited Engagement of Parents to Address Reasons for Placement

| Monthly Contacts with Children | < Monthly Contact with Parents | Supervised visits Between Parents and Children Diminish in Frequency |

Long Term Foster Care: Permanency Goal Evolves to Adoption or Emancipation

| Multiple Placements | Multiple Caseworkers | Negative Consequences for Children |

Theory of Change for Safety Intervention Permanency System

SAFE Initial Intervention

•Intake Assessment

•Nevada Initial Assessment

-Impending danger = unsafe child -> Safety Plan

SAFE-FC

•Safety Management

•Protective Capacity Family Assessment

•SMART Case Plan

•Change focused service provision

•Protective Capacity Progress Assessment

Increase:

•Caregiver resilience

•Parenting attitudes
•Social support
•Home stability

Decrease:

•Parenting stress

•Caregiver mental health problems

•Child behavior problems

Build helping alliance

Enhance readiness for change

Safety

•Decrease impending danger

•Increase caregiver protective capacitive capacities

Permanency
•Prevent placement
•Reduce time in care
•Achieve permanency outcomes within 12 months

Limitations

- Use of administrative data for quantitative analysis

- For both "reasons for placement" and "safety threats" workers could check one or more multiple items.
  - Not necessarily the primary reason a child entered care or was judged to be unsafe.

- Qualitative reviews of case records suggest workers are somewhat arbitrary with regards to:
  - how many indicators are selected; and,
  - whether facts documented in a record would justify selecting particular items.

Clarifying Questions

Paper 2: California Partners for Permanency (CAPP): Toward Reducing Disparity In Child Welfare Permanency Outcomes

Authors:

Daniel Webster, PhD, (Presenting Author) Research Specialist, University of California, Berkeley School of Social Welfare

Stuart Oppenheim, MSW, (Presenting Author) Executive Director, Child and Family Policy Institute of California

Debbie Williams, MSW, Chief, California Department of Social Services

David Plassman, MSW, Supervisor, Fresno Department of Children and Family Services

Joseph Magruder, PhD, Associate Specialist, University of California, Berkeley School of Social Welfare

Collaborators

- **6 early implementation sites**
  - Fresno, Humboldt, LA Pomona, LA Torrance, LA Wateridge, Santa Clara
  - Sites represent different regions of state
  - Sites comprise about 11% of children in care statewide
- **10 replication sites**
  - Contra Costa, Monterey, Napa, Orange, Sacramento, San Bernardino, SF, Santa Cruz, Solano, Yolo
- **Other partners**
  - California Tribes
  - Child Welfare Co-Investment Partnership
    - California Department of Social Services
    - County Welfare Director's Association
    - Administrative Office of the Courts
    - Philanthropy—AECF, Casey Family Programs, Stuart Foundation, Walter S. Johnson, Zellerbach Family Foundation
  - California Regional Training Academies
  - Child & Family Policy Institute of California
  - California Social Work Education Center
  - California Youth Connection
  - Center for the Study of Social Policy
  - UC Berkeley Center for Social Services Research

Background

- California has been working statewide to address disproportionality/disparity since 2000
  - Stakeholder's Redesign
  - Fairness and Equity Symposia
  - Breakthrough Series on Disproportionality
- Many promising practices but no evidence of positive results, either locally or statewide
- Responded to PII request for proposal in hopes of tying efforts together in strategy to reform statewide practice

Project and Study Objectives

- Conduct an analysis of local child welfare systems to better understand and address the barriers to permanency for children and families and inform solutions to reduce long-term foster care;

- Develop a child and family practice model to be utilized by social workers in their day-to-day work that partners with families, communities and Tribes in understanding and meeting the needs of their children;

- Refine, test and evaluate the approach in four California counties; and then

- Replicate the approach in other California counties and develop a plan to spread statewide

- Understood that none of this was possible without first examining target population of children most at risk of LTFC

Study Methods

- Examination of administrative data

  - California Children's Services Archive

  - Based on extracts from California's Child Welfare Services/Case Management System (CWS/CMS)

  - Extracts configured into a longitudinal database as part of a collaboration between the California Department of Social Services (CDSS) and the Center for Social Services Research (CSSR)

Study Sample

- ## Bivariate analysis (exit cohorts 2005-2010)
  - Children exiting care per year (n=29,119), proportion experiencing a non-permanent discharge
  - Children emancipating or turning 18 per year (n=11,370), proportion in care three years or more

- ## Multivariate analysis (entry cohorts 2004-2006)
  - Children first entering care, remaining in care at least three months, three year follow-up period (n=4,901)—likelihood of achieving a permanent discharge from care versus not

Results

Event history model on time to permanent exit (n=3720) versus not (n=1181). First entries, 2004-2006, in care at least three months, three year follow-up.

Variable	Hazard Ratio	Probability
Entry Year 2004	1	
Entry Year 2005	1.25	***
Entry Year 2006	1.37	***
White	1	
African American	0.77	***
Hispanic	0.90	0.06
Asian	1.38	**
American Indian	0.86	*
Age < 1	1	
Age_1_2		
Age_3_5		
Age_6_10		
Age_11_15		
Age_16_17	0.63	***
Male	1	
Female		
Neglect	1	
Physical	1.31	***
Sexual		
Other abuse	1.42	***
Kin	1	
Foster	1.30	***
FFA	1.15	***
Group		
Shelter		
Guardian	0.43	***
<3 placements	1	
3+ placements	0.78	***
Case goal not LTFC	1	
Case goal LTFC	0.26	***
Santa Clara	1	
Fresno	0.68	***
Humboldt	0.80	*
LA Pomona	1.21	**
LA Torrance	1.22	***
LA Wateridge	1.11	0.05

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Results

- African American and American Indian ethnic groups consistently emerged across models as the most robust predictor of non-permanent exits or remaining in long term foster care

- Some factors were significant in certain sites but not others
  - Age at entry
  - Hispanic ethnic group
  - Initial removal reason
  - Placement moves

- Other variables significant in most models but determined not to be target population constraints (due mainly to very small frequencies)
  - Guardian placement
  - Case plan goal of LTFC

Conclusions

- Bivariate analyses and multivariate results consistently indicated longer times to permanency for African American and American Indian children

- Past work in California suggests elevated risks for these ethnic groups

- Decided to make a broad target population, due to variability across sites and since project aim is to eventually expand to other children at risk of long term foster care

Conclusions cont'd

- Convened meetings at CDSS and in each of the study sites with DCFS and community partner representatives of proposed target populations

- Solicited community partner input on barriers to permanency that they perceived could be positively affected

- Incorporated community partner input in drafting potential practice model elements and specific behaviors to improve work with target population children and families

- Currently discussing the integration of Participatory Action Research principles into the evaluation planning process

CAPP Practice Model Framework

Working Draft 11/09/11
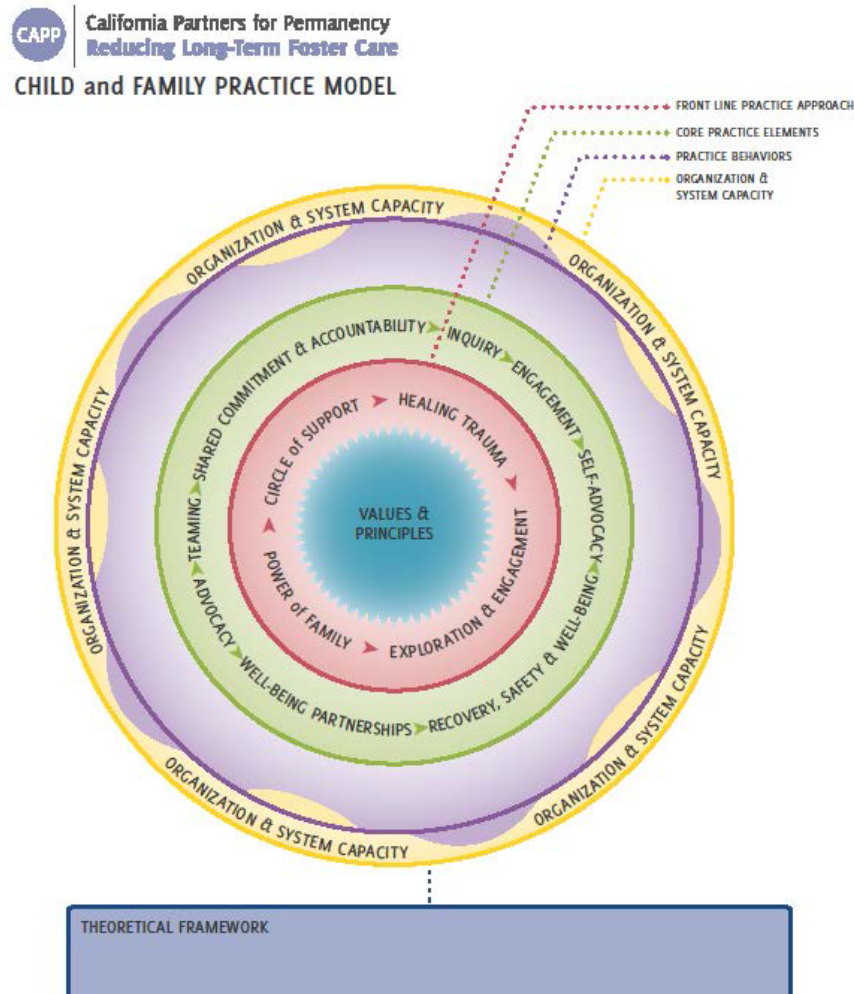
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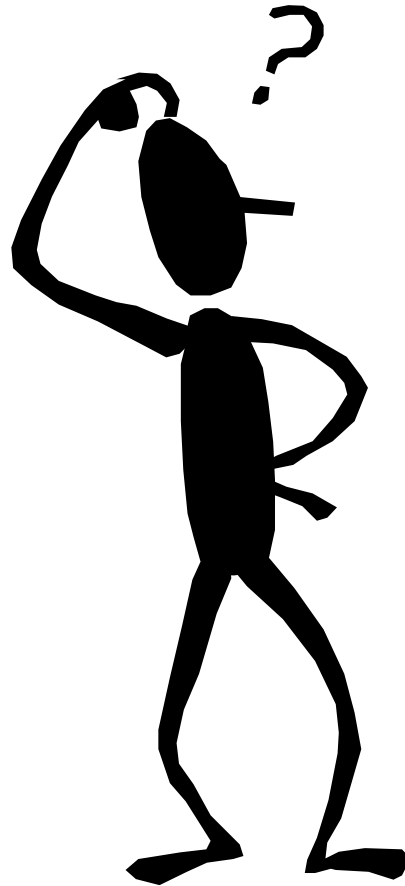
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Tom McDonald, PhD, Professor & Associate Dean of Research
Sheila Walker, MSW, Project Manager

University of Kansas School of Social Welfare

Collaborators

- University of Kansas School of Social Welfare
- State public child welfare agency
  - Kansas Department of Social and Rehabilitation Services/ Division of Children and Family Services
- Kansas' foster care providers
  - KVC Behavioral Healthcare
  - St. Francis Community Services
  - TFI Family Services
  - Youthville

Background

- PII Project in Kansas: Kansas Intensive Permanency Project (KIPP)

- Privatized foster care since 1997

- Long history of public-private-university partnership

- Mix of urban, rural, and frontier geography

Map of Kansas Foster Care Regions
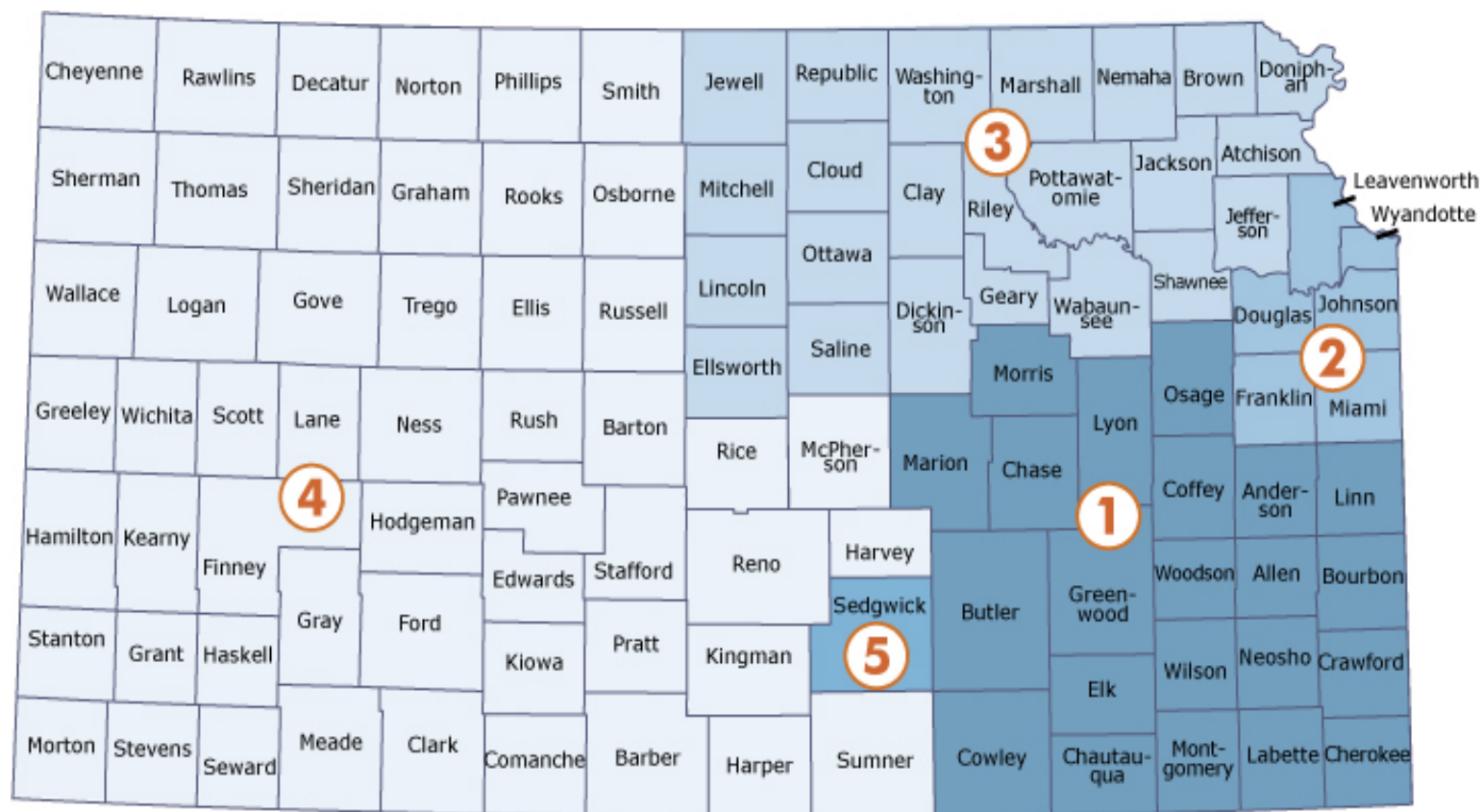
Map of Kansas Counties by Population Density

Population Density Peer Groups for Counties in Kansas
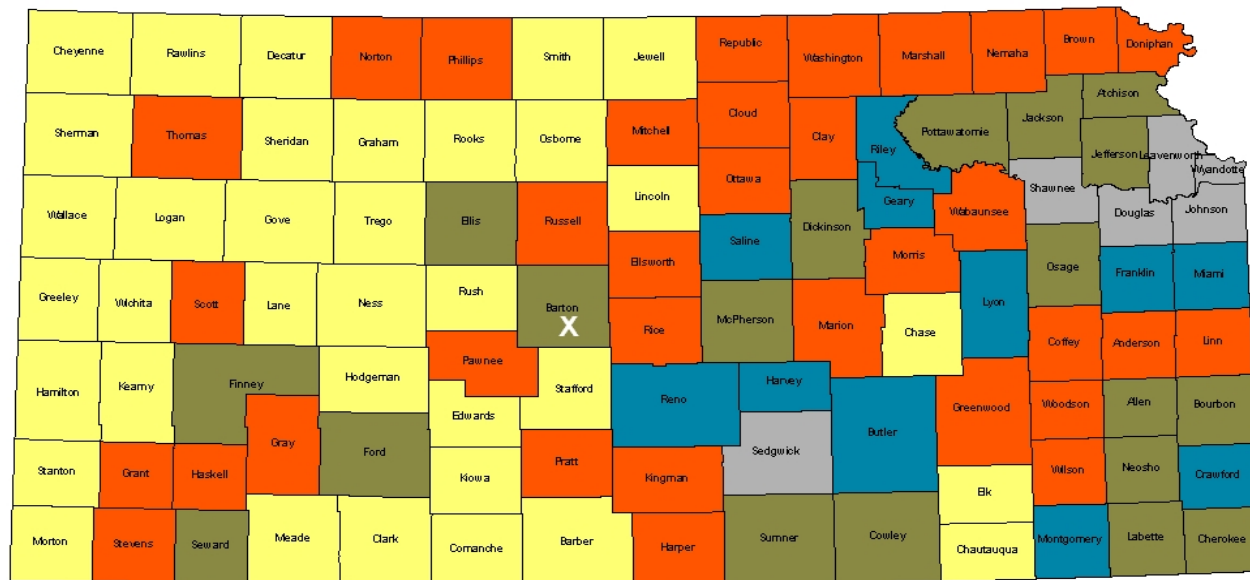
The X in Barton County designates it as the central county of Kansas.
Source: The Geography of Kansas: Part 1: Political Geography by Walter H. Schoewe (pg. 255) Transactions of the Kansas Academy of Science (1903) copyright 1948 Kansas Academy of Science

Population Density Peer Group

- Frontier (less than 6 persons per sq. mile)
- Rural (6 to 19.9 persons per sq. mile)
- Densely-settled rural (20 to 39.9 persons per sq. mile)
- Semi-Urban (40 to 149.9 persons per sq. mile)
- Urban (150+ persons per sq. mile)

Based on 2007 U.S. Census Bureau Population Estimates using the peer group definition adopted by the Kansas Department of Health and Environment. For more information, see the following website: http://www.socwel.ku.edu/occ/viewProject.asp?ID=76

Background cont'd

- Initial problem definition
  - Children with serious emotional and behavioral problems get stuck in foster care
  - Lack of dedicated parent services
  - Impact of parental trauma
  - Widening gap between parent & child
- Initial target population
  - Children with serious emotional disturbances (SED)
- Initial target of intervention
  - Parents of children with SED
  - Intervene early in the life of the case
  - Intensive work focused on parent

Study Objectives

- Verify the relevance of children's mental health as a significant risk factor of long-term foster care

- Describe critical barriers encountered by parents of children with severe emotional disturbances

- Identify systems barriers that hinder permanency for this subpopulation at high-risk of long-term foster care

Study Methods

- Used multiple (mixed) methods to address each study question sequentially
- Question 1: Is children's mental health status an important risk factor of LTFC?
  - Longitudinal research design
  - State administrative data
- Question 2: What barriers to permanency are experienced by parents of children with SED?
  - Case study
  - Case record review and frontline staff interviews
- Question 3: What systems issues are barriers to permanency for this subpopulation?
  - Cross-section, point-in-time
  - Electronic survey of staff and stakeholders

Study Sample

- Question 1: Is children's mental health status an important risk factor of LTFC?
  - Entry cohort: children who entered foster care in FY2006 & FY2007
  - Sample observed prospectively for 3-5 years
  - N = 7,099
- Question 2: What barriers to permanency are experienced by parents of children with SED?
  - Random sample of entry cohort
  - Children with SED who had experienced LTFC
  - N = 30
- Question 3: What systems issues are barriers to permanency for this subpopulation?
  - Convenience sample of child welfare staff and stakeholders
  - Private and public organizations
  - N = 232

Data Collection & Analyses

- Question 1: Is children's mental health status an important risk factor of LTFC?
  - Data collected from extracts of two state administrative databases
  - Dependent variable: LTFC (yes/no)
  - Independent variables: gender, age, race, disability, SED, removal reason, prior removals, initial type of placement, siblings in foster care, early stability, runaways
  - Primary analysis was logistic regression
- Question 2:
  - Data collected from case records and frontline staff interviews
  - Risk factors: family structure, poverty, social supports, clinical needs, parenting, home environment and other stressors
  - Analysis identified prevalence and prominence of risk factors
- Question 3: What systems issues are barriers to permanency for this subpopulation?
  - Data collected from electronic survey
  - Primary analysis was descriptive statistics to identify top systems issues

Results to Q1

- Bivariate logistic regression
  - Two variables with strongest association with LTFC:
    - Presence of an SED
    - Presence of a disability
- Multivariate logistic regression
  - Variable with strongest relationship to LTFC:
    - SED (OR = 3.6)
    - Children with SED were 3-1/2 times more likely to experience LTFC while controlling for all other variables in model

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Logistic Regression Results

Outcome = In foster care for 3+ years (yes/no)

N = 7,099 children who entered foster care in FY2006 and FY2007

	Sample N	Bivariate		Multivariate		95% Confidence Intverval for	
		p	Odds Ratio	p	Odds Ratio	Lower	Upper
Total	7099	-	-	-	-		
Gender							
Female	3641						
Male	3458	0.346	1.07	0.736	0.98	0.84	1.13
Age at Entry							
Age at entry (years)	-	0.000	0.96 *	0.000	0.91 *	0.90	0.93
Race							
White	5746						
Black	1167	0.000	1.85 **	0.000	1.85 **	1.55	2.20
Other	186	0.605	0.89	0.495	1.18	0.73	1.91
Disability							
No Disability	5069						
Disability	2030	0.000	3.40 ***	0.000	2.50 ***	2.17	2.91
Mental Health Problems							
Not SED	3262						
SED	3837	0.000	3.13 ***	0.000	3.61 ***	3.02	4.32
Primary Removal Reason							
Neglect	1820						
Physical Abuse	1018	0.099	0.84	0.114	0.83	0.66	1.05
Sexual Abuse	417	0.202	0.82	0.647	0.93	0.67	1.28
Other	3844	0.710	0.71	0.150	0.88	0.74	1.05
Prior removals							
No	6369						
Yes	730	0.038	1.25 *	0.262	1.14	0.91	1.42
Initial Type of Placement							
Kinship	1429						
Family Foster Care	4530	0.000	2.10 **	0.000	1.77 **	1.43	2.19
Congregate Care	1082	0.000	1.71 **	0.004	1.54 **	1.15	2.06
Other	58	0.574	1.28	0.494	1.37	0.56	3.37
Siblings in Foster Care							
No	2426						
Yes	4673	0.000	1.84 **	0.000	1.48 **	1.24	1.77
Early Stability							
No (3+ placements)	1353						
Yes (0-2 placements)	5746	0.000	0.72 *	0.010	0.79 *	0.66	0.94
Runaways							
No	6450						
Yes	649	0.001	1.44 *	0.000	2.17 **	1.66	2.82

Results to Q2

- Five risk factors were both highly prevalent and most associated with LTFC
  1. Poverty related issues (87%)
  2. Parent mental health problems (90%)
  3. Parent alcohol & other drug problems (83%)
  4. Parent history of trauma (80%)
  5. Parenting competency/attitude (97%)

Summary of Case Record Review Findings

	Family Structure			Poverty/Resources/Supports				Clinical Needs/Presenting Problems						Parenting				Home Envir/Other Stressors		
	# of CG	# of Children in OOH Care	# of Children in Home	Poverty Related Issues	Housing Not Stable	Lack of Social Supports	Multiple Services; Need Help Coordn Services	Mental Health Problems	Hx of Trauma	Parent Hx of Foster Care	AOD Issues	Devel Disab/ Cognit Probs	Medical Probs	Parent Compt	Parent Attitude	Coop Prob or Engage Prob	Prior CW Involv/ Reports/ Subst	Dom Viol	Legal Issues or Criminal Involv	Other Stress/ Caregiv Strain
Case 1	2	3	0	1	0	1	0	1	1	0	1	1	1	1	1	0	1	1	1	99
Case 2	1	3	0	1	1	1	0	1	1	99	1	0	0	1	1	1	1	1	1	99
Case 3	1	7	0	1	1	0	1	0	1	0	1	0	0	99	1	1	1	0	0	1
Case 4	1	5	0	1	0	1	0	99	99	99	1	99	99	1	1	1	1	0	1	1
Case 5	1	4	0	1	1	1	0	1	1	0	1	0	0	1	1	1	1	0	0	1
Case 6	1	3	0	1	0	1	0	1	1	0	1	0	0	1	1	1	1	1	1	1
Case 7	2	4	2	1	1	1	0	1	1	0	1	1	1	1	0	0	1	0	0	1
Case 8	1	5	0	1	1	1	0	1	1	0	1	1	0	1	1	1	1	1	1	1
Case 9	2	3	0	1	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1
Case 10	2	1	2	1	1	1	0	1	99	99	1	0	1	1	1	1	1	1	1	0
Case 11	2	3	0	1	1	1	0	1	1	1	0	1	0	1	1	1	0	0	1	1
Case 12	2	4	0	1	1	1	0	1	1	0	1	0	0	1	1	1	1	1	1	0
Case 13	1	2	1	1	1	1	0	1	1	0	1	0	1	1	1	1	1	1	0	0
Case 14	2	3	2	0	0	1	1	1	1	1	1	0	0	1	1	1	0	0	1	0
Case 15	2	5	0	1	1	1	0	1	1	0	1	0	1	1	1	1	1	1	1	0
Case 16	2	0	1	1	0	1	0	99	1	99	1	0	1	1	1	1	1	0	0	0
Case 17	1	1	0	0	0	1	0	1	0	0	0	1	1	1	0	0	1	0	0	0
Case 18	1	2	0	1	1	0	0	1	0	0	1	1	0	1	1	0	1	0	1	0
Case 19	2	4	0	1	0	1	0	1	1	99	1	0	0	1	1	1	0	1	1	0
Case 20	2	5	0	1	1	1	0	1	1	1	0	0	0	1	0	1	1	1	0	0
Case 21	2	1	2	1	0	0	1	1	1	0	0	0	0	1	1	0	1	0	0	1
Case 22	3	2	0	1	1	1	1	1	1	0	1	0	1	1	99	1	1	99	1	99
Case 23	2	2	0	99	99	99	0	1	1	99	1	99	99	1	0	0	1	1	1	99
Case 24	1	3	0	1	0	1	1	1	1	0	1	0	0	1	0	1	1	1	1	0
Case 25	2	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	99
Case 26	1	7	0	1	1	1	1	1	99	0	1	0	0	1	1	0	1	1	0	1
Case 27	2	3	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0
Case 28	2	1	3	0	0	0	1	1	99	0	0	0	0	1	1	0	1	0	0	0
Case 29	1	3	0	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	1	0
Case 30	2	1	0	1	1	0	1	1	1	1	1	0	0	1	1	0	1	1	1	0
TOTAL		3.03		26	18	22	13	27	24	6	25	7	11	29	23	20	27	18	20	13
%				87%	60%	73%	43%	90%	80%	20%	83%	23%	37%	97%	77%	67%	90%	60%	67%	43%

Results to Q3

- 5 top systemic barriers
  - Lack of dedicated parent services (84%)
  - High caseloads (79%)
  - High caseworker turnover (77%)
  - Parent lack of transportation (76%)
  - Court system (70%)

Conclusions

- Data showed children with SED are subgroup at high risk of LTFC

  - Agencies suspected this from practice experience

  - Data confirmed it

  - Acknowledge importance of other factors; yet, can focus on SED

- Family risk factors are critical barriers that must be addressed to expedite stable permanency

- Several systems issues are also key to reducing LTFC

Conclusions cont'd

- Promoted data driven decision-making & program design
  - Provided opportunity to immerse agency administrators in data, not just university researchers
  - Bridged research and practice
  - Increased buy-in and support for future data collection at the agency level
- Created sense of urgency for this subpopulation of children
- Assisted us in selecting the intervention
- Required resources for labor-intensive data collection, analysis, and interpretation in a short time frame

Limitations

- Q1
  - Administrative data may be missing other influential variables
  - Single state, two-year cohort may not be generalizable to other jurisdictions
  - Cannot make causal inferences from observational data
- Q2
  - Random sample with in-depth data collection; yet, it's a small sample
  - Would benefit by comparing to a non-SED, non-LTFC sample
- Q3
  - Single point-in-time snapshot

Clarifying Questions
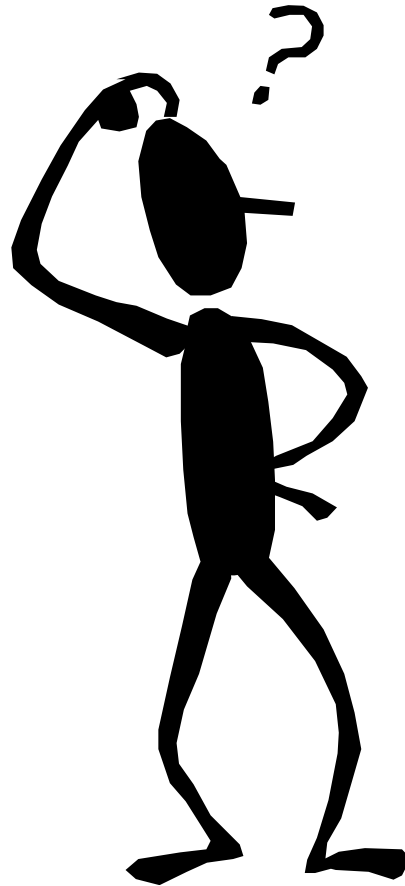
Next Steps with This Initiative

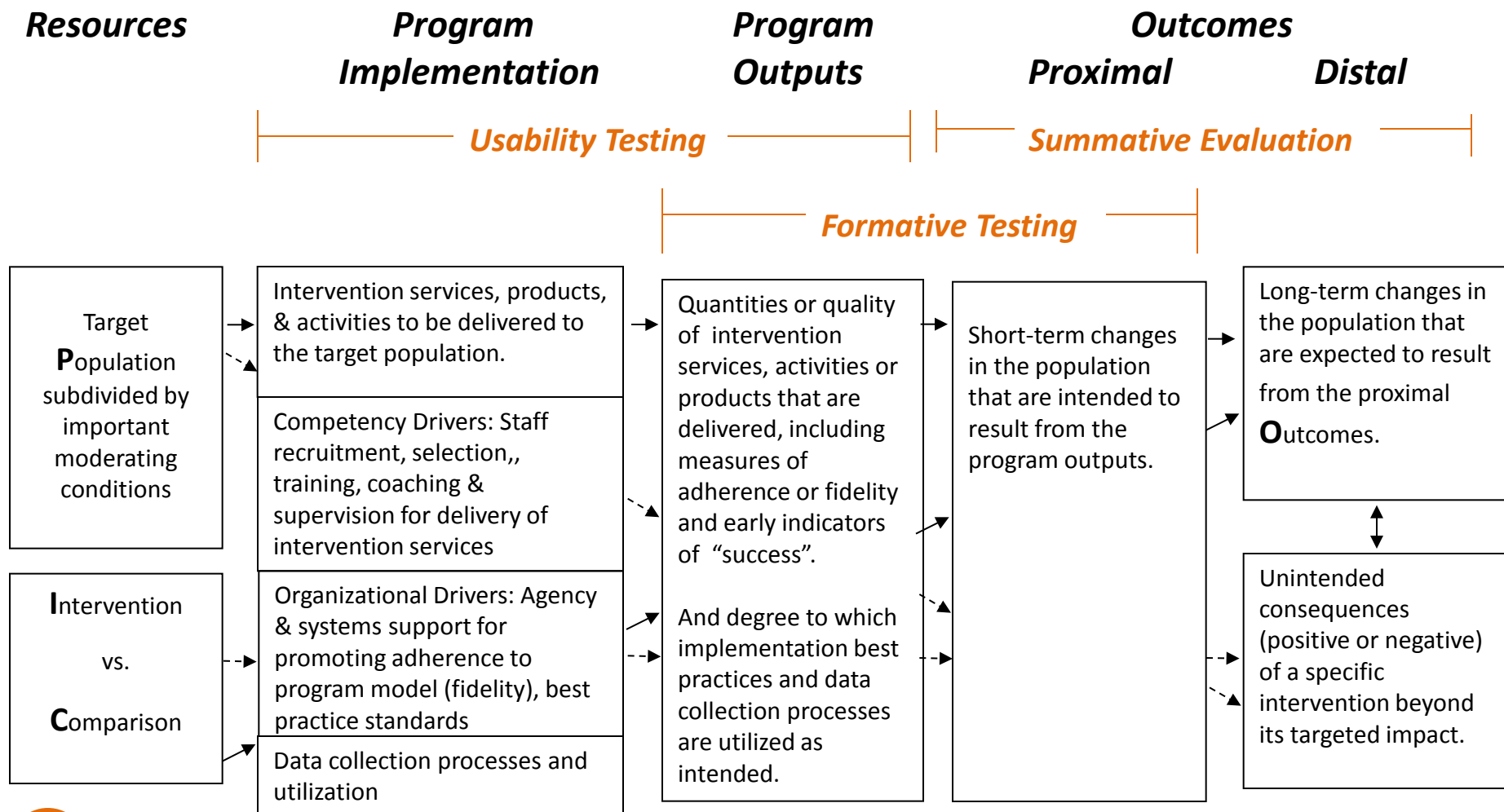**_USING PICO* Framework:_**

_P_ –Target population about which you wish to draw inferences.

_I_ – Intervention or program whose causal efficacy and effectiveness you are interested in evaluating.

_C_ – The alternative course of action with which you will to draw a comparison.

_O_ – Intended outcomes you hope to achieve.

Mark Testa (UNC-Chapel Hill)-PI of PII Evaluation Team

How Innovations Create Outcomes

Resources	Program Implementation	Program Outputs	Outcomes Proximal	Distal

Usability Testing

Summative Evaluation

Formative Testing

Target **P**opulation subdivided by important moderating conditions	Intervention services, products, & activities to be delivered to the target population.	Quantities or quality of intervention services, activities or products that are delivered, including measures of adherence or fidelity and early indicators of "success".	Short-term changes in the population that are intended to result from the program outputs.	Long-term changes in the population that are expected to result from the proximal **O**utcomes.
	Competency Drivers: Staff recruitment, selection,, training, coaching & supervision for delivery of intervention services			
Intervention vs. **C**omparison	Organizational Drivers: Agency & systems support for promoting adherence to program model (fidelity), best practice standards	And degree to which implementation best practices and data collection processes are utilized as intended.		Unintended consequences (positive or negative) of a specific intervention beyond its targeted impact.
	Data collection processes and utilization			

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Discussion & Questions

- Discussion:
  - Consider the benefits of university-agency partnerships for using implementation science to drive system and practice reforms.
- Questions?

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