



# Evaluating an Evidence-Based Practice to Improve Family Functioning and Decrease Time in Foster Care: Findings from the Permanency Innovations Initiative

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### The Permanency Innovations Initiative

The Children’s Bureau’s Permanency Innovations Initiative (PII) is a multi-site demonstration project that supports the implementation and evaluates the effectiveness of innovative intervention strategies 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 their validity: the PII Approach to Evaluation.

This approach created a process for:

1. identifying programs that show the best available evidence of past success
2. replicating or adapting evidence-supported interventions with fidelity to the tested design
3. bolstering evidence where it is lacking through rigorous evaluations
4. weeding 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’ two private providers of foster care: KVC Behavioral HealthCare, Inc. and Saint Francis Community Services, Inc.

**Serious Emotional Disturbance (SED)** is defined as a mental, behavioral, or emotional disorder meeting diagnostic criteria specified in the DSM that results in functional impairment that substantially interferes with family, school, or community activities<sup>1</sup>.

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 supervisor-to-therapist ratio, and a higher rate of parent-child visits than was typical in Kansas foster care services.

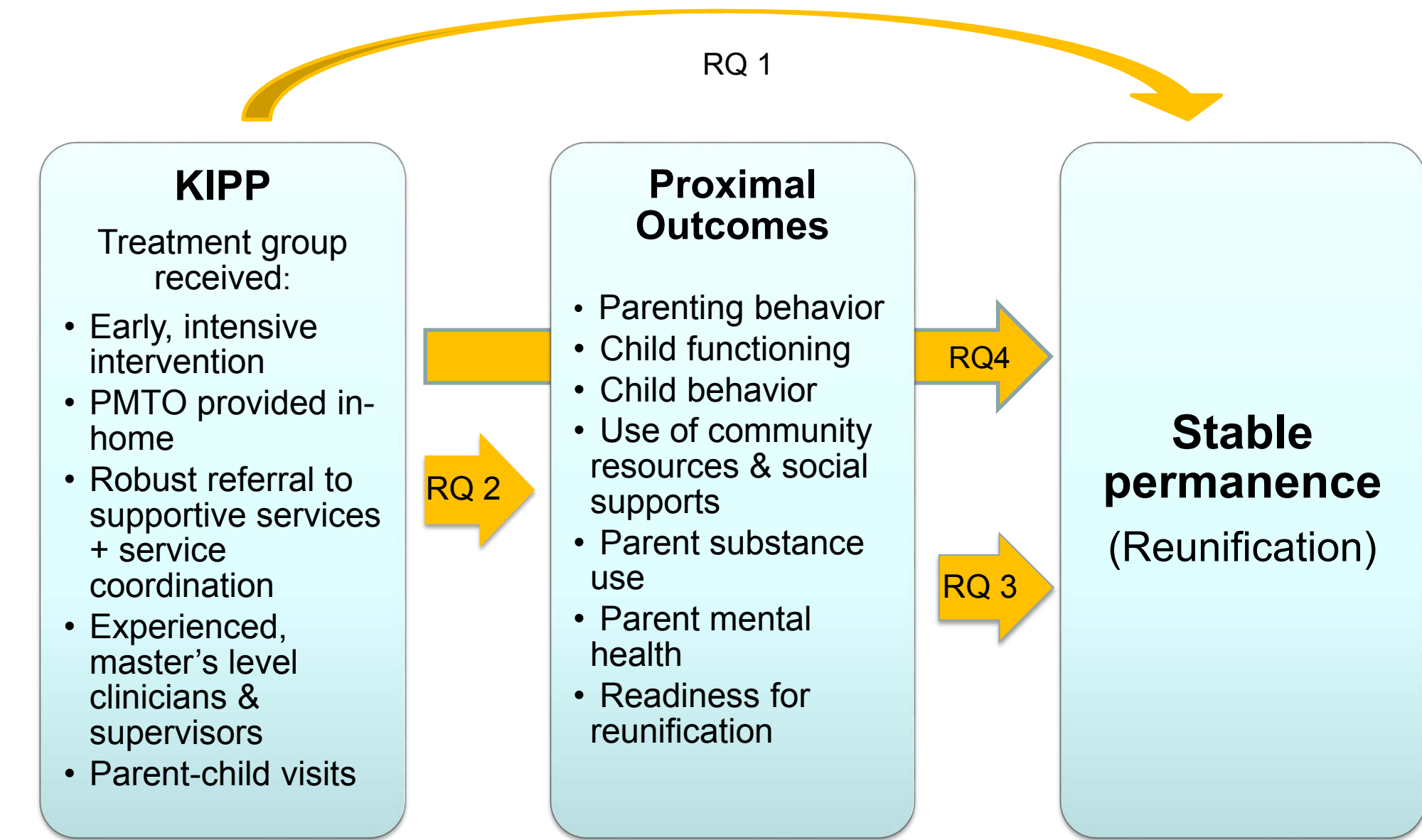
The goals of KIPP are to:

1. Help families of children with SED achieve family reunification more quickly and with stability
2. Increase families’ capacity to provide for their children’s needs
3. Work with the family and community on addressing barriers to reintegration
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 (PECFAS).

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 abdication of parenting role had been initiated; (b) the parent(s) resided within the service area; (c) parent(s) were not incarcerated for longer than three months at the time of study invitation; 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.

*The 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 families, informed them of the study and of 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=920** cases (n=524 in the treatment group and n=396 in the comparison group).

#### Data

Data were collected on the following outcomes at Time 1 (baseline) and at Time 2, which was at the conclusion of PMTO (for treatment group) or at six months (for comparison group).

Outcome	Instrument or Data Source
<b>Proximal Outcomes</b>	
Parenting behavior	Family Interaction Task
Child functioning	Child and Adolescent Functional Assessment Scale
Child behavior	Social Skills Inventory System
Use of community resources & social supports	North Carolina Family Assessment Scale
Parent substance use	North Carolina Family Assessment Scale
Parent mental health	North Carolina Family Assessment Scale
Readiness for reunification	North Carolina Family Assessment Scale
<b>Distal Outcome</b>	
Stable permanence	AFCARS

#### 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 measures (Research Question 2).
3. Examined the impact of the proximal measures on the number of Days to Stable Permanence (Research Question 3).
4. Conducted a 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 moderators 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 sibling status were imputed for steps 2 through 4 steps in the analysis.

### 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.

### Results (cont.)

**RQ3: Do proximal outcomes predict reunification?**

**Finding:** Families reunified more quickly when, at Time 2, child functioning was higher, the family’s use of community resources and social supports was higher, and when the parents’ substance use was lower. And they reunified more quickly when parental mental health was better at either Time 1 or Time 2.

**RQ4: Do proximal outcomes mediate the relationship between assignment to receive the KIPP intervention and family reunification? (TOT)**

**Finding:** After adjusting for the proportion of cases that received the KIPP intervention, assignment to the KIPP intervention had no effect on stable permanence. Stable permanence happened more quickly when child functioning was higher at Time 2 and when readiness for reunification was higher at Time 1 or Time 2.

### Conclusion

The evaluation of KIPP 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 strongest design possible. 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 family 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 still cannot happen without actions taken by supervisors, judges, and other decision-makers in the child welfare system. More 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.

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