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Family Connection Discretionary Grants

2009-Funded Grantees Cross-Site Evaluation Report – Final

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Family Connection Discretionary Grants 2009-Funded Grantees

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Family Connection Discretionary Grants 2009-Funded Grantees

Cross-Site Evaluation Report – Final

Executive Summary

The cross-site evaluation of the Family Connection Discretionary Grants examined the effectiveness of 24 grants awarded by the Administration for Children and Families, Children’s Bureau (CB) in September 2009 with funds authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The grants supported demonstration projects to help reconnect family members with children who were in or at risk of entering foster care. Grantees implemented projects in four program areas: 1) kinship navigator, 2) family-finding (also referred to as intensive family-finding), 3) Family Group Decision-Making (FGDM), and 4) residential family treatment. Eight grantees implemented services in two or three program areas.

Grantees conducted evaluations to improve processes and services and to demonstrate linkages between project activities and improved outcomes related to safety, permanency, and well-being. Grantees also participated in a national cross-site evaluation that documented the progress of projects within each program area and the 24 grantees as a whole (i.e., cluster). The evaluation addressed process and outcome questions at the parent, child, family, organization, and service delivery system levels and described the unique aspects of projects in each program area. Quantitative and qualitative data sources included grantee summaries and profiles, grantee evaluation reports of aggregated process and outcome evaluation results, and discussions with a cross-section of grantee representatives. Quantitative data provided in grantee evaluation reports were synthesized by categories of safety, permanency, and well-being. Qualitative coding software (ATLAS.ti) supported organizing and producing reports by grantee/project, program area, and cluster. Coded data were synthesized at the program area and cluster level via grounded theory to identify similarities and commonalities; identify relationships, patterns, and themes; identify clusters and categories; and incorporate differences and outliers.

A. Family Connection Services Provided to Diverse Populations

All grantees worked with parents, children, and families involved or with the potential to be involved in the child welfare system, but target populations were specific to program areas. The number of adults, children, and families served by grantees was dependent on project capacity and geographic reach. Grantees made corresponding and continual adjustments to key activities to better engage parents, children, and families and to accommodate unexpected demographic trends.

- Kinship navigator grantees worked with formal and informal kinship caregivers, most commonly grandmothers and other female caregivers. The number of kinship caregivers and children served reflected the breadth and depth of services provided to recipients in varying geographic ranges.
- Family-finding grantees served children who were at risk of entering foster care, had newly entered care, or had been in care for an extended period of time. Case plan goals included reunification, adoption, long-term relative placement, and guardianship transfer, along with long-term foster care, another planned permanency living arrangement (APPLA), and independent living.

- FGDM grantees served a broad definition of “family” that included extended relatives and other significant adults. Families often had histories of child welfare involvement, low-income background, limited education, substance abuse, mental health challenges, and potential incidences of domestic violence.
- Residential family treatment grantees focused on chemically dependent women with co-occurring mental health challenges that already lost or were at risk of losing custody of their children. Most women had one or more minor children residing with them in the facility and/or were pregnant.

B. Grantees Implemented Multiple Service Models Tailored to Service Participants

Twenty-four grantees implemented 36 projects in four program areas. Eight grantees implemented two or three projects within the kinship navigator, family-finding, and FGDM program areas as discrete and integrated services. Participants came to services through public child welfare agencies, other agencies, and self-referral.

- Kinship navigator grantees assisted formal and informal caregivers in learning about, locating, and using existing programs and services to meet caregiver needs and the needs of the children they were raising. Key services were information and referral, emotional support for caregivers, case management, and outreach to families, along with support groups, advocacy, child-level services, and networking or collaborating with other child serving agencies.
- Nearly all family-finding grantees used the Kevin Campbell or Catholic Community Services of Western Washington (CCSWW) models of family-finding to identify, locate, and engage family and fictive kin to generate support for children’s legal, physical, and emotional permanency. Talking to family members and caseworkers and mining case files were the most effective strategies.
- FGDM grantees used existing family meeting models to engage and empower families to take an active role in developing plans and making decisions about their children. Trained facilitators moderated meetings with immediate and extended family members, family friends, service providers, and community members involved with the family. FGDM models addressed domestic violence situations. Other services included parenting education, counseling, substance abuse treatment, and life skills training.
- Residential family treatment grantees provided comprehensive, gender-specific family treatment services in a drug and alcohol-free environment. Evidence-based, promising, and best practices for chemical dependence counseling and mental health services were offered along with parenting, life skills, vocation, and employment services. Clients moved from intensive treatment and supervision in grantee-run residences to outpatient services and community housing.

Successful service providers possessed knowledge and experience in child welfare, strong social work and clinical skills, communication and listening skills, group facilitation skills, compassion and empathy, patience and perseverance, and knowledge and understanding of the target population. Effective service providers were also flexible, adaptable, collaborative, team-oriented, and able to problem-solve.

C. Adult, Child, and Family-Level Outcomes Demonstrate Success

Overall, grantees found that although permanency remained elusive for some children, Family Connection-funded projects provided vulnerable adults and children with valuable community resources, increased connections, engagement of family members, and critical treatment for co-occurring chemical dependence and mental health challenges.

- Clear improvements in safety and permanency were limited, but kinship navigator grantees demonstrated some positive trends. Reports of child maltreatment were generally low, but kinship caregivers achieved identified safety goals for their families. Rates of permanency in regard to legal guardianship, increased or maintained custodial rights, and reunification with parents were high, more so for stand-alone grantees that only implemented kinship navigator services. Well-being results demonstrated that kinship navigator projects were successful at ameliorating families' needs. Kinship caregivers made substantial progress toward accomplishing well-being goals for themselves and their families.
- Nearly half of children served through family-finding grantees were reunified, adopted, placed in a pre-adoptive setting, placed with relatives, or had a transfer of guardianship. Grantees that served children at risk of or newly entering care were able to place one third of children with relatives. The ability of grantees to place children with relatives and/or move them to permanency was more difficult for grantees that served children in care for an extended amount of time. Findings regarding average length of time in care were inconclusive as to whether family-finding activities reduced the length of stay. Qualitative evidence from one grantee indicated that family-finding services may divert placement into care. Approximately three-fourths of the children served experienced increased family connections or had kin-focused permanency plans developed.
- FGDM grantees found that intervention group FGDM models were effective in moving families in a favorable direction toward accomplishing service goals. Grantees found little difference in placement stability for children receiving FGDM services versus those who did not.
- Residential family treatment grantees reported few instances of child maltreatment. Varying rates of clients successfully completed treatment, had confirmed living arrangements at the end of treatment, or successfully reunified or maintained custody of their children by the end of treatment. The majority of grantees reported abstinence for approximately half their clients.

D. Family Connection Affects Changes in Policies and Procedures, Attitudes and Awareness

Changes in local policies and procedures manifested primarily through workforce development, communication and information-sharing, and program area-specific aspects of service models. Kinship navigator projects improved service coordination and changed staff members' roles and responsibilities to promote more intensive work with kin caregivers. Family-finding grantees addressed the timing of family-finding services, conducting background checks prior to visitations, developing guidelines for closing family-finding cases, and protocols and procedures for serving children with international connections. FGDM grantees improved referral processes and timing and frequency of FGDM meetings. Residential family treatment enhanced client care and clinical practice by focusing on client rights and responsibilities.

Family Connection grantees' impact on the public child welfare agency and child welfare practice in the community took various forms, the most salient being that service models were positively regarded by public child welfare agencies, with key aspects integrated into child welfare practice. Agencies were more aware of Family Connection services and more likely to collaborate with grantees. Grantees increased agency involvement in family engagement and involvement in the permanency process, promoting the benefits of placing children with relatives.

E. Grantees Observe Facilitators and Barriers to Implementation

Many process evaluation findings were similar for public and private/not-for-profit grantees among the program areas, specifically facilitators and challenges to implementation, collaboration, and sustainability.

- Key facilitators to project implementation included recruiting committed personnel with appropriate skill sets, collaboration between the grantee and project partners, strong leadership support and effective management, and comprehensive and interdisciplinary service models. Grantees implemented extensive, high-quality training activities on evidence-based practices, relevant content, and policies and procedures. Several grantees implemented cross-training.
- Frequent challenges to implementing service models and activities were securing qualified staff members, operating with limited resources, engaging children and families, generating caseworker support and engagement, promoting understanding and acceptance of evaluation designs, and maintaining fidelity to the service model. Hiring, training, and retaining qualified staff were a challenge as well as a facilitator. Lack of appropriate experience, staff turnover, and reduction or reallocation of funding negatively affected implementation.
- Inter-agency collaboration was a key facilitator to implementation. Grantees had generally positive relationships with project partners, characterized by regular and open communication, responsiveness, inclusiveness, and effective staffing. Grantees and partners shared knowledge and skills, and partners often augmented grantee services. Most collaboration challenges were related to unclear implementation and start-up processes, staff member turnover, caseworker attitudes, concerns about quality assurance, and unclear evaluation methods. Strategies to address one of the most critical challenges to collaboration – lack of caseworker acceptance and resistance among some caseworkers to the service model – included increasing support to case managers; project advocacy; collaborative teaming; regularly-scheduled meetings; clarifying roles, responsibilities, and expectations; support from leadership; caseworker training; demonstrating impact; and co-locating staff members.

F. Grantees Actively Planned to Sustain Services

Sustainability requirements included funding; staff development in Family Connection program areas; and dissemination and education for project partners, decision makers, and potential funders. Internal sustainability strategies included organizational change and internal development. External strategies included disseminating results, lobbying activities, obtaining paid referrals, pursuing community grants, applying for State and private funding, and bolstering relationships with the judicial system. Grantees developed relationships with new partners and maintained relationships with existing partners.

G. Grantees Provide Lessons Learned and Recommendations on Project Implementation and Evaluation

Grantees' lessons learned and recommendations for the successful planning and implementation and maintenance of similar projects addressed start-up and planning, engaging and serving children and families, staffing characteristics and training, collaborating with partners, and sustaining services. Based on grantee observations, future projects are encouraged to develop a clearly defined service model that fits within existing systems, understand the needs and circumstances of the target population, implement interactive staff training during project planning, and actively pursue and invest in partner involvement and support from the beginning phases of the project.

Grantees' observations on designing and implementing a local evaluation encompassed data collection, evaluation design, evaluation communication, and human subject approvals. Grantees encouraged local evaluation teams to use the most appropriate data sources to address outcomes at the adult and child levels, incorporate instruments that are feasible to administer by project staff members; implement the most rigorous evaluation design possible; communicate and obtain project and partner support for the evaluation design and data collection activities; and anticipate delays with Institutional Review Boards (IRBs).

Family Connection Discretionary Grants 2009-Funded Grantees

Cross-Site Evaluation Report – Final

This report is organized into several key sections documenting process and outcome results for four program areas – kinship navigator, family-finding, family group decision-making, and residential family treatment – that comprise the 2009-funded Family Connection cluster. The Background and Overview section provides contextual information on the Family Connection discretionary grants and program areas. The Evaluation Approach details JBA’s development of logic models, process and outcome evaluation questions, and data collection and analysis procedures. Separate sections synthesize process and outcome evaluation findings for each program area and cluster. The Cluster Themes section includes a sub-section describing observations of combination grantees. Summary and Recommendations discusses the implications of program area and cluster findings and offers recommendations for the public child welfare field based on findings. The report includes several appendices to support the core text, including grantee-level findings to support program area syntheses.

Section 1: Background and Overview

Twenty-four Family Connection Discretionary Grants were awarded in September 2009 with funds authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The grants supported demonstration projects to help reconnect family members with children who were in or at risk of entering foster care. Grantees implemented projects in four program areas: 1) kinship navigator, 2) family-finding (also referred to as intensive family-finding), 3) Family Group Decision-Making (FGDM), and 4) residential family treatment. Eight grantees implemented services in two or three program areas. Grantees conducted local evaluations to improve processes and services and to demonstrate linkages between project activities and improved outcomes related to safety, permanency, and well-being. Grantees also participated in a national cross-site evaluation that documented the progress of projects within each program area and the 24 grantees as a whole (i.e., cluster).

A. Legislation Overview

In 2008, the Administration for Children and Families (ACF), Children's Bureau (CB), announced the availability of competitive grant funds authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). Under this legislation, CB must “make no more than 30 new Family Connection grants each year and may not award these grants for less than one year nor more than three years.” This legislation was authorized for a period of five years, thereby allowing for multiple rounds of awards. In May 2009, CB announced the availability of competitive grant funds authorized by the Act for the purpose of helping children, who are in or are at risk of entering into foster care, reconnect with family members by developing and implementing grant projects in the areas of kinship navigator programs, programs utilizing intensive family-finding efforts to locate biological family and reestablish relationships, programs utilizing family group decision-making meetings, or residential family treatment programs.

Under the program announcement¹, applicants submitted proposals for projects in one, or any combination of the four inter-related grant program areas, which comprised elements of a strong system of services to support family connections. Applicants justified selection of a single program area or combination of program areas in terms of documented needs associated with specified project goals and objectives. As demonstration projects, grantees developed these projects as identifiable sites that other States and locales seeking to implement family connection services for this population could consider for guidance, insight, and possible replication.

Under Section 102 of the Act, CB is required “to set aside no less than 3% of the total annual funding for Family Connection grants for evaluation of grantee activities.” Within this charge, CB contracted with James Bell Associates, Inc. (JBA) to conduct a national, cross-site evaluation. JBA also provided technical assistance to the Family Connection grantees toward the conduct of site-specific evaluations as required in the program announcement. Technical assistance incorporated activities to address how site-specific evaluations contributed to the national cross-site evaluation.

CB was interested in determining the impact of kinship navigator projects, intensive family-finding efforts, family group decision-making meetings (FGDM), and residential family treatment projects on improving children's outcomes in the areas of safety, permanency, and well-being. Thus, CB expected grantees to conduct a rigorous and informative evaluation to improve and enhance the effectiveness of project operations and outcomes and demonstrate linkages between project activities and improved outcomes. Each grantee was required to set aside funds and secure resources to conduct a local evaluation to assess its ability to reconnect children who are in or at risk of entering foster care with family members. Grantees were also expected to make project findings available in forms that could readily be used by CB’s Training and Technical Assistance (T/TA) Network in its work with State and Tribal child welfare systems.

B. Program Area Overview

The purpose and description of the four program areas are detailed below. Table 1-1: Program Areas with Associated Grantees and Locations lists each of the 24 2009-funded grantees by program area and the project group of combination grantees. Combination projects included elements of multiple program areas, specifically kinship navigator, family-finding, and family group decision-making, identified within the table as KN, FF, and FGDM, respectively.

Table 1-1: Program Areas with Associated Grantees and Locations

| Program Area | Grantee | Location |
|-------------------|--|-------------------------|
| Kinship Navigator | Aspiranet, Inc. | South San Francisco, CA |
| | The Children's Home Society of New Jersey | Trenton, NJ |
| | Edgewood Center for Children and Families | San Francisco, CA |
| | Minnesota Kinship Caregivers Association | St. Paul, MN |
| | Public Children Services Association of Ohio | Columbus, OH |
| | YMCA of San Diego | San Diego, CA |

¹ DHHS, ACF. (2009). Family Connection Discretionary Grants. Funding Opportunity Number: HHS-2009-ACF-ACYF-CF-0078

| Program Area | Grantee | Location |
|------------------------------|--|---------------------|
| Residential Family Treatment | Amethyst, Inc. | Columbus, OH |
| | OnTrack, Inc. | Medford, OR |
| | Renewal House, Inc. | Nashville, TN |
| | State of Wisconsin, Department of Children and Families | Milwaukee, WI |
| | Wayside House, Inc. | St. Louis Park, MN |
| Family-finding | Children’s Service Society of Wisconsin | Milwaukee, WI |
| | Four Oaks Family and Children’s Services | Cedar Rapids, IA |
| | International Social Service USA Branch | Baltimore, MD |
| | Kids Central, Inc. | Ocala, FL |
| Family Group Decision-Making | Partnership for Strong Families, Inc. (FGDM) | Gainesville, FL |
| Combination | Catholic Family and Child Service (KN, FF, FGDM) | Richland, WA |
| | Lilliput Children’s Services (KN, FF) | Sacramento, CA |
| | Maine Department of Health and Human Services (KN, FF, FGDM) | Augusta, ME |
| | Maryland Department of Human Resources (KN, FF, FGDM) | Baltimore, MD |
| | Oklahoma Department of Human Services (KN, FF) | Oklahoma City, OK |
| | Rhode Island Foster Parents Association (KN, FF, FGDM) | East Providence, RI |
| | South Carolina Department of Social Services (KN, FF) | Columbia, SC |
| | State of Hawaii, Department of Human Services (FF, FGDM) | Honolulu, HI |

1. Kinship Navigator Program Area

Kinship care, the care of children by relatives or in some jurisdictions close family friends (referred to as fictive kin), has become increasingly important in meeting the needs of children involved in the child welfare system or at risk of becoming involved in the system. While playing an important role in ensuring the safety and healthy development of children and youth, kinship caregivers often experience hardships and need services and supports. They face a variety of unnecessary barriers including difficulties enrolling children in school, accessing and authorizing medical treatment, maintaining public housing leases, obtaining affordable legal service, and accessing a variety of Federal benefits and services. Despite

often having a greater need, kinship caregivers request fewer services, are offered fewer services, and receive fewer services than licensed foster parents.

To address the challenges faced by kinship caregivers, kinship navigator projects are designed to 1) assist kinship caregivers through information and referral systems and other means to learn about, find, and use existing programs and services to meet their own needs and the needs of the children they are raising and 2) promote effective partnerships between public and private, community and faith-based agencies to better serve the needs of kinship caregiver families. Kinship navigator projects typically assisted kinship caregivers that fall into one of the following categories:

- Private or informal kinship care in which placement with family or other adults is arranged by the family without the involvement of the child welfare agency.
- Voluntary kinship care in which a social service agency assists in the placement without court involvement.
- Kinship foster care or other court-ordered kinship care in which a social service agency places the child with a relative who is legally responsible for the child through a court order.

2. Family-finding Program Area

The purpose of family-finding (also referred to as intensive family-finding) projects is to use strategies such as search technology, effective family engagement, and other means to locate biological family members, often referred to as kin, for children in the child welfare system. Once identified, projects work to reestablish relationships and explore ways to establish a permanent family placement, when appropriate, for the children. Family-finding projects include the following elements:

- Information gathering
- Documentation
- Search
- Identification
- Contact
- Assessment
- Engagement
- Permanent family placement and/or relationships

Within 30 days after removal of the child, the family-finding process begins with information gathering and notification of relatives, as required by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.I. 110-351). Early notification enables relatives to be involved in the early planning stages. Documentation of family member information and family-finding activities continues for every child after entering care. For children already in care, annual or semi-annual systematic case reviews explore efforts to locate permanency options for each child, including family-finding efforts.

Early family contact and engagement of parents and known relatives in family-finding efforts are also important. Several strategies have been developed for engaging parents and relatives in family-finding, including identifying family members who can provide permanency during the initial removal process, Team Decision Making and other models of family engagement meetings, and employing “Family Tree” workers that documented family relationships and kin connections.

Family-finding projects use assessment tools to determine risk, safety, and the best placement for the child. Once a family placement is identified, child welfare staff members assist with developing and implementing transition plans, especially with older children. A planned transition period with gradually increased frequency and length of visits is integral to the placement success for all children.

In family-finding projects, special attention is paid to family-finding activities for older children and youth with a plan of long-term foster care or an alternative permanent planned living arrangement. These projects work to empower youth to actively participate in the permanency process.

Effective family-finding programs work to gain support throughout the child welfare system for family-finding efforts. One approach is to provide training for all staff members, court personnel, attorneys, foster parents, and related partners on the need to locate family members and the family-finding process itself.

3. Family Group Decision-Making Program Area

Family Group Decision-Making (FGDM) engages and empowers families involved in the child welfare system to take an active and sometimes leadership role in developing plans and making decisions to promote the safety, well-being, and permanency of children. It also promotes family-centered, strength-oriented, culture-based, and community-based practice.

FGDM uses a trained facilitator from either the child welfare agency or an independent community-based organization to moderate family meetings. Key family members select participants who can provide a broader view of the challenges and service needs of the family. Participants typically include immediate and extended family members, family friends, and relevant service providers. Involved community members may include representatives from local institutions such as schools, faith-based organizations, mental health organizations, health care organizations, or substance abuse programs. FGDM engages community representatives in the child welfare decision-making process to facilitate agency and community collaboration.

FGDM may occur at any point during a case; however, meetings are usually initiated when children are at risk of removal from their homes or after the first emergency removal has occurred. FGDM may also be used on a regular basis to maintain family engagement and collaboration with the child welfare agency and/or service providers. FGDM often uses a trained facilitator to implement a framework of four phases that include the following:

- 1) Request to hold a FGDM meeting
- 2) Preparation and planning for FGDM meeting
- 3) Family's participation in FGDM meeting
- 4) Further planning after FGDM meeting

During the meeting, participants identify formal and informal resources to assist in developing and implementing case plans. Formal options may consist of services from child welfare agencies, community organizations, and other service providers. Informal resources include options provided by family, friends, and community members. Several FGDM models include private family time, which refers to the time during the meeting where only family members, without input from the various service providers present, discuss available options. FGDM case plans serve as roadmaps for the family members to build upon strengths by utilizing the necessary resources to enhance the capacity to provide a safe and healthy environment for their children.

FGDM is also considered an effective strategy to empower and support families experiencing domestic violence. Domestic violence is an area that commonly impacts the lives of children and families who are at risk of entering or who are already involved with the child welfare system. For cases involving domestic violence, FGDM participants might include advocates for domestic violence survivors or

batterer intervention staff members. In this context, FGDM supports efforts to protect and ensure the safety of victims and children through systems providing services and abuser accountability. FGDM may potentially decrease the likelihood that children are removed from the home of the non-offending parent, while increasing the possibility of reunification for children who have entered foster care.

4. Residential Family Treatment Program Area

Residential family treatment projects enable parents and children to live in a safe environment for a period of not less than six months. They also provide on-site or by referral substance abuse treatment services, children's early intervention services, family counseling, medical and mental health services, nursery and pre-school, and other services designed to provide comprehensive treatment that supports the family. Facilities meet all State and local child care and residential facility licensing requirements and have qualified staff members and appropriate supervision.

Residential family treatment projects tend to be in short supply as they are costly and complex models of care to deliver, disrupt family life, and may be resisted by family members who do not want to leave the current residence. However, residential family treatment projects are often effective interventions for parents with co-occurring substance use and mental health disorders.

Residential family treatment projects focus on Child and Family Service Review (CFSR) Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate, with “home” being a designated treatment facility that is designed to include as many minor children of the parent as possible. Safe and appropriate living arrangements should be available for minor children who are unable to reside in the treatment facility. Most, if not all services, are provided in the residential setting; any off-site treatment services are well coordinated and integrated with the residential facility. To facilitate coordination and collaboration, agencies connected to the residential treatment facility support cross-system information sharing mechanisms.

Residential family treatment services for parents include mental health assessment and counseling, substance use assessment and counseling, parenting skills training, family counseling, continuing care and recovery support, and ancillary services. Children's services include developmental and educational assessments and services, physical health assessments and services, mental health assessments and counseling, family counseling, and other early intervention and preventive services. Residential family treatment facilities and associated agencies may also provide supplemental and follow-up services for parents, children, and other family members. Residential family treatment services include case management to coordinate administrative and case services; to assess and monitor parents and children; to assist with community reintegration; and to assist in accessing Federal, State, and local resources.

Section 2: Evaluation Approach

An informative and rigorous cross-site evaluation addressed process and outcome questions at the parent/child/family and organization/system levels. The evaluation addressed these questions for all Family Connection grantees, along with selected questions designed to describe the unique aspects of the four program areas – kinship navigator, family-finding, residential family treatment, and family group decision-making (FGDM) – including grantees who used a combination of program areas (combination grantees). JBA developed cluster and project group logic models as a key step in planning the evaluation design. The following sections provide details on JBA’s logic model development and approach to the process evaluation and outcome evaluation.

For purposes of this cross-site evaluation, “parent” was defined broadly to include a biological parent, foster parent, adoptive parent, kinship caregiver, or other primary caregiver. “Child” included infants, children, and youth up to age 18. “Family” may have included immediate, biological family, extended family and other kin, other significant adults, and community members.

A. Logic Models

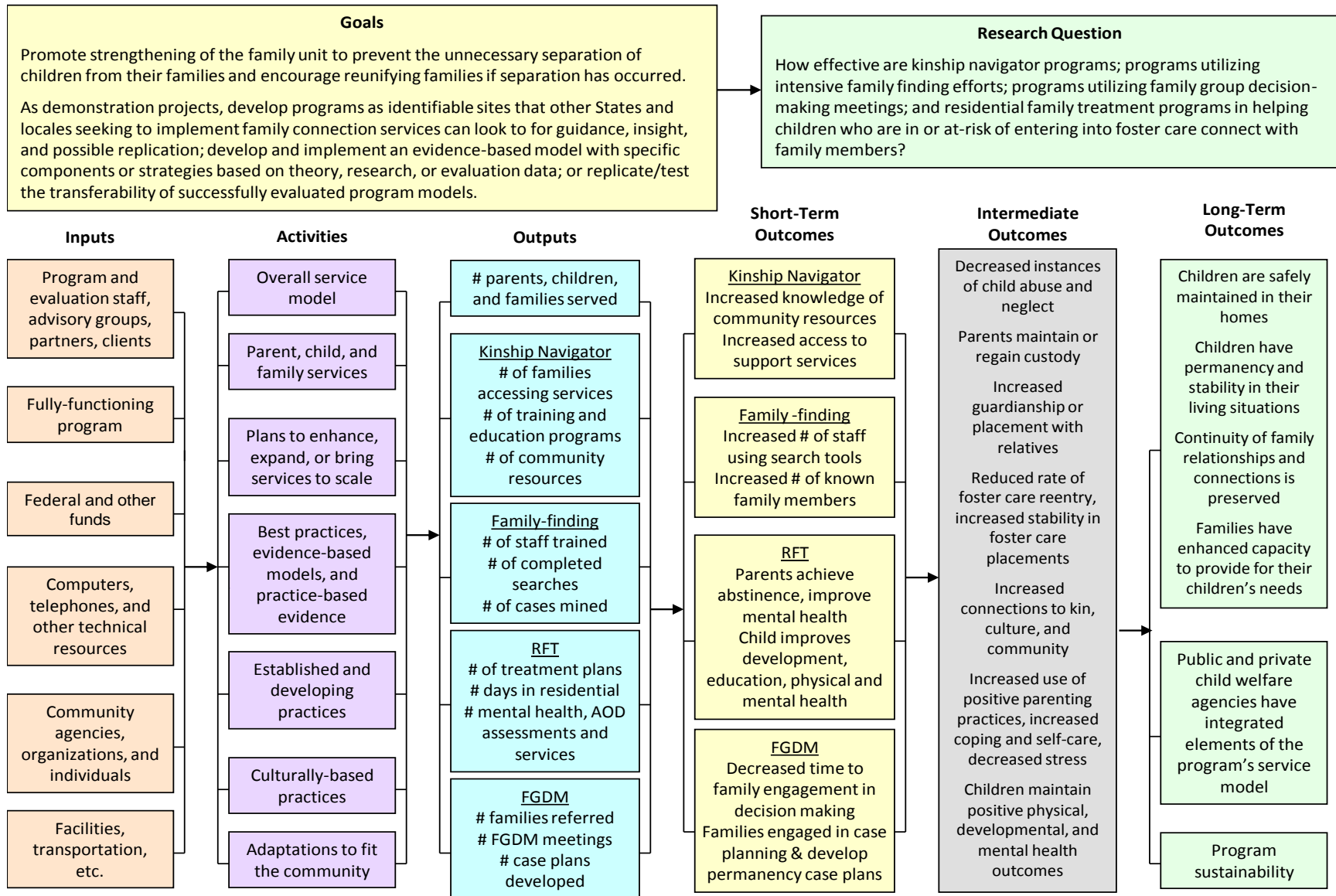
Logic models were developed to reflect the Family Connection cluster, program areas – kinship navigator, intensive family-finding, residential family treatment, FGDM, and combination grantees. Cluster and project group logic models were developed simultaneously, with the cluster logic model informing the project group logic models, and vice versa. The cluster logic model, which depicts common elements in project functioning and anticipated impact among all grantees, may be found in Figure 2-1: Family Connection Cluster Logic Model. The program area and combination group logic models may be found in Appendix A.

These logic models helped structure the cross-site evaluation, providing a map of the key project activities along with the outputs and outcomes expected as a result of these activities. They were designed to facilitate a clear understanding of what services project staff members implemented, what goals were to be achieved, what data were collected in the evaluation, and how data were used.

The cluster and program area logic models provided a graphic representation of the inputs, activities, outputs, and outcomes listed in grantee applications, logic models, evaluation plans, and other evaluation-related documents.

- **Inputs** fell within the categories of human (e.g., staff members), service (e.g., evidence-based and promising practices), fiscal (e.g., Federal and other funding), technical (e.g., computers, telephones), and community (e.g., community agencies and organizations, advisory boards).
- **Activities** included service models; activities for parents, children, and families; best practices, evidence-based practices, and practice-based evidence; established and developing practices; cultural-based practices; and practice adaptations to the community.
- **Outputs** included number of parents, children, and families served that applied throughout the cluster, along with program area-specific outputs related to services, training and education, case plans, and meetings.

Figure 2-1: Family Connection Cluster Logic Model



- **Outcomes** were divided into short-term, intermediate, and long-term outcomes. Generally, short-term outcomes could be found from zero to six months; intermediate outcomes could be found from six to 12 months; and long-term outcomes could be found from 12 months onward, although the timing of outcomes varied depending on the focus and structure of the projects. Short-term outcomes were more specific to project groups; however, they all contributed to more common intermediate and long-term outcomes related to child safety, parents maintaining custody, children avoiding foster care re-entry and multiple placements, and improved parenting practices.

Based on a review of grantees' project logic models, JBA synthesized grantee activities, outputs, and intended outcomes to create initial program area logic models. JBA further used the information from program area logic models to develop the overall cluster logic model. JBA held conference calls with evaluators, project directors, and other interested project staff members to review program area and combination models and based revisions on grantee feedback. CB Federal Project Officers (FPOs) and Program Area Specialists were also provided the opportunity to comment on the program area logic models.

B. Evaluation Questions

1. Process Evaluation Questions

JBA conducted a process evaluation designed to describe critical portions of the Family Connection-funded projects' developmental cycle related to design (purposeful plan), implementation (fulfillment of the plan), maintenance (upkeep of the plan), and sustainability (continuing the plan). JBA addressed the following questions, which incorporated key CB interests, for the process evaluation:

- Who are the parents, children, and families served by the projects? Are they the parents, children, and families originally intended to be served? Does the served population change over time?
- What is the service model and what are the key activities for projects? What best practices are used by projects and why? How have service models and activities been expanded, enhanced, or otherwise brought to scale? In what ways are the project models culturally competent and modified to fit the target population?
- What amount and mix of services are provided to parents, children, and families?
- What is the quality of service implementation in regard to timeliness, fidelity, and administration? What are parents, children, and families' level of satisfaction with services? How does the project pursue continuous quality improvement as a way to improve services?
- How do project components change over time? What is the basis for change? What do projects consider their most and least successful components?
- For what purpose, how, and to what extent do projects collaborate with partners, advisory groups, and other stakeholders, particularly local and State child welfare agencies, to serve parents, children, and families? How and to what extent does collaboration enhance services? What are key strategies to develop and sustain partnerships?
- What barriers and facilitators do projects experience in implementing services? What barriers and facilitators are commonly experienced by agencies operating in similar contexts or environments?

2. Outcome Evaluation Questions

JBA also conducted an outcome evaluation to determine the effectiveness of kinship navigator, family-finding, FGDM, residential family treatment, and combination projects in producing outcomes related to safety, permanency, and well-being. As applicable, parent, child, and family-level outcome questions were further labeled by Child and Family Service Review (CFSR) measures. JBA used CFSR outcomes and items as an organizing framework for outcomes; JBA did not conduct a CFSR with grantees, nor were grantees expected to conduct a CFSR. The outcome evaluation also addressed several other organizational and system-level questions, including public child welfare agency integration of service models, grantee impact on child welfare practice in the community, and project plans for sustainability beyond the three-year Federal funding period.

The following questions assessed parent, child, and family-level outcomes:

- To what degree are children safely maintained in their homes whenever possible and appropriate? (Safety Outcome 2, Item 3)
- To what degree do children have permanency and stability in their living situations? (Permanency Outcome 1, Items 5, 8)
- To what degree is the continuity of family relationships and connections preserved for children? (Permanency Outcome 2, Items 14, 15)
- To what degree do families have enhanced capacity to provide for their children's needs? (Well-Being Outcome 1, Items 17, 18)
- How does project impact on safety, permanency, and well-being differ among subgroups of parents, children, and families?
- How does project impact on safety, permanency, and well-being differ given varying patterns of service utilization among parents, children, and families?
- What service or combination of services promotes safety, permanency and stability, permanency and continuity, and well-being?
- How does project impact on safety, permanency, and well-being for parents, children and families differ between projects focusing on one set of services compared to projects focusing on multiple sets of services?

The following questions addressed organizational and system-level outcomes:

- Have new policies and procedures been developed in relation to this project?
- To what extent have public and private child welfare agencies integrated elements of the project's service model? Other public agencies and systems (e.g., office on aging, mental health, judicial system, tribal organizations, etc.)? How has this affected child welfare practice in the community?

- To what degree can positive impact in regard to children’s safety, permanency, and well-being be attributed to Family Connection projects versus other system change efforts and initiatives occurring in the project’s geographic area?
- In what ways are projects sustainable beyond the three-year Federal funding period? How does the probability of sustainability vary between different types of projects?

C. Data Collection

JBA collected and synthesized secondary data provided by grantees to address process and outcome evaluation questions. JBA supplemented secondary data with primary data collection to confirm information from secondary data sources and to elicit additional information not readily available from these secondary sources. Primary and secondary data were a mixture of quantitative and qualitative data.

1. Secondary Data

Secondary data sources consisted of grantee-generated documents and JBA-generated documents. Grantee-generated documents included applications, logic models, evaluation plans, semi-annual project and evaluation reports, local evaluation reports, and other documents describing project and evaluation activities. Grantees were required to provide applications, logic models, evaluation plans, and semi-annual project and evaluation reports to CB. JBA reviewed and incorporated other project and evaluation documents, as they were made available.

Grantee Summaries

JBA-generated documents included grantee summaries created for the Kickoff Meeting in November 2009 and updated in January 2010. Summaries chronicled in narrative format each grantee’s key project interventions and activities, evaluation design and data collection activities, and expected outcomes. An accompanying matrix incorporated detailed information on grantee’s services, outcomes, and evaluation design and measures. Grantee summaries may be found in Appendix B.

Grantee Profiles

JBA used the summaries and grantee-generated documents to create a detailed profile for each grantee that organized information into the following categories: 1) needs and available resources; 2) goals and desired outcomes; 3) best practices, evidence-based models, and practice-based evidence; 4) organizational capabilities and capacities; 5) project plans; 6) process and outcome evaluation plans; 7) continuous quality improvement strategies; and 8) sustainability strategies. Profiles were considered working documents and updated throughout the first half of grantee’s funding period per information from grantee’s semi-annual reports, other documents, and conversations with grantees. A draft set of profiles was provided to CB and grantees in April 2010. Grantees reviewed and provided feedback on their own profiles. JBA then incorporated information from grantees’ first semi-annual reports and provided updated profiles to CB and grantees in June 2010. Profiles were updated again in December 2010 and June 2011 per semi-annual report information and delivered to CB. The profile template can be found in Appendix C.

Grantee Evaluation Reports

JBA designed an evaluation report template for grantees to report the results of local process and outcome evaluations. The templates were designed to capture national cross-site evaluation information in specific ways, yet provide this diverse group of grantees the flexibility to report results consistent with local data collection procedures. Grantees used primary and secondary data sources to capture local data elements of interest. Grantees' primary data sources included copyrighted, author-owned, state-developed, or team-designed instruments; programmatic forms that captured administrative and intake data; assessments; and interviews and focus groups with project staff members and service recipients. Grantees' secondary data sources included management information systems (MIS) at the agency, county, or State level that contained information on child welfare history, education, employment and income, juvenile or adult justice history, etc. For example, several grantees accessed the Statewide Child Welfare Information System (SACWIS) for data on child-level outcomes.

Grantees completed an abbreviated template for the first six months of project activity that documented 1) evaluation questions, 2) changes to the proposed evaluation design, 3) changes in the type or number of participants grantees proposed to measure, 4) changes to evaluation data collection instruments and/or data collection procedures, 5) type(s) and number of clients directly served through Family Connection-funded services, 6) key accomplishments with the local evaluation in this reporting period, and 7) challenges to the evaluation. Grantees completed a more detailed template for the second reporting period, which covered the first year of funding from September 30, 2009 to September 29, 2010. Subsequent reports incorporated results by six-month time periods.

All grantees completed a similar template, but template instructions were customized to each program area by providing a comprehensive list of suggestions on the most common variables each grantee collected on adults, children, and families. Instructions further specified that evaluation reports should be consistent with information captured in grantee profiles, semi-annual and annual reports to CB, and other local reports to project staff members and stakeholders. Grantees determined how to use text and/or tables to report information on progress and changes, process and outcome results, and conclusions. The report instructions and templates, which may be found in Appendix D, organized information into the categories below.

- *Evaluation Progress and Modifications.* Grantees reported key milestones in evaluation progress, and modifications in implementing evaluation activities.
- *Process Evaluation.* Grantees reported immediate, concrete results of providing services per the following sub-categories:
 - *Participant Unit of Analysis.* Grantees provided a detailed description of evaluation participants, which may have included parents, caregivers, children, families, and other participants such as project and agency staff members and stakeholders. Evaluation participants may have included a comparison or control group.
 - *Number of Participants Served.* Grantees provided unduplicated counts of treatment and comparison or control group participants for each reporting period.
 - *Demographics.* Grantees reported a variety of data elements for treatment and comparison or control group participants cumulatively for adults, children, and families.
 - *Type of Service by Participant.* Grantees reported on the type of Family Connection-funded services and how many participants received them by time period and cumulatively.

- *Collaboration.* Grantees reported the results, dissemination, evaluation challenges, and resulting project changes from the evaluation of any collaboration efforts initiated by the grantee.
- *Outputs.* Grantees reported cumulatively on outputs described in logic models and evaluation plans.
- *Other Process Results.* Grantees documented any other process activities and data, which may have included interviews and focus groups with service recipients or staff members, client feedback data, evaluation of collaborative efforts, etc. Data may have addressed a single event or ongoing activities.
- *Outcome Evaluation.* Grantees summarized the short-term, intermediate, and long-term data collected for local evaluation for treatment and comparison or control groups, as documented in logic models and evaluation plans. Grantees were referred to the summaries created for the November 2009 Kickoff Meeting that documented proposed outcomes. Grantees described the qualitative or quantitative statistical or analytic treatment used. All data were reported in aggregate, except for single-case designs or illustrative examples.
- *Discussion.* Grantees evaluated and interpreted the implications of local evaluation processes and results.

Grantees were encouraged, but not required, to address the following CFSR outcomes and accompanying items listed in the program announcement and documented in Table 2-1: CFSR Outcomes and Items from Program Announcement.

Table 2-1: CFSR Outcomes and Items from Program Announcement

| Outcome | Item |
|---|--|
| Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. | Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care |
| Permanency Outcome 1: Children have permanency and stability in their living situations. | Item 5: Foster care re-entries Item 8: Reunification, guardianship, or permanent placement with relatives Item 10: Other planned permanent living arrangement |
| Permanency Outcome 2: The continuity of family relationships and connections is preserved for families. | Item 11: Proximity of foster care placement Item 12: Placement with siblings Item 13: Visiting with parents and siblings in foster care Item 14: Preserving connections Item 15: Relative placement Item 16: Relationship of child in care with parents |
| Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. | Item 17: Needs and services of child, parents, and foster parents Item 18: Child and family involvement in case planning |

Evaluation reports comprised part or all of Appendix B-05: Other Activities. Grantees delivered evaluation reports to the CB, copying JBA on e-mails, as part of semi-annual report submission. JBA

incorporated cumulatively reported evaluation information from semi-annual reports covering September 30, 2009 through September 29, 2012.

Final Report

Final grantee reports, which included evaluation information, were submitted by December 31, 2012. However, only grantees not pursuing a no-cost extension were required to submit a final report at this time; final reports for other grantees granted a no-cost extension were submitted 90 days after the end of the extension. Grantees pursuing a no-cost extension had the option to provide evaluation results to JBA by December 31, 2012. Because of this, JBA focused data synthesis on a combination of: 1) final reports submitted on December 31, 2012; and 2) final semi-annual reports submitted on October 31, 2012 for those grantees without a final report available for analysis by December 31, 2012.

JBA developed the final progress report outline for CB to disseminate to grantees as suggested guidance to organize their reports. The report outline included eight sections: 1) Executive Summary; 2) Overview of the Community, Population, and Needs; 3) Overview of the Program (Service) Model; 4) Collaboration; 5) Sustainability; 6) Evaluation; 7) Conclusions; and 8) Recommendations. The evaluation section requested details on evaluation methodology by process and outcome, process and outcome evaluation results, and discussion. The final progress report outline may be found in Appendix E.

2. Primary Data

Primary data sources consisted of discussions with grantee leadership and project and evaluation staff. Discussions, conducted in Years 2 and 3 of grantee funding, addressed multiple aspects of implementation and impact.

Discussions

JBA supplemented secondary data sources with primary data collection, consisting of customized discussion guides to confirm secondary data and solicit primary data on process constructs not readily available from existing grantee information. Guides were created for a cross-section of grantee participants: project leadership, project oversight, service providers, project partners, child welfare project partners, and the evaluation team. Protocols were organized by categories that corresponded to cross-site evaluation questions. Each category contained core items for the cluster, program-area specific items, and customized items and probes by grantee. There was some item repetition across categories of grantee participants to assess consistency in responses.

Key discussion topics included the following:

- Participant background
- Project planning
- Project implementation and modifications
- Project referral process, service flow, and service provision
- Collaboration with project partners, including the public child welfare agency
- Collaboration with evaluation team
- Role of the advisory group or steering committee
- Trends and benefits from service use
- Project achievements and challenges
- Project sustainability

- Evaluation process
- Evaluation report highlights

In Year 2, discussions occurred during site visits conducted with each grantee from December 2010 to May 2011. Site visits, including pilot site visits, lasted from 1½ to 2 days and incorporated discussions with project directors, other project leadership, service providers, the evaluation team, community partners, and child welfare agency representatives. Discussions occurred individually and in small groups. If JBA was unable to speak with a desired participant on site, a telephone conversation was arranged for an alternate date. All information was confidential and not shared with other members of the project team.

Two members of the JBA staff, consisting of the evaluation TA liaison assigned to the grantee and an additional staff member, attended each site visit. The additional staff member served as note-taker during the discussions, capturing participant responses electronically via laptop. The note-taker took detailed notes true to the conversation, producing an initial draft that was similar to a transcript. In cleaning the notes, the note-taker matched participant responses to protocol items, regardless of where in the protocol the participant addressed the question; this process was critical for later coding of notes. The evaluation TA liaison reviewed the notes for accuracy, added his/her own notes, and made further revisions as needed; the evaluation TA liaison and note-taker discussed the notes as needed during this process.

JBA provided a site visit schedule to grantees in November 2010, later updating the schedule to reflect site visit changes for two grantees. A discussion overview document provided to interview participants while on site is located in Appendix F. JBA submitted a brief summary of each site visit, which included a list of JBA staff members, site visit dates and locations, grantee participants, and a brief synopsis of the combined discussions to CB as addendums to monthly reports. The site visit addendum template is also included in Appendix F.

In Year 3, JBA updated guides for project leadership, service providers, project partners (including child welfare partners), and the evaluation team. Key discussion topics were prioritized to address key changes and updates in grantee processes from Year 2, including the following:

- Participant background
- Project participant characteristics
- Project implementation and modifications
- Project referral process, service flow, and service provision
- Collaboration with project partners, including the public child welfare agency
- Collaboration with evaluation team
- Trends and benefits from service use
- Project achievements and challenges
- Project sustainability
- Evaluation process
- Evaluation report interpretation

JBA conducted the majority of Year 3 discussions by telephone between March and June 2012. Total telephone time with each grantee lasted one day and incorporated discussions with a more focused group of participants, including project directors, service providers, the evaluation team, and the grantee's key community partner. If a grantee was a private or non-profit organization, JBA requested time with the public child welfare agency partner. Discussions occurred individually or in groups of two or three. All information was confidential and not shared with other members of the project team.

JBA conducted site visits with six grantees in April and May 2012. Criteria used to select grantees for site visits included the following:

- The grantee was representative of the program area.
- The grantee was innovative in project expansion and enhancement.
- The grantee demonstrated a diversity of project partners.
- The grantee demonstrated a strong or growing relationship with the public child welfare agency (if a private or non-profit organization).
- The grantee demonstrated stability, or positive changes, in project.
- The grantee demonstrated stability in project leadership.
- The grantee demonstrated (quality assurance) processes to ensure fidelity to the service model and/or services.
- The grantee's service model and/or services could be replicated by other organizations.
- The grantee demonstrated intentional and systematic planning for sustainability.
- The grantee incorporated a comparison group or randomized control trial (RCT).
- The grantee provided outcome data in the areas of safety, permanency and well-being.

Two members of the JBA project team, consisting of the evaluation TA liaison assigned to the grantee and an additional staff member, participated in telephone discussions. The additional staff member served as note-taker during the discussions, capturing interviewee responses electronically via laptop. Similar arrangements were made for site visits. The note taker and evaluation TA liaison adhered to the same process for recording and reviewing notes as in Year 2.

JBA's schedule of Year 2 site visits and Year 3 telephone discussions and site visits may be found in Appendix F. An updated discussion overview document, located in Appendix F, was provided to interview participants prior to telephone interviews and to interview participants while on site. JBA submitted a brief summary of each set of grantee telephone discussions and grantee site visits, including JBA staff members, telephone interview dates, site visit dates and locations, grantee participants, and a brief synopsis of the combined discussions to CB as addendums to monthly reports. The updated site visit addendum template is also included in Appendix F. A sample of discussion protocols by program area and respondent may be found in Appendix G.

D. Data Analysis

Primary and secondary data consisted of qualitative data, which were collected through grantee summaries and profiles, discussions conducted during site visits and over the telephone, and grantee evaluation reports. Data collected through grantee evaluation reports were also quantitative. Qualitative data consisted of descriptions of service models and best practices, service implementation processes, service barriers and facilitators, and changes in the service menu and why. Qualitative data also consisted of descriptions of collaboration between the grantee and partner agencies, including local and State child welfare agencies, and how collaboration affected service delivery. Quantitative data consisted of counts of parents, children, and family members served; descriptive statistics to characterize the focus population (e.g., age, gender, race/ethnicity); counts of different types of services; other outputs; and short-term, intermediate, and long-term outcomes collected by grantee projects.

1. Report Structure

JBA's approach to analyzing data for the process and outcome evaluation was at the construct level where staff members collected and synthesized data that were indicative of process outcome questions, including

outcome questions related to CFSRs and other topics. This involved several steps. First, JBA created a taxonomy-based template for program area process and outcome reports to address proposed evaluation questions. Second, JBA used selective coding, matching parent, child, family, organization, and system-relevant data elements, including those related to the CFSR from grantee-generated and JBA-generated secondary and primary data sources to address each evaluation question. These sources included grantee profiles, grantee semi-annual evaluation reports, and site visit and telephone discussion data.

JBA followed up the matching process by designing a corresponding report structure to display and communicate the data via charts, tables, and text-based description. The structure of the final cross-site evaluation report for the Family Connection cluster included the evaluation question's key issue as a header, followed by sub-headers to systematically organize and document critical concepts. JBA's cluster-level report included four program area sections for evaluation questions where program area information could not logically be combined. These questions addressed target populations, service models and key activities, and amount and mix of services provided to clients, which tended to be specific to kinship navigator, family finding, FGDM, and residential family treatment program areas. A section on cluster-level findings addressed processes that had a greater degree of commonality among program areas; these topics included collaboration, sustainability, facilitators and challenges to implementation, and lessons learned. A section was devoted to describing the achievements and challenges of grantees implementing a combination of program areas.

2. Analytical Approach

a) Qualitative Analysis

Qualitative analysis was guided by the exploratory process evaluation questions developed for the cross-site evaluation (see pages 3-4). JBA analyzed qualitative data from site visits and telephone discussions in several steps that included identifying, coding, and categorizing primary patterns in the data. Four key stages of JBA's analytic approach, as adapted from Pandit's five-phase diagram of building grounded theory¹, are described in the following section: data collection, data organization, data analysis, and literature comparison.

Data Collection

JBA developed a standard discussion/data collection protocol based on broad cross-site evaluation questions. This ensured that key issues relevant to each evaluation question were explored. For each evaluation question, JBA generated sub-questions, some of which were specific to a particular program area. To test the relevance of protocol questions, JBA conducted three pilot site visits with grantees in December 2010. Pilot tests resulted in revised protocols that were used for the remaining 21 grantees. The JBA team met regularly throughout the data collection period to protocol questions, and modified or discarded questions that elicited minimal or unclear responses.

Data Organization

To facilitate data analysis, JBA applied a two-phase coding process to organize discussion notes for each project. In Coding Phase 1, JBA organized the data by applying a code to each protocol question. In Coding Phase 2, JBA coded responses to each protocol question. All coded responses were entered into

¹ Pandit, N. (1996). The Creation of Theory: A Recent Application of the Grounded Theory Method (The Qualitative Report, Volume 2, Number 4, December, 1996). Retrieved March 28, 2013 from NOVA Southeastern University website: <http://www.nova.edu/ssss/QR/QR2-4/pandit.html/pandit.html>

Atlas.ti, a qualitative software package used to support organizing and producing reports at multiple levels – by grantee/project, program area, and the cluster.

JBA generated the first of two grantee-level Atlas.ti output summaries, both of which are illustrated in Figure 2-2: Family Connection Cross-Site Evaluation – Coding Process. Grantee-Level output summaries were produced for each grantee that provided organized responses by participant to each protocol question. Grantee-Level output summaries were created using Atlas.ti coded questions and responses from Coding Phase 1. Consistent with the format of the codebook and organization of protocols, Grantee-Level output summaries were organized in the following way:

1. Evaluation question / header (e.g., Description of Parents, Children and Families)
2. Applicable evaluation sub-header (e.g., Target Population, Target Population Observations)
3. Protocol question
4. Responses for each participant that responded to the protocol question

JBA then created Program Area-Level data reports for each grantee that provided a coded summary of responses for targeted site visit questions that was condensed from individual participant responses to each protocol question. Data reports for Program Area-Level output were created during the initial open coding process (Coding Phase 2) using Atlas.ti output. Coding Phase 2 is further detailed in the next section: Data Analysis.

Consistent with the format of the codebook, organization of protocols, and Grantee-Level output summaries, Program Area-Level data reports were organized in the following way:

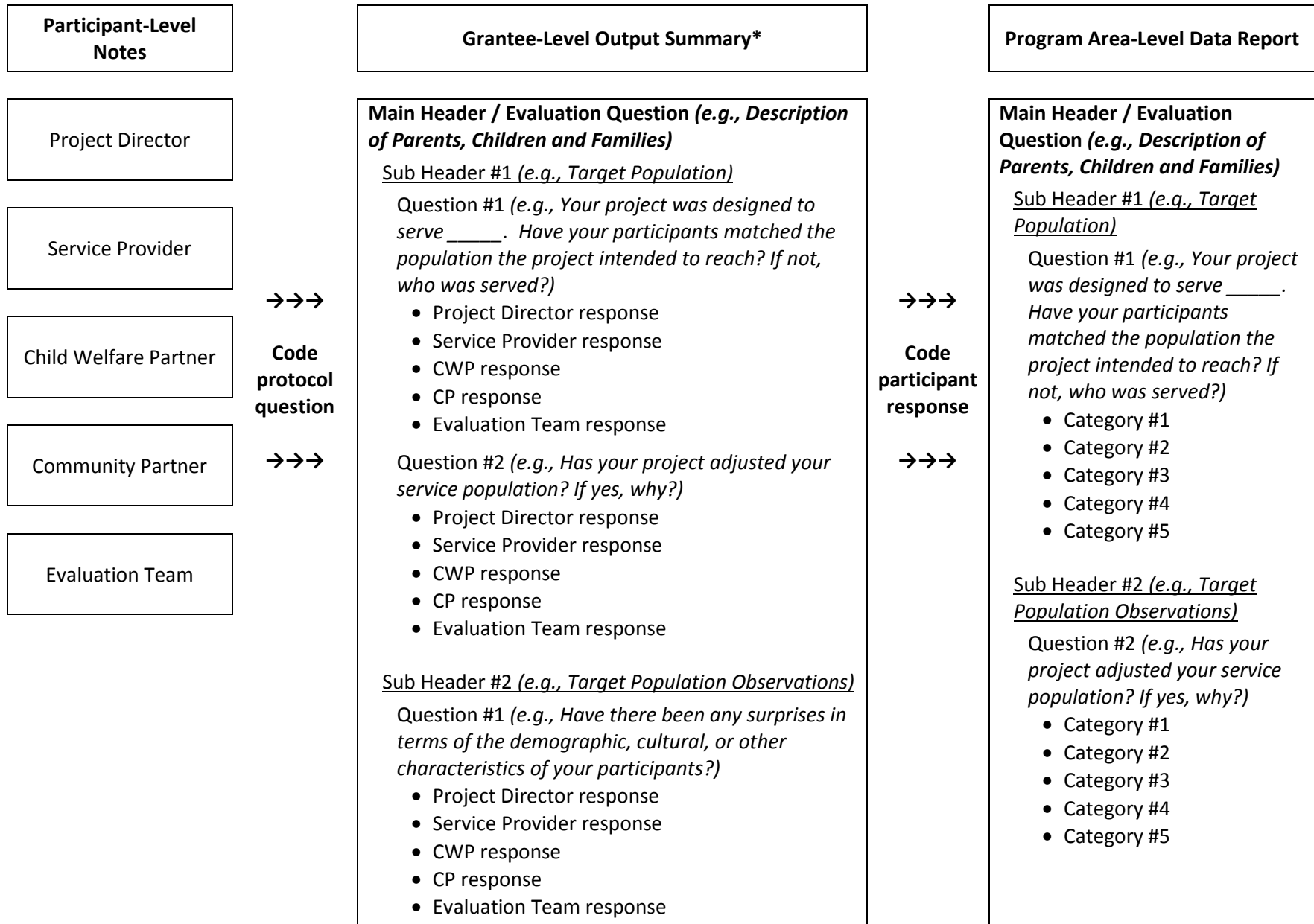
1. Evaluation question / header (e.g., Description of Parents, Children and Families)
2. Applicable evaluation sub-header (e.g., Target Population, Target Population Observations)
3. Protocol question
4. Summary of key responses to the protocol question

Additional program area-level data reports and cluster-level data reports were conducted to address selected questions.

Data Analysis

JBA systematically analyzed data at the program area and cluster level via qualitative analysis to identify similarities and commonalities; identify relationships and themes; identify clusters and categories; partition variables as needed; and analyze and incorporate patterns and variations. During Coding Phase 2, each primary coder began analyzing the qualitative data in Atlas.ti using an open coding approach to identify emerging categories for each project, followed by axial coding to identify similarities and relationships among various categories within and among other projects. This process required multiple reviews of the discussion notes to compare categories and make appropriate classifications. Primary coders also used analytic and conceptual memos to highlight salient patterns and themes that warranted further explanation, and to elaborate on themes that emerged from the data. As categories emerged for each process evaluation sub-question, they were continually tested by reviewing data across multiple projects and program areas.

Figure 2-2: Family Connection Cross-Site Evaluation – Coding Process



An initial codebook generated from the Year 2 Cross-Site Evaluation Report was developed to help categorize qualitative data, but was modified as patterns and themes emerged during the coding process. The initial set of codes also served to validate the various categories identified by primary coders during the open coding process. All codes were captured in a data codebook organized by 1) cross-site evaluation question, 2) discussion protocol question, 3) response categories, and 4) applicable code, with an additional reference to the type of grantee participant responded to each question. Questions could be asked of one or more types of grantee participants that included project directors, service providers, the evaluators, and key community partners. Most codes applied to the cluster, although some codes were program area specific. Additional codes were added during analysis to further capture grantee processes and outcomes that emerged in the final year of operation under Family Connection funding. The codebook may be found in Appendix H.

Table 2-2: Sample Codebook Question, Categories, and Codes provides a sample evaluation question with associated answer categories, and applicable codes from the data codebook. Each discussion protocol question was grouped within a series of larger evaluation questions. The discussion protocol question, “Your project was designed to serve _____. Have your participants matched the population the project intended to reach?” followed by “If No, who was served?” addresses the larger evaluation process question: “Who are the parents, children, and families served by the projects? Are they the parents, children, and families originally intended to be served? Does the served population change over time?” As noted in the Participant column, this discussion question was asked of project directors (PD), service providers (SP), and evaluation team members (Eval).

During later stages of coding, secondary coders reviewed the categories created by primary coders and re-categorized concepts where needed. This multi-coder process strengthened coding reliability and helped unify categories already identified into core categories. The secondary coders were the primary interviewers during site visit discussions. Due to their direct experience working with the grantees, they had the contextual knowledge and experience to identify and interpret core categories. Incorporating secondary coders into the process also provided an opportunity for collaborative analysis and helped elicit more thorough, descriptive detail and explanations for variations between categories and key themes that emerged. For instances when there were discrepancies or outliers, secondary coders provided examples of grantee strategies and success stories that were not always the norm. These outliers are documented in the program area evaluation findings.

Table 2-2: Sample Codebook Question, Categories, and Codes

| Participant Question | Answer Categories | Code | Participant |
|--|------------------------------|------------|--------------|
| <i>Description of Parents, Children and Families (Evaluation Question)</i> | | | |
| Your project was designed to serve {insert target population}. Have your participants matched the population the project intended to reach? If No, who was served? | Age | PartMatch1 | PD, SP, Eval |
| | Ethnicity | PartMatch2 | PD, SP, Eval |
| | Gender | PartMatch3 | PD, SP, Eval |
| | Chemical dependence | PartMatch4 | PD, SP, Eval |
| | Criminal justice involvement | PartMatch5 | PD, SP, Eval |
| | Crisis/chaotic lives | PartMatch6 | PD, SP, Eval |
| | Domestic violence | PartMatch7 | PD, SP, Eval |
| | Extended families | PartMatch8 | PD, SP, Eval |

| Participant Question | Answer Categories | Code | Participant |
|--|-------------------------------------|-------------|--------------|
| <i>Description of Parents, Children and Families (Evaluation Question)</i> | | | |
| | English as second language issues | PartMatch9 | PD, SP, Eval |
| | Health issues (physical, cognitive) | PartMatch10 | PD, SP, Eval |
| | Highly mobile | PartMatch11 | PD, SP, Eval |
| | Literacy issues | PartMatch12 | PD, SP, Eval |
| | Mental health issues | PartMatch13 | PD, SP, Eval |
| | Residing out of state or country | PartMatch14 | PD, SP, Eval |
| | Service needs | PartMatch15 | PD, SP, Eval |
| | Socio-economic status | PartMatch16 | PD, SP, Eval |
| | Stress issues | PartMatch17 | PD, SP, Eval |
| | Trauma | PartMatch18 | PD, SP, Eval |

Literature Comparison

Once final analytic decisions were established to help answer key process evaluation questions, JBA compared the findings with existing literature on implementation. In her description of theory development using qualitative approaches, Eisenhardt stated that “tying the emergent theory to existing literature enhances the internal validity, generalisability, and theoretical level of the theory building from case study research . . . because the findings often rest on a very limited number of cases.”² JBA used implementation science literature to validate process evaluation findings, and found that many implementation “facilitators” reflected implementation science drivers identified in various reports, including JBA’s implementation science report³.

b) Quantitative Synthesis

JBA synthesized quantitative data provided by grantees in semi-annual evaluation reports and final reports submitted to CB. Quantitative synthesis of grantee outcomes was guided by program area and cluster logic models as well as JBA’s cross-site outcome evaluation questions. Data were organized in the report by categories of safety, permanency, and well-being, as well as by child and family-level outcomes. Due to the diversity in outcomes reported, JBA synthesized data indicative of these concepts by program area when provided by a majority of grantees within the program area. In addition to reporting on outcomes commonly reported across grantees, additional outcome data reported grantees in the respective program area appendix.

c) Report Review

This draft report was submitted to CB and Family Connection grantees for review as a strategy for testing and confirming findings, consistent with recommendations from Miles & Huberman in regard to this step

² Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review*, 14, 532-550.

³ James Bell Associates (2013). *Lessons learned through the application of implementation science concepts to Children’s Bureau discretionary grant programs*. Arlington, VA: Author.

in qualitative analysis⁴. Family Connection grantees included those participants who supplied discussion data for this report. JBA discussed all concerns and questions with CB and grantees and revised findings and conclusions as appropriate.

E. Limitations of the Evaluation

The cross-site evaluation of the Family Connection discretionary grants provided a unique opportunity to assess the degree to which grantees made concerted efforts to provide and arrange appropriate services that resulted in improved evidence of child safety, permanent and stable living situations, continued family relationships, and enhanced capacity of families to care for their children's needs. This opportunity has also come with significant challenges.

The most defining challenge was the substantial diversity of activities within and among program areas. Twenty-four grantees implemented four different types of projects. Of the 24, eight grantees submitted applications for the combination option offered by CB and implemented two or three projects each. While the four program areas all filled critical needs within child welfare and contributed to the goal of safety, permanency, and well-being in children, they were distinct in purpose, methods, and objectives. Combination grantees implementing projects in multiple program areas often had different operational and staffing structures to implement the service model and accompanying activities. In order to evaluate the combination grantees effectively, JBA incorporated the projects operated by combination grantees into the other four program areas, evaluating 36 projects operated by 24 grantees.

In designing the evaluation, JBA researched what grantees were already doing for site-specific evaluations, determined commonalities, and designed a report process to obtain as much common data as possible while respecting the resources grantees had already allocated to local evaluations. CB and grantees supported this approach, but grantees were still quite variable in analysis and reporting. JBA advises CB and other readers to keep the following issues in mind when reading and interpreting process and outcome results by program area and cluster:

- **Outcome Variability.** There was a high degree of individuality within and among program areas in regard to outcome-level data collection. Grantees measured similar or the same behaviors, attitudes, and knowledge; but they differed in how those behaviors, attitudes, and knowledge were defined and from where the primary and secondary data sources came. A minority of the outcome data elements collected across any program area were common to more than one grantee.
- **One Outcome, Multiple Data Sources.** Grantees used different data sources to assess different interpretations of a construct. For example, four of five residential family treatment grantees collected data on child maltreatment. But they defined maltreatment differently, and measurements reflected this variation. Grantee definitions and assessments of child maltreatment included a) incidences of maltreatment, b) incidences of child removal from the home, c) scores on an inventory for potential child abuse, and d) incidences of infants testing positive for illegal drugs at birth. As a result, JBA was able to synthesize and describe this data but was limited in the ability to calculate quantitative analyses that would represent a common result across these grantees.

⁴ Miles, M. B., & Huberman, A. Michael. (1994). *Qualitative data analysis: An expanded source book*. Thousand Oaks, CA: Sage Publications.

- ***Breadth and Depth of Data.*** The amount of "touch time" varied greatly between program areas – from one phone call to a kinship navigator from an “overwhelmed” caregiver to up to three years in a residential family treatment facility for a mother struggling for years with chemical dependence. JBA received the most data from residential family treatment grantees where adult clients and their children received multiple services over an extended period of time, providing many opportunities to collect data. JBA received less data from grantees that experienced less, and sometimes minimal interaction with service recipients.
- ***Fewer Clients.*** Several projects took longer than the 90-day start-up period they originally anticipated due to administrative capacity. As a result, they had less data from fewer clients than desired.
- ***Different Evaluation Designs.*** Grantees varied in evaluation design: 12 grantees implemented experimental, randomized control group designs, 8 implemented quasi-experimental designs, and 4 implemented treatment-only designs. As a result, some grantees reported results for treatment and control or comparison groups, sometimes at baseline and follow-up, while others reported results only for a treatment group at baseline, and depending on data availability, follow-up. A table of grantee evaluation designs may be found in Appendix I.
- ***Obtaining Final Semi-Annual Reports and Final Evaluation Reports.*** Not all grantees were timely in the submission of final evaluation data. While many grantees submitted either a final report or preliminary evaluation analyses and results on December 31, 2012, several grantees did not. JBA communicated with grantees throughout January 2013 to obtain needed information, keeping CB informed of progress through written communication and meetings. By the end of January 2013, JBA determined that between final semi-annual reports, final reports, and additional evaluation information submitted by grantees with an NCE, there was sufficient data from each grantee to proceed with data syntheses. The implication is that some grantees may not have included all possible data from treatment and comparison groups in analyses, or been able to conduct all desired analyses in order to adhere to reporting deadlines.

Section 3: Kinship Navigator Program Area Evaluation Findings

This section describes process and outcome evaluation findings for the kinship navigator program area. Process evaluation findings include a description of the target populations served by the grantees, supported by a discussion of key demographic characteristics and observations by grantee staff members about target population trends. Service models and key activities implemented by kinship navigator grantees are described, along with the ideal characteristics, skills, and experiences of kinship navigator service providers. Activities are supported by descriptions of innovative ways by which grantees met target population needs. Outcome evaluation findings are organized by accomplishments reported by grantees, adult and child-level outcomes, and organizational and system-level outcomes. Adult and child-level outcomes address the areas of safety, permanency, and well-being. Organizational and system-level outcomes document findings regarding policies and procedures and kinship navigator projects' impact on child welfare practice in the community. Supporting data for the process and outcome findings may be found in Appendix J.

The section concludes with a discussion of evaluation limitations and other considerations for readers to keep in mind when reading and interpreting evaluation results, particularly outcome evaluation results. Outcome evaluation limitations address issues common to all Family Connection grantees, such as outcome variability, multiple data sources per outcome, breadth and depth of data, variable levels of response, and diverse evaluation designs. The limitations also document concerns specific to the kinship navigator program area.

A. Process Evaluation Findings

1. Summary of Process Evaluation Findings

Kinship navigator projects were designed to assist kinship caregivers in accessing services and supports. Under the 2009 Family Connection grant, there were six stand-alone grantees that focused exclusively on kinship navigator services, and seven combination grantees whose projects included kinship navigator services in conjunction with family-finding and/or family group decision-making (FGDM) services.

Kinship navigator grantees served a wide range of caregivers, most commonly grandmothers, raising relatives' or "fictive kins'" (unrelated by birth or marriage, such as family friends) children. The number of caregivers served ranged from 83 to 2,167. Some grantees provided a wide range of services to a small number of caregivers in a limited geographical range, and others provided limited services to larger numbers of caregivers throughout a state. Most caregivers served were female, and an approximately equal number of boys and girls were served. The demographics of each grantee's target and actual population reflected that of the geographic region. Two grantees also focused on Native American communities.

The kinship navigator projects were based on a wide variety of models, although in general only the combination projects utilized pre-existing service models. All of the grantees offered information and referral services, emotional support for caregivers, case management, and outreach to families and other agencies. Beyond these commonalities, the available activities varied among the grantees and included support groups, advocacy, child-level services, and various programs involving networking or collaborating with other child serving agencies. All grantees provided varying levels of services depending on the needs and desires of caregivers. Some grantees provided very limited services to large numbers of families, while others provided intensive services to smaller numbers of families. Knowledge of local resources and outstanding interpersonal skills were the most commonly cited characteristics of

successful service providers, which was congruent with the most common tasks of the job: information and referral and emotional support.

2. Description of Target Population

Kinship navigator grantees served kinship caregivers who were raising relatives other than biological sons and daughters; some included fictive kin as well. Most grantees targeted both formal and informal caregivers. Although caregivers were the primary clients, all but one of the grantees tracked the number of children that were directly served by kinship navigator grantees or indirectly served via programs for caregivers. Edgewood Center for Children and Families did not track the number of children served, but tracked the number of “collaterals,” or other individuals such as service providers, who called on behalf of the kinship caregivers.

Stand-alone grantees served many caregivers who formally or informally cared for relative’s children prior to receiving kinship navigator services. Some stand-alone grantees, such as The Children’s Home Society of New Jersey, had kinship navigator projects prior to the grant and used Family Connection grant funds to enhance their services. On the other hand, combination grantees used a blend of family finding and/or family group decision-making along with kinship navigator services. Combination grantees often sought to first locate kin caregivers, place the children with suitable kin caregivers, and then provide navigation services to the caregivers. This resulted in stand-alone grantees serving a sizeable proportion of established (but potentially fragile) kinship caregiver families, while combination grantees were more likely to serve newly created kinship care families. For example, South Carolina Department of Social Services (DSS), a combination grantee, reported that 84.0 percent of the children had been in kinship care for less than 1 year, and 45.0 percent had been in kinship care for less than 3 months. By contrast, The Children’s Home Society of New Jersey reported that only 17.2 percent of children had been in kinship care for less than one year, and nearly half (48.0 percent) had resided with the kinship caregiver for six or more years.

a) Numbers of Individuals Served

Table 3-1: Number of Caregivers and Children Served depicts the number of caregivers and children served by each grantee. Control caregivers and children received “services as usual” rather than the enhanced services that treatment caregivers and children received. The reported number of caregivers served throughout the duration of the grant ranged from 83 (including the control group) to 2,167. The overwhelming majority of primary caregivers served were female (85.6 percent to 96.5 percent). The majority of the caregivers were grandparents for most of the projects (up to 76.0 percent), and the average age of caregivers was late 40s to early 50s. However, the grantees also served a substantial proportion of caregivers who were aunts and uncles (14.2 percent to 20.4 percent), as well as smaller proportions of cousins, siblings, and fictive kin. Great grandparents, and at one project even a small number of great-great grandparents, were also served. In addition to caregivers and children, Edgewood Center for Children and Families served 537 “collaterals,” or service providers and other individuals who called on behalf of caregivers. YMCA of San Diego also served 68 service providers.

Table 3-1: Number of Caregivers and Children Served

| Grantee | Caregivers | Children |
|---|------------------------------|------------------------------|
| <i>Stand-Alone Kinship Navigator Grantees</i> | | |
| Aspiranet, Inc. | 404 | 415 |
| Edgewood Center for Children and Families* | 468 | N/A |
| Minnesota Kinship Caregivers Association (MKCA)** | 2167 | 307 |
| Public Children’s Service Association of Ohio (PCSAO)* | 945 | 1,516 |
| The Children’s Home Society of New Jersey (CHSNJ) | 227 control 210 treatment | 313 control 294 treatment |
| YMCA of San Diego | 1,052 | N/A |
| <i>Combination Group Kinship Navigator Grantees</i> | | |
| Catholic Family and Child Service (CF&CS) | 629 | N/A |
| Lilliput Children’s Services | 42 treatment 40 control | 74 treatment 70 control |
| Maine Department of Health and Human Services (DHHS)*** | 101 | 136 |
| Maryland Department of Human Resources (DHR) | 716 | 844 |
| Oklahoma Department of Human Services (DHS) | N/A | 1956 |
| Rhode Island Foster Parents Association (RIFPA) | 262 | 410 |
| South Carolina Department of Social Services (SCDSS) | 389 | N/A |

*Does not include clients who only participated in information and referral calls.

**MKCA reports that the number of children served is underreported.

***Maine DHHS did not include families in control group in counts of individuals served.

b) Family Demographics

Considerable diversity was found in the geographical scope and ethnicity of the target populations. Three grantees were statewide (Minnesota Kinship Caregivers Association, Edgewood Center for Children and Families, and Rhode Island Foster Parent Association); the two grantees serving larger States primarily focused on selected counties. Two grantees were countywide (Lilliput Children’s Services and YMCA of San Diego), one served two service areas within a California county (Aspiranet, Inc.), and the other six served several counties.

The races and ethnicities of the caregivers and/or children varied according to region. Grantees serving rural counties in the Midwest (Minnesota Kinship Caregivers Association and Public Children Services Association of Ohio) served mostly Caucasian caregivers. For the two southern California projects (Aspiranet, Inc. and YMCA of San Diego), almost half of the caregivers were Hispanic/Latino. Grantees serving East Coast urban areas (Maryland Department of Human Resources [DHR] and The Children’s Home Society of New Jersey) served a majority of African American caregivers. Minnesota Kinship Caregivers Association, who worked with various Native American tribes, served a relatively large proportion of Native American caregivers. Catholic Family and Child Service, whose stated goal was to reduce the proportion of Native American children in non-relative care, served an even larger proportion

of Native American caregivers. Table 3-2: Kinship Caregiver Race / Ethnicity details the percentages of caregivers' ethnicities by each grantee.

Kinship navigator grantees served similar proportions of male and female children. Among the eight grantees who reported child age, the average age ranged from 4.9 years at Lilliput to 9.0 years at Maryland DHR. Grantees also reported similar proportions of children's and caregivers' ethnicities. For example, Public Children Services Association of Ohio served mostly Caucasian children as well as caregivers, while Maryland DHR and The Children's Home Society of New Jersey each served a proportion of African American children similar to that of the caregivers. One combination grantee, Lilliput Children's Services, was exclusive to African American children entering foster care through one particular agency.

Table 3-2: Kinship Caregiver Race / Ethnicity *

| Grantee | Caucasian | African American | Hispanic | Native American |
|---|-----------|------------------|----------|-----------------|
| <i>Stand-Alone Kinship Navigator Grantees</i> | | | | |
| Aspiranet | 15.8% | 32.1% | 46.3% | 0.8% |
| CHSNJ | 36.2% | 61.1% | 7.0% | NR |
| Edgewood | 26.5% | 35.8% | 26.5% | 1.3% |
| MKCA | 63.1% | 24.1% | 2.0% | 13.6 % |
| PCSAO | 78.0% | 19.0% | 2.0% | NR |
| YMCA | 30.5% | 17.7% | 47.0% | NR |
| <i>Combination Kinship Navigator Grantees</i> | | | | |
| CF&CS | 76.7% | 2.5% | 31.2% | 17.5% |
| Lilliput | 0% | 100% | 0% | 0% |
| Maryland DHR | 32.0% | 55.2% | 3.0% | NR |
| SCDSS | 46.6% | 48.8% | 0.5% | NR |

* Total percentages may sum to >100 due to some grantees reporting "Hispanic" as an ethnicity separate from race.

c) Target Population Observations

According to discussions with grantee representatives, none of the kinship navigator grantees – stand-alone or combination – experienced major changes to original target population throughout the course of the grant. However, some minor changes occurred over time, such as serving a larger or smaller proportion of informal caregivers versus formal caregivers. YMCA of San Diego experienced a major increase in the number of kinship caregivers seeking services, following the termination of a county-run program, which provided similar types of services.

Despite no major changes to the overall target population, nine grantees reported several unexpected trends. Six grantees reported that kinship caregivers were often significantly younger than expected. In addition to serving grandparents as originally planned, these projects also served a substantial number of aunts, uncles, and/or older siblings who were raising children. On the other hand, the number of great-grandparents serving as caregivers was unanticipated by the staff members of Maryland DHR. Six

grantees reported that the racial demographics were different from what they had originally expected. However, no common patterns were found in the general demographics or in the proportions of particular populations among the six grantees. Four of 13 grantees reported that there were no unexpected trends in the demographics or cultural characteristics of the families.

3. Service Models and Key Activities

This section describes the service models and major activities implemented by kinship navigator grantees including changes in services and the skills and characteristics that were recommended for staff members to effectively provide kinship navigator services.

a) Service Models

Unlike some of the family-finding, FGDM, and residential family treatment projects, kinship navigator projects rarely followed a standard model. All of the projects involved information and referral and emotional support; evidence-based interventions were generally not used, with the occasional exception of curricula for support groups.

Although clear-cut service models were rarely utilized directly by kinship navigator grantees, all of the combination grantees and one stand-alone kinship navigator grantee specified one or more service models upon which projects were based. Table 3-3: Kinship Navigator Service Models shows the models upon which the combination grantee’s services were based. Edgewood Center for Children and Families (a stand-alone grantee) and Rhode Island Foster Parents Association’s direct services were based on the peer provider model, utilizing caregivers who were currently or had previously raised relatives’ children.

Table 3-3: Kinship Navigator Service Models

| Grantee | Kinship Navigator Service Models |
|----------------------------|--|
| CF&CS (combination) | Annie F. Casey Foundation’s Family to Family Initiative |
| Edgewood (stand-alone) | Peer provider model |
| Lilliput (combination) | Family Preservation and Wraparound Fidelity models |
| Maryland DHR (combination) | Family Connections Program |
| Oklahoma DHS (combination) | Bridge Resource Family philosophy (early concurrent planning), plus a model developed by the Clark County Director of Family Services. |
| RIFPA (combination) | “Grand Divas” peer provider model |
| SCDSS (combination) | Family Connections Program, Casey Kinship Navigator Program, and Orange County CASA Connections Program |

Some grantees, such as Edgewood Center for Children and Families and The Children’s Home Society of New Jersey, used Family Connection funding to focus entirely on providing services directly to kinship families. These agencies also conducted systems-based work that involved serving kinship families, but through other funding sources. Other grantees, such as Aspiranet, Inc. and YMCA of San Diego, primarily focused on systems-building and interagency collaboration.

b) Referral Processes

For all of the kinship navigator projects, families self-referred or were referred by child welfare or other social service agencies. “Word of mouth” referral from others was also used by some grantees. Several grantees, including Lilliput Children’s Services, Maine Department of Health and Human Services (DHHS), and The Children’s Home Society of New Jersey, after receiving almost all of its referrals through their original kinship navigator projects, randomly assigned caregivers to an experimental group which received enhanced kinship navigator services or to a control group which received traditional kinship navigator services. Grantees (e.g., YMCA of San Diego) also conducted needs assessments to determine and appropriately address the family’s service needs. Conversely, a few grantees allowed caregivers to select the services they would like to receive. For example, Edgewood Center for Children and Families’ caregivers had the option of receiving information and referral services only or telephone-based case management services.

c) Key Activities

All kinship navigator grantees conducted outreach to families and social service agencies, supplied information and referral services, and provided emotional support. Beyond these commonalities, grantees varied in the type of activities offered to caregivers and families. Table 3-4: Key Activities of Kinship Navigator Grantees provides a list of the primary services implemented and/or referred by kinship navigator grantees.

- **Information and Referral.** Each stand-alone and combination kinship navigator grantee provided information and referrals to caregivers as a primary service. Discussions with project staff members revealed that among all kinship navigator grantees, financial assistance and/or access to material resources were among the most often requested services.
- **Case Management.** Although the services had different names and various concepts and intensity levels, each grantee provided some type of case management for caregivers and/or families. The Children’s Home Society of New Jersey provided enhanced services for treatment group and standard case management for control group. YMCA of San Diego provided different intensity levels of case management based on the assessed needs of caregivers. Edgewood Center for Children and Families provided telephone-based case management.
- **Emotional Support.** All grantees provided emotional support for caregivers, either face-to-face or via telephone. Some grantees considered this activity as a separate service, while others viewed emotional support as a component of other activities, such as case management or advocacy.

Service Provision – Emotional Support:
“I have a good kinship navigator that is able to talk people off the cliff. {He/she} helped us preserve placements that otherwise probably would not have lasted. Being that one-step person you can talk to about income maintenance, teen grandkids acting out, working around visits with the parents...that’s what my kinship navigator does more than anything else is talk to people in crisis. We didn’t provide this [crisis counseling] service prior to the grant.” – Kinship navigator representative

Table 3-4: Key Activities of Kinship Navigator Grantees

| | Stand-Alone Kinship Navigator Grantees | | | | | | Combination Group Kinship Navigator Grantees | | | | | | |
|--|--|-------|----------|------|-------|-------------------|--|----------|------------|--------|--------|-------|--------|
| | Aspiranet | CHSNJ | Edgewood | MKCA | PCSAO | YMCA of San Diego | CF& CS | Lilliput | Maine DHHS | MD DHR | OK DHS | RIFPA | SC DSS |
| 2-1-1 support / expansion | | | | | X | | X | X | | | X | | X |
| Advocacy for individuals and families | X | X | | X | X | | X | | X | X | | | |
| Advocacy at local or state level | X | | | X | X | | X | | | X | | | |
| Caregiver training and education | | X | | | X | | X | X | X | | X | X | X |
| Case management | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Children’s programs | | X | | X | | | | | | | | | |
| Develop and distribute informational materials | X | | | X | X | X | X | X | X | X | X | X | X |
| Emotional support | X | X | X | X | X | X | X | X | X | X | X | X | X |
| In-home services | | X | | | X | X | X | X | | X | | | |
| Kinship caregivers support groups | X | X | R | X | X | R | X | X | | X | X | X | X |
| Family Group Conferencing | | | (discon) | | | X | | | X | X | X | | X |
| Information and referral | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Legal advice or assistance | R | X | R | X | X | R | X | | X | | | | |
| Respite care | | R | | | R | X | | X | X | | | | |
| Training for social service providers | | X | | X | X | X | X | | X | | | X | |

R=made referrals to these services, but did not provide directly.

- ***Support Groups for Caregivers.*** With the exception of one grantee, kinship navigator grantees provided support groups for caregivers or referrals to external groups not facilitated by the grantee. At times the support groups evolved into forums in which caregivers provided informal, ongoing tangible support to one another (e.g., transportation assistance).
- ***Advocacy for Individual Caregivers.*** Numerous grantees provided advocacy services for kinship families. Advocacy included accompanying a caregiver to a court hearing or educational meeting to provide support and advice.
- ***Family Group Conferencing.*** Several grantees, such as YMCA of San Diego, South Carolina DSS, and Edgewood Center for Children and Families provided Family Group Conferencing to families. Family Group Conferencing gave families the opportunity to help develop a family plan for serving children’s needs.
- ***Services for Children.*** While caregivers were the primary service recipients for all kinship navigator grantees, several grantees provided services specifically for children. For example, The Children’s Home Society of New Jersey and Minnesota Kinship Caregivers Association offered child support groups and other supportive and recreational activities. The Children’s Home Society of New Jersey also arranged for counseling, mentors, medical care, and educational advocacy for children.
- ***Legal Assistance.*** Over half of the grantees provided some form of assistance by attaining legal guardianship of children or referred caregivers to professionals who could provide more in-depth assistance in this area. For example, Minnesota Kinship Caregivers Association developed and distributed print resources informing caregivers of their rights and along with guidance in attaining legal guardianship. Maine DHHS provided “legal navigators” to assist caregivers in navigating the court system.

Kinship navigator grantees also supplied services that involved and impacted the greater community. In addition to outreach to other agencies, grantees provided the community-level services listed below.

- ***Trainings for Social Services Providers.*** Numerous grantees provided trainings regarding the needs of and services for kinship caregivers. For example, The Children’s Home Society of New Jersey gave informational presentations to local county Boards of Social Services, which provides vital financial and emergency services. YMCA of San Diego delivered a total of 314 trainings with community partners and service providers.
- ***Partnerships with 2-1-1 Referral Services.*** Public Children Services Association of Ohio, Catholic Family and Child Services, Lilliput Children’s Services, Oklahoma DHS, and South Carolina DSS worked with State or local 2-1-1 services to enhance referral services for kinship caregivers.
- ***Develop and Distribute Information Resources.*** Several grantees created electronic and print resource guides for child-referring agencies as well as for families. Rhode Island Foster Parents Association developed print materials and web-based portals regarding kinship navigator services and caregiver needs. YMCA of San Diego created a web-based resource guide for families and other child-serving agencies.
- ***Advocacy for the Project at the State or Local Level.*** Several grantees created and/or participated in workgroups consisting of kinship navigator staff members and members from other family-

serving agencies. Members within the workgroups shared information with one another and outside agencies regarding kinship navigator services and ongoing caregiver needs. In some cases such as with Minnesota Kinship Caregivers Association, these workgroups actively advocated for kinship caregivers services at local and State policy-making levels.

The type of services and activities provided were often limited or facilitated by the geographic scope of the project. For example, Edgewood Center for Children and Families' services were limited to information and referral and telephone-based case management in California because they served the entire State. One of its proposed services, Family Group Conferencing, was discontinued because it was not feasible to conduct the conferences with vast geographical scope and limited human resources. Other projects such as Public Children Services Association of Ohio and Minnesota Kinship Caregivers Association also served large geographical areas spanning several counties. They provided kinship navigator services using agencies and providers in each of the counties or regions.

d) Changes in Services

With the exception of Edgewood Center for Children and Families discontinuing Family Group Conferencing, most grantees made moderate adjustments in the services offered over the three-year funding period, responding to needs that became evident over the course of the grant. YMCA of San Diego faced an "overwhelming" number of referrals and developed a new intake procedure. Upon receiving a new referral, staff members of YMCA of San Diego sent the caregiver a letter informing him/her who the kinship navigator was and provided an informational handbook as a resource. Aspiranet, Inc. modified the format for developing and distributing informational materials, discontinuing original plans to create printed materials and opting for exclusively web-based information. The Children's Home Society of New Jersey responded to the emergent need of services for children in kinship care with support groups for youth, as well as child care for children during adult support group meetings.

Continually engaging families was a challenge for several grantees. As a result, one adjustment in services was enhancing engagement strategies. Five of the 13 grantees (Catholic Family and Child Service, The Children's Home Society of New Jersey, Edgewood Center for Children and Families, Lilliput Children's Services, and Public Children Services Association of Ohio) reported adjustments to engagement strategies, including newsletters, home visits, and adaptations to scheduled visits and events. However, no clear pattern in the success of particular outreach attempts was detected. For example, two grantees found that home visits were helpful in maintaining engagement, while another grantee found them counterproductive since families thought the visits were intrusive.

e) Characteristics of Effective Kinship Navigators

According to the grantee staff members who participated in site visit discussions, relevant knowledge of services for caregivers and interpersonal skills were essential to the position of a kinship navigator. This was consistent with the services most frequently provided to caregivers: information and referral, case management, outreach, and emotional support. The most common key characteristics of successful kinship navigators involved knowledge of community resources and services, listening skills, compassion and empathy, knowledge and experience regarding the child welfare system, and case management skills. One staff member described kinship navigation duties as, "*Inform[ing] clients as much as you can on whatever their specific needs are. They need to know what's out there to address their needs. I can feel the grandparents breathe a sigh of relief that they've got something that's going to help them, whether it's a support group, or if we signed up their kids for day camp, or helped them with a small bill.*" Table 3-5: Characteristics of Effective Kinship Navigators lists the categories of ideal characteristics of kinship navigators and accompanying illustrative quotes. Other qualities of effective kinship navigators also mentioned by grantees (n=3 grantees for each) included flexibility in service provision (e.g., scheduling

around the families’ needs), authoritative leadership style, personal experience with caregiving, and ability to collaborate with other agencies.

Table 3-5: Characteristics of Effective Kinship Navigators

| Effective Kinship Navigator Characteristic | N of Grantees* | Sample Quote |
|---|-----------------------|---|
| Knowledge of community resources and services | 9 | <i>“Make sure you’re on top of all the services available in the community so you can refer clients to any services that they need. Be curious in finding out what is available.”</i> |
| Communication/listening skills | 8 | <i>“Ability to talk to people and make them feel comfortable. Human relations skills.”</i> |
| Compassion and empathy | 6 | <i>“Empathy. Being able to hear any kind of story and not be so horrified that you can’t respond.”</i> |
| Knowledge and experience regarding the child welfare system | 6 | <i>“Knowledge and background of knowing how the system can work in favor or against the family.”</i> |
| Case management skills | 5 | <i>“I think it’s better when there are trained, licensed social workers involved. The more experience they have, the better.”</i> |

* Multiple staff members of each grantee participated in discussions, and each participant could list multiple accomplishments. Therefore, total N is greater than 13.

B. Outcome Evaluation Findings

1. Summary of Outcome Evaluation Findings

Kinship navigator grantees addressed multiple caregiver and child-level outcomes. In regard to safety, several grantees reported on the number of children who were reported to child protective services and/or had substantiated cases of abuse or neglect. Several permanency outcomes were measured; some concerned kin caregiver’s progress toward seeking permanency, while others looked at children’s placements at the end of treatment. Well-being was measured in several different ways, with the most common aspect being fulfillment of a wide range of family needs. Caregiver stress and children’s behaviors were also assessed by several grantees. In addition to assessing safety, permanency, and well-being, the impact of the projects on the larger child-serving systems, particularly child welfare, was assessed.

Outcomes showing clear improvement in safety and permanency were limited, but some positive trends were shown. Reports of child maltreatment were generally low, and rates of permanency were high, especially for stand-alone grantees. As far as well-being, some measures showed that kinship navigator projects were successful at ameliorating families’ needs. Among the grantees who utilized a control group with traditional kinship care services to compare to an enhanced treatment group, differences were modest; for one project, some of the enhanced services were used infrequently.

Kinship navigator projects also yielded impacts beyond the individuals served. Many of the grantees reported that the kinship navigator projects had impacted local child welfare agencies, helping them see the benefits of keeping children with families instead of placing them in foster homes.

2. Caregiver and Child-Level Outcomes

This section describes the caregiver and child-level outcomes most commonly reported by kinship navigator grantees in regard to safety, permanency, and well-being. Stand-alone grantees reported that most of the kinship care arrangements were safe and stable prior to kinship navigator services.

The findings from these discussions reflect the intended process and outcome goals of the kinship navigator projects. The primary services of the kinship navigator projects were designed to provide education to the caregivers regarding available resources and services and/or provide emotional support to caregivers. Grantees frequently realized some of the permanency goals of finding or preserving placements with relatives. Reports of abuse or neglect were generally infrequent.

a) Safety Outcomes

Five kinship navigator grantees reported on new cases of child maltreatment, with one grantee also reporting on progress in obtaining or maintaining safety goals for children. This data was reported differently among grantees; some measured substantiated allegations, while others examined reports of abuse. Two grantees used families receiving kinship services as usual as a control group, while one used children in traditional foster care as a control group. In general, new reports of child maltreatment were low and kinship caregivers addressed safety goals.

- Minnesota Kinship Caregivers Association (stand-alone) collected data on milestones that caregivers had set as goals. Data were available for 49 caregivers, who identified multiple milestones. Out of 49 caregivers, 23 selected “improving their kinship child[ren]’s safety,” 22 selected “improving their family’s safety,” and 3 selected “improving her own safety” as milestones. All caregivers reported making progress toward these selected goals. The grantee also asked 143 caregivers if children had been involved in a child protection case, and if anyone had called child protective services regarding children in care over the past 9 months. Only 19 (13.3 percent) responded yes to the first question, and 28 (19.6 percent) answered yes to the second question.
- The Children’s Home Society of New Jersey (stand-alone) reported 107 Child Protective Service referrals (high risk referrals) were made after the kinship case was closed. Of these 48 percent were for enhanced services cases, and 52 percent were for the control group families. Only 6 reports were substantiated, 5 of which were enhanced services cases. Of 31 child welfare referrals (low risk referrals), the treatment group accounted for 31 percent of the referrals while the control group accounted for 69 percent. Ninety-eight percent of those identified as having a Division of Child Protection and Permanency (DCP&P) open case were known to the child welfare agency *prior* to involvement with Kinship Cares. Fifteen children had a DCP&P service opening *after* Kinship Cares services were completed. Nine of the 15 were control group cases; 6 were enhanced services cases.
- Public Children’s Service Association of Ohio (stand-alone) reported that 98 of the 487 children (20.1 percent) in the kinship navigator project had a substantiated re-report of maltreatment, compared to 183 of the 752 children (24.1 percent) who had spent time in traditional foster care. Only 12 (12.2 percent) of the 98 children in kinship care who had a substantiated re-report were put into another out-of-home placement, while 110 (60.1 percent) of the 183 children who had been in traditional foster care were placed into a new out-of-home placement.

- Maine DHHS (combination) documented new reports of abuse or neglect by parents at 6-month and 12-month assessments. Rates of reported abuse within the treatment group were low. Out of 91 cases, 2 (4.0 percent) cases at 6 months and 3 (7.3 percent) cases at 12 months reported abuse. This finding was slightly lower than the rates reported for the control group: out of 96 children, 3 (3.1 percent) cases at 6 months and 4 (4.2 percent) cases at 12 months.
- For Lilliput Children’s Services (combination), 2 of 74 children (2.7 percent) in the treatment group had a substantiated allegation of abuse or neglect by the end of service provision, compared to 5 of 70 (7.1 percent) in the control group.

b) Permanency Outcomes

Ten of the 13 kinship navigator grantees provided data regarding caregivers’ perceptions on changes in permanency, as well as placement outcomes for children. Table 3-6: Obtaining Permanency Goals and Placement Stability displays the questions, data sources, and outcomes related to these two permanency indicators. Since many children secure permanency prior to receiving kinship navigator services, several stand-alone grantees indicated that permanency was not the *primary* goal. Of the four grantees that reported data on obtaining permanency goals, the data indicated positive trends for three of them.

Permanency: *“This relative is in the adoption process... if [family members] didn’t have navigator services they would’ve been lost in the system because the adoption process is complicated. We’ve been able to describe what to expect and what she needs to get done. The child has attached well to the caregiver.”* – Kinship navigator representative

While somewhat limited, the self-reported data regarding obtaining or maintaining permanency goals from four grantees and data on placement stability from nine grantees indicated positive trends. For example, the majority of caregivers at The Children’s Home Society of New Jersey and Minnesota Kinship Caregivers Association who identified permanency as a goal made progress toward permanency. The majority of children served at Maine DHHS did not experience placement disruptions for at least 1 year. Lilliput Children’s Services and South Carolina DSS also reported that the majority of children in kinship care remained with kin caregivers at discharge. Public Children’s Services Association of Ohio reported that children in counties that provided kinship navigation services were more likely to be placed with caregivers, and to spend less time in out-of-home placement compared to children in counties that did not provide kinship navigation services.

Table 3-6: Obtaining Permanency Goals and Placement Stability

| Grantee | Question | Source of Data | Results | Implications |
|-----------------------------------|--|--|--|----------------|
| Obtaining Permanency Goals | | | | |
| CHSNJ (stand-alone) | Did caregivers successfully meet their goal of legal guardianship? | 45 caregivers who identified legal guardianship as a goal on family service plan | 77.7% (n=35) caregivers were successful. 11.1% (n=5) did not make progress or dropped the goal. | Positive trend |

| Grantee | Question | Source of Data | Results | Implications |
|-----------------------------|---|---|---|----------------|
| MKCA (stand-alone) | Did caregivers make a step toward permanency for kinship? | 132 service recipients who completed a telephone survey | 54.0% (n=56) reported more custodial rights for the caregiver. 8.0% (n=12) took steps but no change in custody. 11.0% (n=15) already had legal permanent custody. | Positive trend |
| PCSAO (stand-alone) | Did the kinship navigator help the child(ren) to be able to live with (the caregiver) permanently?* | 254 caregivers who completed a survey | 60.0% (n=233) of caregivers answered, "Yes." | Positive trend |
| | Did the Kinship Navigator help (the caregiver) to care for the child longer...? * | 254 caregivers who completed a survey | 64.0% (n=230) responded, "Yes." | Positive trend |
| Maine DHHS (combination) | What proportion of families had created a permanency plan during the year? | 96 families in the control group 91 families in the treatment group | 71.0% Control 69.0% Treatment Difference was not significant. | Inconclusive |
| Placement Stability | | | | |
| Aspiranet (stand-alone) | Did children remain with caregivers after services were completed? | 68 participants who completed a follow up survey after 6 months on services | 82.0% of caregivers retained custody of the children in homes. 89.0% kept the same type of kinship arrangement with the child in home. | Positive trend |
| CHSNJ (stand-alone) | Did children remain with caregivers after services were completed? | 603 children in kinship care for whom data was collected | 1.0% (n=6) children had a placement event after services were completed. (5 events applied to the control group, 1 event applied to the treatment group.) | Positive trend |
| Edgewood (stand-alone) | Where was the children's placement at discharge? | 81 caregivers who completed an exit interview after 4 months | 98.8% (n=80 of 81) reported they were still caring for child. (Data missing for one child.) | Positive trend |

| Grantee | Question | Source of Data | Results | Implications |
|-------------------------------|---|--|--|-------------------------|
| PCSAO (stand-alone) | How likely were children in participating counties to be placed with relatives? | 1,194 children in intervention counties | 57% of children in intervention counties and 33% of children in control counties were placed with relatives | Positive trend |
| | How long were children in out-of-home placement? | 2,217 in control counties | M=156 (SD=181) days for intervention counties M=248 (SD=202) days for control counties | Positive trend |
| Lilliput (combination) | Where was the children's placement at discharge? | 55 children who had been discharged from project | 89.1% were living with relatives, non-related extended family member (NREFM), or a parent. | Positive trend |
| | What was the child's legal status at the close of data collection? | 74 children in treatment group 70 children in control group | 21.6% of children and youth in the Treatment group 24.3% in the comparison group achieved permanency through adoption, guardianship, and reunification by the close of data collection. | Inconclusive |
| Maine DHHS (combination) | Did children remain with caregivers for one year without disruption? | 91 families in the treatment group 96 families in the control group | 90.7% Treatment 82.9% Control | Positive trend |
| Oklahoma DHS (combination) | How many placements did children have over the course of grant? | SACWIS data for 1964 children | 2.2 average number of placements. 0 children had only one placement prior to 10/11; this number grew to 279 children by 10/12. | Positive trend |
| RIFPA (combination) | Where were the children's placements, and what was legal status at discharge? | 417 children and youth in the cohort | 48.2% (n=201) of children and youth who had been in out of home care have returned home, experienced an adoption, or obtained | Somewhat positive trend |

| Grantee | Question | Source of Data | Results | Implications |
|------------------------|--|--|---|----------------|
| | | | a legal guardian 5.0% (n=20) of children developed a permanency pact. | |
| SCDSS (combination) | Where were the children's placements at discharge? | 67 children who had been discharged from project and for whom there was placement data | 71.2% (n=47) remained in kinship care. 22.7% (n=15) reunified with parents. 6.1% (n=3) placed in a non-relative foster care home. | Positive trend |

* Among caregivers who responded "no" or "somewhat" to these questions, several explained that this was because they already had custody. Only one indicated that the project did not meet permanency needs due to not receiving services because of income restrictions.

Numerous grantee representatives described permanency issues when asked about the most important accomplishments of the project. Six grantees mentioned "preserving stable kinship families," and four mentioned "finding placements with relatives."

c) Well-Being Outcomes

Kinship navigator grantees measured several indicators of well-being, including family needs, child functioning, caregiver stress, and caregiver goal attainment. The most common well-being variable measured was the needs experienced by the family; this was also the area that showed the most positive change.

Family Needs

Six kinship navigator grantees administered the Family Needs Scale (Dunst, 1988; Harder and Company Research in 2010) to caregivers at one or more times while receiving kinship navigator services. The scale consists of 31 items (although some grantees adapted it to 24 or 20 items), each measured on a six-point Likert scale from one (never) to six (always) concerning the intensity of various needs. Several grantees used this instrument at baseline to develop service plans and/or later in treatment to assess individual-level progress and evaluate the effectiveness of the project on the aggregate level. For example, YMCA of San Diego assigned a particular level of services to families according to baseline scores on the Family Needs Scale. Catholic Family and Child Service also used the Family Needs Scale at intake to determine which services were necessary and assess changes in caregivers' needs over time.

Well-Being: *The caregivers really appreciate the services because they weren't aware the services [to which they were referred] were available. – Kinship navigator representative*

Table 3-7: Family Needs Scale Results documents the designs and findings of each of the six grantees who used this instrument. While survey results could not be compared across grantees, there were indications that needs lessened over time. The Children's Home Society of New Jersey collected time series data from treatment (enhanced kinship navigator services) and control (standard kinship navigator

services) groups. The data demonstrated that clients who received enhanced services had greater improvements in needs than the clients who received standard services. They also had a lower intensity of need at case closing. Aspiranet, Inc., Edgewood Center for Children and Families, and YMCA of San Diego also collected time series data and demonstrated improvement over time. South Carolina DSS did not show a clear pattern regarding level of needs measured four times within a 90-day period. However, these findings may be skewed due to inconsistent numbers of participants at each administration of the Family Needs Scale. Also, 90 days between baseline and follow-up administrations may have been insufficient to produce change.

Table 3-7: Family Needs Scale Results

| Grantee | Evaluation Design | Timeframe | Findings | Implications |
|--|--|---|--|-------------------|
| <i>Stand-Alone Kinship Navigator Grantees</i> | | | | |
| Aspiranet | Change in overall mean scores (n=68) | Baseline 6 months | 73.4 Baseline average 62.7 6-month average (p=.017) | Positive |
| CHSNJ | Treatment (n=210) Control (n=227) | Baseline to end of service provision (average = 6 months; range=21 days to 25 months). Results only refer to post test. | Fewer needs were classified by the caregiver as needing help “Often” or “Almost Always” as compared to the control group. Average number of needs decreased to 2.4 for treatment vs. 3.9 needs for control. | Positive |
| Edgewood | Modified 20 item version Pre-post services (n=114) | Baseline 4 months | Significant (p < .05) improvement in 18 out of 20 needs; 13 needs significant at the p < .001 level. | Positive |
| YMCA of San Diego | Modified 24 item version Time series: 3 months (n=232) 6 months (n=86) 9 months (n=71) | 3 months 6 months 9 months | Proportion of caregivers with lowest needs (e.g., scores below a designated cutoff) grew progressively larger: 48.3% at 3 months, 59.3% at 6 months, and 86.7% at 9 months. | Positive |
| <i>Combination Kinship Navigator Grantees</i> | | | | |
| CF&CS | Pre-post; N not available | Baseline 6 months | Kinship families reported less need in the following areas: accessing services and supports, assistance with financial resources, managing the daily needs of the children in their care, and accessing social supports. | Somewhat positive |
| SCDSS | Time series: (n=346 at T1, n=262 at T2, n=188 at T3, and | Baseline 30 days 60 days 90 days | No clear pattern in changes in needs is evident. | Inconclusive |

| Grantee | Evaluation Design | Timeframe | Findings | Implications |
|---------|-------------------|-----------|----------|--------------|
| | n=117 at T4) | | | |

Two grantees assessed the fulfillment of needs of caregivers and children using the Family Strengths Measure or the Family Resource Scale. Below are the results of these two instruments.

- Edgewood Center for Children and Families demonstrated significant ($p < .05$) improvement in 12 out of 52 strengths on the Family Strengths Measure, although most of the mean scores were high to begin with. The greatest improvement was for the item, *“How confident are you that you can get a hold of other agencies working with you and your family?”*
- Public Children Services Association of Ohio’s results on the Family Resource Scale showed increases (Cohen’s $d \geq .5$) in caregiver’s reported family time, housing, and other basic needs, while fulfillment of health care and financial needs stayed the same over time. Caregivers reported less alone time, self-care, and money for vacations over time; however, these results may reflect the typical sacrifices often associated with raising children.

Child Behavior and Caregiver Stress

Several grantees measured caregiver’s perceptions of children’s behaviors or the stress of caring for children through the Behavior Ratings Index for Children, Pediatric Quality of Life survey, Stress Index for Parents of Adolescents, and the Parenting Stress Index (for caregivers of children age 12 and under). Overall, there were few notable improvements; and in some cases, behavior appeared to worsen. One grantee attributed the flat to negative findings to caregivers possibly feeling more comfortable over time disclosing the full extent of children’s misbehaviors and/or frustrations in managing them. The findings may also reflect that the kinship navigator projects did not place a major emphasis on services that directly addressed children’s behaviors. Indeed, one grantee stated that the lack of direct services for children was a weakness of the project and attempted to create more children’s programs later in the grant period. Another grantee stated that services that addressed children’s mental health were offered, but rarely used. This grantee also reported that mental health needs were met most of the time for treatment and control groups.

- The Children’s Home Society of New Jersey found that on the Parenting Stress Index, the total stress score was slightly lower for the enhanced services group than the control group; the findings were not statistically significant. However, when limited to families where Time 1 subscale scores were in the clinical range, statistically significant findings favored the enhanced services group.
- The Children’s Home Society of New Jersey also reported findings for the Stress Index for Parents of Adolescents. When parenting competence was very low at Time 1, the Difficult Child score was actually worse for the enhanced services group at Time 2. On the other hand, when the perceived quality of the relationship between the caregiver and the adolescent was very poor at Time 1, the caregiver’s perception of the teen’s behavior improved significantly at Time 2 for the enhanced services group.
- Maine DHHS assessed child functioning using the Pediatric Quality of Life survey and kinship caregiver stress using the Parenting Stress Index. Both groups improved over time, although there were no significant differences on either measure between treatment and control conditions at any time period. A survey of 96 caregivers in the treatment group indicated that children’s emotional,

physical, and mental health needs were all met at least 96.2 percent of the time at both 6 months and 12 months.

- At Aspiranet, Inc., the average Behavior Rating Index for Children scores showed a slight increase from baseline (M=29.5) to six months (M=31.8), indicating a general lack of improvement in behavior.

Completing Goals

Three kinship navigator grantees reported data on caregivers' perceived goal completion. Results indicate that caregivers made substantial progress toward accomplishing individual goals.

- The Children's Home Society of New Jersey staff members worked with caregivers to develop a Family Service Plan which contained a number of case goals. Caregivers named a total of 699 goals in 27 categories. The most common goals involved obtaining clothing or other personal items (14.2 percent), financial assistance (8.6 percent), and counseling (8.2 percent). At the end of treatment, the caregivers were asked about each of his/her goals, and whether they were resolved to satisfaction, partially resolved, or unresolved/unattainable. Among clients receiving enhanced kinship navigator services, 66.4 percent of 523 goals were resolved to total satisfaction; only 5.2 percent were unresolved/unattainable. The most frequently unmet goals involved finances or housing.
- Minnesota Kinship Caregivers Association also asked caregivers what milestones or goals were at the start of services. Forty-nine clients provided data regarding intended milestones; the most commonly reported intended milestone involved financial assistance (n=11). All 49 caregivers were reported to have made at least some progress toward achieving goals.
- Of the 55 youth discharged from Lilliput Children's Services' enhanced kinship navigator project, 26 (47.3 percent) reported that goals were accomplished. Another 14 (25.5 percent) youth reported that they had made significant progress on goals.

3. Organization and System-Level Outcomes

This section describes organizational and system-level outcomes found for kinship navigator grantees. Policies and procedures prompted by Family Connection funding are described, followed by a description of kinship navigator projects' impact on child welfare in the respective communities. Progress was made on educating other child serving agencies about the needs of and services for kinship caregivers, often leading to a lasting shift in child welfare's perception of the benefits of placing children with relatives.

a) Policies and Procedures

In general, grantees reported that the kinship navigator projects changed the way that their organizations operated, but not often through formal policy. Staff members from 2 of the 13 grantees who provided kinship navigator services reported that projects led to formal policy development, while staff members from 8 grantees reported that they did not lead to formal policy development. However, even among those projects where Family Connection funding did not lead to the development of formal policies, some staff members remarked that the project had significantly changed the way the organization conducted its business. For example, one staff member stated, "*At the end we made a new vision for kin. It's so important and lasting; it's not a fad that'll go away.*" When asked specifically about other changes that occurred in the grantee organization as a result of the kinship navigator services, 2 grantees mentioned

changes in staff members' roles and responsibilities (e.g., more intensive work with kin caregivers), 2 mentioned better coordination of services, 1 described integrating kinship navigator services into organizational practices, and 1 described improved documentation of services.

b) Impact on Child Welfare Practice

During discussions, staff members at 12 of 13 grantees indicated that the project had an impact on child welfare practice. For example, a grantee representative stated, *“Our program has increased awareness of kinship issues, through our continuous presence at DCFS and other community partner meetings. This also occurs when kinship navigators are able to advocate for families.”*

The four most common themes regarding the impact of the kinship navigator projects on child welfare practice were the following:

- Awareness of Family Connection services increased (eight grantees).
- Collaboration among project partners was enhanced (six grantees).
- Thinking about safety, permanency, and/or well-being was more progressive (four grantees). For example, one staff member stated, *“The philosophy has changed in that people see children do better when they're with relatives, and relatives can provide stability as long as they're safe.”*
- Engagement of families increased (three grantees). A child welfare worker stated that thanks to the local kinship navigator project they were, *“Moving from the reputation of being ‘baby snatchers’ to more inclusive [of family members].”*

Impact on Child Welfare Practice: *“If we don't provide these services we may see the families go into the formal child welfare system. Again, these families seem resourceful in trying to keep the child with them.”*
– Kinship navigator representative

Cutting across several of the above themes was the sentiment that the kinship navigator projects helped alter the assumption that the relatives of abusive or neglectful parents were also unsuitable caregivers. An effort on the part of child welfare agencies was increased to support relatives who were caring for children who could not be raised by biological parents. In one case the influence went further, with the service model being directly integrated into child welfare practice. A staff member explained, *“DCFS [Department of Children and Family Services] now engages families at the time of the emergency response placement, rather than waiting for the family to contact DCFS. We smooth the transition into the system, stabilize the placement, and work to ensure there is just one placement.”*

In many kinship navigator projects, the impact on the larger child-serving systems was perceived as one of the most salient outcomes to date. When asked, *“What are the program's most important accomplishments in regard to parents and children?”* staff members at 6 of the 13 grantees referred to changes in the child welfare system and its various partners, and how those systemic changes impacted families. For example a kinship navigator representative explained, *“It seems there's a shift occurring because of this [kinship navigator] program. Child welfare isn't going directly to foster care. They're going toward kinship placement.”*

C. Limitations of the Evaluation

The cross-site evaluation of the Family Connection discretionary grants assessed the degree to which grantees provided and arranged services that improved the safety, permanency, and well-being of children in or at risk of out of home care. However, the process of the evaluation posed significant challenges.

The most defining challenge was the substantial diversity of service models and activities among and within each program area. Because the models and activities were different, some of the evaluation designs, variable assessed, and methods of analysis and reporting also differed. In designing the evaluation, JBA researched what kinship navigator grantees were already doing for site-specific evaluations, determined commonalities, and designed a report process to obtain as much common data as possible while respecting the resources grantees had already allocated to local evaluations. CB and grantees supported this approach, but grantees still varied in analysis and reporting. JBA advises CB and other readers to keep the following issues in mind when interpreting process and outcome results for the kinship navigator program area. For a more comprehensive discussion of the cross-site evaluation limitations, please refer to Section 2, Evaluation Approach.

- ***Variation in Service Models and Populations Served.*** The 13 kinship navigator projects implemented various service models and provided a broad array of services. There was also wide variation in the breadth and depth of service provision to families in diverse geographical areas. Moreover, six grantees were stand-alone kinship navigator projects, while the other seven were combined with family-finding and/or FGDM projects. This organizational structure further impacted the service populations and the overall range of services available to families. Therefore, it was not always appropriate to make comparisons among the grantees or aggregate grantee data.
- ***Different Evaluation Designs.*** Seven of the 13 grantees used an experimental design, four grantees used a quasi-experimental design, and two examined treatment groups only. All kinship navigator grantees assessed changes in families over time. However, timeframes and whether or not grantees compared the degree of change between treatment and control groups varied.
- ***Outcome Variability.*** Similar to other program areas, there was a high degree of individuality within the kinship navigator projects in regard to outcome-level data collection. Grantees also assessed different variables; for example, some grantees assessed changes in children's behavior while others did not.
- ***Variations in Definitions of a Construct.*** Kinship navigator grantees defined permanency differently. Some grantees examined progress towards client-defined permanency goals, such as creating permanency plans. Other grantees assessed placement stability, such as the proportion of children who remained with caregivers after services were completed, or the children's legal status at the close of data collection.
- ***Availability of Data.*** SACWIS data were not available for all grantees, particularly for grantees serving informal kinship caregivers. Instead, the data for these grantees primarily consisted of self-reported assessments from kinship caregivers. As a result, there may have been some limitations in the validity of the self-reported data.
- ***One Instrument, Multiple Methods of Analysis and Reporting.*** Six kinship navigator grantees used the Family Needs Scale but varied in analyzing and reporting data. Grantees reported the percentage of families who met a particular cutoff score, overall mean scores, and frequencies.

JBA synthesized and described these data but could not calculate quantitative analyses that would represent a common result.

Section 4: Family-finding Program Area Evaluation Findings

This section describes process and outcome evaluation findings for the family-finding program area. The process evaluation section describes the grantees' target population, including demographics of the children served by family-finding grantees; service models, including the timing of family-finding services; staffing structures; and the characteristics, skills, and experiences recommended for staff members to effectively provide family-finding services. This section also summarizes the types of services provided by grantees and the barriers and strategies for providing family-finding services. The outcome evaluation section addresses child-level outcomes in the areas of permanency and well-being, particularly related to placement of children exiting foster care or discharged from family-finding; average length of time to permanent placement; and family connections. Organizational and system-level outcomes are described and document the establishment of grantees' policies and procedures, and the impact and integration of family-finding on child welfare practice. Supporting data for this section may be found in Appendix K.

The section concludes with a discussion of the limitations of the evaluation and outcome results. The evaluation limitations address issues common to all Family Connection grantees, such as variability in the outcomes captured and operationalized across grantees, the use of multiple data sources per outcome, breadth and depth of data, variable levels of response, and diverse evaluation designs. The limitations also document concerns specific to family-finding program area.

A. Process Evaluation Findings

1. Summary of Process Evaluation Findings

Among the 24 Family Connection grantees, 12 received grant funding to provide family-finding services. Four grantees were considered stand-alone projects and received funding to provide only family-finding services, while the remaining 8 were combination projects that received funding to provide family-finding along with family group decision-making (FGDM) and/or kinship navigator services.

Family-finding projects identified, located, and engaged family and fictive kin of children in or at risk of entering the child welfare system in an effort to garner support for legal, physical, and emotional permanency. Family-finding grantees targeted services to children who were at risk of or newly entering care and/or those who had been in foster care for an extended period of time. Family-finding grantees used discovery and search strategies to locate and identify relatives and fictive kin; the most effective strategies were talking to family members and caseworkers and mining case files. There was some evidence from some grantees that searches were more frequently conducted, and more connections made with kin from maternal rather than paternal lineage. Engagement was the most critical component of family-finding, and all family-finding grantees used meetings to engage the family in the child's case and to make decisions about permanency and maintaining connections. Grantees reported an average number of family meetings ranging from less than one meeting to three per child.

The number of children served by family-finding grantees ranged from 78 to 5,720 children, with a total of 9,001 children served. Approximately half of all children that received family-finding services were male. Five grantees served predominately Caucasian populations, four served primarily African American populations, one served an Asian population, and one served children with international connections. Over 10 percent of the service population was Hispanic for four grantees. Two grantees served children 4 to 5 years old; five grantees served children 7 to 11 years old; and four grantees served children on average 15 years or older. At the time of referral into family-finding, the majority of children were either

in non-relative foster care or residential settings. For the majority of grantees, reunification was the case plan permanency goal for one-third to one-half of all children, while adoption, long-term relative placement and transfer of guardianship were case plan goals for between 10 and 60 percent of cases. The combined case plan goals of long-term foster care, another planned permanency living arrangement (APPLA), and independent living comprised between 1 percent and 38 percent of grantees' cases; with grantees on the higher end serving children with a higher average age and greater percentages of residential placements.

2. Description of Target Population

This section describes the family-finding grantees' service population, including the demographics of the children served, and the child's placement and case plan permanency goal at the time of referral to family-finding.

a) *Number of Children Served and Child Demographics*

Demographic variables of children served by family-finding grantees are presented in Table 4-1: Demographics of Children Receiving Family-finding Services. The characteristics of the service population are important to consider given the additional efforts sometimes needed to achieve permanency for older youth, children from minority groups, and children with disabilities¹.

- ***Number of Children Served.*** The total number of children served by grantees ranged from 78 to 5,720 children. Family-finding grantees served a total of 9,001 children.
- ***Child Age.*** Grantees varied in the average age of children served, with two grantees serving children with an average age of 4 to 6 years; five grantees serving children with an average age from 7 to 11 years; and four grantees serving children with an average age of 15-16 years.
- ***Child Gender.*** Six of the 11 grantees for which data were available served slightly more males than females, ranging from 51 to 59 percent. Across the 11 grantees, an equal percentage of males and females was served.
- ***Child Ethnicity.*** The race/ethnicity of the children served varied by grantees. Of the 10 grantees for which data were available, 5 served predominately Caucasian populations, 4 served predominately African American populations, and 1 served a predominately Asian population. Four grantees reported that over 10 percent of service populations were Hispanic. Although data were not available on the race/ethnicity of children served by ISS-USA, the grantee provided family-finding and case management services for children who had international connections.
- ***Length of Time in Foster Care.*** Seven grantees provided data on the children's average length of time in foster care, which ranged from less than one year to nearly eight years.

¹ Child Welfare Information Gateway. Permanency for special populations.
<https://www.childwelfare.gov/permanency/special/>

Table 4-1: Demographics of Children Receiving Family-finding Services

| Grantee | | Total Number of Children | Gender Male | Gender Female | Majority Race / Ethnicity | Average Age (years) | Average Time in Foster Care (years) |
|----------------------|------------------------------------|--------------------------|-------------|---------------|--|---|-------------------------------------|
| Stand-Alone Grantees | CSSW | 329 ^a | 48.0% | 52.0% | 66.0% African American 21.0% Caucasian | 11.0 | 3.2 |
| | Four Oaks | 125 | 46.4% | 53.6% | 69.6% Caucasian 11.0% Multiracial | 11.6 | 1.9 |
| | Kids Central | 396 | 51.0% | 48.9% | 57.7% Caucasian 20.2% African American 11.6% Hispanic | 7.6, 6.1 ^b | 2.7, 2.5 |
| | ISS-USA | 524 ^c | | | Children with international connection | | |
| Combination Grantees | Hawaii DHS (FF, FGDM) | 108 | 39.8% | 60.2% | 78.8% Asian 41.7% Caucasian 13.9% Hispanic | 9.6 | 1.7 |
| | Lilliput (KN, FF) | 211 | 54.0% | 46.0% | 100% African American | 4.6 | |
| | CF&CS (KN, FF, FGDM) | 267 | 51.5% | 48.5% | 85.1% Caucasian 7.3% Multiracial | 7.3 | 1.1 |
| | Maine DHHS (KN, FF, FGDM) | 78 | 59.0% | 41.0% | 87.2% Caucasian | 14.7 | 5.1 |
| | Maryland DHR (KN, FF, FGDM) | 266 | 45.0% | 55.0% | 68.0% African American 23.0% Caucasian | 15.0 | |
| | Oklahoma DHS ^d (KN, FF) | 5,720 | 50.0% | 50.0% | 51.8%, 47.1% Caucasian 23.2%, 17.6% African American 22.4%, 15.7% Hispanic 20.9%, 28.1% Multiracial | 5.6 | |
| | RIFPA (KN, FF, FGDM) | 417 | 57.3% | 42.7% | | 21.7% 0-5 10.1% 6-10 22.5% 11-15 45.7% 16-21 | 60.7% 0-3 18.7% 4-6 20.6% 7-8 |
| | South Carolina DSS (KN, FF) | 560 | 53.7% | 46.3% | 61.1% African American 33.5% Caucasian | 16.0 | |

^a CSSW used an experimental design in 1 of the 16 counties served. A total of 175 children were in the experimental group with 83 children in the treatment group and 92 in the control group. Another 246 children received family-finding services in the remaining 15 counties, bringing the total served to 329.

^b Kids Central provided family-finding services through two case management agencies. Data on the child's average age and average length of time in foster care were reported separately for each case management agency.

^c Through family-finding activities, the public child welfare agency identified children with international connections and referred them to ISS-USA. ISS-USA engaged family members and provided a range of family-finding and case management services including relative tracing, home study assessments, document tracing, criminal background check, post-placement follow-up, etc.

^d Data on race/ethnicity were reported only for 3,005 children in Oklahoma County and 1,059 children in Tulsa County, respectively.

- **Variations in Child Demographics by Grantees’ Service Focus.** Child demographics varied based on whether grantees focused on providing family-finding services to children at risk of or newly entering care, children in care for an extended period of time, or both. Grantees that provided services to children at risk of or new to care – Lilliput Children’s Services and Oklahoma Department of Human Services (DHS) – tended to serve younger children between 4 and 5 years old. Grantees that focused services on children in care for an extended time – Maine Department of Health and Human Services (DHHS), Maryland Department of Human Resources (DHR), and South Carolina Department of Social Services (DSS) – served children with an average age of 15. Grantees that provided services to both tended to work with children between 7 and 12 years of age. Children’s Service Society of Wisconsin reported that the demographic characteristics of children at risk or new to care differed from children in care for an extended time, in that children in care for an extended time tended to be older; male; more likely to have case plan goals of long-term foster care, adoption, or transfer of guardianship; more likely to be removed for sexual abuse; and less likely to be removed due to neglect.

b) Placement and Permanency Goals of Children Served

A subset of grantees reported data on child placement (Table 4-2: Child’s Placement at Referral) and case plan permanency goals (Table 4-3: Case Plan Permanency Goals) at the point of referral to family-finding services. Data on child placement revealed the majority of children were in non-relative foster care or residential settings at the time of referral to family-finding. Seven grantees reported that 40 percent or more of service populations were in non-relative foster care (ranging from 40 to 80 percent), while six grantees reported nearly one-fourth to almost one-half were in residential facilities. Grantees who served children in care for an extended period of time also served children with a higher average age and a greater percentage of children in residential care. Both Kids Central, Inc. and Rhode Island Foster Parents Association provided family-finding services to over 10 percent of children who resided with parents at the time of referral, which may reflect provision of services at the initial onset of child protective service involvement. While Lilliput Children’s Services focused services on children after child protective services intake, children were temporarily placed in foster care prior to making a referral for family-finding.

Table 4-2: Child’s Placement at Referral

| Grantee | | Total Number of Children | Parent /New Entry | Relative / Kinship Care | Non-Relative Foster Care ^a | Pre-Adoptive Home | Residential ^b | Independ Living | Other ^c |
|-------------|--------------------|--------------------------|-------------------|-------------------------|---------------------------------------|-------------------|--------------------------|-----------------|--------------------|
| Stand-Alone | CSSW ^d | 83 | | 11.0% | 64.0% | | 23.0% | | 2.0% |
| | Four Oaks | 125 | 15.2% | 14.4% | 43.2% | | 4.0% | | 23.2% |
| | Kids Central | 396 | 13.9% | 22.3% | 40.1% | 3.0% | 14.7% | | 6.2% |
| Combination | Lilliput | 211 | | 1.4% | 79.6% | | 21.3% | | 1.4% |
| | CF&CS | 267 | | | 40.0% | | | | |
| | Maine DHHS | 78 | | | 51.2% | | 43.6% | 2.5% | 1.3% |
| | Maryland DHR | 266 | | 2.0% | 43.0% | | 35.0% | | 12.0% |
| | RIFPA ^e | 417 | 18.6% | 12.3% | 26.8% | 7.6% | 23.3% | 5.2% | 6.3% |

| Grantee | Total Number of Children | Parent /New Entry | Relative / Kinship Care | Non-Relative Foster Care ^a | Pre-Adoptive Home | Residential ^b | Independ Living | Other ^c |
|-----------------------------------|--------------------------|-------------------|-------------------------|---------------------------------------|-------------------|--------------------------|-----------------|--------------------|
| South Carolina DSS ^f | 560 | | 4.1% | 43.1% | 4.1% | 43.4% | | 5.3% |
| National Avg. (2010) ² | | | 26.0% | 48.0% | 4.0% | 15.0% | 1.0% | 7.0% |

^a Non-relative foster placement included placement with a non-relative foster family and treatment foster care.

^b Residential included non-familial settings, such as group homes and institutions.

^c Other child placement included shelter, runaway, reception/assessment, and trial home visits. For Four Oaks, the majority of children in other were in shelter. For data on the National Average, Other includes run away and trial home visits.

^d CSSW's data on Child's Current Placement and Child's Case Plan Permanency Goal were reported for the experimental group, and only data for the treatment group are presented. Data were not available for the non-experimental group that received services. CSSW data on Child's Current Placement included information on the last placement before discharge from family-finding.

^e Data available for only 297 children

^f Data available for only 318 children

Seven family-finding grantees reported data on the child's case plan permanency goal at the time of referral, presented in Table 4-3. Six grantees reported that reunification was the child's permanency goal for one-third to one-half of the service population. Two grantees reported that nearly one-quarter of service population had case plan permanency goals of either adoption, long-term relative placement, or transfer of guardianship, while another two grantees had 50 percent of population with these case plan permanency goals. The combined case plan goals of long-term foster care, another planned permanency living arrangement (APPLA), and independent living comprised 15 percent to 18 percent of the service population for two grantees and 25 percent to 38 percent for three grantees. Grantees that served older children had a higher percentage of children with case plan goals designated as long-term foster care, APPLA, and independent living and served a greater percentage of children who resided in residential care at the time of referral to family-finding.

Table 4-3: Case Plan Permanency Goals

| Grantee | Total # of Children | Reunification | Adoption | Long-Term Relative Placement | Transfer Guardian | Foster Care | APPLA | Independent Living | Other/Unknown |
|--------------------------------------|---------------------------|---------------|----------|------------------------------|-------------------|-------------|-------|--------------------|--------------------|
| Stand-Alone | CSSW | 83 | 41.0% | 13.0% | | 11.0% | 14.0% | 4.0% | 16.0% |
| | Four Oaks | 125 | 55.1% | 26.0% | 3.9% | | 15.0% | | |
| | Kids Central | 396 | 31.9% | 44.7% | 0.5% | 4.1% | | 3.0% | 15.7% ^e |
| Combination | Maine DHHS | 78 | | 60.3% | | 7.7% | 3.8% | 19.2% | 3.8% |
| | Maryland DHR | 266 | 54.0% | 10.0% | 3.0% | 3.0% | | 38.0% | |
| | Oklahoma DHS ^a | 5,720 | 66.4% | 11.2% | 0.7% | | | 0.7% | 20.1% |
| | RIFPA | 417 | 45.1% | 2.0% | 0.2% | 0.4% | 0.3% | | 41.9% |
| National Average (2010) ³ | | 45.0% | 16.9% | 0.5% | 1.9% | | 27.3% | | 8.3% |
| | | | 51.0% | 25.0% | 4.0% | 4.0% | 6.0% | | 5.0% |

^a Data reported separately for Oklahoma County and Tulsa County.

² Child Welfare Information Gateway: <http://www.childwelfare.gov/pubs/factsheets/foster.cfm>

³ Child Welfare Information Gateway: <http://www.childwelfare.gov/pubs/factsheets/foster.cfm>

Table 4-2 and Table 4-3 also display 2010 national statistical estimates of child placement settings and permanency goals for children and youth in foster care. Comparisons of national data with that of the grantees' service populations reveal that grantees in general served a higher percentage of children living in residential facilities and non-relative foster care homes who were more likely to have a case plan goal of long-term foster care or APPLA.

Discussions with project staff members regarding the population served revealed that most grantees had reached the intended target population. Two grantees (Kids Central, Inc. and Children's Service Society of Wisconsin) shifted focus to provide family-finding services to all children at risk of or initially entering out-of-home care in addition to children who had been in care for an extended period of time. Catholic Family and Child Service had difficulty meeting its goal of serving children who had been in foster care for more than three years. Two grantees noted surprise at the number of children being served with disrupted adoptions (Children's Service Society of Wisconsin and Four Oaks Family and Children's Services), and one grantee (Lilliput Children's Services) served children younger than originally anticipated.

3. Description of Service Models

Family-finding was one of several strategies funded by the Children's Bureau (CB) to strengthen family connections for children in or at risk of entering foster care. The goal of family-finding is to identify and engage extended family and/or fictive kin (e.g., supportive and emotionally vested adults that are not biologically related) in order to solicit support to develop and implement plans that promote the legal and emotional permanency of children involved with the child welfare system. The primary components of family-finding projects are listed below. Although the components are presented sequentially, many grantees reported that family-finding activities occurred simultaneously and were interrelated.

- 1) **Information Gathering and Notification:** Relatives are notified within 30 days after removing a child.
- 2) **Documentation:** Family member information is documented.
- 3) **Search and Identification:** Family members and other supporters of the child or parents are identified, searched for, and located.
- 4) **Contact, Assessment, and Engagement:** Family members are contacted, the appropriateness of involvement is assessed, and support is enlisted.
- 5) **Permanent Family Placement and Connections:** Family members support the child's legal and emotional permanency⁴.

a) Grantee Service Models

Grantees used various family-finding models, all of which included at a minimum the basic components detailed above. As documented in Table 4-4: Family-finding Project Characteristics, the majority (58 percent) of grantees used the Kevin Campbell model of family-finding and/or the Catholic Community

⁴ DHHS, ACF. (2009). Family Connection Discretionary Grants. Funding Opportunity Number: HHS-2009-ACF-ACYF-CF-0078

Services of Western Washington (CCSWW) model of family search and engagement. Maine DHHS, which served a high percentage of older youth who were in care for an average of five years, used the Extreme Recruitment model, which assembled a team comprised of multiple child welfare staff members and a retired police officer to identify and locate family members in an expedited time frame. ISS-USA used a unique service model that incorporated the results of the family-finding identification process completed by the public child welfare agency to identify children with international ties in order to provide case management services or engage family members located in other countries. Oklahoma DHS used a family-finding model developed by Clark County in Nevada that conducted diligent searches within 24 hours of children entering emergency shelter. Additional project characteristics, such as the timing of family-finding activities and staffing structures, are described below.

Table 4-4: Family-finding Project Characteristics

| | Grantee | Service Model | Timing of Family-Finding ^a | Family- Finding (FF) Staffing Structure |
|----------------------|--------------------|---|---|--|
| Stand-Alone Grantees | CSSW | Kevin Campbell | Both in care and new ^b entries | Specialized FF staff members provided FF. |
| | Four Oaks | CCSWW Family Search and Engagement and Kevin Campbell | Both in care and new entries | Specialized FF staff members provided FF. |
| | Kids Central | Kevin Campbell | Both in care and new entries – FY 2011 began focus on new entries | Public agency caseworkers provided FF. Both treatment and control units had access to search specialists, but only treatment units had access to coaches. |
| | ISS-USA | International family-finding | Both in care and new entries | Public child welfare staff members used FF to identify children with international ties; liaisons located internationally engage family members and provided case management services. |
| Combination Grantees | Hawaii DHS | Kevin Campbell | In care (minimum of 12 months) | Specialized FF staff members provided FF. |
| | Lilliput | CCSWW FS&E | New entries | Specialized FF staff members cross-trained in kinship navigation provided FF. |
| | CF & CS | CCSWW FS&E | Both in care and new entries | Specialized FF staff members provided FF. |
| | Maine DHHS | Extreme Recruitment | In care | Partnering agency staff members provided FF. |
| | Maryland DHR | Kevin Campbell | In care | Specialized FF staff members provided FF. |
| | Oklahoma DHS | Clark County, Las Vegas, NV | New entries | Specialized diligent searchers were trained in FF and kinship navigator services. |
| | RIFPA | Blended models | Both in care and new entries | Specialized search specialists and specialized facilitators (cross-trained in FF and permanency teaming) worked with caseworkers. |
| | South Carolina DSS | CCSWW FS&E | In care | Guardian Ad Litem (GAL) conducted searches and initial engagement. |

^aNew entries includes children at risk of or newly entering foster care.

^bThe experimental group targeted both children in care and new to care. The non-experimental group accepted both types of referrals. In 2012, slight adjustments were made to increase the number of referrals of children new to care.

b) Timing of Family-finding Services

Family-finding was a strategy first used to identify familial and fictive kinship supports for older youth who had been in the child welfare system for an extended period of time. The Fostering Connections to Success and Increasing Adoptions Act in 2008 encouraged the use of family-finding for those at risk of or newly entering care by requiring that relatives be notified when children entered foster care. Some variation existed among grantees when family-finding services were provided. As indicated in Table 4-4, half of all grantees provided services to children at risk of or newly entering care as well as children who had been in care for extended periods of time. Lilliput Children’s Services and Oklahoma DHS focused family-finding services on those at risk of or recently entering care and tended to serve younger children. Within the last year, Kids Central, Inc. and Children’s Service Society of Wisconsin continued to provide family-finding services to both, but shifted emphasis to children at risk of or recently entering care and offered family-finding services to children in need of placement. In contrast, Maine DHHS, Maryland DHR, and South Carolina DSS focused services primarily on children who had been in foster care for an extended period of time, which often meant serving older children.

c) Staffing Structures and Family-finding Staff Characteristics

Grantees varied in the types of staff members that provided family-finding services as noted in Table 4-4. Most grantees used staff members devoted exclusively to family-finding activities. In contrast, other grantees used general caseworkers trained in family-finding techniques to conduct at least some of the family-finding steps. These grantees offered support to caseworkers, such as specialized staff members to conduct searches (Oklahoma DHS and Kids Central, Inc.) or coaches to provide guidance and mentoring to caseworkers (Kids Central, Inc.). South Carolina DSS used two Guardian Ad Litem staff to conduct searches and begin the initial engagement with extended family or fictive kin. For ISS-USA, public child welfare staff members used family-finding search strategies to identify children with international ties and then made referrals to the grantee for case management services and/or engagement of family members located outside of the United States.

Although grantees differed in family-finding staffing structures, they identified common experiences, skills, and personal characteristics of family-finding staff members that supported effective service provision, including the following:

- Knowledge and experience in child welfare
- Strong social work and clinical skills
- Strong communication and listening skills
- Collaborative and team-oriented
- Flexible, adaptable, able to problem solve
- Compassionate and empathetic
- Patient and able to persevere
- Passion and belief in the work
- Computer literate
- Knowledge and understanding of the target population, particularly older youth

4. Description of Key Activities

This section describes the family-finding process implemented by grantees, with each grantee tailoring the process to meet the needs of the target population and service delivery environment. Procedures are outlined for referring children to family-finding grantees and the family-finding services provided, including discovery and search, contact and engagement, and decision-making.

a) Referrals to Family-finding Services

Of the 12 family-finding grantees, the majority received referrals of children in need of family-finding services from the public child welfare agency. Two grantees (South Carolina DSS and Maine DHHS) also accepted referrals from Guardian Ad Litem, therapists, foster care review boards, and other service providers. One grantee (Children's Service Society of Wisconsin) noted that referrals to the project were supported by related state-wide permanency efforts, such as permanency consultations modeled after the Casey Permanency Roundtables, while 2 grantees (Four Oaks Family and Children's Services and Kids Central, Inc.) highlighted judiciary support for referrals resulting from outreach efforts and ongoing, formal communication with the courts. As family-finding services became more integrated into casework practice, 3 grantees (Kids Central, Inc., Children's Service Society of Wisconsin and Oklahoma DHS) did not receive referrals for those at risk of or newly entering care; instead, family-finding services were provided automatically.

Several grantees established eligibility criteria for children referred for services, many of which aligned with target population or service delivery strategy (e.g., child age, ethnicity, length of time in care, or recent entry into foster care). Once referrals for services were received, 4 grantees (Children's Service Society of Wisconsin, Four Oaks Family and Children's Services, Hawaii DHHS, and Rhode Island Foster Parents Association) randomly placed children into treatment or control groups.

b) Discovery and Search Strategies

Grantees used a variety of methods to search and locate relatives of children at risk of or in foster care. In order to identify connections, family-finding staff members talked with the child, the child's caseworker, his/her immediate and extended family members, adoptive and foster families, fictive kin, and professional staff members. They mined case files, used Eastfield Ming Quong (EMQ) connectedness diagramming, mobility mapping, and genogramming to develop connectedness or family trees. Staff members also searched social and professional networking sites (e.g., Facebook, MySpace, etc.), public records/vital statistics, government databases⁵, and family-finding search databases (e.g., Seneca, Accurint, etc.). Examination of grantees' process data on the use of family-finding search strategies⁶ coupled with information from qualitative discussions with grantees revealed three trends.

- ***Grantees searches through maternal relatives resulted in more identified connections.***
Although grantees were successful in using search strategies to identify family connections for children through *both* maternal and paternal lineages, searches were more frequently conducted and/or successful with maternal rather than paternal relatives. In discussions with grantees, several stressed the need to focus on searching for connections from both parents, as noted by one grantee representative, *"Fathers and paternal relatives are not always sought out. It's not a natural thing for caseworkers to do. We advocate for paternal engagement and consideration."*

⁵ A sample of public records and databases searched as reported by grantees included white pages, Food Stamps and Medical Assistance, Social Security Administration, Motor Vehicle Administration, Child Support, Department of Corrections, Military Records, Criminal Records/Prisoner Locator Services, Obituary Records, and Court Records.

⁶ Five grantees submitted process data on search strategies employed; however, grantees reported these data differently. Some reported the percentage of children for whom the search strategy was used to successfully locate new connections, while others reported the average number of times the search method was successful in finding family connections. The amount of data reported by grantees also varied as combination grantees that had multiple family connection service areas captured different data and may have prioritized evaluations on different program areas. Grantees' process data can be found in Appendix K.

- **Grantees used multiple search strategies.** Grantees’ process-related data also revealed that most grantees used multiple search strategies per child. One grantee (Four Oaks Family and Children’s Services) calculated an average of 10.9 search strategies employed per child, involving an average of 5.5 *different* search strategies, whereas another grantee (Maryland DHR) used an average of 5 search strategies per child. Discussions with grantees also revealed the importance of using multiple search strategies and how they built upon one another, as highlighted by one grantee, “*You start with parents, find out family members, work along that family tree, and build on that. It’s a combination. There’s not just one effective strategy. We ask children questions. We do Seneca searches for relatives that the parents may not ever tell you about.*”
- **Breadth and depth of search techniques increased the longer children were in care.** Based upon discussions with grantees, the techniques used to search for connections were similar for children at risk of or newly entering care to those who had been in care for an extended time (Children’s Service Society of Wisconsin, Catholic Family and Child Service, Four Oaks Family and Children’s Services, and Kid’s Central, Inc.). One grantee representative noted, “*Family-finding specialists seem to use tools interchangeably, with staff moving through all the different search strategies, regardless of the length of time in care.*” Although the search techniques were similar, several grantees, including Children’s Service Society of Wisconsin, Four Oaks Family and Children’s Services, and Hawaii DHS, noted that for those in care for extended time, the level of effort was greater and required casting a wider net to identify connections. One grantee (Children’s Service Society of Wisconsin) also indicated that the use of Internet searches was more productive in finding a high number of connections for those in care for an extended time than for those at risk of or new to care. Case records, particularly for children who were in care for an extended period of time, were reported to be a rich source of information; however, the information could be difficult to find and was sometimes outdated. One grantee (Four Oaks Family and Children’s Services) noted the importance of developing and using a protocol for mining case files.

Effective Search Strategies: “*A lot of people think the Internet is a magical tool, but you should be able to sit down and talk to families. That tells a lot more about the family. You don’t get far until you talk to people and they can give you information.*”
– Family-finding representative

- **Talking with the right people at the right time was one of the most effective search strategies.** Seven grantees noted that one of the most effective search strategies was talking to a wide variety of people in a timely manner. One grantee (Four Oaks Family and Children’s Services) indicated that family-finding staff members preferred to begin contacting and engaging relatives immediately so they could identify additional connections for the child. Several grantees spoke of identifying ‘one family leader,’ who knew the intricacies and dynamics of the family. Although discussions with family members were seen as one of the most effective strategies for identifying potential connections, grantees reported having to overcome barriers to the process, including hesitancy of some parents to provide information, particularly if reunification was the case plan goal; parental isolation from extended family members, especially among incarcerated parents; and weariness about becoming involved with the child welfare agency.

Grantees also spoke with older children and youth, as appropriate, to identify family members and other significant adults in their lives. For example, three grantees (Kid’s Central, Inc., Lilliput Children’s Services, and Maryland DHR) used mobility mapping (e.g., Kinconnectedness maps and Connecto-grams) with older children in order to identify important adults and relatives. One of the challenges reported by grantees that worked with older youth was gaining trust and willingness to participate in family-finding.

- **Grantees experienced pros and cons using electronic and paper records.** Grantees varied in the other search strategies identified as most effective. Many grantees felt that mining case files (Four Oaks Family and Children’s Services, Maryland DHR, Oklahoma DHS, and South Carolina DSS) was effective for identifying connections; however, some grantees noted that mining files could be time consuming and result in outdated information, particularly for children in care for an extended time. Some grantees felt that Internet searches through databases such as Seneca Search (Four Oaks Family and Children’s Services, Lilliput Children’s Services, Maine DSS, and Maryland DHR) were most useful. Two grantees (Children’s Service Society of Wisconsin and Kids Central, Inc.) highlighted the increased use and importance of social networking sites such as Facebook for identifying and locating connections.
- **Grantees experienced varying levels of success working with caseworkers.** Regarding identifying connections through the child’s caseworker, some grantees noted resistance, particularly among caseworkers serving children in care for an extended time. Reasons for caseworker resistance included a desire not to disrupt a stable placement and a general lack of buy-in of family engagement, particularly in engaging family members who had been previously ruled out. Strategies reported by grantees to overcome resistance included establishing clear case plan goals and strong mechanisms for communication, co-locating family-finding staff members with caseworkers, celebrating successes, and clearly articulating the benefits and importance of connections for children.
- **Successful strategies for international family-finding.** ISS-USA stressed the importance of encouraging caseworkers to identify whether children in or entering foster care had family outside of the United States who could be a potential resource, which was often useful in expanding children’s potential connections and providing supportive case management services. ISS-USA also found that a comprehensive awareness campaign promoting international family-finding services was a more effective mechanism than training to encourage caseworkers to explore international familial ties.

c) **Connections and Engagement**

Grantees provided data through semi-annual and final evaluation reports and discussions on identifying and engaging connections as part of the family-finding process.

Identifying Connections

Ten grantees reported on the types of connections discovered through family-finding and the number of connections contacted and engaged, detailed in Table 4-5: Types of Connections Discovered. Although grantees reported data differently (e.g., average number of new connections discovered per child by type of connection and percentage of children with new connections discovered by type of connection), some general themes were identified.

- **Both maternal and paternal connections were successfully discovered.** Grantees successfully identified an average of 1 to 16 new maternal connections and 0.5 to 12 new paternal connections. Grantees found new maternal connections for 27 to 98 percent of children served, and new paternal connections for 24 to 88 percent of children served.
- **More maternal than paternal connections were discovered.** This was a trend for almost all grantees that provided data on connections. One grantee reported that some fathers and paternal relatives were hesitant to get involved because of fear of subsequent child support issues.

Although not noted in the table, far fewer new sibling connections and other connections were discovered.

- **More connections were contacted than engaged⁷.** This was further supported through discussions with grantees, as they reported some family members decided not to become involved or did not pass the necessary background checks.

Table 4-5: Types of Connections Discovered

| | Grantee | Types of Connections Discovered | | Connections Contacted and Engaged | |
|----------------------|--|---------------------------------|--------------|---|------------------------------|
| | | Maternal | Paternal | Contacted | Engaged |
| Stand-Alone Grantees | CSSW (average) (% children with connection) | 6.1 98.0% | 3.7 88.0% | 6 87.0% | |
| | Four Oaks ^a (% children with connection) | 80.8% | 58.4% | 20.0 | 12.8 |
| | Kid's Central (average) Site1 (% children with connection) Site2 | 0.7 | 0.5 | | |
| | | 65.0% | | | |
| | | 4.1 | 5.5 | | |
| | | | 88.0% | | |
| Combination Grantees | Hawaii DHS (average) 6-month | 15.8 | 13.4 | | 7.9 maternal 6.0 paternal |
| | | | | | 9.6 maternal 6.8 paternal |
| | Lilliput | | | 4.7 ^b At least one connection for 99.5% | |
| | CF&CS (average) (% children with connection) | 7.2 | | 7.5 77% | |
| | Maine DHHS (% children with connection) | 5.5 57.8% | 3.8 42.2% | | |
| | Maryland DHR (average) | 9 ^c | | 5 53.5% | |
| | RIFPA | | | 67.3% | |
| | South Carolina DSS | 57.2% | 15.5% | 390 | |

^aData were reported by specific maternal or paternal connection. The highest percentage for maternal (birth mother) and paternal relatives (birth father) was noted.

^bReported combined data for connections contacted and engaged.

^cReported only average number of connections found.

Engaging Connections

After connections were discovered and identified, family-finding staff members began the process of assessment and engagement. For most projects, public agency caseworkers determined whether relatives were appropriate to engage. The family-finding specialists' level of input into these decisions varied depending on the relationship between the grantee and the public child welfare agency and the relationship between individual caseworkers and family-finding specialists. Two grantees (Children's Service Society of Wisconsin and Four Oaks Family and Children's Services) noted the need to have

⁷ For Four Oaks, connections contacted and engaged include family, fictive kin, and foster parents.

agreement between the family-finding staff members and the corresponding caseworker on the goals for the case, indicating that the lack thereof can be a barrier to the success of the case.

Grantees indicated that successfully engaging identified connections was the crux to family-finding; one grantee (Four Oaks Family and Children’s Services) even noted a preference for the term “Search and Engagement,” stating that it more accurately represented the process. Once identified, grantees used multiple methods to contact family members, including phone calls, letters, and Facebook messages. These strategies and grantees’ successes and challenges in subsequent engagement of family members are detailed below.

Children Newly Entering Care:

“For new cases, the permanency goal is reunification, so we engage the parents more in the process. We may not cast as wide of a net for newer entries. Often times, parents don’t want other relatives in their business.” – Family-finding representative

Engaging Connections for Children At Risk of or New to Care and Those in Care for an Extended Time. Some family-finding specialists reported differences in the ability to engage family members depending upon whether the child was at risk of or new to care or in care for an extended time. With children who were at risk of or recently entered care, there was greater parent involvement regarding who could be notified and considered as a potential resource to the child and family. For children in foster care for an extended period of time, family-finding specialists had greater latitude as to whom they were able to contact in order to identify familial resources. Greater engagement efforts were sometimes required for children in care for an extended time, with one grantee (Children’s Service Society of Wisconsin) finding that the average number of interactions was slightly greater for children languishing in care than for those at risk of or new to care.

Engaging Out-of-State and Out-of-Country Connections. Family-finding staff members often identified connections that lived across state and country lines. Five grantees (Catholic Family and Child Service, Four Oaks Family and Children’s Services, Oklahoma DHS, Lilliput Children’s Services, and Maine DHHS) noted that the cases tended to require more intensive work and more time. Several grantees mentioned that placing a child in another state was significantly more difficult as it required working with the Interstate Compact on the Placement of Children. Although distance was a barrier to engaging families, grantees used telephone and videoconferences (e.g., Skype) to relay information and develop rapport with families.

Four grantees (Lilliput Children’s Services, Maine DHHS, South Carolina DSS, and Catholic Family and Child Service) reported limited experience working with family connections who were out of country, with one staff member noting its organization had few tools to search for out-of-country relatives. In contrast, ISS-USA specializes in providing services to children with out-of-country connections, and through the grant served children with connections in over 50 countries. ISS-USA also provided other case management services, including tracking relatives for termination of parental rights or potential kinship placements; conducting child welfare checks; conducting criminal background checks and home studies; and tracing documents in order to obtain birth certificates, records, or death certificates. All were key steps in achieving greater permanency for children.

Engaging Out-of-State and Out-of-Country Connections:

“You can convince family members to be a part of the team, but moving them into permanency is a harder step – you need to work through the ICPC, conduct home studies, etc. It’s tricky. It’s a long, difficult process. States don’t communicate well with each other. It often entails a switch in workers, so we may be the only person monitoring the case. There are a lot of systemic barriers.” – Family-finding representative

Engaging Children. Grantees engaged children in the family-finding process in an age and developmentally appropriate manner. Older children participated in the process by identifying family members, attending Family Team Meetings, and making decisions about placement and the relationships they wished to develop with family members. Family-finding staff members allowed children to direct the family-finding process to the extent possible, “*Children are continuously part of the process and drive the case. The family-finding specialist consults with them regularly to update them and find out what it is the child wants. The specialist makes every attempt to move the case in the direction the child wants.*” Family-finding staff members expressed that effectively engaging children depended on the timing of the engagement, as bringing children into the process too soon could create disappointment if family members chose not to become involved. Staff members also assisted children in preparing to reconnect with relatives and move toward permanency. This included helping children process the emotions that came with learning about the existence of family members and accepting new relatives or assisting children through grieving the loss of a parent and accepting the termination of parental rights.

Formalizing Engagement Activities. Four Oaks Family and Children’s Services reported that once members agreed to provide support, a formal contract was negotiated and signed. The grantee also maintained an online calendar that relatives could use to coordinate visitation and activities with the child. Other grantees also reported facilitating visitation with relatives who were not able to provide placement for the child (Oklahoma DHS and Lilliput Children’s Services). They also met with families to discuss other types of supports necessary to assist the caregiver who had provided placement and inquired about other members who could be involved in the child’s life.

Engagement Challenges and Strategies. Despite these many strategies, grantees had some difficulties engaging relatives. In some instances, family-finding staff members had to engage family members who had little to no connection to the child or were hesitant to become involved. Two grantees (Children’s Service Society of Wisconsin and Kid’s Central, Inc.) reported sending tentative or distant family members an online link to photographs and/or videos of the child as a means of introduction. Another grantee provided potential connections with a written list of over 100 possible ways to support a child. Several grantees suggested not speaking about placement immediately when beginning engagement. Maintaining continued engagement of potential connections was also difficult, and staff members noted the importance of making regular and consistent personal connections via telephone or in person with families. Some grantees also reported that some case managers and family-finding staff members, particularly newer staff members, lacked the necessary engagement skills to effectively reach out and involve family members.

d) Decision-Making Through Family Meetings

During the family-finding process, service providers convened family meetings to engage family members, maintain family connections, and facilitate decisions about permanency and supportive connections. As shown in Table 4-6: Family Meetings, 5 of the 12 family-finding grantees also received Family Connection funding to provide family group decision-making (FGDM). (For additional information on FGDM, refer to Section 5.) Except for ISS-USA whose service model was distinct from the others, the remaining family-finding grantees reported incorporating some type of family meeting (e.g., team decision-making meetings, family group conferencing, family involvement meetings, and blended perspective meetings) to engage families and make case planning decisions.

Grantees differed in timing of family meetings. Some grantees established timeframes for conducting family meetings such as at the time of removal, at periodic intervals, at changes in placement or permanency, as needed depending upon the case situation, and/or at exit from care. The average number of family meetings ranged from 0.3 to 3.6, with the lowest averages reported among grantees serving

older children. Grantees differed in who participated in family meetings, with some grantees placing greater emphasis on inviting service providers than other grantees.

Table 4-6: Family Meetings

| Grantee | Family Meetings: *FGDM funding +Provided | Timing of Family Meetings | Average Number Family Members on Child Team | Average Number of Family Meetings | |
|----------------------|--|---------------------------|---|--|--------------------------|
| Stand-Alone Grantees | CSSW | + | As needed | 3 | 2 |
| | Four Oaks | + | Every 60 days First meeting within 20 days of entering the project | 13.72 ^a | 3.6 |
| | ISS-USA | | | | |
| | Kid's Ctrl Site1 | + | Initiate within 30 days of case's receipt through Early Intervention Services, complete within 90 days | 9.4 | 0.8 |
| | | Site2 | | 5.7 | 1.0 |
| Combination Grantees | Hawaii DHS | *FGDM | 24-72 hours for those in need of placement | 1.1 maternal 0.9 paternal | 3.2 |
| | | | Re-conference to support involvement | 2.8 maternal 3.6 paternal | |
| | Lilliput | + | At initial removal Informal meetings to involve family in concurrent planning and placement decisions | | % ch rcv = 40.1 |
| | CF &CS | *FGDM | Entry into care, all transitions, exists from care | | |
| | Maine DHHS | *FGDM | As needed | | 0.6 |
| | Maryland DHR | *FGDM | Consideration of or at removal, voluntary placement, change in placement/permanency, youth transition plan | Total: 38 parents ^b 30 relatives | Blended: 0.2 FIM: 0.2 |
| | Oklahoma DHS | + | Within 7 days of referral | | |
| | RIFPA | *FGDM | As needed | | 0.3 |
| SCDSS | + | As needed | | | |

^a Member may not have attended the family team meeting but was actively involved with the team at some point.

^b Total number of FGDM conducted is provided for all project components, not just those children receiving family-finding services.

Across grantees, the average number of family members attending family meetings or actively involved in the child's case, ranged from less than 1 to 13.7 members. One grantee (Four Oaks Family and Children's Services) who used a randomized control design found that children who received family-finding services had significantly more family team meetings convened and significantly more family and informal supports involved in permanency planning than those in the control group. The frequency of family meetings and the attendees was sometimes influenced by circumstances external to the case. For example, some grantees reported that the relationship between family-finding staff members and the public agency caseworkers, as well as the caseworkers' level of acceptance for family-finding, influenced the occurrence of family planning meetings.

Four Oaks Family and Children’s Services, who reported the highest average number of family team meetings, also indicated that family-finding staff members were certified family team meeting facilitators. Lilliput Children’s Services and Rhode Island Foster Parents Association reported using facilitators who were co-trained in family-finding and FGDM. During family meetings, family-finding staff members often had to negotiate complicated family systems that sometimes involved acrimonious relationships and dysfunctional family dynamics. Family-finding staff members used extensive facilitation and mediation skills to focus the family on the child’s needs rather than family differences when facilitating family meetings. Family-finding staff members also assisted family members in processing feelings of surprise, anger, and helplessness that came with learning a relative had entered the child welfare system. Several family-finding specialists expressed a need for additional training and skill development related to conflict mediation and facilitation.

Grantees used informal and formal team meetings as a space to explore emotional permanency as well as physical permanency for children, particularly for older children and those who had been in care for an extended time. Several grantees reported expanded case plan goals for these children. For children at risk of or newly entering care, the goal of family-finding was to find placement; but for those already in care for a long time, the goals of family-finding also included finding supportive resources. A child welfare administrator reflected this goal, *“The goal of family-finding is not to just place children, but it’s a theory of placement and a way to approach the work. It’s about getting them a permanent connection so that when they do become adults they have a connection to go to when they need help.”*

For grantees, the ultimate decision regarding child placement rested with the caseworker. This was important to clarify from the beginning as several grantees noted that caseworkers were initially concerned that family-finding staff members might challenge their authority. To assist caseworkers, one grantee (Lilliput Children’s Services) reported providing evaluations and assessments of relatives to county social workers to help inform recommendation for placement.

Despite efforts, some grantees (Children’s Service Society of Wisconsin and Kids Central, Inc.) reported difficulty getting to the decision-making stage. Grantees noted that some family members were not interested in becoming involved, or they did not want involvement with the child welfare agency, opting for more informal commitments. Family-finding staff members also experienced difficulties scheduling family meetings, despite being flexible in the dates and times and allowing participation via conference calls. In some instances family meetings were scheduled, but family members did not keep the appointment.

B. Outcome Evaluation Findings

1. Summary of Outcome Evaluation Findings

Grantees providing family-finding services addressed multiple outcomes for children and families. In general, the data revealed difficulties in moving cases to closure and promoting the exit of children from foster care. Nearly half of children served were reunified, adopted, or placed in a pre-adoptive setting; placed with relatives; or had a transfer of guardianship. The ability of grantees to place children with relatives and/or move them to permanency was more difficult for grantees that served children in care for an extended amount of time. Only two grantees found improved placement outcomes for children receiving family-finding services compared to children in the control group. Children receiving family-finding services who exited care were more likely to be living with relatives, more likely to be in an adoptive/pre-adoptive setting, and less likely to age out of foster care. However, two other grantees found no statistical differences in placement outcomes for children receiving family-finding services. Findings

regarding the average length of time in care were inconclusive as to whether family-finding services reduced length of stay in out-of-home care. One grantee did provide qualitative evidence that the provision of family-finding services may divert children from entering care. Grantees noted that approximately three-fourths of the children served experienced increased family connections or had kin-focused permanency plans developed. Although permanency may remain elusive for some children, family-finding can provide vulnerable children and youth with additional support and increased connections.

Regarding system-level outcomes, half of all grantees developed and adopted policies and procedures related to family-finding. The majority of grantees reported that family-finding services had been partially or fully integrated into casework practices. Family-finding also impacted child welfare practice by promoting the benefits of placing children with relatives, increasing family engagement and involvement, increasing awareness of children with international connections, enhancing the focus on permanency among caseworkers and the judiciary, and strengthening collaborations among partners.

2. Child-Level Outcomes

Of the 12 grantees providing family-finding services, 10 grantees reported child outcome data. Four grantees (Children’s Service Society of Wisconsin, Hawaii DHS, Kids Central, Inc., and Four Oaks Family and Children’s Services) reported data for experimental treatment and control groups, with 3 grantees (Children’s Service Society of Wisconsin, Hawaii DHHS, and Four Oaks Family and Children’s Services) randomly assigning children to intervention and control groups. One grantee’s (Kids Central, Inc.) evaluation design randomly assigned specialized family-finding coaches to child welfare agency units, exploring whether caseworkers’ access to family-finding coaches enhanced child outcomes. With the enactment of the Fostering Connections to Success and Increasing Adoptions Act in 2008, child welfare agencies are required to notify relatives of the placement of children into foster care; thus children in these control groups also may have received family-finding services if they were newly entering care.

This section presents outcome data reported by multiple grantees in the following areas: a) case closures and placement of children served, b) average length of time to permanency, and c) increased family connections.

a) Case Closures and Placement of Children Served

Ten grantees provided data on the percentage of children served by placement type, documented in Table 4-7: Placement Outcomes After Receiving Family-finding Services. This table groups grantees by service population and includes a) grantees serving children at risk of or new to care, b) grantees serving children in care for an extended time, and c) grantees serving both children at risk of or new to care and children in care for an extended time. The table also includes a) total number of children served, b) number and percentage of children who exited foster care and/or family-finding services, and c) placement outcomes (reunification, adoption/pre-adoption, relative placement, guardianship, non-relative placement, and emancipation/ independent living) of the children who exited care as a percentage of the total number of children served.

Case Closures. Grantees closed family-finding cases in multiple ways. Some grantees closed cases once children exited foster care. Because of the significant amount of time

Considering one of the primary goals of family-finding was to increase connections, for purposes of this report, a ***desirable placement*** outcome was considered reunification, adoption/pre-adoption, relative placement, and guardianship; the totals of which are summed and highlighted in Table 4-7.

involved in achieving permanency, other grantees opted to close family-finding cases after intensive services had been provided, even though a change in placement had not occurred or was pending. As a result, the average length of time children received family-finding services ranged from 4 months (Lilliput Children's Services) to 17 months (Four Oaks Family and Children's Services) across a total of five grantees that reported these data.

As illustrated in Table 4-7, the data across grantees demonstrate the general difficulties in closing family-finding cases and/or exiting children from foster care. Of eight grantees that reported data, 37 percent and 91 percent of all cases were closed, with five grantees' case closure rates hovering around or slightly above 50 percent. Among the grantees serving both children new to care and children in care for an extended time, family-finding cases were closed or children exited to desirable placements (e.g., versus emancipation or continued foster care). For the one grantee serving children in care for an extended time, closed cases most often resulted in children remaining in foster care. For grantees serving only children new to care, cases were closed with nearly half in desirable placements resulting in reunification or relative placements.

Placement of Children Served by Family-finding Grantees

Of 10 grantees reporting, 42 percent of the 7,996 children served had a desirable placement resulting in reunification, adoption/pre-adoption, relative placement, or guardianship, as depicted in Table 4-7. Grantees that served children both at risk of or new to care and children in care for an extended time were able to obtain a desirable placement for 27 percent to 60 percent of all children served within the grant's three-year time period. (The unknown is how these placement rates might have changed if services continued to be provided to cases that remained open after the grant ended.) Data from Hawaii DHS illustrated the amount of time it could take to establish permanency. At the 6-month assessment, 41 percent of children had been reunified or permanency had been established or was in progress; this number increased to 72 percent at the 12-month assessment.

Variations in grantees' placement data may reflect service population characteristics. For example Children's Service Society of Wisconsin's rate of desirable placement was relatively lower than other grantees; however the grantee reported serving children with a longer average length of time in foster care (3.2 years).

For grantees serving children at risk of or new to care, nearly half of all children served achieved a desirable placement. As Table 4-7 indicates, the percentage of relative placements was roughly 37 percent for both grantees, which exceeded the national rate of 8 percent for placements with relatives. With children at risk of or new to care, placement data changed over time. Follow-up on a limited number of Lilliput Children's Service's closed cases indicated that of 89 children placed in non-relative care, 48 were eventually placed in a desirable placement, increasing the total desirable placements from 42 percent to 60 percent of all children served. The impact of family-finding on children newly entering Oklahoma's child welfare system was highlighted by placement data pre- and post-implementation of the Fostering Connections to Success and Increasing Adoptions Act in 2008 which showed a) a significant increase from 17 percent to 42 percent of children being placed with kin in less than 24 hours, b) a significant decrease from 22 percent to 6 percent in the use of emergency foster care within the first 24 hours, and c) an increase from 24 to 37 percent of total kinship placements.

Table 4-7: Placement Outcomes After Receiving Family-finding Services

| | | Child Placement | | | | | | | | | Significant Findings |
|---|----------------------|-----------------|------------|--------------------|--------------------------------------|--------------------|--------------------|--|------------------------------|----------------|--|
| Grantee | | N Served | N Closed | Reunify | Adoption / Pre-Adoption | Relative Placement | Guardian | Total Desirable Placement ^b | Other ^f Placement | Aged Out/IL | |
| Grantees Serving Both Children At Risk of or New to Care and Children in Care for an Extended Time | | | | | | | | | | | |
| CSSW | Treatment | 83 | 31 (37.3%) | 18.1% ^c | 6.0% | | 2.4% | 26.5% | | 10.8% | -No significant differences were found between treatment and control. -Subgroup analyses indicated that treatment children new to care were more likely to live with kin as last placement before discharge and more likely to experience placement stability (p<.10). Treatment children in care were more likely to emancipate (p<.10) and less likely to experience placement stability (p<.05). |
| | Control | 92 | 21 (22.8%) | 10.9% | 2.2% | | 9.8% | 22.9% | | 3.3% | |
| | All Treatment | 246 | | | | | | 25% | | | |
| Kids Central Site 1: | Treatment | 308 | 150(48.7%) | 20.1% | 17.5% | <1% | 2.9% | 40.5% | | 6.8% | -No significant differences were found between treatment and control. |
| | Control | 246 | 131(53.2%) | 30.1% | 8.9% | <1% | 7.3% | 46.3% | | 6.1% | |
| | Site 2: | Treatment | 88 | 16 (18.2%) | 9.1% | 5.7% | | | 14.8% | | |
| | Control | 30 | 17 (56.7%) | 20.0% | 13.3% | | | 33.3% | | 23.3% | |
| Four Oaks | Treatment | 125 | 71 (56.8%) | 28.0% | relative: 22.4% non-relative:8.8% | | 0.8% | 60.0% | | 4.0% | -Children in treatment group were somewhat more likely to be placed with relatives (p=.06). Among closed cases and children in treatment group were significantly more likely to be living with relatives (p<.05). - Of closed cases, children in treatment group were significantly more likely to be in adoptive/pre-adoption situation with relatives (p<.01) and children in control group were more likely to age out. |
| | Control | 118 | 76 (64.4%) | 28.8% | relative: 3.4% non-relative:14.4% | 1.7% | 1.7% | 50.0% | | 11.9% | |
| Hawaii DHS | | | | | Permanency Established | | In Progress | | | In Care | |
| | 6-month | Treatment | 108 | 44 (40.7%) | 10.2% | 9.3% | | 21.3% | 40.7% | | 59.3% |
| | | Control | 109 | 38 (34.9%) | 9.2% | 4.6% | | 21.1% | 34.9% | | 65.1% |
| | 12-month | Treatment | 108 | 78 (72.2%) | 18.5% | 24.1% | | 29.6% | 72.2% | | 27.8% |
| Control | | 109 | 64 (58.7%) | 13.8% | 16.5% | | 28.4% | 58.7% | | 41.3% | |
| ISS-USA ^d | conducted home study | 524 | 238(45.4%) | | | 20.6% | | 34.6% | | | --Of 136 home studies conducted, 20.6% placed internationally with relatives, and another 14.0% reunified, placed in the US with relatives, or adopted. |
| | | 136 | 62 (45.6%) | | | | | | | | |

| Child Placement | | | | | | | | | | |
|--|----------|------------|---------|-------------------------|--------------------|----------|--|------------------------------|-------------|---|
| Grantee | N Served | N Closed | Reunify | Adoption / Pre-Adoption | Relative Placement | Guardian | Total Desirable Placement ^b | Other ^f Placement | Aged Out/IL | Significant Findings |
| CF&CS | 267 | 147(55.1%) | 37.1% | 5.2% | | 4.9% | 47.2% | 3.0% | 4.9% | -75% of all participating children were reported to be in a placement intended to be permanent. |
| RIFPA | 417 | 233(55.8%) | 30.2% | 16.3% | 1.9% | 1.7% | 50.1% | | 5.8% | -Despite making continuing connections, the project was unable to demonstrate significant changes to permanency. |
| Grantees Serving Children At Risk of or New to Care | | | | | | | | | | |
| Lilliput | 211 | 191(90.5%) | 10.9% | | 37.4% | | 48.3% | 42.2% | | -Of 89 (42.2%) children in non-relative placement, follow-up showed that 31 children were to be reunified, 5 were to be placed with kin, and 12 had foster parents commit to guardianship or adoption. Of 211 served, 127 (60%) would have desirable placement. |
| Oklahoma DHS | 5,720 | | 11.6% | | 36.6% | | 48.2% | 51.8% | | -Kinship placements in less than 24 hours increased from 16.8% to 41.7% and the use of emergency foster care decreased from 21.6% to 5.5% after the intervention. -Total kinship placements increased from 23.9% to 36.6% after the intervention. |
| Grantees Serving Children in Care for an Extended Time | | | | | | | | | | |
| Maryland DHR | 266 | 142(53.4%) | | | 3.4% | | 3.4% | 50.0% | | |
| South Carolina DSS | 560 | | | | | | 0% | | | |
| Maine DHHS ^c | 78 | | | | | | | | | |
| National Average 2010 ⁸ | | | 51.0% | 21.0% | 8.0% | 6.0% | 86.0% | | 11.0% | |

^a Hawaii reported separate data for Relative/Non-Relative adoptions/guardianship and adoptions/guardianships initiated, and cases with no change in placement.

^b The column Desirable Placement is the sum of columns Reunification, Adoption, Relative Placement, and Guardianship.

^c The percentage is calculated using the total number of children served.

^d ISS-USA provided international family-finding and case management services to families abroad. .At the time of the report, placement data only for children with case studies were available.

^e Placement data not available.

^f Other Placement includes placements for regular foster care, emergency foster care, therapeutic foster care, group home, inpatient, psychiatric, and detention.

⁸ Child Welfare Information Gateway: <http://www.childwelfare.gov/pubs/factsheets/foster.cfm>

The percentage of desirable placements for grantees serving children in care for an extended amount of time was considerably lower. The rate of desirable placements for the two grantees that reported these data was 0 percent and 3 percent. This finding illustrates the difficulties in placing and achieving permanency for older youth who have been in care for an extended time. These empirical data were also supported by discussions with grantees that noted the difficulties in finding permanent placements for these children. As expressed by one family-finding provider, *“We can help develop family histories, family trees, stories to help children build some connections to build relationships, resources, and supportive structures. However, children are less likely to move into a family home.”*

Placement Data for Intervention and Control Groups

Of four grantees that reported data for treatment and control groups, two grantees found primarily positive differences in placement outcomes. As noted in Table 4-7, Four Oaks Family and Children’s Services found that children in the treatment group were somewhat more likely to be placed with relatives than those in the control group. When only closed cases were considered, children in the treatment group were significantly more likely to be living with relatives or be in an adoptive/pre-adoptive situation, and were significantly less likely to age out of foster care than children in the control group. Hawaii DHS reported improved outcomes for children in the treatment group compared to the control group. Although statistical testing was not available at the time of this report, children in the treatment group had nearly a 14 percentage point difference (72 percent versus 59 percent) of being reunified or having permanency established or in progress than children in the control group at the 12-month assessment. In other words, only 28 percent of children in the treatment group remained in foster care compared to 41 percent of children in the control group at the 12-month assessment. Hawaii DHS data also suggested improved outcomes over time for children who received family-finding services. From the 6-month to 12-month assessment, children in the treatment group had an increase of 31 percentage points (41 percent to 72 percent) in reunification or permanency, whereas children in the control group only had an increase of 24 percentage points (35 percent to 59 percent).

The remaining two grantees found no statistically significant differences on placement outcomes for children in the treatment and control groups. Children’s Service Society of Wisconsin found that children who received family-finding services were no more likely to achieve permanency or to be discharged to a permanent placement than other children. Kids Central, Inc. found the placement outcomes for children whose caseworkers had access to family-finding coaches did not differ significantly from those whose caseworkers did not receive coaching. Conducting subgroup analyses of children at risk of or new to care and children in care for an extended time, Children’s Service Society of Wisconsin identified some preliminary differences. For children at risk of or new to care, those assigned to the treatment group were more likely than those in the control group to be living with kin as the last placement before discharge and were more likely to experience placement stability. Among children who had been in care for an extended time, children in the treatment group were more likely to emancipate and less likely to experience placement stability. These findings, coupled with the reported differences in placement outcomes for children at risk of or new to care and children in care for an extended time, suggest the need to analyze outcome data stratified by child’s length of time in foster care.

Comparisons with National Statistics

Table 4-7 includes 2010 national data on the outcome statistics for children leaving foster care. Nationally, the greatest percentage (51 percent) of children exited foster care as a result of reunification. For grantees serving both children at risk of entering or new to care and children in care for an extended time, reunification remained the primary reason children exited care or were discharged from family-finding. For grantees serving children at risk of or new to care, rates of placement with relatives were approximately 37 percent, which far exceeded the national rate and was the major reason for discharge

from care or from family-finding. Because family-finding was provided at the front-end of these cases, the final outcome for many of these placements is unknown. Placements with relatives hopefully provided greater connections to family and either supported reunification or concurrent planning in the event reunification was not possible. Grantees that served children in care for an extended time had greater difficulty placing children.

b) Average Length of Time in Care

Family-finding service models included the identification and location of alternative relative or fictive kin placements for children with the purpose of reducing the length of time children remain in out-of-home care. Of 12 family-finding grantees, 4 reported data on the average length of time in care as shown in Table 4-8: Average Length of Time in Care. Determining whether the provision of family-finding resulted in a reduction of the length of time in care is difficult. Both Children’s Service Society of Wisconsin and Kids Central, Inc. did not find statistically significant differences between treatment and control groups. Four Oaks Family and Children’s Services, however, found statistically significant differences between the two groups when time in care with relatives was included in the analyses ($p < .05$), but not when it was excluded (12.9 months versus 12.4 months). Although Hawaii DHS reported fewer days in care for children in the treatment group compared to the control group, levels of significance were not available at the time of reporting. As noted earlier, children in the control group may have received family-finding services through the public child welfare agency as a result of the Fostering Connections to Success and Increasing Adoptions Act of 2008, thus the differences between the intervention and control groups may be dampened.

Table 4-8: Average Length of Time in Care

| Grantee | | Length of Time In Care |
|-----------------------|--------------|---|
| CSSW | Treatment | 9.4 months |
| | Control | 11.0 months |
| Kids Central | | No significant difference existed in the amount of time spent in foster care for youth served by treatment control units. |
| Four Oaks | Treatment | 15.5 months |
| | Control | 13.1 months ($p < .05$) |
| Hawaii DHS 6-month | Treatment | 455.8 days |
| | Control | 515.5 days |
| 12-month | Intervention | 570.4 days |
| | Control | 647.5 days |

^aThe length of time in care includes time in care with relatives. If time in care with relatives is excluded, the treatment group spent an average of 12.9 months compared to 12.4 months for children in the control group.

Some grantees noted that family-finding services provided during the investigation stage and at the point cases are transferred for case management may divert children from entering into foster care altogether. For example, Kids Central, Inc., which focused family-finding services at intake during the third year of the grant, found that the cost of licensed care remained stable despite an overall increase in children entering the system. The grantee attributed the stabilized costs to the impact of family-finding efforts on the system’s ability to connect children with family prior to or upon entry into foster care. This sentiment was echoed by family-finding staff members during discussions around the project’s most important accomplishments: *“The way they’re able to divert children from care. It’s one thing to get them in placement quickly, it’s even better if they never have to enter the shelter.”*

c) Family Connections

Throughout grantee discussions, a common theme emerged that family-finding was more than just finding children a permanent placement but also involved finding life-long connections and support for children. To this end, several grantees reported data on the percentage of children who experienced increased family connections. As indicated in Table 4-9: Family Connections, six grantees reported increasing connections for 35 percent to 99 percent of children served. Although children in treatment and control groups fared well, data for three grantees showed a greater percentage of children in the treatment group with increased connections than those in the control group, with Four Oaks Family and Children’s Services reporting statistically significant differences. In addition to increasing connections, Children’s Service Society of Wisconsin, Four Oaks Family and Children’s Services, and Kids Central, Inc. reported that kin-focused permanency plans were established for more than 6 in 10 children who received family-finding services. Kin-focused permanency plans may have involved regular or occasional communication or visits with the child, and/or occasional financial or material support. These data highlight that even though permanency may remain elusive for some children, family-finding efforts can provide vulnerable children with additional supports and increased connections.

Table 4-9: Family Connections

| Grantee | Children with Increased Family Connections | |
|----------------------|--|---|
| CSSW | 93.0% | |
| Kids Central Site 1: | Treatment | 80.0% |
| | Control | 51.0% |
| Site 2: | Treatment | 98.0% |
| | Control | 17.0% |
| Four Oaks | Treatment | 80.6% |
| | Control | 64.6% (p<.005) |
| Hawaii | 6-month Treatment | 7.9 maternal, 5.9 paternal |
| | Control | 3.5 maternal, 1.9 paternal |
| | 12-month Treatment | 9.6 maternal, 6.8 paternal at least one connection for 99.5% |
| | Control | 3.5 maternal, 1.9 paternal |
| CF&CS | 77.0% Average of 2.6 members engaged | |
| RIFPA | Kin: 35.0%, Fictive Kin: 31.0% | |

3. Organization and System-Level Outcomes

Grantees also noted the impact of family-finding on the agency as a whole, the level of integration of family-finding into casework practice, and the overall impact on child welfare. These system-level changes illustrate the ability of agencies to sustain family-finding, which is explored in greater detail in Section 8.

a) Policies and Procedures

Half of all family-finding grantees reported developing and adopting new policies and procedures for their organizations as a result of Family Connection-funded services. These policies and procedures detailed the provision of family-finding services, including the following:

- Timing for the provision of family-finding services
- Communication and information-sharing among family-finding staff members, public child welfare agency caseworkers, and juvenile court judges
- Use of background checks prior to visitations
- Guidelines for closing family-finding cases
- Protocols and procedures for handling family-finding and engagement for children with international connections

b) Service Model Integration

The majority of grantees reported that child welfare agencies had partially or fully integrated family-finding services into casework practice, with formalized policies and procedures supporting this integration. One grantee (Children’s Service Society of Wisconsin) reported family-finding services had been partially integrated and noted that the level of integration varied across counties, with some counties having more success than others. Among grantees that reported fully integrating family-finding services, one noted a change in organizational structure, which involved merging family-finding staff members into permanency units. The integration of family-finding into the agency also impacted the work of staff members as noted by one family-finding representative: *“We’ve been using family-finding within our foster care program. The way it worked has influenced workers. We have a real focus on permanency, and family-finding has helped us operationalize it and give concrete steps in how to do that. It has influenced how we work. In team meetings, there’s been a real influence on the questions that are being asked and the clinical implications because of this work.”* Another grantee (ISS-USA) worked with the public child welfare agency to develop a statewide policy on how to conduct family-finding and engagement with children with international connections and developed protocols and procedures for case referral, management, and closure; a permanent international liaison position was created at the public agency to facilitate communication with and referrals to ISS-USA.

Increasing Connectedness: *“Sometimes we have a referral where the expected outcome is not a permanent placement and this is often for languishing children. Sometimes the languishing child has such high needs that we are looking for a supportive connectedness or network – letters, phone calls, family/medical history.”* – Family-finding representative

c) Impact on Child Welfare Practice

Grantees reported several ways in which family-finding impacted child welfare practice. Five grantees noted that Family Connection funding increased awareness of the use and need for family-finding and emphasized the benefits of placing children with relatives, resulting in increased family engagement. Family connection funding also drew greater attention to the needs of and specialized services for children with international connections. Three grantees reported enhanced collaboration among partners, with one grantee noting: *“It has increased communication among the various groups. It’s like a special initiative we all have in common as opposed to just doing our own respective jobs.”* Grantees observed that family-finding enhanced the focus and progressive thinking about permanency for children. As noted by one grantee representative, it has made agencies *“look outside of the box and identify alternative options to find family members for children. It*

Impact on Child Welfare Practice: *“There’s been a big shift from the old way of thinking that the apple doesn’t fall far from the tree. The county workers are able to take off those lenses and see the benefit of placing children with their relatives.”* – Family-finding representative

has expanded the permanency options for social workers.” Family-finding was reported by one grantee to support and reinforce the need for concurrent planning. One grantee highlighted the impact on the judiciary stating that some members of the court require parents to do family trees, which are then provided to caseworkers at shelter hearings.

C. Limitations of the Evaluation

The cross-site evaluation of the Family Connection discretionary grants provided a unique opportunity to assess the degree to which grantees made concerted efforts to provide and arrange appropriate services that resulted in improved evidence of child safety, permanent and stable living situations, continued family relationships, and enhanced capacity of families to care for their children’s needs. This opportunity also came with significant challenges.

The most defining challenge was the substantial diversity of activities among and within each program area. In designing the evaluation, JBA researched what family-finding grantees were already doing for site-specific evaluations, determined commonalities, and designed a report process to obtain as much common data as possible while respecting the resources grantees had already allocated to local evaluations. Despite efforts to capture a common data set, there continued to be considerable variation in reporting and analyses across grantees as local evaluations were tailored to meet the needs of their respective interventions. The limitations below should be considered when reading and interpreting process and outcome results for the family-finding program area. For a more comprehensive discussion of the cross-site evaluation limitations, please refer to Section 2, Evaluation Approach.

- ***Experimental and Quasi-Experimental Designs – Control Group ‘Contamination’.*** Four grantees incorporated and reported data from experimental and quasi-experimental research designs. The Fostering Connections legislation requires that States notify family members when children are removed from the home. Given this legislation, it may be assumed that children in the comparison group received some level of family-finding services, thus differences between the treatment and control groups may be less pronounced. Comparisons between treatment and control groups were further hindered by varying amounts and quality of data for children in the control group.
- ***Fidelity.*** Many grantees did not monitor fidelity to the family-finding model, and during discussions with grantees some noted difficulty adhering to the model. Grantees reported difficulties locating and engaging sufficient family members, and few reported providing follow-up services. Monitoring and reporting on fidelity may have been helpful in determining how variations in fidelity impacted child outcomes.
- ***Outcome Variability.*** There was a high degree of individuality within the program area in regard to outcome-level data collection. Grantees measured similar outputs and outcomes, such as the average number of family members attending family meetings or the placement of children at case closure; but they differed in how the concepts were defined and measured. For example, some grantees defined case closure when the child achieved permanency, while other grantees defined case closure after the provision of intensive family finding services.
- ***Timing of Family-finding Services.*** Seven grantees served both children at-risk or new to care and children in care for an extended time. While the family-finding process is the same for both groups, discussions with grantees revealed an additional emphasis of finding connections and supports for children in care for an extended time. For children new to care, the primary and intended outcome was placement with kin and/or permanency. Despite these variations in

expected outcomes, the majority of grantees analyzed and reported data across all family-finding participants irrespective of the timing in the provision of family-finding services, which may have dampened the impact of family-finding services. Grantee analysis and reporting of data stratified by the timing of the provision of family-finding services may have clarified project impact. Given the expanded outcomes for children in care for an extended time, operationalizing the types of supports provided by identified members and the child's level of connectedness may also have better determined the impact of family-finding services.

Section 5: Family Group Decision-Making Program Area Evaluation Findings

This section describes process and outcome evaluation findings for the Family Group Decision-Making (FGDM) program area. Process evaluation findings include a description of the target populations served by the grantees, supported by a discussion of key demographic characteristics and observations by grantee staff members about target population trends. Service models and key activities implemented by FGDM grantees are described, along with the characteristics, skills, and experience needed by staff members to effectively provide FGDM services. Outcome evaluation findings are organized by adult and child-level outcomes and organizational and system-level outcomes. Adult and child-level outcomes address the areas of safety, permanency, stability, continuity, and well-being. Organizational and system-level outcomes document findings regarding policies and procedures, service model integration by the public child welfare agency and other key agencies, and family group decision-making projects' impact on child welfare practice in the community. Supporting data for this section may be found in Appendix L.

The section concludes with a discussion of the limitations of the evaluation and other considerations for readers to keep in mind when reading and interpreting evaluation results, particularly outcome evaluation results. Outcome evaluation limitations address issues common to all Family Connection grantees, such as breadth and depth of data, diverse evaluation designs, fidelity, outcome variability, and multiple data sources per outcome. The limitations also document concerns specific to the FGDM program area.

A. Process Evaluation Findings

1. Summary of Process Evaluation Findings

With the exception of Partnership for Strong Families, each FGDM grantee was a combination project serving kinship caregivers through kinship navigator projects and/or children in family-finding projects. Two grantees had a family-finding component integrated with FGDM service model. For several combination projects, FGDM was not considered the primary component of service delivery system. As a result, most grantees provided limited process data for the FGDM component of the Family Connection grant.

FGDM grantees engaged and empowered families to take an active and sometimes leadership role in developing plans and making decisions to promote the safety, permanency, and well-being of their children. FGDM projects primarily served families with children who were in or at risk of entering the child welfare system. Families either received in-home support services or out-of-home services from the public child welfare agency. FGDM used a trained facilitator from the public child welfare agency or an independent, community-based organization to moderate family meetings. Key family members selected participants who could provide a broader view of the challenges and service needs of the family. Participants typically included immediate and extended family members, family friends, and relevant service providers. Involved community members may have included representatives from local institutions such as schools, faith-based organizations, mental health, health care, or substance abuse programs.

The number of children served by FGDM grantees from September 30, 2009 to September 29, 2012 ranged from 162 to 11,742. The total number of families served during that period ranged from 34 to 1,156. The number of FGDM meetings conducted ranged from 68 to 8,438. While FGDM grantees provided limited quantitative demographic information on the children and families served, grantees

described key characteristics of families that included history of child welfare involvement, low-income background, limited educational background, substance abuse issues, mental health challenges, and potential domestic violence history. Grantees varied in the type of outputs reported with a few grantees reporting the reason an FGDM meeting was held as well as results around the timing of FGDM meetings. Key services most often requested by families included parenting education, counseling services, substance abuse treatment, and life skills training. Group facilitation skills, child welfare knowledge and experience, case management skills, listening skills, and knowledge of the target population were recommended FGDM facilitator characteristics.

2. Description of Target Population

This section describes the target populations for FGDM grantees. Key demographic characteristics of adults and their children are provided along with grantee leadership and staff member observations about target population trends, changes, and surprises.

a) Number of Children and Families Served

FGDM projects primarily served families with children who were in or at risk of entering the child welfare system. Families either received in-home support services or out-of-home services from the public child welfare agency. FGDM grantees broadly defined “families” as the parent or caregiver (e.g., biological mother and/or father, guardian, legal guardian, adoptive parents, or foster parents) and children between the ages of 0 and 18. Grantees also included informal and formal supports to families as FGDM meeting participants. Informal supports consisted of extended family members (e.g., aunts, cousins, uncles, and grandparents), family friends, and family advocates. Formal supports included service professionals in the areas of substance abuse, domestic violence, and mental health.

Table 5-1: Number of Children and Families Served documents the number of children and families served by FGDM grantees from September 30, 2009 through September, 2012. Due to differences in the projected numbers of children and families intended to be served, as well as the geographic scope of the Family Connection grantees, the numbers served varied significantly. The number of children served ranged from 162 at Rhode Island Foster Parents Association to 11,742 at Maryland Department of Human Resources (DHR). The total number of families served during that period ranged from 34 families at Maine Department of Health and Human Services (DHHS) to 1,156 families at Partnership for Strong Families.

Table 5-1: Number of Children and Families Served

| Grantee | Child | Family |
|--|--------------|---------------|
| Catholic Family and Child Service (CF&CS) | 958 | |
| Hawaii Department of Human Services (Hawaii DHS) | | 504 |
| Maine Department of Health and Human Services (Maine DHHS) | | 34 |
| Maryland Department of Human Resources (Maryland DHR) | 11,742 | |
| Partnership for Strong Families (PSF) | | 1,156 |
| Rhode Island Foster Parents Association (RIFPA) | 162 | |

| Grantee | Child | Family |
|--------------|---------------|--------------|
| Total | 12,862 | 1,694 |

b) Child-Level Demographics

FGDM grantees provided limited demographic information on the families served. Three grantees, Catholic Family and Child Service, Partnership for Strong Families, and Hawaii Department of Human Services (DHS), provided demographic data on the children and families served through FGDM projects, as documented in Table 5-2: Child-Level Demographics. The average age of children receiving FGDM services was between 6.8 and 7.3 years. Partnership for Strong Families served more male children, while Catholic Family and Child Service served primarily female children. The ethnicity reported reflected the geographic region of the grantee, with Catholic Family and Child Service and Partnership for Strong Families primarily serving Caucasian children, and Hawaii DHS serving mostly Native Hawaiian families. The majority of children served at Catholic Family and Child Service had no prior involvement with the child welfare system. At Partnership for Strong Families, more than one-fourth of children served had a history of involvement with the child welfare system as a previous case or a case that was re-opened during the grant period.)

Table 5-2: Child-Level Demographics

| Demographic Variable | Catholic Family and Child Service | Hawaii DHS | Partnership for Strong Families |
|----------------------|--|---|--|
| Total N | 958 | 153 Intervention 176 Comparison 1 175 Comparison 2 | 141 Control 266 Intervention 1 270 Intervention 2 |
| Average Age (years) | 7.3 | 6.8 Intervention 5.5 Comparison 1 6.5 Comparison 2 | 7.8 Control 7.4 Intervention 1 7.2 Intervention 2 |
| Gender | 53.1% Female 46.9% Male | | Control : 47.7% Female 52.3% Male |
| | | | Intervention 1: 45.8% Female 54.2% Male |
| | | | Intervention 2: 45.5% Female 54.5% Male |
| Ethnicity | 82.7% Caucasian 11.0% Multiple Races 5.5% African-American 0.04% American Indian/ Alaska Native 0.3% Asian 0.1% Hawaiian/Pacific Islander | Intervention: 50.3% Native Hawaiian 39.2% Caucasian 22.2% Filipino 20.9% Chinese 15.7% Japanese 11.8% Other | Control: 61.4% Caucasian 29.5% African American 9.1% Hispanic/Latino |
| | | Comparison 1: 60.8% Native Hawaiian 47.7% Caucasian 20.5% Filipino | Intervention 1: 69.2% Caucasian 24.4% African American 2.9% Hispanic/Latino |

| Demographic Variable | Catholic Family and Child Service | Hawaii DHS | Partnership for Strong Families |
|--|-----------------------------------|---|---|
| | | 14.2% Chinese 13.1% Japanese 4.5% Other | |
| | | Comparison 2 : 42.3% Native Hawaiian 28.0% Caucasian 12.6% Filipino 7.4% Chinese 2.9% Japanese 4.0% Other | Intervention 2: 65.0% Caucasian 5.0% African American 2.7% Hispanic/Latino |
| Prior child welfare system involvement | 98.7% No 1.3% Yes | | 38.6% (n=17) Control 25.9% (n=52) Intervention 1 27.3% (n=60) Intervention 2 |

Through discussions with project staff members, FGDM grantees highlighted the following key characteristics of families served:

- History of child welfare involvement
- Low-income background
- Limited educational background
- Substance abuse and mental health issues
- Potential domestic violence issues
- Homelessness or unstable housing issues

c) Target Population Observations

Although several FGDM grantees did not collect demographic data on the characteristics of the families served, all grantees confirmed that overall they served whom they intended to serve. There were no major surprises or unexpected trends in the target populations. FGDM grantees had been working with families in this area for several years and were confident in their ability to identify the type of families who would utilize services. Grantees were able to plan for and tailor services according to the needs of the target population.

3. Service Models and Key Activities

This section describes the service model and key activities implemented by FGDM projects, including the general flow of services within each grantee. Documentation of best practices chosen and/or adapted for each project is included, along with strategies used by grantees to address critical needs of the target populations. The section concludes with a discussion of key characteristics, skills, and experience needed to effectively facilitate FGDM meetings.

a) Service Models and Key Activities

FGDM is a family-focused intervention approach that brings together children, parents, foster parents, service providers, child welfare professionals, advocates, and community partners to make decisions that support the safety, well-being, and permanency of children. Grantees implemented projects that reflected the wide variety of existing FGDM models as documented in Table 5-3: FGDM Grantee Service Model

Description. Hawaii DHS and Rhode Island Foster Parents Association implemented FGDM service models integrated with a family-finding component. For the purpose of this report, all service models will be referred to as FGDM as reflected by the Children’s Bureau’s (CB) funding announcement.

Although FGDM grantees adopted various evidenced-based models, they all placed family strengths, family engagement, and informed family decision-making as core values in approaches to working with children and families. FGDM grantees considered chosen service models as a best practice approach to serving the needs of children and families in or at risk for entering the child welfare system.

Table 5-3: FGDM Grantee Service Model Description

| Grantee | Service Model Description |
|--------------|--|
| CF&CS | <i>Family Team Decision-Making (FTDM)</i> is based on the Annie E. Casey Foundation Family-to Family Initiative promoting a network of support for foster children involving foster parents, caseworkers, birth families, and community members. |
| Hawaii DHS | <i>‘Ohana Conferencing</i> is a culturally adapted model based on the New Zealand Family Group Conferencing model highlighting the importance of providing families with resources needed to make informed decisions about their children. |
| Maine DHHS | <i>Family Team Meeting (FTM)</i> is based on the VanDenBerg Wraparound Model’s community-orientated approach focusing on service planning, which wraps services and supports around the family based on its needs. |
| Maryland DHR | <i>Family Involvement Meeting (FIM)</i> is centered on the Family-Centered Practice model (FCP) encouraging families to use their strengths to plan for the care and safety of their children. |
| PSF | <i>Family Team Conferencing (FTC)</i> is based on a blended model of Solutions Based Casework and Permanency Roundtables to provide comprehensive guidance on all aspect of a family’s life, as well as support to caseworkers assisting children in achieving permanency goals. |
| RIFPA | <i>Permanency Teaming</i> is a teaming model developed from the Casey Family Services framework to ensure children leave foster care with lasting family relationships. |

Families were referred to FGDM services through the public child welfare agency, or for some grantees, through the family-finding component of the Family Connection grant. Referrals to FGDM projects occurred due to an imminent risk of placement, prior to removal from home, change of placement, change of permanency plan, or when key decisions needed to be made regarding the child or family. A staff coordinator or facilitator organized the initial FGDM meeting by inviting participants and coordinating schedules. A trained facilitator from the child welfare agency or an independent, community-based organization was used to moderate family meetings. A few grantees noted that depending on the relationship, FGDM facilitators worked alongside child welfare professionals to conduct the meetings. Several projects included initial FGDM meetings and follow-up meetings to 1) support continued family participation in decision-making and feedback; and 2) provide update opportunities for the child welfare agency, service providers, and family regarding the progress of services, family visits, and permanency plans. Key activities included a discussion of family strengths, service needs, resources available, and case plan goals. For several grantees, caseworkers managed the follow-up services for the family.

While half of the FGDM grantees reported no changes in service models and key activities over the course of the grant period, three grantees described changes in the type of families served as well as how FGDM meetings were conducted. Catholic Family and Child Service discussed how facilitators could no longer serve families considered an immediate risk by the public child welfare agency due to a change in departmental policy. Rhode Island Foster Parents Association initially planned to embed FGDM within Rhode Island's impending "Wraparound Model" developed through a system's change movement within the public child welfare agency. Due to departmental system delays, the model had not yet been established. As a result of a paradigm shift to Solution-Based casework, facilitators at Partnership for Strong Families transitioned from conducting FGDM meetings with a focus on identifying available services to a more personalized approach which starts by allowing families to identify goals and needs, and then follows with referrals to appropriate services. A staff member noted that this modified, individualized practice model "*holds clients more accountable to their case plan.*"

b) Meeting Target Population Needs

FGDM grantees incorporated a variety of strategies to effectively address the needs of children and families. Through discussions with grantee staff members, the following themes emerged as key components of a quality service delivery system: utilizing an individualized approach, adopting effective family engagement strategies, and addressing domestic violence issues.

Individualized Approach

All FGDM grantees recognized the uniqueness of each family and the importance of tailoring services to meet special needs, including institutionalizing and understanding what works with one family may not necessarily work with another. FGDM grantees met families where they were most comfortable—for some families this was at the office, while others preferred the comfort of their homes. Most grantees, including Catholic Families and Child Service, Maine DHHS, Maryland DHR, and Partnership for Strong Families, conducted FGDM meetings at the home when families did not have transportation. Partnership for Strong Families also provided in-home services for families residing in rural communities. Catholic Family and Child Service incorporated the Family Needs Scale to develop an individualized case plan based on needs beyond legal and financial assistance.

Three grantees, including Hawaii DHS, Maryland DHR, and Partnership for Strong Families, used interpreters and/or sign language to effectively communicate with families who had non-English language speakers and/or special needs. Hawaii DHS's use of cultural and language interpreters was instrumental in developing a cultural understanding of the Micronesian families being served. Partnership for Strong Families addressed religious beliefs and practices impacting children placed in foster homes. For instance, FGDM coordinators maintained regular contact with biological and foster families of Jewish children to discuss unique requirements around dietary restrictions and daily religious practices.

Family Engagement

As noted earlier, meaningful family engagement was considered a cornerstone of FGDM service models needed to achieve positive outcomes. Practice models involving clear, honest communication, a strengths-based approach, motivation and empowerment, and shared decision-making and planning reflected a strong commitment to the values and goals of FGDM. Grantees described effective family engagement strategies that promoted full participation in the FGDM process. The most commonly cited engagement practices included empowering families through rapport building activities (n=5), followed by developing knowledge of family history and needs (n=2), connecting families with additional support services (n=1), and celebrating successes (n=1). Listed below are examples of how FGDM grantees engaged families.

- **Catholic Family and Child Service.** Catholic Family and Child Service promoted family engagement by intentionally making the family feel included in the process. It not only included family supports in FGDM meetings, but FGDM facilitators also allowed the family to discuss why each invited participant was a key support. Facilitators acknowledged the family as the expert by eliciting input throughout the entire FGDM process. They cultivated an environment where the family felt safe to ask questions.
- **Hawaii DHS.** Hawaii DHS described how “*being present, aware, non-judgmental, and humble*” supported healthy family engagement. FGDM facilitators established rapport through kindness, compassion, and support as they explained the guidelines of child welfare services. Hawaii DHS’s approach to engagement focused on family strengths and preserved private family time.
- **Partnership for Strong Families.** To ensure ownership of the FGDM meeting, Partnership for Strong Families allowed families to “*lead the conference*” by identifying goals. Facilitators emphasized the importance of providing ongoing follow-up with families. They frequently checked-in with families to celebrate each success and milestone accomplished. As a key aspect of Solutions-Based casework, motivating the family was considered a top priority.
- **Rhode Island Foster Parents Association.** FGDM facilitators focused on “*giving families their voice.*” Project staff members described how they “*sit back and allow the families to choose what it is they want to work on, how they want to work on it, and have them figure it out and work in that direction.*” Facilitators placed the agendas in the background and considered where the family would like to start. They focused on actively listening to families while understanding that relationship building may take a great deal of time.

Family Engagement: Maryland DHR used the beginning of FGDM meetings to “*set the stage.*” Families were allowed to enter the room first and choose seats. Facilitators encouraged families to speak first and continued to defer to the family during the meeting. Families were provided with a clear description of the FGDM process and assurance that they would assist in building on strengths. This engagement strategy removed barriers and preconceived notions of the public child welfare agency.

Addressing Domestic Violence

FGDM grantee representatives noted that many family challenges surfaced during FGDM meetings, including mental health challenges, health issues, educational barriers, and substance abuse. However, domestic violence was considered a significant challenge for many families as it created safety issues and concerns. Four grantees responded to discussion questions regarding strategies used to address domestic violence issues. One grantee noted that its project had not experienced domestic violence cases in the past year. Grantees acknowledged that the presence of domestic violence or a potential concern of violence occurring required grantees to put safeguards in place for the families. For example, several FGDM grantees conducted separate FGDM meetings for families with domestic violence issues and incorporated domestic violence service providers to address domestic violence concerns.

- **Separate FGDM Meetings.** Hawaii DHS, Maryland DHR, and Partnership for Strong Families conducted separate FGDM meetings for families dealing with domestic violence issues. Hawaii DHS designed a split conference format with maternal family members and paternal family members. Maryland DHR avoided violating protective orders by conducting separate meetings

and using conference calls. Arrangements were made depending on the nature of the domestic violence situation. Partnership for Strong Families’ general policy was to hold separate FGDM meetings for the batterer and the victim.

- **Domestic Violence Advocates.** Catholic Family and Child Service incorporated domestic violence advocates in the preparation and facilitation of FGDM meetings when necessary. Using the *Safety Framework Model*, Catholic Family and Child Service focused on safety first by inviting domestic violence service providers to address safety needs and concerns. Hawaii DHS received a great deal of training from domestic violence providers to strengthen awareness around the unique needs of the families they served. Partnership for Strong Families also provided opportunities for domestic violence advocates to attend FGDM meetings. Typically the family must invite the domestic violence advocate in order for him or her to come; however, Partnership for Strong Families described challenges in including domestic violence advocates due to capacity limitations.

c) Service Provision

Grantees provided limited data on family and child-level outputs regarding FGDM service provision. Key measures reported include the number of FGDM meetings conducted, reason for FGDM meetings, and the type of services received by children and families. Table 5-4: Number of FGDM Meetings documents the number of FGDM meetings conducted by each grantee. The number of FGDM meetings held ranged from 68 at Maine DHHS to 8,438 at Maryland DHR.

Table 5-4: Number of FGDM Meetings

| | CF&CS | Hawaii DHS | Maine DHHS | Maryland DHR | PSF | RIFPA |
|-------------------------------|--------------------|------------|------------|--------------|--------------------|-------|
| Total number of FGDM meetings | 3,890 ¹ | 512 | 68 | 8,438 | 1,894 ² | 162 |

Grantees varied significantly in the number of FGDM meetings conducted due to the service model, geographic scope of the Family Connection grant, and differences in the projected numbers of families intended to be served. For example, Maryland DHR accounted for more than half of all FGDM meetings conducted by FGDM grantees (see Figure 5-1: Number of FGDM Meetings Conducted by Grantee). Maryland DHR reported the average number of FGDM meetings completed per jurisdiction per month – with a total of seven counties included. In addition, Maryland DHR FGDM meetings were completed at several trigger points throughout the life of a case: removal or consideration of removal from the home, placement change, permanency change, youth transitional plan request, and voluntary placement agreement request. Therefore, there were several opportunities for children to receive FGDM services. On the other hand, Rhode Island Foster Parents Association provided FGDM services to a smaller cohort of children who also received family-finding services. Most grantees who integrated FGDM services with other components of the grant reported a fewer number of FGDM meetings conducted.

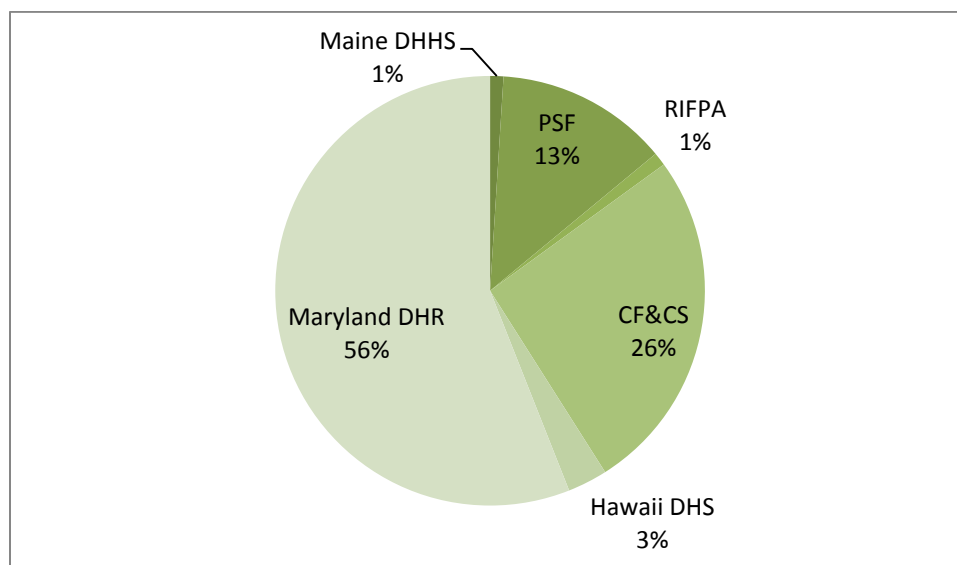
¹ The number of FGDM meetings conducted at CF&CS may be higher due to 156 children reported as engaging in “more than 4 FGDM meetings.”

² A total of 1,894 FGDM meetings were conducted with 1,156 unique families. Out of 623 families who agreed to participate in the evaluation, 1,252 FGDM meetings were conducted.

Purpose of FGDM

Only one grantee provided data on the reasons why FGDM meetings were held. At Maryland DHR, 50.0 percent (n=1,251) of FGDM meetings were conducted when a child was removed from the home or when a removal was being considered at baseline, and 46.0 percent (n=788) of FGDM meetings occurred at 36-months. FGDM meetings focused on placement changes accounted for 31.0 percent (n=775) of all FGDM meetings at baseline and 26.0 percent (n=444) of FGDM meetings at 36-months. Very few FGDM meetings at Maryland DHR occurred due to permanency changes with only 7.0 percent (n=186) at baseline and 11.0 percent (n=190) at 36-months. Although quantitative data is limited, grantee interviews indicated that FGDM meetings were most likely to occur when a child was removed or expected to be removed from the home or when a new foster care placement was likely.

Figure 5-1: Number of FGDM Meetings Conducted by Grantee



Timing of FGDM

The timing of FGDM meetings was considered a critical variable for several grantees. For Hawaii DHS, 97.4 percent (n=149) of FGDM meetings were held within 1 to 3 days, and 80.3 percent (n=122) follow-up FGDM meetings were conducted between 15 and 30 days. For Partnership for Strong Families, 47.2 percent (n=591) of FGDM meetings were conducted at intake, 21.6 percent (n=270) of meetings were conducted at 4 months, 12.6 percent (n=158) of meetings were conducted at 7 months, and 7.8 percent (n=98) of FGDM meetings were held at 10 months. While grantees developed targeted timelines in which to conduct FGDM meetings, they often described barriers regarding the timeliness of FGDM meetings. Systematic processes within the organization, inability to contact the family, and scheduling challenges prevented FGDM meetings from occurring in a timely manner.

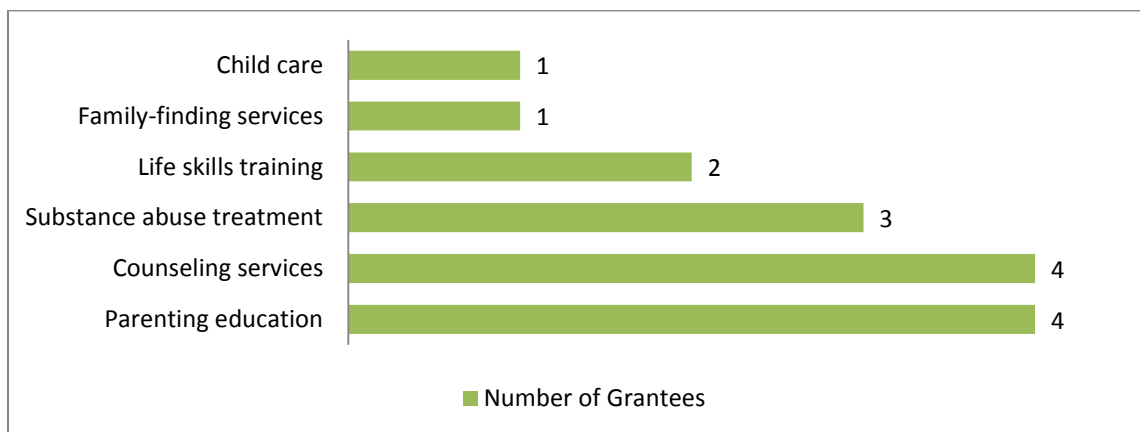
Type of Services Received

Partnership for Strong Families and Rhode Island Foster Parents Association reported data regarding the type of services children and families were referred to and received, such as those related to mental health, parenting, domestic violence, and substance abuse. Partnership for Strong Families reported 6,522 referrals for 533 unduplicated families across all control and intervention groups. Approximately 45 percent (n=2,916) of referrals were for mental health services, 21.6 percent (n=1,407) for parenting

classes, 9.8 percent (n=637) for domestic violence services, and 12.6 percent (n=820) of all referrals were directed towards substance abuse services. Partnership for Strong Families also measured the average number of services actually delivered across all groups. The average number of mental health services delivered was 11.9 (n=394) and 6.6 (n=306) for parenting classes. Domestic services were only delivered an average of 5.0 (n=218) times and substance abuse services were delivered an average of 14.3 times (n=488). Although a large number of referrals were made, the actual number of families receiving the services was limited. In addition, Rhode Island Foster Parents Association reported a small number of children utilizing visitation services (11.7 percent, n=32) and only 2.7 percent (n=5) received domestic violence services.

During site visit discussions, each grantee identified the most frequently requested services, as documented in Figure 5-2: Most Frequently Requested Services by Families. Parenting education, counseling services, and substance abuse treatment were cited as the most commonly requested services from FGDM families.

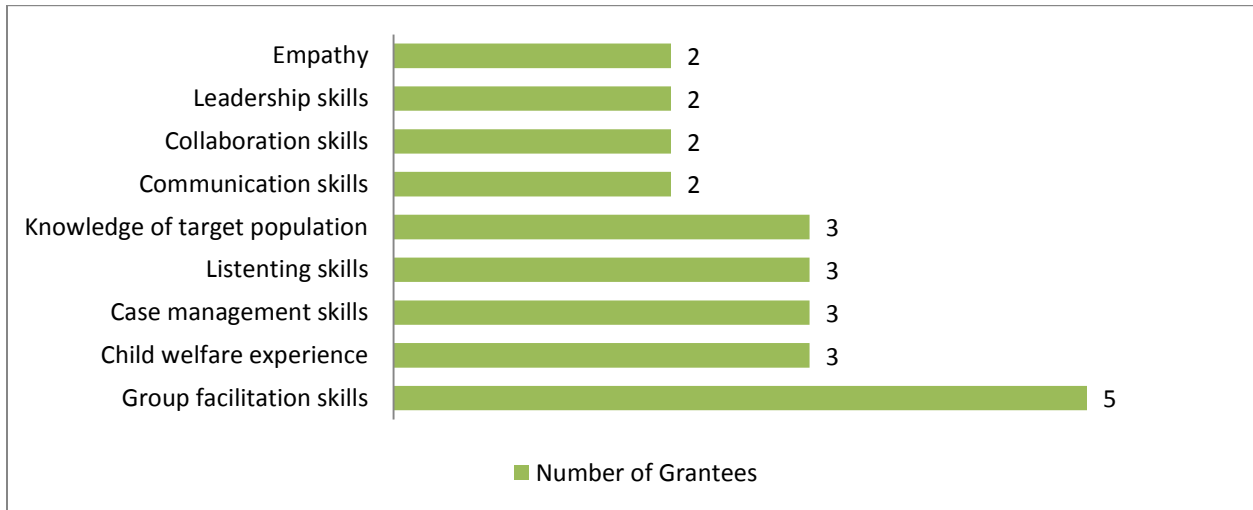
Figure 5-2: Most Frequently Requested Services by Families



d) FGDM Facilitator Characteristics

Grantees highlighted the importance of hiring experienced staff members with an established background in the skills, values, and processes of FGDM during discussions. Figure 5-3: FGDM Facilitator Characteristics documents the experiences, skills, and personal qualities identified by grantees as essential to successfully providing FGDM services. The characteristics most cited included group facilitation skills, child welfare knowledge and experience, case management skills, listening skills, and knowledge of the target population. Other important skills mentioned less frequently included clinical skills, patience, persistence, shared value of the project, and time management skills.

Figure 5-3: FGDM Facilitator Characteristics



B. Outcome Evaluation Findings

1. Summary of Outcome Evaluation Findings

FGDM grantees addressed multiple child and family-level outcomes, with four of six grantees providing outcome data related to safety, permanency, and well-being. One grantee reported a modest increase in the number of children diverting placement and remaining home after FGDM services. FGDM grantees found very little difference in placement stability for children receiving FGDM services and those who did not. In regard to permanency, two grantees reported that children participating in FGDM services were *less* likely to be reunified with parents. Another grantee found that families, who were randomized into a control group and requested FGDM services, were more likely to have children placed in relative care (as opposed to children who automatically received services in the intervention group). Finally, one FGDM grantee reported data on child well-being and found a statistically significant reduction in the level of emotional symptoms, conduct problems, hyperactivity, and total difficulties in children receiving FGDM services. In addition, intervention group FGDM models were more effective in moving families in a favorable direction toward accomplishing service goals.

FGDM grantees developed new policies and procedures around referral processes, FGDM timing, and frequency of FGDM services. Grantees also impacted child welfare practice through integration of FGDM service models, promoting increased awareness of FGDM, increased engagement of families, comprehensive service planning, and improved perceptions of the child welfare agency.

2. Child and Family-Level Outcomes

This section describes the child and family-level outcomes most commonly reported by FGDM grantees in regard to safety, permanency, and well-being. Please note that only Catholic Family and Child Service, Hawaii DHS, Maryland DHR, and Partnership for Strong Families were able to provide outcome data at the time of this report. Refer to Table 5-5: Key Placement Outcomes for Children Receiving FGDM Services for a summary of key outcomes for FGDM grantees.

Table 5-5: Key Placement Outcomes for Children Receiving FGDM Services

| | Catholic Family and Child Service | Hawaii DHS | Maryland DHR | Partnership for Strong Families |
|---|---|---|------------------------------|--|
| Placement Diversion Number of children who remained at home | 31.4% (n=353) | Initial FGDM: 38.6% (n=59) | Baseline: 59.0% (n=1,474) | |
| | | Follow-up FGDM: 36.7% (n=29) Intervention 32.6% (n=56) Comparison | 36-months: 53.0% (n=911) | |
| Placement Stability Number of children experiencing two or fewer placements/mean number of placements | 37.0% (n=613) experienced one placement during FGDM services | Intervention : (mean # of placements) 6-month: 1.0 12-month: 0.1 | | Control: 88.5% had 2 or fewer placements |
| | | Comparison 1: (mean # of placements) 6-month: 1.4 12-month: 0.1 | | Intervention 1: 88.2% had 2 or fewer placements |
| | | Comparison 2 : (mean # of placements) 6-month: 0.6 12-month: 0.0 | | Intervention 2: 83.2% had 2 or fewer placements |
| Reunification Number of children who reunified with parents | 9.9 % (n=111) | Intervention : 72.5% (n=111) | Baseline: 2.3% (n=77) | Control : 58.8% (n=60) |
| | | Comparison 1: 57.4% (n=101) | 36-months: 3.0% (n=60) | Intervention 1: 50.3% (n=73) |
| | | Comparison 2: 90.9% (n=159) | | Intervention 2: 36.6% (n=56) |
| Relative Placement Number of children placed with relatives | 18.1% (n=203) | Intervention : 6-month: 18.3% (n=28) 12-month: 13.1 % (n=20) | Baseline: 18.0% (n=607) | |
| | | Comparison 1: 6-month: 25.6% (n=45) 12-month: 24.0% (n=42) | 36-months: 16.0% (n=373) | |
| | | Comparison 2: 6-month: 6.3% (n=11) 12-month: 4.6% (n=8) | | |

a) Safety Outcomes

FGDM grantees addressed to what degree children were safely maintained in their homes whenever possible and appropriate. Three out of six grantees reported data on children who were diverted from out-of-home placement and remained at home.

Placement Diversion

Catholic Family and Child Service, Hawaii DHS, and Maryland DHR provided data on the number of children who remained at home after receiving FGDM services. Nearly one-third of children receiving FGDM services at Catholic Family and Child Service and Hawaii DHS avoided placement in out-of-home care. Maryland DHR reported a slight decrease in the number of children remaining at home (not necessarily residing with a parent); however there was a slight increase in the number children remaining with their parents after FGDM services. Overall, FGDM grantees reported modest results in the number of children remaining at home after receiving initial FGDM services. Key findings from FGDM grantees are explained below.

- Out of 1,674 children receiving FGDM services, 31.4 percent (n=353) of Catholic Family and Child Service children remained at home with parents. FGDM services also resulted in 15.0 percent (n=168) of those children remaining in current placement.
- Out of 152 children receiving FGDM services, 38.6 percent (n=59) of children at Hawaii DHS remained at home after the initial intervention. After comparison groups were formed for follow-up FGDM meetings, 36.7 percent (n=29) of the intervention and 32.6 percent (n=56) of the comparison group remained home.
- Although more than half of all placements were diverted at Maryland DHR, there was a 6 percent decrease in the number of children remaining at home. Maryland DHR found that 59.0 percent (n=1,474) of out-of-home placements were diverted after FGDM services at baseline, and 53.0 percent (n=911) were diverted after 36 months of services. However, the number of children who were specifically living with parents prior to FGDM and remained with parents after the FGDM meeting was 26.0 percent (n=896) at baseline and 27.0 percent (n=618) at 36 months.

b) Permanency Outcomes

FGDM grantees addressed whether children had permanency and stability in living situations after receiving FGDM services. Four out of six grantees reported data on placement stability, reunification rates, and/or the number of children placed with relatives.

Placement Stability

Catholic Family and Child Service, Hawaii DHS, and Partnership for Strong Families reported outcomes regarding placement maintenance and stability. Overall, FGDM grantees reported minimal impact of FGDM services on the placement stability of children in foster care. In fact, for Hawaii DHS, children who did not receive FGDM services experienced fewer placements and shorter time in out-of-home care than intervention children. Partnership for Strong Families found that children receiving FGDM services were more likely to re-enter foster care after reunifying with their parents. Key placement stability findings for FGDM grantees are listed below.

- Out of 1,674 children served, Catholic Family and Child Service reported 37.0 percent (n=613) of children had only one placement while participating in FGDM services.
- Hawaii DHS reported placement maintenance by assessing the number of placements at the 6-month and 12-month assessment period. Comparison 2³ children had the lowest average number of placements at the 6-month (0.59) and 12-month (0.04) assessments compared to the intervention (0.95, 0.09) and Comparison 1 (1.36, 0.12) children. Hawaii DHS also found that the length of out-of-home placement was significantly shorter for Comparison 2 children at the 6-month (19.2 days) and 12-month (14.5 days) assessments. At 6-months, intervention children were in placement for an average of 56.2 days compared to 46.6 days at the 12-month assessment. Comparison 1 children spent the most time in out-of-home placement at both time periods (90.9 days and 73.7 days respectively). Children who did not receive FGDM services experienced fewer placements, as well as fewer days in placement.
- Partnership for Strong Families found there was no relationship between the likelihood that a child would have two or fewer placements while in care and the assigned intervention group⁴. The percentage of children with two or fewer placements was 88.5 percent (Control), 88.2 percent (Intervention 1), and 83.2 percent (Intervention 2). The average number of placements for children in the control and intervention groups was 1.6 placements across all groups. Findings revealed very little difference in the placement stability of children receiving FGDM services and those who did not. Partnership for Strong Families also reported child re-entry rates within 12 months of being reunified with parents. Interestingly, the rate of re-entry was significantly higher (p<.05) for Intervention 2 (30.4 percent, n=17, N=56), followed by the control (14.9 percent, n=7, N=47), and Intervention 1 (10.2 percent, n=5, N=49). Families receiving FGDM services with additional family alone time were more likely to have children re-entering foster care within 12 months of reunification.

Reunification

Catholic Family and Child Service, Hawaii DHS, Maryland DHR, and Partnership for Strong Families provided data on reunification rates of children receiving FGDM services. Interestingly, children receiving FGDM services as usual (or no FGDM services at all) were more likely to reunify with parents than children receiving the intervention. Key findings regarding reunification rates are listed below.

- Of the 1,674 children receiving FGDM services, 9.9 percent (n=111) were reunified with parents at Catholic Family and Child Services.
- Hawaii DHS found that of 153 intervention children who participated in FGDM services for six months or more, nearly three-fourths were reunified with parents. Of 176 Comparison 1 children, 57.4 percent (n=101) were reunified, and 90.9 percent (n=159) of Comparison 2 children reunified with parents. At the 12-month assessment, 79.1 percent (n=121) of 153 intervention children were reunified with parents. Of 175 Comparison 1 children, 61.7 percent (n=108) were reunified with parents, and 91.4 percent of the Comparison 2 children were reunified as well.

³ Families in the comparison group who request FGDM services after they are assigned were not denied services. Instead, they were classified as Comparison 1 while Comparison 2 was families who received no FGDM services.

⁴ Families were randomly assigned into three groups: 1) Control (FGDM-as-usual), 2) Intervention 1 (FGDM-new), and 3) Intervention 2 (FGDM-new + family alone time).

Interestingly, children who did not receive FGDM services had the highest reunification rates.⁵

- Maryland DHR experienced a slight increase in the average rate of reunification with 2.3 percent (n=77) of the children receiving FGDM services reunifying with parents at baseline and 3.0 percent (n=60) reunifying after 36 months.
- Partnership for Strong Families reported statistically significant differences in the likelihood of children being reunified and the receipt of FGDM services, although not in favor of the intervention. The reunification rate for the control group (58.8 percent, n=60, N=102) was significantly higher than the rate observed for the Intervention 2 (36.6 percent, n=56, N=153). The reunification rate for children in Intervention 1 (50.3 percent, n=73, N=145) did not differ significantly from the other groups.

Relative Placements

Catholic Family and Child Service, Hawaii DHS, and Maryland DHR provided data on the number of children placed with relatives after an FGDM meeting. Hawaii DHS and Maryland DHR experienced a slight decrease in the number of children placed in relative care over time. However, the majority of intervention children at Hawaii DHS were placed at home or reunited with parents after FGDM services. Key findings regarding the number of children placed in relative care are listed below.

- Of 1,674 children receiving FGDM services, 18.1 percent (n=203) were placed with relatives at Catholic Family and Child Service.
- Hawaii DHS reported that 18.3 percent (n=28) of intervention children were placed with relative caregivers at the 6-month assessment; 25.6 percent (n=45) of Comparison 1 children and 6.3 percent (n=11) of Comparison 2 children were placed with relatives as well. At the 12-month assessment, 13.1 percent (n=20) of intervention children, 24.0 percent (n=42) of Comparison 1 children, and 4.6 percent (n=8) of Comparison 2 children were placed with relatives caregivers. At both time periods, children randomized into the comparison group who requested FGDM services had higher rates of relative placements.
- At baseline, 18.0 percent (n=607) of all children were placed with relatives after FGDM services at Maryland DHR, and 16.0 percent (n=373) of children were placed with relatives after 36-months.

c) Well-Being Outcomes

Partnership for Strong Families assessed child and family well-being using the Protective Factors Survey⁶, Strengths and Difficulties Questionnaire (SDQ)⁷, and Goal Attainment Scale (GAS). The Protective Factors Survey is a pre-post tool that measures protective factors in five areas: family

⁵ The grantee reported this finding may be due to the fact that children in Comparison 2 were not removed from the home initially and were not in need of services. Therefore, they were more likely to have different placement outcomes.

⁶ The Protective Factors Survey is a product of the FRIENDS National Resource Center in collaboration with the University of Kansas Institute for Educational Research and Public Services.

⁷ The SDQ is a brief behavioral screening questionnaire for children aged 3 to 16 years old. The questionnaire consists of 25 questions. An assessor can be the child's parent/caregiver, teacher, or youth aged 11-16. The SDQ was administered prior to or concurrent to the first FGDM meetings, at follow-up FGDM meetings, or upon service completion.

functioning/resiliency, social emotional support, concrete support, child development/knowledge of parenting, and nurturing and attachment. These attributes are considered to lessen or eliminate risk in families and communities, as well as increase the health and well-being of children and families. Protective factors are also helpful in allowing parents to obtain resources/supports and develop coping strategies that promote effective parenting.

While Partnership for Strong Families administered a total of 653 surveys at baseline, only 134 (20.5 percent) surveys were completed at follow-up. Due to the low response rate, particularly for the control group (n=10), Partnership for Strong Families indicated that valid comparisons across groups were unable to be made.⁸ However, independent sample t-tests were conducted which revealed no statistically significant differences in the average baseline scores for the control and intervention groups (see Table 5-6: Average Baseline and Follow-up Scores on Protective Factors and Table 5-7: Average Scores on Child Development / Knowledge of Parenting). In addition, there were no statistically significant changes in scores over time, with the exception of *family functioning*. These findings suggest that there is minimal improvement in protective factors for intervention families. However, the low follow-up response rate raises concern about whether the results are representative of the families served.

Table 5-6: Average Baseline and Follow-up Scores on Protective Factors

| Group | Family Functioning and Resiliency | Social Emotional Support | Concrete Support | Nurturing and Attachment |
|--|-----------------------------------|--------------------------|------------------|--------------------------|
| <i>Control (n=8-10)</i> | | | | |
| Baseline | 5.4 | 5.0 | 4.9 | 6.7 |
| Follow-up | 5.4 | 5.7 | 5.3 | 6.4 |
| <i>Intervention 1 (n=63-65)</i> | | | | |
| Baseline | 5.4 | 5.9 | 5.4 | 6.5 |
| Follow-up | 6.0* | 6.1 | 5.7 | 6.6 |
| <i>Intervention 2 (n=55-59)</i> | | | | |
| Baseline | 5.3 | 5.9 | 5.2 | 6.3 |
| Follow-up | 5.5 | 6.0 | 5.6 | 6.6 |

* Change in mean score statistically significant at $p < .05$ using Paired Samples T-Test.

⁸ Many families declined to complete select supplemental measures due to respondent fatigue, termination of service, and/or perceptions that the family improved functioning and completing instruments was no longer needed.

Table 5-7: Average Scores on Child Development / Knowledge of Parenting

| Group | There are many times when I don't know what to do as a parent. (Score Inverted) | I know how to help my child learn. | My child misbehaves just to upset me. (Score Inverted) | I praise my child when he/she behaves well. | I praise my child when he/she behaves well. |
|---------------------------------|---|------------------------------------|--|---|---|
| Control (n=8-9) | | | | | |
| Baseline | 6.1 | 5.4 | 6.0 | 6.1 | 7.0 |
| Follow-up | 5.6 | 6.2 | 6.0 | 6.3 | 6.3 |
| Intervention 1 (n=55-65) | | | | | |
| Baseline | 6.0 | 6.6 | 5.9 | 5.9 | 6.5 |
| Follow-up | 6.1 | 6.6 | 6.0 | 6.1 | 6.7 |
| Intervention 2 (n=55-59) | | | | | |
| Baseline | 6.0 | 6.5 | 5.6 | 6.2 | 6.4 |
| Follow-up | 6.1 | 6.5 | 5.4 | 5.8 | 6.5 |

Using the SDQ, children were classified within a “normal,” “borderline,” or “abnormal” range of behaviors/symptoms reflected by emotional symptoms, conduct, hyperactivity, peer problems, pro-social, and total difficulties score. Findings, documented in Table 5-8: Average Baseline and Follow-Up Scores on SDQ Subscales, revealed positive trends in child hyperactivity and measures of total difficulties. Overall, children from Intervention 1 demonstrated an increase in the proportion of children reflecting “normal” social behaviors. Intervention 2 children demonstrated an increase in the proportion of children rated as “normal” with respect to conduct issues. Table 5-8 documents the mean baseline and follow-up scores on the SDQ sub-scales. Key findings are summarized below.

Table 5-8: Average Baseline and Follow-Up Scores on SDQ Subscales

| Group | Emotional Symptoms | Conduct Problems | Hyperactivity | Peer Problems | Pro-Social Behavior | Total Difficulties |
|---------------------------------|--------------------|------------------|---------------|---------------|---------------------|--------------------|
| Control (n=12) | | | | | | |
| Baseline | 1.17 | 3.1 | 4.3 | 2.3 | 6.5 | 17.5 |
| Follow-up | 2.42 | 3.7 | 5.1 | 2.3 | 6.6 | 20.1 |
| Intervention 1 (n=88-21) | | | | | | |
| Baseline | 2.0 | 2.5 | 4.3 | 2.1 | 7.9 | 17.8 |
| Follow-up | 1.8 | 2.1 | 3.7* | 2.1 | 8.5* | 15.6* |

| Group | Emotional Symptoms | Conduct Problems | Hyperactivity | Peer Problems | Pro-Social Behavior | Total Difficulties |
|---------------------------------|--------------------|------------------|---------------|---------------|---------------------|--------------------|
| Intervention 2 (n=71-74) | | | | | | |
| Baseline | 2.5 | 3.0 | 5.2 | 2.7 | 7.9 | 20.9 |
| Follow-up | 1.6* | 2.6* | 4.4* | 2.3 | 8.1 | 16.7* |

*Change in mean score statistically significant at $p < .05$ using paired samples t-test.

- Intervention 1 children demonstrated a significant reduction in average hyperactivity scores ($t=2.91$, $df=89$, $p=.005$). However, the group average at baseline and follow-up was within the “normal” range. Similarly, the average pro-social behavior score increased significantly ($t=3.31$, $df=88$, $p=.001$) but was within the “normal” range at both time periods. The total difficulties score showed a significant reduction ($t=3.23$, $df=90$, $p=.002$) and moved from the “abnormal” range to the “borderline” range.
- For Intervention 2 children, there was a statistically significant reduction (positive trend) in the average scores measuring emotional symptoms ($t=2.89$, $df=71$, $p=.005$), conduct problems ($t=2.03$, $df=72$, $p=.046$), hyperactivity ($t=3.39$, $df=70$, $p=.001$), and total difficulties ($t=5.38$, $df=73$, $p<.001$). The mean scores for conduct problems moved from “borderline” to “normal” levels, and total difficulties moved from “abnormal” to “borderline” levels. Changes in the average emotional symptoms and hyperactivity scores were significant but remained within the “normal” range.
- The number of Intervention 2 children rated as demonstrating “abnormal” hyperactivity decreased by 36.4 percent (from 22 to 14). There was an increase (from 82.0 to 91.0 percent) in the proportion of children demonstrating normal pro-social behaviors and a significant decrease in the proportion of Intervention 2 children demonstrating “abnormal” social behaviors (from 11.2 to 4.5 percent).
- Only 23.0 percent of children scored within the “normal” range on total difficulties at baseline. At follow-up, the percentage increased to 42.8 percent.

Partnership for Strong Families also measured child and family well-being using the Goal Attainment Scale (GAS). The GAS is used to determine the level to which specific service and personal goals are obtained. The goals are individualized; however, the level of progress over time is measured by the standardization and comparison of scores. The most prevalent issues addressed by the GAS included mental health needs, case planning needs, substance abuse, domestic violence, and housing needs. Other goals included employment, education, daycare, visitation, dental and medical needs, and safety planning. Service goals were developed within or as a result of the initial FGDM meeting with the family. Progress was measured during subsequent FGDM meetings or time periods identified by the family and professionals. Among 157 families for which multiple GAS scores were available⁹, there was a statistically significant rate of progress and improvement toward the accomplishment of all service and personal goals over time ($t=6.17$, $df=135$, $p<.001$). While there was no significant change in the rate of improvement for the control group, significant changes existed for families assigned to Intervention 1 ($t=-4.41$, $df=54$, $p<.001$) and Intervention 2 ($t=-4.47$, $df=68$, $p<.001$). The findings suggest that the intervention group models were more effective in moving the family in a favorable direction towards service goals.

⁹ At least two follow-up measures following the establishment of agreed upon service goals.

3. Organization and System-Level Outcomes

This section describes organizational and system-level outcomes found for FGDM grantees. Policies and procedures prompted by Family Connection funding are described. Public child welfare integration of the grantee’s service model and activities are documented, along with FGDM project impact on child welfare in the community.

a) Policies and Procedures

FGDM grantees developed a variety of new policies and procedures as a result of implementing Family Connection-funded projects. During discussions, three grantees reported formal policy and practice development around the following:

- Automatic referral system to FGDM services was developed (Hawaii DHS).
- Comprehensive information system was developed to efficiently track referrals and outcomes (Hawaii DHS).
- Quality assurance processes were strengthened (Hawaii DHS).
- FGDM meetings were conducted prior to a child entering foster care (Partnership for Strong Families and Maine DHHS).
- Caseworkers provided additional guidance around documentation and input in information exchange systems (Maryland DHR).
- Occurrence of FGDM follow-up meetings increased (Partnership for Strong Families).

b) Impact on Child Welfare Practice

FGDM projects impacted the child welfare system in a variety of ways. Grantees described how service models have been integrated into the public child welfare system, increased engagement of families, strengthened service planning, and improved perceptions of the child welfare agency.

- ***Service Model Integration.*** FGDM grantees collaborated with public child welfare agencies and continued existing relationships for the purposes of Family Connection-funded programming. Five grantees’ FGDM service models were integrated into the child welfare system—which also supported sustainability efforts. Hawaii DHS discussed the importance of system readiness in adopting the FGDM model: *“I don’t think that injecting FGDM into a system that isn’t ready to embrace systemic change works, it’ll get dejected out eventually. What you see in Hawaii is the embracing of systemic change. It’s the right time and the right place.”* Hawaii DHS was ready to accept the FGDM practice model so integration seemed to be a

Family Connection Grant was a “catalyst”: Maine DHHS described the FGDM program as a way to encourage the public child welfare agency to recognize the need for independent, skilled facilitators. As a result of Family Connection grant efforts, child welfare staff members were placed in each district to be trained on facilitation skills and conduct FGDM meetings.

seamless process. Hawaii DHS staff members noted that social workers were more exposed to the service model, recognized its value, and increased focus on the practice. Maine DHHS instituted and facilitated family team meetings in each DHHS district office, which has supported FGDM meetings prior to a child entering state custody (or at any point when a critical decision needs to be made). Maine DHHS reported that service integration played a major role in decreasing the number of children in foster care. Maryland DHR also noted that the FGDM model was integrated into child welfare service delivery system such that, “*referring families to FGDM was no longer considered an option for staff members, it was part of practice.*” Partnership for Strong Families operates within a privatized child welfare system and already provides FGDM services to a significant portion of the State of Florida. Rhode Island Foster Parents Association described plans to continue FGDM services through a family finder position embedded within the public child welfare agency.

- ***Increased Engagement of Families.*** Five grantees reported increased family engagement in the case planning process. Catholic Family and Child Service increased the number of fathers and paternal family members involved in FGDM. Maine DHHS also reported that the FGDM project increased the number of supports and family members participating in services. Maryland DHR reported that families felt more involved in the decision-making process surrounding the lives of their children. Families had the opportunity to be present, to ask questions, and to better understand why decisions were made. Maryland DHR also redefined what was considered a family member – recognizing it could be a mentor, teacher, or another supportive adult – not only a blood relative. Partnership for Strong Families described giving families a voice and more input into case planning. This increased engagement, promoted empowerment among families, and enabled facilitators to build on families’ strengths. Hawaii DHS also noted that increased engagement of families strengthened connections to their children.
- ***Strengthened Service Planning.*** Three grantees discussed how FGDM projects impacted service planning within the child welfare system by encouraging caseworkers to conduct concurrent planning with families. Catholic Family and Child Service staff members worked with social workers to support the development of multiple, attainable case plans for families; these practice changes encouraged caseworkers to automatically consider all available service options for families and to coordinate service delivery. Maryland DHR noted that children were not being placed into foster care unnecessarily; instead, children experienced less placement moves and returned home sooner. The FGDM project allowed facilitators to put appropriate services in place to promote positive outcomes for families. FGDM grantees also generated conversations among service providers regarding which components of the FGDM model worked well and which aspects were not as effective.
- ***Improved Perception of Child Welfare Agency.*** Two grantees described how the FGDM project played a role in improving community perceptions of the child welfare agency. Catholic Family and Child Service noted that the public has an increased understanding and expectation that the public child welfare agency will work with organizations and families to keep children in the home if possible. Maryland DHR described how the community is more understanding of how the public child welfare agency functions. The Family Connection grant has supported better knowledge about practice and policy, as well as why decisions are made. Through participation in the FGDM project, families realized the child welfare agency’s focus is not to remove children from homes but to keep families in tact while considering issues of safety. Grantees noted that improved perceptions of the public child welfare agency’s role also strengthened engagement since families were able to communicate freely due to an increased level of trust.

C. Limitations of the Evaluation

The cross-site evaluation of the Family Connection discretionary grants provided a unique opportunity to assess the degree to which grantees made concerted efforts to provide and arrange appropriate services that resulted in improved evidence of child safety, permanent and stable living situations, continued family relationships, and enhanced capacity of families to care for their children's needs. This opportunity also came with significant challenges.

The most defining challenge was the substantial diversity of activities among and within each program area. In designing the evaluation, JBA researched what FGDM grantees were already doing for site-specific evaluations, determined commonalities, and designed a report process to obtain as much common data as possible while respecting the resources grantees had already allocated to local evaluations. Despite efforts to capture a common data set, there continued to be considerable variation in reporting and analyses across grantees as local evaluations were tailored to meet the needs of their respective interventions. The limitations below should be considered when reading and interpreting process and outcome results for the FGDM program area. For a more comprehensive discussion of the cross-site evaluation limitations, please refer to Section 2, Evaluation Approach.

- ***Breadth and Depth of Data.*** FGDM grantees reported low sample sizes and unequal numbers of participants in the experimental and comparison groups. One grantee experienced challenges obtaining informed consent from families and also reported low follow-up rates for the Protective Factors Survey. Families declined to complete supplemental measures due to fatigue, termination of service, and/or perceptions that they improved functioning so instruments were no longer needed. The amount of "touch time" also varied from some families participating in only one FGDM meeting with minimal service referrals to other families participating in two or more FGDM meetings with extensive services. JBA received the least amount of data from FGDM grantees due to the organizational structure of the combination projects and overall project goals.
- ***Different Evaluation Designs.*** Family Connection grantees varied in evaluation design: 12 grantees implemented experimental, randomized control group designs, 8 implemented quasi-experimental designs, and 4 implemented treatment-only designs. Two FGDM grantees conducted experimental designs, one grantee implemented a treatment only design, and another grantee assessed families at baseline and at the end of the grant period (however, the families were not similar at the different time points). As a result, some grantees reported results for treatment and control or comparison groups, sometimes at baseline and follow-up, while others reported results only for a treatment group at baseline, and depending on data availability, follow-up.
- ***Fidelity.*** Grantees conducting experimental, randomized control group designs for FGDM projects reported challenges in regard to obtaining fidelity to the service models. For example, one grantee planned to monitor fidelity by reviewing tape or video recordings of FGDM meetings. However, they were unable to execute this plan due to the legal implications of recordings that may be accessed or used by legal counsel. Instead, the grantee used an independent observer who attended and rated 5 percent of the FGDM meetings conducted. Another grantee discovered that project staff members were incorrectly and inconsistently administering data collection measures and forms. As a result, the grantee had to correct the forms and transfer data from one form to another midway through the grant period.
- ***One Outcome, Multiple Data Sources.*** Grantees used different data sources to assess different interpretations of a construct. For example, three of six FGDM grantees collected data on

placement stability, but they assessed stability differently. Grantee definitions of placement stability included a) children experiencing one placement while receiving FGDM services, b) mean number of placements at 6-month intervals, and c) the number of children who experienced 2 or fewer placements. JBA synthesized and described this data but could not calculate quantitative analyses that would represent a common result.

- ***Outcome Variability.*** There was a high degree of individuality within the program area in regard to outcome-level data collection. Grantees measured similar or the same behaviors, attitudes, and knowledge; but they differed in how those behaviors, attitudes, and knowledge were defined and from where the primary and secondary data sources came. Not all outcome data elements collected across the program area were common to more than one grantee.

Section 6: Residential Family Treatment Program Area Evaluation Findings

This section describes process and outcome evaluation findings for the residential family treatment program area. Process evaluation findings include a description of the target populations served by the grantees, supported by a discussion of key demographic characteristics and observations by grantee staff members about target population trends. Service models and key activities implemented by residential family treatment grantees are described, along with the characteristics, skills, and experiences needed by staff members to effectively function in a residential family treatment setting. Models and activities are supported by case examples of best practices, evidence-based practices, and other innovative ways grantees met target population needs. Outcome evaluation findings are organized by adult and child-level outcomes and organizational and system-level outcomes. Adult and child-level outcomes address the areas of safety, permanency, and well-being. Organizational and system-level outcomes document findings regarding policies and procedures, service model integration by the public child welfare agency and other key agencies, and residential family treatment projects' impact on child welfare practice in the communities. Supporting data for this section may be found in Appendix M.

The section concludes with a discussion of evaluation limitations and other considerations for readers to keep in mind when reading and interpreting evaluation results, particularly outcome evaluation results. Outcome evaluation limitations address issues common to all Family Connection grantees, such as outcome variability, multiple data sources per outcome, breadth and depth of data, variable levels of response, and diverse evaluation designs. The limitations also document concerns specific to the residential family treatment program area.

A. Process Evaluation Findings

1. Summary of Process Evaluation Findings

Residential family treatment projects focused on chemical-dependent women with co-occurring mental health challenges that lost or were at risk of losing their children. Four grantees provided services to women as clients; one grantee provided services to women and men; and all provided services to children. Women may have been pregnant or had one or more minor children residing with them in the facility. Demographic data indicated most women were in their late twenties to early/mid-thirties, primarily Caucasian, and unemployed. Opiates were a drug of choice for adult clients, along with amphetamines, methamphetamines, and alcohol. Children served by the projects were primarily Caucasian or African American and ranged in ages from less than one year to seven years. One grantee's demographics shifted over the Federal funding period to include more Native American clients.

Residential family treatment grantees provided comprehensive family treatment services in a drug and alcohol-free environment to promote safety, permanency, and well-being of children who were affected by parental substance abuse. Treatment incorporated several evidence-based, promising, and best practices for chemical dependence counseling, mental health services, and skill building and training in parenting, life skills, vocation and employment. Child and family services were offered in individual and group settings. Key referral sources were public child welfare agencies, the courts, and self-referral. Clients began with intensive treatment and supervision and moved toward more lenient services and housing per case management plans.

Grantees' service outputs depended upon the project's capacity and length of treatment, which was influenced by the project's service model and client progress. The number of clients served by grantees

from September 30, 2009 to September 29, 2012 ranged from 47 to 184, while the average number of days in residential treatment ranged from 90 to 462. Grantees' service outputs varied for other areas, such as mental health, family, and children's services. Key engagement strategies for clients included understanding client's background and history along with current needs, family team meetings, relationship building, and leveraging reinforcement from other agencies. Collaboration, compassion, flexibility, and patience were recommended service provider characteristics; staff member's personal experience with chemical dependence provided additional insight into the client population.

2. Description of Target Population

This section provides information on the number of clients served and describes the target populations for residential family treatment projects. Key demographic characteristics of adult clients and their children are provided along with grantee leadership and staff member observations about target population trends, changes, and surprises.

a) Number of Clients Served

Table 6-1: Number of Clients Served documents the number of clients in residential family treatment projects served from September 30, 2009 through September 29, 2012, which was related to project capacity, length of treatment per service model, and client progress. The number of adults served ranged from 47 at WI DCF to 184 at Amethyst, Inc. The number of children served ranged from 38 at WI DCF to 144 children in residence at Amethyst, Inc. Amethyst, Inc. provided services to any child of a resident adult, which totaled 443. Amethyst, Inc. reported a total of 55 adults, 114 children in residence, and 144 children overall that were served at Southpoint, its housing-first comparison organization.

Table 6-1: Number of Clients Served

| Grantee | | Adult Parent | Child |
|---------------------|----------------------------|--------------|--------------|
| Amethyst, Inc. | Amethyst, Inc. (Treatment) | 184 | 144 (443)* |
| | Southpoint (Comparison) | 55 | 114 (144)* |
| OnTrack, Inc. | | 132 | 142 |
| Renewal House, Inc. | | 73 | 94 |
| WI DCF | | 47 (263)*** | 38 |
| Wayside House, Inc. | | 96 | 99 |
| Total | | 532 | 517** |

* Figures for Amethyst, Inc. include total number of children in residence (non-parentheses), and total number of children served by the project (parentheses) who lived in residence and with others.

** Total number of children does not include children at Southpoint, Amethyst, Inc.'s comparison group.

*** WI DCF conducted a collaborative assessment and Family Team Decision-Making (FTDM) meeting with 263 clients. Of the 263, 47 were determined to need a residential level of care and enrolled in the residential family treatment project.

While not the target population, WI DCF and Wayside House, Inc. included project staff members and key collaborative partners as participant units in evaluation reports. A total of 189 staff members and partners, 38 from WI DCF and 151 from Wayside House, Inc., provided these organizations with data for evaluations of collaborative efforts and to inform project development.

b) Adult and Child-Level Demographics

Family Connection-funded residential family treatment projects considered women/mothers to be primary clients, although OnTrack, Inc. provided a program of services to men/fathers and considered men to be clients as well. Women may have been pregnant and/or had one or more minor children residing with them in the facility. Some projects restricted the age and number of children that were able to reside with the mother. Key characteristics of women/mothers in residential family treatment projects included the following:

- Currently chemically dependent or at risk for chemical dependence
- Co-occurring mental health diagnosis
- Health problems, including potential impaired cognitive functioning
- Low income with limited and inconsistent work experience
- Potentially homeless at time of entry to services
- Potential criminal background or incarceration
- Histories of family dysfunction and trauma, including physical, emotional, and sexual abuse

Residential family treatment projects did not serve clients with severe mental illness that would be more appropriately treated in another type of facility. Residential projects also did not take clients with significant cognitive issues, such as those stemming from developmental disabilities or traumatic brain injury that would inhibit full participation in all aspects of treatment and eventually achieving independent living during the course of treatment.

The following are demographic highlights of adult clients in residential family treatment. These highlights summarize data from Table 6-2: Adult-Level Demographics.

- ***Gender.*** One hundred percent of clients were female at Amethyst, Inc., Renewal House, Inc., WI DCF, and Wayside House, Inc. The exception was OnTrack, Inc., where 63.6 percent of clients were female and 36.4 percent were male.
- ***Age.*** Average client age was late twenties for all residential projects except Amethyst, Inc., whose average client age was 34.0 years.
- ***Ethnicity.*** The largest proportion of clients in residential projects were Caucasian, ranging from 34.7 percent at Wayside House, Inc. to 87.9 percent at OnTrack, Inc., followed by African American clients, ranging from 23.2 percent at Wayside House to 42.6 percent at WI DCF. Only Wayside House served Native American/Alaska Native (20.0 percent) and multi-racial (17.9 percent) clients at rates greater than five percent.
- ***Chemical Dependence.*** Age of first alcohol or drug use for clients in three projects (Amethyst, Inc.; OnTrack, Inc.; and Wayside House, Inc.) was mid-teens. Over half of OnTrack, Inc. clients (52.9 percent) reported serious alcohol addiction, while the largest percentage (45.2 percent) reported using primary substance of choice two to three times a day. Amethyst, Inc. reported 88.6 percent of clients having a substance use diagnosis at intake. WI DCF reported 80.9 percent of clients using drugs and/or alcohol in the 30 days prior to admission; however, 65.5 percent of Wayside House clients reported no substance (of choice) use in the 30 days prior to admission. Renewal House did not report on client drug and alcohol use.

Table 6-2: Adult-Level Demographics

| Demographic Variable | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|----------------------------|--|---|---|--|--|
| Gender | 100% Female | 63.6% Female 36.4% Male | 100% Female | 100% Female | 100% Female |
| Age (average years) | 34.0 | 28.9 | 28.7 | 29.6 | 28.0 |
| Ethnicity | 66.3% Caucasian 29.9% African American 1.1% Hispanic 0.5% Multiracial 0.5% Native American | 87.9% Caucasian 5.4% Hispanic 3.8% Native American 2.3% African American | 61.6% Caucasian 38.4% African American | 48.9% Caucasian 42.6% African American 4.3% Multiracial 2.1% Hispanic 2.1% Native American | 34.7% Caucasian 23.2% African American 20.0% Native American or Alaska Native 17.9% Bi/multiracial 2.1% Hispanic 2.1% Asian |
| Chemical Dependence | Age of first intoxication: 16.5 years Substance use diagnosis: 88.6% | Age of first use of primary drug of choice: 17.2 years Frequency of primary substance use: 17.4% 3+ times daily 45.2% 2-3 times daily 9.6% Once daily 14.8% Several times per week 4.3% Once per week 3.5% < once per week 5.2% No use Frequency of alcohol use: 5.9% Serious abuse 35.3% Moderate addiction 52.9% Serious addiction 5.9% Chronic addiction | | Drug and alcohol use in 30 days prior to admission: 80.9% | Age of first use of primary drug of choice: 18.8% 8-13 years 39.6% 14-17 years 33.3% 18 to 25 years 8.3% 26+ years # days used primary drug of choice in last 30 days: 65.5% 0 days 9.4% 1-5 days 12.5% 6-15 days 7.3% 16-25 days 5.2% 26 to 30 days |

| Demographic Variable | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|-----------------------------|---|---|---|---|---|
| Living Situation | 22.8% Correctional facility 21.7% Homeless 16.8% Friend's home 13.6% Relative's home 5.4% Boarding home or residential care <5.0% each Supervised group living, own home, crisis care, respite care, other | 25.8% Private residence with spouse or partner 22.0% Private residence alone 19.7% Private residence with parent, relative, or adult children 11.4% Residential facility or group home 9.8% Private residence with friends or unrelated persons 7.6% Transient or homeless 3.8% Institution | 42.5% Relative or friend 15.1% Correctional facility 13.7% Substance abuse treatment facility 8.2% Non-housing 5.5% Emergency shelter 5.5% Rental house <5.0% Transitional housing, domestic violence situation, and psychiatric facility | 59.6% Stable house or apartment 27.7% Family or friends <5.0% each Shelter, street or outdoors, institution | 16.7% Minor children only 14.6% Relatives 12.5% Spouse or partner and children 11.5% Alone 11.5% Friends or roommates 11.5% Spouse or partner only 9.4% One parent <5.3% Others, two parents, treatment center or halfway house, no stable living arrangements |
| Marital Status | 54.3% Never married 25.0% Divorced 8.2% Separated 7.6% Married 3.3% Widowed | 56.1% Never married 18.2% Married 9.8% Divorced 6.8% Separated 6.8% Living as married 2.3% Widowed | 86.3% Not married 13.7% Married | 72.3% Single 17.0% Long-term relationship 6.4% Divorced 2.1% each Separated, married | 84.4% Never married 10.4% Divorced 4.2% Married |
| Number of Dependents | 2.5 overall 0.8 in residence | 1.42 | 2.7 | 2.7 | 6.2% None 29.2% 1 to 2 15.6% 3 to 4 < 5.0% each 5 to 6, 7 to 8, 9 or more |
| Pregnancy | 10.9% | 7.1% | 30.1% | 40.4% | 19.8% |
| Employment | 96.0% Not employed < 4.0% Employed part or full-time | 94.0% Not employed 6.0% Employed part-time, irregular or full-time employment | 100% Not employed | 100% Not employed | 95.8% Not employed 4.2% Employed |

- **Living Situation.** At the time of entry into the residential project, varying percentages of residential family treatment clients lived with spouses, partners, parents, children, other relatives, friends, or alone (Amethyst, Inc., 30.4 percent; Renewal House, Inc., 48.0 percent; OnTrack, Inc., 77.3 percent; WI DCF, 87.3 percent; and Wayside House, Inc., 87.7 percent). While clients reported with whom they were living, it was not always clear if they were living in an apartment or house. Larger percentages of Amethyst, Inc. clients reported living in correctional facilities (22.8 percent) or being homeless (21.7 percent) at the time of admission. Over one-third (34.3 percent) of Renewal House, Inc. clients were incarcerated, living in a substance abuse treatment facility, or living in an emergency shelter prior to admission.
- **Marital Status.** Most clients were not married, with percentages ranging from 81.8 percent at OnTrack, Inc. to 97.9 percent at WI DCF. “Not married” status included never married, divorced, separated, widowed, and living as married/long-term relationship.
- **Number of Dependents.** Average number of dependents per client ranged from 2.5 to 2.7 at Amethyst, Inc., Renewal House, Inc., and WI DCF. OnTrack, Inc. reported a lower number of average dependents at 1.42. Wayside House, Inc. did not report an average number of dependents, but almost one-third of clients (29.2 percent) had one to two dependents, and 15.6 percent of clients had three to four dependents.
- **Pregnancy.** Most clients were not pregnant at the time of intake. OnTrack, Inc. and Amethyst, Inc. reported the lowest rates of pregnancy at 7.1 percent and 10.9 percent, respectively, while one to two-fifths of clients at Wayside House, Inc. (19.8 percent), Renewal House, Inc. (30.1 percent) and WI DCF (40.4 percent) were pregnant. WI DCF’s target population was restricted to pregnant and post-partum women.
- **Employment.** Few residential family treatment clients were employed, which reflected the need for clients to focus on treatment, particularly during initial care at residential facilities. Almost two-thirds (63.5 percent) of Wayside House, Inc. clients were on public assistance.

The following are demographic highlights of children of clients in residential family treatment. These highlights summarize data from Table 6-3: Child-Level Demographics. Data for Amethyst, Inc. reflect children in residence.

- **Child Gender.** With the exception of Wayside House, Inc., grantees reported higher percentages of female children than male children. Renewal House (58.5 percent) and WI DCF (60.5 percent) reported the highest percentages of female children living with their mothers in treatment, while Amethyst, Inc., and OnTrack, Inc. reported higher, but more equal percentages of male and female children.
- **Child Age.** Children’s ages ranged from an average of less than 1 year at WI DCF to 7.0 years for children at Amethyst, Inc. The low age of WI DCF children reflects the referral process, which included referrals to child welfare of babies that tested positive for substances at birth. The average age of children in the other three residential family treatment projects was 2.6 to 3.5 years.
- **Child Ethnicity.** Ethnicity varied among children living in residential family treatment projects and did not always match parent ethnicity. The highest percentages of adult clients reported by each grantee were Caucasian. However, African Americans made up the highest percentages of children for three grantees: Amethyst, Inc. (38.9 percent), Renewal House, Inc. (40.4 percent),

and WI DCF (44.7 percent). Grantees also reported higher levels of Hispanic and multi-racial children. For example, less than 1.0 percent of Amethyst, Inc. adults identified as multi-racial, but 17.4 percent of children in residence identified as multi-racial. There was an 11.4 percent gap between adults identified as bi-racial or multi-racial (17.9 percent) and children identified as bi-racial or multi-racial (29.3 percent) at Wayside House, Inc. Only 5.4 percent of OnTrack, Inc. adult clients identified as Hispanic, compared to 15.5 percent of OnTrack, Inc. children. Finally, Renewal House, Inc. reported adult ethnicity as either Caucasian or African American; over one-fifth of children (21.3 percent) were classified in a third “Other” category.

Table 6-3: Child-Level Demographics

| Demographic Variable | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|----------------------------|---|--|--|---|--|
| Gender | 52.1% Female 47.9% Male | 54.9% Female 48.1% Male | 58.5% Female 41.5% Male | 60.5% Female 39.5% Male | 47.5% Female 52.5% Male |
| Age (average years) | 7.0 | 3.5 | 2.6 | Less than 1 year | 3.1 |
| Ethnicity | 38.9% African American 34.0% Caucasian 17.4% Multiracial 1.4% Hispanic | 73.2% Caucasian 15.5% Hispanic 5.6% Native American 5.6% African American | 40.4% African American 38.3% Caucasian 21.3% Other | 44.7% African American 44.7% Caucasian 5.3% Multiracial 2.6% each Hispanic, Native American | 30.3% Caucasian 29.3% Bi-racial and multi-racial 16.2% American Indian or Native American 13.1% African American 8.1% Unknown 2.0% or less Asian or Alaska Native |

c) Target Population Observations

In regard to changes or trends in the target populations, grantees confirmed that they were serving whom they intended to serve. Family Connection clients within the residential family treatment facilities had multiple, interlocking issues of chemical dependence, criminal justice involvement, trauma, health and mental health issues, and crisis situations propagated by limited education and low socioeconomic status. At times, chemical dependence may have masked mental health or other issues, contributing to a chaotic lifestyle for clients and their children. The following observations about target populations tended to be grantee-specific:

- Different racial and ethnic proportions (two grantees) than expected, including a shift from African American to Native American clients at Wayside House, Inc.
- An increase in clients with many children (two grantees)
- An increase in pregnant clients (two grantees)

Drug of Choice: Grantee discussions generated information that chemical dependence trends had moved toward prescription drugs, including increased opiate use. This was not always supported by grantee reports (OnTrack, Inc., Wayside House, Inc.) that indicated (meth) amphetamines and alcohol as primary substances of abuse at enrollment.

- An increase in clients with a criminal background (one grantee)
- An increase in married clients (one grantee)
- An increase in younger clients (two grantees) and older clients (one grantee)
- Clients coming from (relatively) stable living environments (one grantee)
- Referrals from other counties in the State, particularly rural counties that may have experienced an increase in drug use (one grantee)

3. Service Models and Key Activities

This section describes the service model and key activities implemented by residential family treatment projects, including the general flow of services within each grantee project. Best practices, evidence-based models, and practice-based evidence chosen and/or adapted for each project is included, along with strategies used by grantees to address the cultural and other critical needs of the target populations. The section concludes with a discussion of key characteristics, skills, and experiences needed to work in a residential family treatment setting.

a) Service Models and Key Activities

Residential family treatment grantees provided comprehensive family treatment services to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who have been affected by parental substance abuse. Comprehensive treatment included chemical dependence treatment, mental health services for the individual and family, along with skill building and training in parenting, life skills, health and nutrition, and vocation and employment. A variety of children's services were offered, such as assessments and individual and group counseling. Adult clients and children received comprehensive case management throughout participation in the project.

Meeting Target Population Needs:
 Wayside House, Inc. transitioned from a residential family reunification program where women came after completing substance abuse treatment into a comprehensive family treatment program with a clinical model that was overseen by a clinical director.

Residential facilities were drug and alcohol free, and in the case of Amethyst, Inc., also tobacco free. They included group home environments (WI DCF, Wayside House, Inc.), private apartments adjacent to treatment facilities (Renewal House, Inc.), and private apartments requiring a commute to treatment facilities (Amethyst, Inc., OnTrack, Inc.). The flow of services within residential family treatment projects typically progressed from more intensive to less intensive services with corresponding changes in housing. Clients concluded residential and/or intensive outpatient treatment by moving into non-project facilities, although participation in outpatient services may have continued based on the client's treatment plan.

The intended length of treatment within residential facilities or as intensive outpatient treatment ranged from a few months (Wayside House, Inc.), to 6 or more months (WI DCF), to approximately 1 year (OnTrack, Inc., Renewal House, Inc.), and up to 3 years (Amethyst, Inc.). Residential projects determined length of treatment based on the goal of long-term change for the client that may be difficult to meet with a 30 to 90-day treatment program, the need to incorporate intense treatment, and client's ability to

progress and stabilize. Grantees had waiting lists for initial, intensive treatment. There were often waiting lists for transitional, non-grantee housing that sometimes impacted the client’s ability to move to a less intensive level of treatment. The client and her children may have remained in grantee housing longer while waiting for non-grantee housing, or the client and her children may have left grantee housing sooner than anticipated if non-grantee housing became available.

Clients entered residential family treatment projects through several referral sources, documented in Table 6-4: Referral Sources. WI DCF (100 percent) and OnTrack, Inc. (90.9 percent) received most referrals from the public child welfare agency, which accounted for less than one-fourth of referrals for Wayside House, Inc. (22.9 percent) and Renewal House, Inc. (21.9 percent), and few referrals for Amethyst, Inc. (4.3 percent). The courts and criminal justice agencies were key referral sources for Amethyst, Inc. (27.7 percent), Renewal House (21.9 percent), and Wayside House (14.6 percent). Self-referral, including referrals from family and friends, accounted for a third of clients at Amethyst, Inc. (31.5 percent) and Renewal House, Inc. (28.8 percent), and other chemical dependence programs referred almost a third of clients to Wayside House, Inc. (31.2 percent).

Table 6-4: Referral Sources

| Referral Source | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|--|----------------|---------------|---------------------|--------|---------------------|
| Alcohol and drug (AOD) program | 16.3% | | | | 31.2% |
| Courts and criminal justice | 27.7% | 6.9% | 21.9% | | 14.6% |
| Public child welfare agency | 4.3% | 90.9% | 21.9% | 100%* | 22.9% |
| Self, family or friend | 31.5% | < 1.0% | 34.3% | | 3.1% |
| Other agency or community organization | 20.2% | < 2.0% | 16.4% | | 18.6%** |
| Other | | | 5.5% | | |

* WI DCF’s project was limited to women who were involved in the child welfare system.

** Other agency or community organization for Wayside House, Inc. includes 10.4 percent from county chemical dependence services.

In regard to service model changes, the referral process evolved for OnTrack, Inc., who had a representative present during court hearings to determine if the project has an open spot for a potential client to facilitate the referral process. WI DCF’s referral process changed through the public child welfare agency (Bureau of Milwaukee Child Welfare, BMCW) revising the screening decision criteria for cases reported to child welfare. Prior to Year 2, referred cases were opened for investigation by BMCW when an infant tested positive for substances. During Year 2, referred cases were opened for investigation by BMCW only when there were safety concerns present in addition to substance use issues. This change resulted in a corresponding decrease in the number of women referred to the project.

b) Evidence-Based Practices, Promising Practices, and Best Practices

Table 6-5: Evidence-Based Practices, Promising Practices, and Best Practices documents several evidence-based, gender-specific treatments used by residential family treatment projects to address the needs of the grantees’ target populations. Practices acknowledged the culture of addiction and recovery and addressed the issues of women with co-occurring trauma and drug use, high-risk children and families, families living in poverty, children facing diverse stressors, and varying literacy levels. There were six evidence-based and promising practices used by two or more Family Connection-funded residential projects in adult and children’s programming that included the following: Celebrating

Families!, Dialectical Behavior Therapy (DBT), Motivational Interviewing, Nurturing Programs for Families in Substance Abuse Treatment and Recovery, Seeking Safety, and SAMHSA’s Children’s Program Kit: Supportive Education for Children of Addicted Parents. A full list of evidence-based, promising, and best practices may be found in Appendix M.

Table 6-5: Evidence-Based Practices, Promising Practices, and Best Practices

| Practice | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|--|----------------|---------------|---------------------|--------|---------------------|
| <i>Adult and Family Practices</i> | | | | | |
| Celebrating Families! | X | | X* | X* | X |
| Dialectical Behavior Therapy (DBT) | | | X | | X |
| Motivational Interviewing | | | X | X | X |
| Nurturing Programs for Families in Substance Abuse Treatment and Recovery | | | | X | X |
| Seeking Safety | | X | X | X | |
| <i>Children’s Practices</i> | | | | | |
| SAMHSA’s Children’s Program Kit: Supportive Education for Children of Addicted Parents | X | | | X | X |

* Added service later in the project, not Family Connection-funded.

Three of five grantees modified practices such as DBT and Celebrating Families! since the beginning of Family Connection funding in order to improve the service model. While not funded by the grant, Renewal House, Inc. adopted Celebrating Families!, partially based on input from other grantees who have experienced success with the project. Grantees continued to tailor practices and other services to meet the needs of populations by

- providing services to address unique cultural and demographic needs, including assessments to appraise diversity needs, services to fit children’s needs, and modifying treatment expectations to match cultural issues (five grantees);
- training staff members to address cultural issues (three grantees), for example, conducting Indian Child Welfare Act (ICWA) trainings and anticipating drug seeking from pregnant clients;
- hiring diverse staff members and providing bilingual resources (two grantees); and
- being flexible and adaptable (two grantees).

c) Service Provision

As noted earlier in this section, residential family treatment projects provided a comprehensive program of services for adults, children, and families that included, but were not limited to the evidence-based, promising, and best practices documented in Table 6-5. Key measures of adult service provision included days in residential treatment and outpatient treatment; family therapy assessments, referrals, and/or family therapy services; and mental health assessments, referrals and mental health services. Grantees also reported child and family-level outputs. While all grantees provided multiple services, not all were Family Connection-funded, and therefore not reported to CB. Key outputs are included in Table 6-6: Service Provision.

Table 6-6: Service Provision

| Service and Service Recipient | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|---|---|---|---|--------|---|
| Average number of days in residential treatment for adults | 462 | 104.4 Residential treatment 181.8 Family treatment housing | 206.03 | 90.2 | 96.5 |
| Adults who received day / outpatient treatment | | 80.3% | 100% | 63.6% | |
| Adults who received family therapy, assessments, and referrals | 82.6% | 26.5% | 87.7% Assessment 76.7% Referral 47.9% Therapy | 100% | 46.7%* |
| Adults who received mental health therapy, assessments, and referrals | 33.2% Assessment 89.7% Group therapy 75.0% Individual therapy | 100% Assessment and service | 79.5% Assessment 76.7% Referral 65.8% Therapy | 100% | 100% |
| Children who received developmental, educational / physical, and mental health assessments and services | 4.9% Assessment 48.6% Group therapy 12.5% Individual therapy | 50.7% ASQ/ASQ-SE Assessment | | 100% | Up to 75.9% ASQ-3 Assessment: Up to 46.0% Referral |

* Wayside House, Inc. data collection for family services began on March 30, 2011. Data are not available for earlier periods.

- **Days in Residential Treatment.** Average number of days in residential treatment ranged from 90.2 days at WI DCF to 462 days at Amethyst, Inc. The high number of days at Amethyst, Inc. reflected its service model, which was designed for clients to be participating in services for a longer period of time than other Family Connection-funded projects.
- **Day and Outpatient Treatment.** Eighty percent of OnTrack, Inc.’s adult clients received day treatment/outpatient treatment. Of the 44 clients who left WI DCF’s residential treatment, 63.6 percent attended day treatment for an average of 239.0 days. While not specifically Family Connection grant-funded, all Renewal House, Inc. clients participated in day treatment. While not reported, it is assumed that many of Amethyst, Inc.’s services are provided as part of day treatment/outpatient services based on service model and client’s length of participation in treatment.
- **Family Services.** The percentage of clients who received family therapy assessments, referrals, and/or family therapy services ranged widely, from 26.5 percent at OnTrack, Inc. to 100 percent at WI DCF.
- **Mental Health Services.** All or almost all residential family treatment clients received a mental health assessment, referral, and/or mental health services. Among Amethyst, Inc. clients, 75.0 percent received individual counseling, and 89.7 percent participated in group counseling. Over three-fourths of Renewal House, Inc. clients received a mental health assessment (79.5 percent) and referral (76.7 percent), while two-thirds received therapy (65.8 percent). All OnTrack, Inc.,

WI DCF, and Wayside House, Inc. clients received an assessment, referral, or mental health services.

- **Other Services.** Other key services received by residential family treatment clients included Family Team Decision-Making meetings (Amethyst, Inc. and WI DCF, 100 percent) and DBT (Renewal House, Inc., 76.7 percent individual/90.4 percent group sessions; Wayside House, Inc., 100 percent).
- **Children’s Services.** Percentages of children who received developmental, educational, and physical and mental health assessments and services varied among grantees. Higher percentages of Amethyst, Inc. children in residence (48.6 percent) received group counseling compared to individual counseling (12.5 percent). Over half of OnTrack, Inc. children (50.7 percent) and three-fourths of Wayside House, Inc. children (75.9 percent) received an Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire-Social/Emotional (ASQ-SE) assessment. Forty-six percent of Wayside House, Inc. children were referred for additional services based on the intake. WI DCF reported that all children received developmental, educational, and/or physical and mental health assessments, as well as therapeutic interventions.
- **Case Management.** All Amethyst, Inc., OnTrack, Inc., WI DCF, and Wayside House, Inc. families received case management services. Renewal House, Inc. families also received case management, although these were not necessarily Family Connection grant-funded services.

d) Engagement Strategies

Grantees discussed the most effective engagement strategies for parents and children. Table 6-7: Residential Family Treatment Engagement Strategies documents the most commonly cited practices among staff members, which included developing knowledge of the client’s background and history along with current needs, family team meetings, relationship building, and leveraging reinforcement from other agencies.

Table 6-7: Residential Family Treatment Engagement Strategies

| Engagement Strategy | # of Grantees | Example(s) |
|---|---------------|--|
| Develop a knowledge of family background, client history, and current needs | 3 | <ul style="list-style-type: none"> • Motivational interviewing • Promote DBT strategies around coping and emotional management • Pros and cons list when clients are thinking about leaving prior to treatment completion • Reinforcement schedules where clients are rewarded by less intense supervision |
| Reinforcement from other agencies | 2 | <ul style="list-style-type: none"> • Treatment participation reinforced by child welfare • Treatment participation reinforced by the courts (e.g., condition of probation) |
| Family team meetings | 2 | <ul style="list-style-type: none"> • Treatment team meeting that incorporates the client and partners from other systems in which the client is involved • Reflective team meeting where client observes service providers talking about her in therapeutic terms as if she is not there |
| Relationship building | 2 | <ul style="list-style-type: none"> • Peer counselors meet with clients during times convenient to the |

| Engagement Strategy | # of Grantees | Example(s) |
|---------------------|---------------|---|
| and rapport | | client <ul style="list-style-type: none"> Peer counselors promote and reinforce the clients use of skills they have learned in treatment |

A variety of experiences, skills, and personal characteristics were advantageous in working in residential family treatment environment. At least two grantees cited that the ability to collaborate and work in a team environment, having compassion and empathy, and being flexible and adaptable was advantageous. At least one representative from each of the five grantees noted that having the ability to follow up, a comfort level working with the target population, knowledge and understanding of target population needs, knowledge of community resources, clinical experience, patience, personal experience, and passion for the work contributed to a successful experience for staff members and clients in the residential family treatment environment.

Patience: *“Patience is needed in order to be understanding of clients dealing with a lot of stress around building a relationship with their children. Most clients haven’t parented sober.”* – Residential family treatment representative

Personal Experience: *“Some of our most valuable staff members are those that have been through the system . . . this perspective is helpful to understand why our families are doing what they are doing sometimes.”* – Residential family treatment representative

B. Outcome Evaluation Findings

1. Summary of Outcome Evaluation Findings

Residential family treatment grantees addressed multiple adult and child-level outcomes. In regard to safety, most grantees reported few instances of child maltreatment. However, two grantees reported substantial percentages of families with subsequent reports to child welfare or child welfare involvement after completing services. In regard to permanency, grantees reported varying rates of clients who successfully completed treatment or had confirmed living arrangements at the end of treatment. Clients who successfully reunified or maintained custody of their children by the end of treatment ranged from one-fifth to close to three-fourths, as reported by four grantees. In regard to well-being, three grantees reported abstinence for approximately half their clients; a fourth grantee reported positive results per the Addiction Severity Index (ASI). Parenting skills, including bonding and attachment, improved for two grantees, but decreased for one grantee.

Multiple curricula, including parenting skills, stable housing, and extracurricular activities, were seen as effective services for grantees; others noted a combination of services working together. Residential projects developed new policies and procedures around client care and clinical practice, focused on client rights and responsibilities, and continued to address issues in critical service model changes. Grantees continued to develop their workforce and improve activity documentation. Two grantees co-located staff members within the public child welfare agency; this and other strategies foster agency awareness, understanding, and promotion of Family Connection-funded services in the community.

2. Adult and Child-Level Outcomes

This section describes the adult and child-level outcomes most commonly reported by residential family treatment grantees in regard to safety, permanency, and well-being. In addition to semi-annual evaluation reports and final reports, grantees discussed what the project’s most important accomplishments were in regard to parents and children. Several grantees mentioned connecting clients to service providers (three grantees), system changes (two grantees), and addressing trauma (one grantee), but all grantees cited creating stable families as one of the most important accomplishments.

a) Safety Outcomes

Residential family treatment projects addressed the degree to which children were safely maintained in homes or in a residential facility with their parents, whenever possible and appropriate, documented in Table 6-8: Child Maltreatment. Specifically, four of five grantees measured the incidence of child abuse and neglect and the potential for child abuse.

Table 6-8: Child Maltreatment

| Amethyst, Inc. | OnTrack, Inc. | WI DCF | Wayside House, Inc. |
|--|---|--|---|
| Incidence of child maltreatment or neglect in past 12 months:* | 2.8% Children removed from their parents 2.1% Children placed in care of others while family was in the Family Connection project < 1% Children placed in care following conclusion of services | 51.3% (n=20) Families with no report to child welfare within 12 months of initial BMCW screen-in 48.7% (n=19) Families with a report to child welfare within 12 months of initial BMCW screen-in 46.2% (n=18) Families with a report to child welfare within 12 months of initial BMCW screen-in related to child abuse or neglect | 2.1% Instances of child abuse during treatment 59.0% Children whose mother participated in the project who required CPS case management services after mother’s discharge 41.0% Children who did not require CPS services |
| 0.0% Amethyst, Inc. | | 60.0% (n=6) Babies born to women admitted to the project who tested negative for illegal drugs | 7.0% Children whose mother participated in the project that had a substantiated maltreatment report after mother’s discharge |
| 27.8% Southpoint | 95.8% Children free from occurrences of abuse and neglect | 40.0% (n=4) Babies born to women admitted to the project who tested positive for illegal drugs | 93.0% Children who did not have a maltreatment report |

* Results are provided for the final reporting period at Amethyst, Inc. Due to changes in documentation, data are not reliable for cumulative counts.

- Child Abuse/Neglect During Treatment.** Overall, there were few instances of abuse/neglect or removal during participation in Family Connection-funded services. OnTrack, Inc. reported that almost all children (95.8 percent) were free from abuse and neglect, and only 2.8 percent of children were removed from parents during project participation. Amethyst, Inc. reported no instances of abuse, although there were more incidents with comparison site, Southpoint (27.8 percent).
- Reports to Child Welfare.** Wayside House, Inc. reported only two instances of abuse during treatment; however 59.0 percent of children required CPS case management services after their mother’s exit from the project, and 7.0 percent of children had a substantiated maltreatment report. WI DCF also reported that for the 39 families who had at least a 1 year elapse since initial

BMCW referral, 48.7 percent (n=19) had a subsequent report to child welfare, with 65.5 percent of the reports occurring within six months. There were 34 unduplicated children cited in 29 reports, averaging 1.5 reports per family. Over three-fourths (75.9 percent, n=22) of the reports involved the child who originally tested positive for substances at birth or was prenatally exposed. All but one report was related to child abuse or neglect.

- **Potential for Child Maltreatment.** WI DCF also reported results for the Brief Version of the Child Abuse Potential Inventory (BCAP). Almost half of clients (44.7 percent) completed a BCAP at baseline, 3 months, and 6 months. Out of a range of 24 points, scores decreased 5.9 points from intake to three months, indicating a decrease in the potential for child abuse. Scores increased 1.2 points from 3 to 6 months. However, most women who completed a 6-month BCAP had recently left residential treatment, a potentially stressful transition, which may have accounted for the slight increase from 3 to 6 months.
- **Use of Physical Discipline.** Wayside House, Inc. also reported that higher percentages of clients who successfully completed treatment reported that they used non-physical forms of discipline (69.0 percent versus 58 percent), appropriate disciplinary methods (60.0 percent versus 44.0 percent), and consistent discipline (58.0 percent versus 39.0 percent) compared to all clients. However, clients may not have been completely truthful in reporting use of discipline knowing this may have resulted in child welfare involvement.

“They (clients) are scared at first, afraid of consequences . . . there is a front-end, educational component regarding what treatment can do for them, and that is not a punishment. Women leave confident, sober, and ready to parent their children.” – Residential family treatment representative

b) Permanency Outcomes

Residential family treatment projects addressed whether children had permanency and stability in living situations and continuity of family relationships and connections for children. Grantees reported data on rate of treatment completion, type of living arrangements, rate of reunification, and custody status, per Table 6-9: Permanency Outcomes.

- **Treatment Completion.** Ten percent to over half of clients successfully completed treatment: Amethyst, Inc. (10.7 percent); OnTrack, Inc. (56.8 percent); WI DCF (55.6 percent); and Wayside House, Inc. (37.5 percent). Renewal House, Inc. reported that 49.3 percent of clients participated in residential treatment with a length of stay equal to or greater than 6 months. Renewal House, Inc.’s treatment model usually resulted in residential stay of approximately 1 year. Amethyst, Inc.’s service model incorporated the longest length of time in treatment, which may account for lower rate of treatment completion.
- **Living Arrangements.** Four grantees reported that three-fifths to all clients had secured appropriate living arrangements at the end of participating in residential treatment: Amethyst, Inc. (60.1 percent); OnTrack, Inc. (100%), WI DCF (80.6 percent); and Wayside House, Inc. (77.8 percent). Appropriate arrangements generally included living in one’s own home; living in another’s home; living with family members; living alone (depending on reunification with children); and potentially living in community, transitional, or temporary housing. Grantees did not provide data linking appropriate living arrangements to reunification or custody status.

Table 6-9: Permanency Outcomes

| Outcome | Amethyst, Inc. | OnTrack, Inc. | Renewal House, Inc. | WI DCF | Wayside House, Inc. |
|-----------------------------|--|--|--|--|---|
| Completed treatment | 10.7% Successfully completed treatment | 56.8% Completed treatment total 35.6% Completed treatment, child welfare case closed 21.2% Completed treatment, child welfare case open | 49.3% Participated in treatment with length of stay equal to or greater than six months | 76.6% Discharged from treatment 55.6% Discharged from treatment with successful completion | 37.5% Completed treatment |
| Secured living arrangements | 60.1% | 100% | | 80.6% | 77.8% |
| Reunification | 7.2% Progress toward reunification* 23% Children living in another's custody during the previous 6 months who were reunited with their mother | 100% Reunification plan 71.1% Children reunified with a parent since parent began treatment 67.1% Children reunified with a parent who completed treatment | | 71.8% Families who did not have a child placed in out-of-home care in 12 months after initial report to child welfare 28.2% Families who had one child placed in out-of-home care in 12 months after initial report to child welfare 18.2% Families who had a child placed in out-of-home care and who reunified with the child within 12 months | 100% Reunification plan 26.0% Clients who completed or are currently in treatment and reunified with children 41.0% Clients who completed treatment and reunified with children |
| Custody status | | 96.1% Children who avoided foster care re-entry | Women who were discharged and maintained physical custody of their child(ren): 71.8% through 9/12 73.5% through 3/12 66.7% through 9/10 | 65.6% Women who were discharged and maintained or regained physical custody of their children | 70.0% Children who were maintained in mothers home 30% Children who were removed from home |

* Results are provided for the final reporting period at Amethyst, Inc. Due to changes in documentation, data are not reliable for cumulative counts.

- Reunification Rates.** Four grantees reported varying rates of reunification between parents and children. OnTrack, Inc. and Wayside House, Inc. reported that all clients had reunification plans. OnTrack, Inc. experienced the highest rate of reunification, with 71.1 percent of children reunifying with a parent since the parent started treatment, and 67.1 percent of children reunifying with a parent who completed treatment. Most WI DCF families (71.8 percent) did not have a child placed in out-of-home care. Of the 28.2 percent of families that had one child placed in out-of-home care since the initial report to child welfare (which initiated a collaborative assessment), 18.2% of families were reunified with the child within 12 months. Wayside House, Inc. reported that 26.0 percent of clients who completed or were still in treatment reunified with their children, and 41.0 percent of clients who completed treatment reunified with their child(ren). Amethyst, Inc. reported 7.2 percent of clients had made progress toward reunification, although this data was only available for the final reporting period. However, Amethyst, Inc. also reported that 23.0 percent of children living in another’s custody during the previous six months were reunited with their mothers.
- Custody Status.** Four grantees reported mostly positive results for custody status of children. Almost all OnTrack, Inc. children (96.1 percent) avoided foster care re-entry. Almost three-fourths (71.8 percent) of Renewal House, Inc. clients maintained custody of their children. This percentage was an overall increase from data reported in September 2010. Seventy percent of children at Wayside House, Inc. were maintained in their mothers’ homes. Of those children removed from the home, 18.0 percent were placed in foster care, while 4.0 percent each were placed in adoptive homes, became State wards, or experienced termination of parental rights.

Over 65.0 percent of WI DCF women maintained or regained physical custody of their children at the time of their discharge from treatment. The majority of WI DCF families (71.8 percent) did not have a child placed in out-of-home care; however, over one-fourth (28.2 percent) of families had one child placed in out-of-home care since the initial report to child welfare that initiated a collaborative assessment. The majority of the children placed were those originally identified as testing positive for substances or who were prenatally exposed. The children experienced a total of 25 placements, an average of 2.3 placements, and an average of 238 days in placement. Placement options included foster care (52.0 percent), relatives (40.0 percent), and an inpatient health care setting (8.0 percent).

c) Well-Being Outcomes

Residential family treatment projects documented client capacity to provide for their children’s needs by providing results related to client’s abstinence from alcohol and drug use and indicators of attachment and bonding between clients and their children.

- Abstinence from Use of Chemicals.** Three of four grantees reported abstinence for half to most of the clients:

 - Over half (53.6 percent) of OnTrack, Inc. clients were abstinent from substance use first 6 months post admission.
 - Of WI DCF clients discharged from all levels of care, over half (52.8 percent) were fully abstinent from alcohol and illegal drug use in the prior 30 days. Of clients who successfully completed treatment (including a full continuum of care), 80.0 percent reported abstinence in the prior 30 days.

- Higher rates of Amethyst, Inc. clients maintained abstinence in treatment (47.4 percent) and were currently abstinent (51.5 percent) than comparison Southpoint clients in treatment (27.8 percent) or currently abstinent (30.6 percent). Results were provided for the final reporting period at Amethyst, Inc. Due to changes in documentation, data are not available for cumulative counts.
- In addition, Wayside House, Inc. reported grantee perception of abstinence among ten women who successfully completed treatment and participated in a follow-up interview.
- **Addiction Severity Index.** Addiction Severity Index results were available for 113 clients at Amethyst, Inc. T-test results calculated for data gathered through September 29, 2012 indicated significant decreases in problem severity at 6 months after intake in five areas: Alcohol ($t=9.145$, $p<.000$, $ES=.89$), Drugs ($t=14.551$, $p<.000$, $ES=1.66$), Legal ($t=4.911$, $p<.000$, $ES=.51$), Family ($t=2.633$, $p<.010$, $ES=.40$), and Psychiatric Issues ($t=3.691$, $p<.000$, $ES=.46$). Significant decreases in Alcohol and Drugs were consistent with all earlier reports from the grantee. There was no significant decrease at 6 months post intake in Medical ($t=0.867$, $p<.388$, $ES=.09$). There was a significant increase at 6 months post intake in Employment ($t = -3.433$, $p<.001$, $ES = -.27$). Amethyst, Inc. hypothesizes that problem severity in Employment significantly increased at both time periods because women enrolled in full-time residential family treatment cannot be employed.
- **Parenting Skills.** OnTrack, Inc., Renewal House, Inc., and Wayside House, Inc. assessed parenting skills, including the ability to bond and attach with the child, using a variety of instruments including the Piccolo: Parenting Interactions with Children, Parenting Stress Index, Substance Abuse Prevention Family Scale, Search Institute's Developmental Asset Assessment, and the Family Assessment Form. A summary of findings by grantee, by instrument, is below.
 - The Piccolo: Parenting Interactions with Children, used by OnTrack, Inc., generated results for four reporting periods. Averages decreased by 0.60 to 0.74 from the first to the second report of results, indicating a decrease in parent affection, responsiveness, encouragement, and teaching; however, it is unknown if the decreases were statistically significant. Scores were similar for the second, third, and final reports. The final average scores were the following: Affection = 9.69, Responsiveness = 9.45, Encouragement = 9.20, and Teaching = 8.46.
 - The Parenting Stress Index, used by OnTrack Inc. to assess the potential for parental behavior problems and child adjustment difficulties within the family, generated results for five reporting periods. Total mean scores steadily increased from 52.8 in the first reporting period to 71.3 in the final reporting period; it is unknown if the increase is statistically significant. PSI total scores of 90 or greater indicate clinically significant levels of stress.
 - The Substance Abuse Prevention Family Scale, used by Renewal House, Inc. to measure parenting skills and emotional attachment, generated results for five reporting periods. Point increases, representing positive shifts in parenting skills and attachment, were seen for 85.7 percent to 100 percent of clients for four of five time periods.
 - The Developmental Asset Profile's maternal self-report questionnaire, used by Renewal House, Inc. to measure client perceptions of the 40 developmental assets in their children, generated results for five reporting periods. Scores ranged from 0 to 40, where higher scores were positive. Renewal House, Inc. reported 85.0 percent to 86.7 percent of scores were in

the 31 to 40 range for the last three time periods, an increase from 77.8 percent and 66.6 percent from the first two time periods.

- The Family Assessment Form was used by Wayside House, Inc. to assess client-bonding style with children. Compared to 52.1 percent of all clients, 69.0 percent of clients who completed treatment scored a 1 or 2 on this item, indicating adequate or greater than adequate emotional investment and attachment to children.

d) Effective Services

Grantees had several interpretations of what services seemed to be the most effective for grantees and contributed to positive outcomes, as documented in Table 6-10: Perceived Effective Services. Various curricula and parenting skills were noted as particularly helpful for adult clients. For example, *ZONE*, the *WAVE* companion curriculum for men, used a substantial amount of *WAVE* subject matter, and *Celebrating Families!* involved the entire family unit. Stable housing, which enabled families to stay together in a safe place and focus on recovery, along with many extracurricular activities such as skill-building, leisure-oriented, and extracurricular groups, were seen as critical for families. Other grantees indicated it was the combination of services, such as therapy and medications working together, which was effective for clients.

Table 6-10: Perceived Effective Services

| Service | # of Grantees | Example(s) |
|---------------------------------------|---------------|---|
| All: Combination of multiple services | 2 | <ul style="list-style-type: none"> • Therapy and medications |
| Adults: Curriculum | 3 | <ul style="list-style-type: none"> • <i>Celebrating Families!</i> • <i>Women’s Alternative to Violence (WAVE)</i> • <i>ZONE</i> for men • <i>Seeking Safety</i> |
| Adults: Parenting Skills | 3 | <ul style="list-style-type: none"> • Parenting classes • Filial therapy |
| Adults: Other | 1 | <ul style="list-style-type: none"> • Crisis intervention in home / site visits |
| Family: Stable housing | 2 | <ul style="list-style-type: none"> • Enables judges to keep families together or reunite them quickly • Safe, consistent place to focus on recovery |
| Family: Extracurricular activities | 2 | <ul style="list-style-type: none"> • Skill-building, leisure-oriented, and extracurricular groups (e.g., cooking, exercise, movies, etc.) |
| Children: Case management | 1 | <ul style="list-style-type: none"> • Attendance at court hearings, family nurturing for children, coordinating with service providers and school counselors, Individual Education Plans (IEPs) |
| Children: Other | 3 | <ul style="list-style-type: none"> • After-school programming • Evidence-based, practice-based, and best practice curriculum • Early education (e.g., preschool) |

3. Organization and System-Level Outcomes

This section describes organizational and system-level outcomes found for residential family treatment grantees. Policies and procedures prompted by Family Connection funding are described. Public child

welfare and other agency integration of the grantee's service model and activities are documented, along with residential family treatment project's impact on child welfare in the community. In addition to semi-annual evaluation reports, grantees discussed what the project's most important accomplishments were in regard to parents and children. In addition to stable families (five grantees) and addressing trauma (one grantee), grantees mentioned connecting clients to service providers (three grantees) and system changes (two grantees).

a) Policies and Procedures

Residential family treatment projects developed a variety of new policies and procedures as a result of implementing Family Connection-funded services. In the third year of funding, three grantees discussed formal policy development around the following issues:

- General client care and clinical practice (OnTrack, Inc.)
- Timing of mental health assessments (Renewal House, Inc.)
- Shift from a focus on facility rules via a lengthy handbook to client rights and responsibilities documented on one poster (Renewal House, Inc.)
- More comprehensive set of policies to cover grantee organization shift from transitional housing to residential treatment program (e.g., licensure procedures related to remodeling the residential facility to meet insurance requirements and make it appropriate for families) (Wayside House, Inc.)

Other changes grantees reported making in the third year as a result of Family Connection funding revolved around

- increased coordination with project partners (OnTrack, Inc., WI DCF);
- integrating Family Connection-funded services into overall organizational practice (Amethyst, Inc., Wayside House, Inc.);
- modifications to the practice model (Renewal House, Inc., WI DCF);
- adjustments to position-related roles and responsibilities (Renewal House, Inc., WI DCF);
- new staff training opportunities (Wayside House, Inc.); and
- more thorough service documentation, including a shift to electronic records (Amethyst, Inc.).

These changes were in addition to other modifications grantees reported making over the first two years of funding, which involved developing or modifying processes around record maintenance, client participation in services, assessments and their use in treatment planning, internal service coordination for clients, and increased coordination with partner agencies.

b) Service Model Integration

All residential family treatment projects collaborated with public child welfare agencies and continued existing relationships for the purposes of Family Connection-funded service provision. Table 6-11:

Residential Family Treatment Grantees and Associated Public Child Welfare Agencies lists each grantee’s associated public child welfare agency or agencies. A full list of project partners may be found in Appendix M.

Table 6-11: Residential Family Treatment Grantees and Associated Public Child Welfare Agencies

| Grantee | Public Child Welfare Agency |
|---------------------|--|
| Amethyst, Inc. | Franklin County Children’s Services (FCCS) |
| OnTrack, Inc. | Jackson County Department of Human Services (DHS) Oregon Department of Human Services |
| Renewal House, Inc. | Tennessee Department of Children’s Services |
| WI DCF | Bureau of Milwaukee Child Welfare (BMCW) |
| Wayside House, Inc. | Hennepin County Human Services and Public Health Department |

Integrating the Referral Process in WI DCF: The Bureau of Milwaukee Child Welfare (BMCW) and Meta House, Inc., a local residential treatment facility, collaboratively assessed potential clients. BMCW social workers conducted an Initial Assessment (IA) for child safety. Meta House, Inc. conducted a thorough life assessment, including assessments on substance use disorders, mental health, trauma, etc. After completing the collaborative assessment and attending a Family Team Decision Making (FTDM) meeting, clients needing a residential level of care enrolled in Meta House, Inc.’s residential family treatment for up to 6 months, then transitioned to day and outpatient treatment while in an external, stable living situation. A small number of residential clients who did not have a safe, external living situation and may have been homeless could live in transitional housing overseen by Meta House, Inc. while participating in day and outpatient treatment. Meta House, Inc. and BMCW worked together to develop and revise procedural guides to define partner roles and responsibilities and detailed specific procedures to be followed throughout the referral, assessment, and FTDM processes.

The type and level of collaboration varied across public child welfare agencies with associated MOUs and contracts. As noted earlier in the report, all public child welfare agencies provided referrals to residential family treatment facilities, albeit by varying degrees. Public child welfare agencies participated in initial and ongoing planning meetings regarding Family Connection-funded services. Some ongoing management was conducted through advisory groups or steering committees run by three of the five grantees that had them: OnTrack, Inc., Renewal House, Inc., and WI DCF. Representatives from two public child welfare agencies accompanied OnTrack, Inc. and WI DCF to Children's Bureau discretionary Grantees Meetings. Integrating Family Connection-funded project elements into public child welfare and other agency operations also occurred.

- Grantee staff members co-located at two public child welfare agencies. Three OnTrack, Inc. staff members were co-located at the Jackson County Department of Human Services; they assisted Jackson County DHS in conducting assessments. Renewal House, Inc. had an arrangement with the Tennessee Department of Children’s Services (TN DCS) to fund the grantee’s Admissions Coordinator.

- Comparison group data were provided to grantees. OnTrack, Inc. worked with the Oregon Department of Human Services, the State-wide child welfare agency, to obtain data from their administrative database. The Planning Council for Health and Human Services, Inc., WI DCF's evaluator, worked with BMCW in accessing data from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS).
- The benefits of residential family treatment were promoted to criminal justice organizations. Amethyst, Inc. and Wayside House, Inc. have experienced success in facilitating interest in what they do to drug courts and prisons, which will be future sources of referrals.
- Grantees also reported during discussions conducted in the second year of funding that public child welfare agencies and residential projects worked together on case management, where all parties involved in the treatment of a client came together on a periodic basis to assess and determine next steps for the client and her child(ren).

Co-locating Staff: Renewal House's Admissions Coordinator worked half time at TN DCS offices. Roles and responsibilities included: 1) Conduct trainings on working with chemically dependent clients to break down the stigma of chemical dependence and facilitate staff member understanding of multiple service options available to families; 2) Serve as Vice-Chair of TN DCS Advisory Board; and 3) Serve as member of the Safe Child Coalition, that also involved TN DCS, Renewal House, Inc., and a local medical college.

c) Impact on Child Welfare Practice

Community child welfare practice was affected in several ways, including the following:

- Public child welfare and other agencies developed a greater awareness of residential family treatment services (one grantee).
- Agencies changed or further developed a culture of being more family-oriented, strengths-based, and meeting clients where they are. Agencies developed new, progressive ways of thinking about safety, permanency, and well-being (two grantees).
- Agencies promoted increased family engagement (one grantee).

C. Limitations of the Evaluation

The cross-site evaluation of the Family Connection discretionary grants provided a unique opportunity to assess the degree to which grantees made concerted efforts to provide and arrange appropriate services that resulted in improved evidence of child safety, permanent and stable living situations, continued family relationships, and enhanced capacity of families to care for their children's needs. This opportunity also came with significant challenges.

The most defining challenge was the substantial diversity of activities among and within each program area. In designing the evaluation, JBA researched what residential family treatment grantees were already doing for site-specific evaluations, determined commonalities, and designed a report process to obtain as much common data as possible while respecting the resources grantees had already allocated to local evaluations. CB and grantees supported this approach, but grantees still varied in analysis and

reporting. JBA advises CB and other readers to keep the following issues in mind when reading and interpreting process and outcome results for the residential family treatment program area. For a more comprehensive discussion of the cross-site evaluation limitations, please refer to Section 2, Evaluation Approach.

- ***Outcome Variability.*** There was a high degree of individuality within the program area in regard to outcome-level data collection. Grantees measured similar or the same behaviors, attitudes, and knowledge; but they differed in how those behaviors, attitudes, and knowledge were defined and from where the primary and secondary data sources came. Not all outcome data elements collected across the program area were common to more than one grantee.
- ***One Outcome, Multiple Data Sources.*** Grantees used different data sources to assess different interpretations of a construct. For example, four of five residential family treatment grantees collected data on child maltreatment. But they defined maltreatment differently, and measurements reflected this variation. Grantee definitions and assessments of child maltreatment included a) incidences of maltreatment, b) incidences of child removal from the home, c) scores on an inventory for potential child abuse, and d) incidences of infants testing positive for illegal drugs at birth. JBA synthesized and described this data but could not calculate quantitative analyses that would represent a common result.
- ***Variations in Service Capacity.*** Residential family treatment grantees substantially varied in the number of housing units for families, affecting the number of adults and children served. Comparisons among grantees in regard to service outputs may not be appropriate. Varying levels of adult clients available to provide data for other outcome measures should be considered when evaluating the strength of the results.

Section 7: Combination Project Group Evaluation Findings

This section provides observations on Family Connection grantees that implemented two or three program areas. The section begins with a listing of eight combination grantees, describing which grantees implemented discrete and integrated services. Benefits to implementing an integrated service model, with supporting input from grantees, are documented. Challenges to implementing combination projects in general, such as administrative barriers, staffing and service challenges, are discussed. The section concludes with a summary of project accomplishments, and recommendations to CB and future grantees considering a combination project.

A. Combination Grantees

The Family Connection cluster consisted of eight grantees implementing a combination of family-finding, kinship navigator, and FGDM projects. Table 7-1: Combination Grantee Projects outlines the program areas implemented by each grantee. Several grantees, such as Lilliput Children’s Services, Oklahoma Department of Human Services (DHS), and South Carolina Department of Social Services (DSS), implemented FGDM models not funded by Family Connection.

Table 7-1: Combination Grantee Projects

| Grantee | Family-finding | Kinship Navigator | FGDM |
|--|----------------|-------------------|------|
| Catholic Family and Child Service (CF & CS) | X | X | X |
| Hawaii Department of Human Services (Hawaii DHS) | X | | X |
| Lilliput Children’s Services (Lilliput) | X | X | |
| Maine Department of Health and Human Services (Maine DHHS) | X | X | X |
| Maryland Department of Human Resources (Maryland DHR) | X | X | X |
| Oklahoma Department of Human Services (Oklahoma DHS) | X | X | |
| Rhode Island Foster Parents Association (RIFPA) | X | X | X |
| South Carolina Department of Social Services (South Carolina DSS) | X | X | |

B. Service Delivery System

Combination grantees varied in how they designed and coordinated the implementation of each program area. Catholic Family and Child Service, Main Department of Health and Human Services (DHHS), Maryland Department of Human Resources (DHR), and South Carolina DSS implemented two or three distinct projects with different target populations. Conversely, Hawaii Department of Human Services (DHS), Lilliput Children’s Services, and Oklahoma DHS developed an integrated service model that facilitated children and families benefitting from a continuum of services. Rhode Island Foster Parents

Association implemented a total of three program areas, with two integrated components (see Table 7-2: Discrete Services and Integrated Services Implemented).

All combination projects implemented family-finding services as part of the service model. While most grantees did not place a priority on a particular component of the combination model, two grantees specifically stated that family-finding was a critical piece of the service delivery system. Grantees noted that implementing family-finding projects alone was not sufficient without providing meaningful engagement opportunities and intensive support for caregivers. Without support services for caregivers, family-finding may not result in permanency for children. One combination grantee noted how the family-finding component impacted family connections: *“We know from our data that we have increased the number of identified family connections; so I believe a high priority on family-finding is important to the work you do with families and doing FGDM. You can easily miss a lot of key players when you make assumptions about the family that needs to be there.”*

Table 7-2: Discrete Services and Integrated Services Implemented by Combination Grantees

| Grantee | Discrete Services | Integrated Services |
|--------------------|---|--------------------------------------|
| CF&CS | Family-finding, Kinship Navigator, FGDM | |
| Hawaii DHS | | Family-finding and FGDM |
| Lilliput | | Family-finding and Kinship Navigator |
| Maine DHHS | Family-finding, Kinship Navigator, FGDM | |
| Maryland DHR | Family-finding, Kinship Navigator, FGDM | |
| Oklahoma DHS | | Family-finding and Kinship Navigator |
| RIFPA | Kinship Navigator | Family-finding and FGDM |
| South Carolina DSS | Family-finding and Kinship Navigator | |

1. Advantages of an Integrated Service Model

Combination grantees acknowledged the impact of each program area to address long-term child welfare goals, such as reducing the number of children in foster care. Family-finding, kinship navigator, and FGDM services were viewed as helpful in attaining prevention goals. Family-finding and FGDM services also promoted reduced time in foster care, and kinship navigator services aimed to reduce re-entry rates for children in foster care and promote permanency. One grantee implementing a service model with discrete services reflected, *“It would have been more efficient not having a combination program unless {the components} are tightly integrated.”*

Grantees responded to discussion questions regarding the advantages and disadvantages of implementing a service model with interconnected service components allowing children and families to seamlessly receive multiple services. All grantees reported at least one benefit of developing an integrated service delivery system. The most frequently cited benefit was increased coordination of services, followed by families receiving more comprehensive services addressing a variety of needs, improved outcomes for families, and increased knowledge of family background. A listing of benefits, along with supporting

quotations from grantee leadership and staff members, is provided in Table 7-3: Benefits of an Integrated Service Model.

Table 7-3: Benefits of an Integrated Service Model

| Benefits of an Integrated Service Model | Number of Grantees | Examples |
|--|--------------------|---|
| Increased coordination of services | 4 | <i>“We are able to find relatives for young people with the Family-finding strategy, but relatives need support to understand their roles and need FGDM to agree on a plan. So if it’s not all connected and if you don’t have the best understanding on how to work together, then it is fragmented.”</i> |
| Comprehensive services addressing a variety of needs | 2 | <i>“It’s extremely beneficial for the families. When we’re cold calling them and saying, ‘Your niece, grandchildren, whomever is in custody, would you consider being a placement? It turns their whole world upside down very quickly. To have that other piece to follow up and provide them with resources and referrals benefits the family and children.”</i> |
| Improved outcomes for families | 2 | <i>“It can be helpful to enhance with Family-finding and can be helpful to enhance Kinship services; but if it’s done in an integrated way, a collaborative way, then it will result in better outcomes.”</i> |
| Increased knowledge of family background | 1 | <i>“We had a woman whose placement for one of her nephews was a struggle. We had an understanding of her situation like no other. If we had just gotten that case as navigation, there’s no way we would’ve gotten that background story. CPS had concerns with her, so {a staff member} called the supervisor and advocated for her and explained her history and context. {Staff member} is not sure the baby would’ve stayed with her had she not provided this advocacy.”</i> |

With the exception of one grantee, combination grantees did not report disadvantages of implementing a service model with integrated service components. The combination grantee that indicated a disadvantage highlighted the challenges in working within a large state child welfare system in which localities varied in whether or how projects used the available services.

2. Challenges to Implementing a Combination Service Model

All combination grantees experienced challenges implementing a multi-faceted service delivery system, regardless of whether the service model was integrated or discrete. Representatives from each project discussed challenges at the administrative, staffing, and service levels.

a) Administrative Barriers

Five combination grantees described a range of administrative barriers that impacted the implementation of services. Several grantees indicated that the initial design was not as targeted as it could have been to manage the competing demands of a combination service model. Grantees noted that designing and

implementing an integrated service system at the beginning of a three-year grant might have been too ambitious. Staff members described having operational challenges in a project with many “moving parts”, while not having enough resources to address each one appropriately. Grantees found it difficult to balance competing tasks and demands while carrying out complex services. For example, two grantees discussed child welfare workers requesting the provision of more services beyond the scope of the grant.

b) Staffing Challenges

All combination grantees identified staffing challenges in regard to obtaining and maintaining adequate staffing levels to support different project components. Five of the eight combination grantees were public child welfare systems who contended with state leadership and staffing changes as well as poor economic climates that impacted implementation. Private agencies implementing multiple program areas all reported strong collaborative relationships with the child welfare agency and were also directly impacted by staff reorganizations. Some grantees were unable to maintain staff members due to the intensity level of the integrated project. For example, one grantee implemented an expedited family-finding and kinship navigator model that reflected the intensity of emergency response-level casework; consequently, service providers experienced burnout.

c) Service Challenges

Two grantees expressed concerns regarding the simultaneous provision of multiple services and would have opted to implement only one service. One grantee suggested identifying one primary project and adding supplemental services. The other grantee implementing an integrated family-finding and kinship navigator project expressed difficulty in engaging relatives in services after children were placed, finding that relatives often avoided involvement after a family crisis occurred.

C. Project Accomplishments

Combination grantees identified several key project accomplishments in regard to child and family-level outcomes and system-level outcomes. Note that many of the outcomes reported were based on anecdotal information. The most commonly reported accomplishment, described by five grantees, was improved children and family stability. Children and families had the opportunity to access multiple resources within a comprehensive service delivery system which addressed critical needs in the areas of safety, permanency, and well-being. One grantee acknowledged that the integration of family recruitment and retention services supported stability efforts; and as the grantee explained, “*If you can keep the families stabilized, you can get the kids stabilized.*” Four grantees also noted success in increasing the number of family connections, strengthening family involvement in case planning and decision-making, and improving perceptions among child welfare staff members regarding relative placements. Through Family Connection funding, grantees promoted child welfare culture shifts in regard to the importance of prioritizing family resources to address child safety and permanency needs. Other accomplishments identified included an increased awareness of kinship caregiver needs (three grantees), increased number of relative placements (three grantees), increased social and emotional support for families (one grantee), and integration of multiple service models (e.g., family-finding and FGDM) within the child welfare system (one grantee).

D. Recommendations

Combination grantees provided several lessons learned and other recommendations for effectively implementing combination project models. Please note that Section 8 on conclusions and

recommendations includes recommendations from combination grantees as well. This section highlights the most commonly cited recommendations by combination grantees in the context of implementing multi-faceted service models.

- Developing a coordinated, integrated service delivery system is necessary for optimal outcomes. Integrating the different program areas will enhance and expand services, as well as increase the likelihood of permanency for children (n=7).
- Obtain child welfare agency support at all levels early in the planning process increases awareness of each program area service. Leveraging partnerships will facilitate referrals and ensure sustainability (n=5).
- Finding the right community partners and key stakeholders with the right vision and foresight to implement multiple services is critical, ensuring that partners have a kinship perspective at their cores (n=4).
- Thoughtful preparation is needed to ensure that the project has the support, resources, and staff members available to implement more than one area of service simultaneously (n=4).
- Roles and responsibilities, as well as training required, are clearly articulated for all project staff, ensuring that each staff member understands all program components to facilitate the referral of families to multiple services (n=4).
- Realistic expectations regarding the ability of the project to effectively and efficiently serve the identified target population(s) are set. Time needs to be spent researching the community, as well as current resources and research previously conducted (n=2).

Section 8: Family Connection Cluster Themes

This section describes process evaluation findings among all four program areas within the Family Connection cluster along the topics of facilitators and challenges to implementation, collaboration, and sustainability. Case examples of sustainability planning and exemplary collaboration are included. Grantees' abilities to leverage implementation facilitators and develop strategies to address challenges are showcased. The section concludes with lessons learned and recommendations from grantees.

A. Summary of Cluster Themes

1. Facilitators to Project Implementation

Despite the substantial level of diversity among and within program areas, Family Connection grantees exhibited commonality in regard to key factors that positively and clearly influenced implementation. The most frequently identified facilitators are listed below.

- ***Recruiting committed personnel with appropriate skill sets.*** Grantees benefited from hiring staff members and assembling staffing units who could leverage multi-faceted skills and backgrounds to collectively address target population needs.
- ***Interagency collaboration.*** Over half of grantees attributed successful project implementation to strong collaborative relationships that promoted collective expertise and outreach to target populations. Relationships with community organizations, external service providers, public child welfare agencies, and organizations providing evaluation and other technical assistance were considered integral components of service models and critically impacted project functioning.
- ***Strong leadership support and effective management.*** Project staff members valued diligent leaders who engaged partners and key stakeholders to provide support and resources for the project, developed effective systems of supervision, and embedded the Family Connection goals and objectives into project services and the agency.
- ***Comprehensive and interdisciplinary service model.*** Specific to each program area, grantees implemented comprehensive service delivery systems, incorporating key project partners that addressed the diverse needs of target populations.
- ***Training and technical assistance.*** Project staff members valued comprehensive training activities on evidence-based practices, relevant content, and policies and procedures required to perform job duties. Cross-training was a helpful strategy that equipped larger numbers of staff members to meet diverse target population needs.

2. Challenges to Project Implementation

Each Family Connection grantee reported one or more challenges in regard to implementing service models and activities. Grantees were able to develop strategies to address several of these challenges, although some challenges were likely to continue beyond the Federal funding period.

- ***Securing qualified staff members.*** While performing as a project facilitator, hiring, training, and retaining qualified staff members were challenges. Contracting cycles, lack of background in child welfare among staff members, and staff turnover resulted in implementation delays and limited services.
- ***Limited resources.*** Reduction or reallocation of State, local, and other funding sources affected all grantees, whether public or private/not-for-profit. Consequences resulted in staffing shortages, with fewer staff members doing more with less, and disappearing community resources.
- ***Engaging children and families.*** Engaging children and families was problematic. Some of the variables in different program areas included geographic barriers, families' lack of a telephone or reliable address, applying the same service model to culturally diverse communities, and older youth reluctant to pursue placement options.
- ***Caseworker support and engagement.*** Lack of caseworker acceptance and resistance among some caseworkers to the service model negatively impacted referrals to the project. Resistance could be attributed to different philosophies on desired permanency options, concerns about job security, and perceived additional work to engage with the Family Connection project.
- ***Evaluation design.*** Project staff members and partners were not always supportive of comparison or control group designs, when services were perceived to be withheld from families. Time-consuming data collection processes and delays in human subjects approval were challenges for the evaluation team.
- ***Maintaining fidelity to the service model.*** Issues of fidelity frequently surfaced when implementing the service model in multiple locations that had different operating structures and varying schedules of implementation.

3. Collaboration

A key facilitator of project implementation was interagency collaboration. Key areas of cooperation among grantees, public child welfare agencies, and other key project partners throughout the Federal funding period are summarized.

- ***Advantages to working with project partners.*** Grantees and partners positively influenced each other by sharing knowledge and skills and fostering common vision and sustainability. Partners augmented grantee services and in many cases provided specialized services beyond the grantee's current capacity.
- ***Fostering collaborative relationships.*** Most grantees characterized relationships with project partners as positive, citing the following as relationship facilitators: regular and open communication, responsiveness, inclusiveness, common vision, eye toward sustainability, educating one another, and effective staffing arrangements.
- ***Challenges in partnerships and how the challenges were addressed.*** From the project partner's perspective, most collaboration challenges were related to confusing implementation and start up, staff member turnover, concerns about quality assurance, unclear evaluation processes, and caseworker attitudes. Grantees cited lack of cooperation, coordination, communication, and

resources as challenges. Both partners and grantees cited a combination of communication, joint meetings, and education as key strategies to overcome challenges.

- ***Public versus private/not-for-profit agency service provision.*** Private/not-for-profit agencies were seen as having several advantages, including greater flexibility and timeliness in service delivery, reduced caseworker burden, considered separate from child welfare by families, possessed specialized services and expertise, worked more intensely with families, and were innovative. Conversely, private/not-for-profits were also seen as having funding issues, competing priorities and policies, and having barriers to sharing and communicating. Advantages of public agencies were funding stability and increased accountability, oversight, and responsibility.
- ***Family Connection effects on public child welfare agencies.*** Public child welfare agencies supported service provision to grantee's target populations and worked with grantees to move children to permanency. Family Connection prompted public agencies to explore other ways to impact families.
- ***Improving relationships with caseworkers.*** Strategies to address some of the most critical aspects of collaboration included supporting case managers; project advocacy; collaborative teaming; regular meetings; clarifying roles, responsibilities, and expectations; support from leadership, caseworker training; demonstrating impact; and co-locating staff (when possible).

4. Sustainability

Many grantees planned to sustain Family Connection-funded services and other activities beyond the three-year Federal funding period through a variety of strategies, listed below. Needed resources included funding, staff development in Family Connection program areas, dissemination and education for project partners, decision makers, and potential funds.

- ***Organizational change and internal development.*** Most grantees planned to merge and reorganize units and incorporate services. Grantees sought advice from organizational leadership and advisory boards and took into account staff member concerns about job security.
- ***Dissemination.*** Grantees shared project progress and results with organizational leadership, elected officials, and the community as support for future funding opportunities.
- ***State, county, and Federal-level support.*** Grantees searched for and pursued State-level funding opportunities, obtained paid referrals, pursued community grants and private funding, and bolstered relationships with the judicial system.
- ***New and existing partner support.*** Grantees planned to leverage relationships with existing partners and develop relationships with new partners.

5. Grantee Lessons Learned and Recommendations

Grantees lesson's learned and advice to other organizations considering implementing or enhancing kinship navigator, family-finding, FGDM, and residential family treatment projects encompassed programmatic and evaluation concerns. Key areas for the successful planning, implementation and maintenance of similar projects included start-up and planning, engaging and serving children and

families, staffing characteristics and training, collaborating with project partners, and sustaining project services. Key areas in designing and implementing local evaluation activities encompassed data collection, evaluation design, evaluation communication, and human subject approvals.

- Organization leadership and project staff should develop a clearly defined service model that fits within existing systems, understand the needs and circumstances of the target population, and consider the time and administrative capacity required during the initial phases of the grant. Grantees should be responsive to families by “meeting them where they are at” and tailoring services as needed. Interactive staff training during project planning, hiring staff members with the needed background and skills, a supportive professional network, and strong and effective leadership will address recruiting and training needs. Grantees should actively pursue and invest in project partner involvement and support from the beginning phases of the project.
- Evaluation teams should use the most appropriate data sources to address outcomes at the parent, child, and family level and incorporate instruments that can be realistically administered by project staff members. Local evaluators are recommended to implement the most rigorous evaluation design possible, communicating and obtaining project and partner support for the evaluation design and data collection activities. Institutional Review Board (IRB) delays should be anticipated.

B. Facilitators to Project Implementation

Current research on implementation identifies “drivers” as supports to the successful implementation of innovative child welfare program models and practices.¹ Drivers include program champions who advocate for and support the program, new or existing community partnerships, staff with relevant skills and characteristics, ongoing staff training and support, and high quality project design. Grantees reflected on these essential drivers in response to discussion questions regarding unique aspects about the project, community, or partners that have contributed to success, and on the “one thing” that helped the project the most in creating positive outcomes for families. All grantees reported at least one facilitator in successfully implementing their service models and activities.

Although grantees demonstrated a substantial level of diversity among and within program areas, common themes were identified regarding project components that contributed to the successful provision of services. As documented in Figure 8-1: Facilitators to Project Implementation, the most frequently identified facilitator was recruiting committed personnel with appropriate skill sets, followed by interagency collaboration, strong leadership support and effective management, comprehensive and interdisciplinary service models, and training and technical assistance. Facilitators mentioned less frequently included developing a quality assurance process, robust outreach strategies, similar child welfare initiatives or mandates supporting Family Connection services, positive reputation in the community, and formalizing policies and procedures in policy and training manuals. This section elaborates on how these five key implementation drivers positively influenced the provision of services across each program area with the goal of fostering positive outcomes.

¹ Please refer to “*Lessons learned through the application of implementation science concepts to Children’s Bureau discretionary grant programs*” (https://www.childwelfare.gov/management/practice_improvement/evidence/implementing.cfm).

Figure 8-1: Facilitators to Project Implementation



1. Dedicated and Experienced Project Staff Members

Twenty-one of the 24 Family Connection grantees indicated that committed staff members with experience and the right skill set were instrumental in successfully implementing project services. Project staff members had a combination of skills, experiences, and personal characteristics that allowed them to comprehensively address needs of target populations. Grantees benefited from hiring individual staff members with multi-faceted skills and backgrounds or assembling a staffing unit that collectively addressed target population needs. For example, one residential family treatment grantee noted: “*The program works on every area of a person. The staff here has so much talent in every area. No matter what the client’s problem is coming through the door, we have the skills to help them. Here, we work on everything from spirituality to job readiness.*” Staff members who embodied a range of skills were seen as critical in successfully providing to families case management services, which often covered multiple needs in different aspects of their lives.

a) Experience Matters

Since it tended to build confidence around the ability to effectively address client needs, grantees described the value in staff members with prior experience working with the target population. Several grantees discussed the commitment of staff members who positioned themselves as “regular” people and related to the families served. For instance, three kinship navigator projects discussed hiring former and current kinship caregivers as navigators to provide services to other kinship caregivers in the community. As natural advocates, they established peer-to-peer relationships with caregivers and could relate to them during stressful times.

A combination grantee implementing family-finding, kinship navigator, and FGDM noted the benefits of having an integrated service model which included a clinical component coupled with peer-to-peer support. Seven of the

Highly Skilled Staff: “*The biggest thing in my opinion is the skill set, attitude, and culture created by our staff. They’re so motivated and invested. They care about this program and our children so much. You can’t buy that and you can’t train that. They believe in the model. They believe in what they are doing. We hired well.*” – Combination grantee: Kinship navigator and Family-finding

21 grantees also reflected on the importance of staff members believing in the values and mission of the projects. One residential family treatment grantee pointed out that staff members had the “*same vision and passion to help families stay together and keep kids out of state custody.*” A combination grantee implementing family-finding and kinship navigator projects described how staff members personified the project philosophy, which impacted results: “*If we didn’t have workers that bought into the concept and went out and executed the concept, we wouldn’t see what we see. It’s their execution of the model.*”

b) Teamwork

While individual staff members brought strong skills and established child welfare backgrounds to the work, 5 of the 21 grantees also described how staff members worked collaboratively to serve children and families. A combination group grantee noted how integrating team building activities further supported and strengthened the teamwork reflected in staff members. Grantees characterized staff members as having a “family-like” relationship where each person complemented and supported one another.

Teamwork appears to promote staff retention, more effective relationships with external agencies, and greater child welfare caseworker support.

For some grantees, this cohesiveness tended to reduce the high turnover rate typically found within child welfare positions. Grantees noted that staff members were respectful of each other’s roles and resolved issues in a civil and respectful manner. A family-finding grantee highlighted the collaborative spirit among staff members: “*We all work together as a team sharing our ideas and putting the purpose of the program in our work. We know what the purpose of the program is so we try to maintain relationships and support everyone so the work can get done.*” Staff members within effective projects shared information, strategies, and resources along with guidance on what worked and what didn’t work regarding service provision. Grantees also described how teamwork among staff members supported external relationships. For example, one family-finding grantee reflected on the collective strength and skills of staff members in gaining caseworker support.

2. Interagency Collaboration

Collaboration played a critical role across all program areas in providing knowledge and expertise, strengthening outreach and referral efforts, and general service provision. Over half of Family Connection grantees (n=18) attributed successful project implementation to strong collaborative relationships developed with local community organizations, external service providers, public child welfare agencies, and organizations providing evaluation and other technical assistance to address the needs of children and families. For many projects, strong collaboration was considered an integral component of the service model, often determining how well a project functioned. Grantees engaged partners formally and informally through advisory boards, implementation teams, project meetings, and frequent communication. Many grantees had prior relationships with project partners, which allowed them to focus on providing services as opposed to dealing with issues around developing new partnerships.

a) Collective Expertise

Grantees described how collaborating partners possessed individual strengths and various levels of expertise that facilitated the provision of quality and comprehensive services to children and families with diverse needs. Several grantees discussed how honest communication at the start of the grant was instrumental in bringing a multi-disciplinary team together. One residential family treatment grantee noted that it took “*. . . a lot of up front work to coalesce a multi-disciplinary team of people to understand what we wanted to do. Afterward it took a focused effort to develop a plan that involved staff*

and partners being available all the time.” One combination grantee implementing family-finding, kinship navigator, and FGDM described collaboration as a primary strength of the project, having captured the expertise of several different organizations in the grant. Grantees leveraged the strength of partnering agencies to fulfill different needs of the project. Some collaborating partners also demonstrated significant flexibility, which was critical when projects dealt with system barriers. (e.g., implementation delays due to budget cuts). Although partnering agencies provided a broad range of expertise, grantees noted how they developed a common language based on common goals. Strong relationships, transparency, and a clear understanding of roles and responsibilities contributed to a well-functioning collaborative unit.

b) Facilitating Outreach

By increasing the visibility of Family Connection projects, interagency collaboration strengthened outreach, referral efforts, and service provision. Collaborating partners often had extensive networks, allowing them to educate and inform other community agencies about Family Connection services. Several kinship navigator projects discussed how partnering with community providers improved awareness around kinship caregiver needs and services. One kinship navigator noted: *“We were able to partner with additional agencies and reach out to more caregivers that had no idea that kin services existed. We partnered with the local 211 call center, and they added a link to our program as a result. This helped to get the word out to caregivers.”* Some private/not-for-profit grantees developed automatic referral systems through partnerships, particularly with the public child welfare agency.

c) Positive Relationships with Public Child Welfare Staff

Of the 18 grantees citing collaboration as a key facilitator, eleven grantees specifically discussed the importance of establishing positive relationships with child welfare professionals, particularly front line staff members familiar with the daily lives of families. While the type and level of collaboration with the public child welfare agency varied across grantees, the agency played a significant role in the existence and success of most projects through referrals and service provision. Grantees described how caseworkers were instrumental in referring children at risk of entering foster care to family-finding projects and conducting family-finding activities; linking formal kinship caregivers to navigator projects for resources and material goods; ensuring families received and used appropriate services identified during FGDM meetings; and working alongside residential family treatment projects to develop case plans for clients. Grantees described the value of including caseworkers early in the implementation process to support the integration of Family Connection services into daily practice. Strong communication and trust were helpful in obtaining and securing child welfare support.

Collaboration with Public Child Welfare Agency: *“It’s really the local child welfare agency’s final decision. If we identify a potential family member to place the child with, it ultimately falls back on the local agency to follow through with it...CPS allows the project to exist.”*
– Combination grantee: Kinship navigator and Family-finding

d) Relationships with Other Key Partners

Grantees discussed the importance of partnering with providers in mental health, substance abuse treatment, and the judicial system to successfully implement project services. For example one family-finding grantee noted how updating the judiciary regarding the impact of family-finding efforts generated substantial support for the project, as well as opportunities to highlight ways the judicial system could support permanency for children.

3. Leadership Support

Strong leadership support and effective management styles were viewed as key facilitators to effective implementation by 13 Family Connection grantees. Grantees described internal “project champions” who embodied passion while providing guidance and leadership in developing, implementing, and sustaining project mission, services, and goals. Project leaders demonstrated persistence as they engaged partners and key stakeholders to foster support for the project and ensure that sufficient resources would be provided. State, county, and local government leadership support beyond the project staff was considered a significant factor in providing effective services. A combination grantee implementing family-finding, kinship navigator, and FGDM noted the importance of administrative and leadership support: “If you don’t have it, your program will not be successful. They have to see value in doing it and continuing to support it.” State directors, administrators, and supervisors played key roles in facilitating access to funding, staff members, and data systems.

Commitment from Leadership:
“When priorities change, leadership here has remained the same when it comes to our commitment to family-finding.”
– Family-finding grantee

a) Securing Public Child Welfare Agency Support

Seven of the 24 Family Connection grantees were public child welfare agencies with direct access to high levels of support and resources, which enhanced the ability to serve children and families. As lead agencies for the Family Connection grant, child welfare agency grantees expressed having leadership and administrative support prior to the grant. However, project leaders recognized the importance of being proactive to fully leverage state support for sustainability – especially considering the economic circumstances impacting state systems. Several kinship navigator and family-finding projects described how leadership actively generated support around kinship care among multiple youth-serving agencies throughout states. Leadership was successful in “priming the environment” to understand the need, value, and contribution of Family Connection project services. For many grantees, support was critical in integrating project services into standard practice.

b) Active Oversight

Grantees indicated that active oversight and management processes were strong facilitators to effectively providing services. Several grantees developed a system of supervision that shaped and improved service delivery. For example, family-finding staff members discussed receiving intensive supervision and substantial support from supervisors who assisted in navigating the complex family-finding process. While engaging in outreach to external stakeholders, leadership maintained frequent contact with staff members and as a result stayed abreast of daily routines, successes, and challenges.

Strong, consistent leadership also impacted organizational culture in positive ways. One kinship navigator project noted that stable leadership facilitated the institutionalization of the project’s mission. Leadership cultivated an environment in which staff members held the project, as well as themselves, to a high standard due to solid understanding of how the project was supposed to function. A family-finding grantee echoed similar sentiments and discussed how leadership clearly articulated project goals and provided personalized messages to staff members, which helped them retain focus on key project tasks. A leadership management style that was proactive, consistent, and strengths-based significantly impacted implementation outcomes for many Family Connection projects.

4. Comprehensive and Multidisciplinary Service Model

Eleven Family Connection grantees identified several aspects of their service models that contributed to the successful provision of services for children and families. Grantees implemented comprehensive service delivery systems that addressed the diverse needs of target populations. Through a multi-disciplinary framework, grantees brought together a network of services using partnerships with other systems and service providers. The sections below detail how each program area used interdisciplinary service models.

a) Kinship Navigator

Kinship navigator grantees' targeted outreach component was a facilitator in increasing the awareness of kinship navigator services and serving caregivers who needed services and resources. Grantees described kinship services as being very accessible to families. For example, one kinship navigator grantee implemented a regional model in which staff members were located in various settings accessible to families, including recreational centers and local community agencies. Similarly, a combination grantee implementing kinship navigator services noted that the service model was designed to ensure that caregivers could readily access navigators to provide assistance with major services such as planning for guardianship or smaller tasks such as filling out paperwork. Kinship navigator projects promoted peer-to-peer relationships among caregivers through support groups, and between navigators and caregivers in certain projects.

b) Family-finding

A combination grantee implementing family-finding services noted how the Extreme Recruitment model of family-finding was an efficient approach that resulted in positive outcomes. The model required weekly intensive meetings between the child's interdisciplinary team of providers and supports for 12 to 20 weeks. The child was prepared for adoption while addressing mental health and educational needs. This model utilized a former police officer to expand resources for youth by knocking on doors, using the Accurant database to locate family members, and spoke with relatives who were difficult to locate, (potentially due to incarceration). Extreme Recruitment was considered an effective approach to family-finding and located potential family connections in a short period of time.

c) Family Group Decision-Making

FGDM models were interdisciplinary by nature due to the extensive systems, community partners, and service providers who came together to address the unique needs of families. The model of referring families to targeted services based on family participation, shared goals, and decision-making was considered a significant facilitator of effective services. Several projects provided clinical services and parenting classes in the home as a way to keep children in the home. FGDM grantees also conducted follow-up meetings in order to identify progress toward accomplishing case plan goals.

d) Residential Family Treatment

Residential family treatment projects were another example of an effective interdisciplinary service model that included a combination of treatments for chemical dependence and mental health issues. Addiction often masked co-occurring mental health challenges; those challenges became clearer and easier to treat when a client attained and maintained sobriety. Conversely, stabilizing a client's mental health enabled service providers to work with clients on addiction recovery. Clients had long histories of complex problems, requiring the interaction of multiple services designed to address mental and physical health,

chemical dependence, basic living skills, employment skills, and parenting skills and to help clients maintain custody or reunify with their children.

5. Training and Technical Assistance

Six Family Connection grantees attributed successful project implementation to ongoing training and technical assistance. Grantees described extensive, high quality training activities on evidence-based practices, relevant content area, and policies and procedures required to perform job duties. Several family-finding grantees found such trainings to be valuable opportunities to obtain a fuller understanding of family-finding techniques, successes, and challenges. Staff members found follow-up consultation by trainers or coaches to be helpful. Examples of program area-specific trainings are detailed below.

- A kinship navigator grantee participated in trainings on *Systems Theory*, *Signs of Safety*, and *Motivational Interviewing*. These trainings were particularly effective due to the leadership’s guidance on the purpose of the training as well as follow-up after completion.
- Many family-finding grantees participated in trainings with family-finding model developers such as Kevin Campbell or Catholic Community Services of Western Washington (CCSWW), which typically involved initial and refresher training on family-finding strategies, as well as case consultations where staff members received input on challenging cases.
- A FGDM grantee described *Bridges to Prosperity*, a training provided by Catholic Charities regarding family engagement in the context of poverty and impact on the community. The training educated project staff members and provided appropriate strategies and tools to support respectful communication and engagement with children and families. Staff members noted how the training energized staff members and sharpened the strengths-based approach to providing FGDM services.
- A residential family treatment grantee discussed the benefits of Dialectical Behavior Therapy (DBT) training. DBT is a model for working with individuals experiencing substance abuse and mental health challenges to increase interpersonal effectiveness, decrease emotional impulsivity and reactivity, and improve emotional regulation.

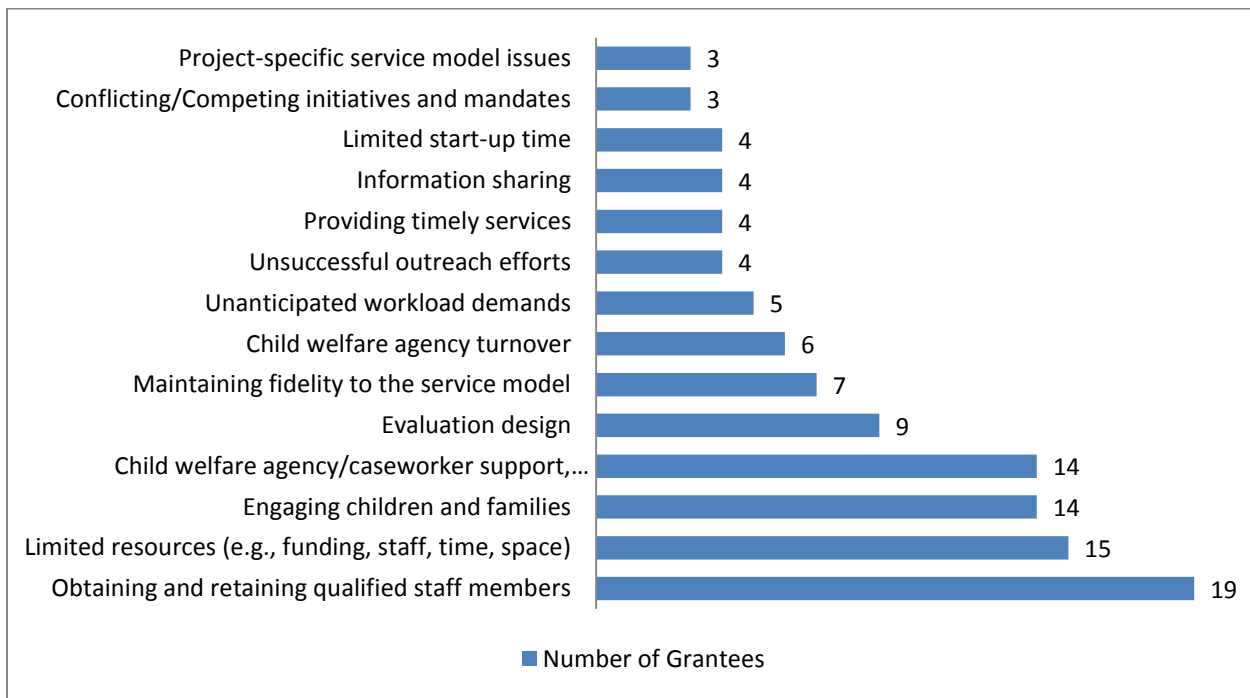
Training Guidance: “When we got to trainings we always have guidelines on what we’d like staff to get out of the trainings. We have multiple follow-ups on the trainings that ensure reinforcement of what they learned from the trainings. We constantly check in with how they are implementing these new skills and information.” – Kinship navigator grantee

Several grantees cross-trained staff members in multiple areas to address the complex needs of children and families served. One residential family treatment grantee discussed how staff members were cross-trained in preparation for periodic changes in practice and policy that occurred within different systems, particularly the child welfare system. To support an integrated service model, several combination grantees cross-trained family-finding staff members to provide kinship navigator and/or FGDM services. Grantees considered this dual training approach to be highly effective since families receiving family-finding services often required a FGDM meeting to facilitate a potential placement or connection, or identified kinship caregivers who required services and resources to maintain a child’s placement in the home.

C. Challenges to Project Implementation

Family Connection grantees addressed questions regarding challenges to project implementation and aspects of the project that did not work as well as hoped. All Family Connection grantees reported at least one challenge in implementing service models and activities, with most grantees reporting more than one challenge. Listed in Figure 8-2: Implementation Challenges, the most commonly identified challenge involved securing qualified staff members, followed by limited resources, engaging children and families, caseworker support and engagement, evaluation design, and maintaining fidelity to the service model. Less frequently mentioned challenges included child welfare agency turnover, unanticipated workload demands, limited outreach efforts, timely provision of services, information sharing, limited start-up time, conflicting/competing initiatives and mandates, and various project-specific service model issues.

Figure 8-2: Implementation Challenges



1. Obtaining and Retaining Qualified Staff Members

Although most Family Connection grantees identified dedicated, experienced staff members as a significant facilitator to project implementation, 19 of the 24 grantees also reported challenges in hiring, training, and retaining qualified personnel. These challenges often resulted in implementation delays or limited services. The following are details regarding these barriers.

a) Hiring

Due to contracting cycles, some grantees competed with other agencies to hire staff members. Grantees described delays in obtaining funding to interview and hire potential staff members. They also found that potential candidates were hesitant about accepting a grant position due to the time-limited nature of the

work. For example, in some organizations the position was considered unclassified due to grant funds supporting the position.

b) Training

Grantees described difficulty in orienting staff members who lacked the experience required to effectively conduct project services. For example, one family-finding grantee discussed the challenges around working with staff members who did not have a child welfare background. A kinship navigator grantee described an inability to create support groups in a timely fashion due to staff members requiring more (than anticipated) orientation around facilitation. Another kinship navigator grantee explained how certain staff members did not have case management experience at the start of the grant and took more time than expected to learn the necessary skills to provide services to caregivers.

c) Retaining

Of the grantees reporting staffing challenges, almost half (n=10) indicated a significant level of staff turnover with some grantees experiencing 100 percent turnover during the course of grant funding. Staff members left positions due to other employment opportunities; educational pursuits; heavy workload and programmatic demands; and misalignment with the skills, values, and goals of the project. Some grantees described challenges maintaining staff members who were not willing to put forth the effort and carryout tasks that the intensive service model demanded (e.g., being on call at 2:00 a.m.). Grantees noted that vacant positions often stalled implementation of the full array of services, particularly for turnover occurring early in the grant period. Some grantees struggled to hire at a level that allowed them to serve the number of referrals received. Hiring gaps also contributed to inconsistent and inaccurate data collection practices due to unfamiliarity with the evaluation tools and measures. Several grantees used interns since they often brought energy, passion, and idealism to the work. However, due to the limited time periods in which many interns worked, grantees spent resources to continuously recruit and train new interns.

High turnover at public child welfare agencies also created barriers to effectively providing services. Several public child welfare agency grantees described turnover at all levels including state directors, administrators, managers, supervisors, caseworkers, and service providers. These changes resulted in grantees spending time and resources to continuously educate and gain support from administrators and staff members. This was particularly challenging for grantees who were either large state systems or who worked contractually with large systems which had staff members located throughout the State.

2. Limited Resources

Fifteen grantees reported limited resources as barriers to providing key services to children and families throughout the grant-funding period. Due to the constrained budget climate in which many of the grantees operated, projects experienced changes in funding levels, staffing structure, and other community resources that impacted service implementation.

a) Funding Challenges

Public departmental restructuring caused significant cuts and reallocations of financial support, caseworkers, and services. One residential family treatment grantee noted how funding changes during the grant left gaps in the service array. Partnering agencies made assumptions about who would be able to provide particular services; however, one grantee expressed that all agencies were “struggling” and could not fill the unmet need. Grantees discussed challenges in meeting service needs while facing economic

constraints within States or counties. Reduction of state funds impacted social security and Medicaid, and indirectly affected services to kinship caregivers.

b) Hiring Shortages

As a result of budget cuts, grantees faced hiring shortages, which prevented kinship navigators, family-finders, and FGDM facilitators from pursuing ongoing, intensive work with families. Funding cuts also changed the structure of positions, where kinship navigation, family-finding, and FGDM became increasingly blended into casework. Grantees reported that state positions were eliminated, but workloads remained the same.

c) Lack of Community Resources

Many Family Connection projects relied on community resources, such as housing, household items, childcare, space, and services for rural families, which varied by State, county, community, and neighborhood. Several kinship navigator grantees expressed difficulty in connecting caregivers to household resources, such as beds and appliances, in a timely manner. This was frustrating for grantees since caregivers willing to provide placement for a child were not able to access core items needed to appropriately house the child. Lack of childcare or the ability to pay for childcare was also a significant barrier for kinship caregivers. Grantees recognized that some projects would not be able to provide support groups without childcare assistance; however, grantees encountered financial constraints and space limitations, which were the primary obstacles to adequate childcare. Grantees serving rural communities commented on the lack of resources in those areas to adequately serve children and families, and that families had to travel to other areas to receive appropriate services. Many grantees required additional space to conduct support groups, FGDM meetings, and other meetings needed to address a particular service need; however, limited space, particularly venues with the necessary level of security and privacy, was a challenge. A residential family treatment grantee also highlighted capacity issues regarding clients residing within project housing for a longer time than anticipated due to lack of available, non-project housing.

d) Time Constraints

Several grantees discussed the lack of time to fully implement key activities. Some family-finding and kinship navigator grantees had only one or two staff members implementing services across large geographical areas. One family-finding grantee discussed taking on more work than the organization could handle by implementing family-finding in multiple areas throughout the State. Several grantees noted that after providing services for three years, the staff members recognized that the amount of resources and manpower needed to fully carry out the project was more than what they had to work with. A kinship navigator grantee originally proposed implementing case management services in person; however, capacity issues caused the project to shift the model to telephone-based case management instead. Grantees reported overestimating the number of children and families they could serve. A limited staffing structure also contributed to staff turnover.

3. Engaging Children and Families

Families were difficult to engage for a variety of reasons, and over half of the Family Connection grantees (n=14) experienced challenges reaching and serving children and families in project services. Grantees discussed challenges ranging from the inability to contact families who did not have telephones or reliable permanent addresses to relatives who refused to participate in family-finding or FGDM services due to parental rights not being terminated. Due to the nuances within each project in how service recipients

were engaged, this section highlights the different challenges most often discussed by program area. Some of the challenges may be found in more than one program area.

a) Kinship Navigator

Five combination grantees and five stand-alone kinship navigator grantees expressed several issues in engaging kinship caregivers in services such as geographic barriers and outreach. Regarding geographic barriers, one grantee commented on the challenges in serving families in a 40-mile long county and how it created a difficult environment for delivering services. Several grantees discussed the complications involved in serving families in rural communities; for example, caregivers residing in remote communities often required more transportation services or reimbursement for transportation. Finding the time to meet with caregivers, given that many worked, presented another obstacle in engaging caregivers.

Grantees were challenged in reaching informal kinship caregivers who did not receive other social services in the community, and thus were not tracked by any other social service agency. Kinship navigator grantees recognized the importance of developing a robust outreach component in order to reach caregivers who were not familiar with the project or who were not involved with the child welfare agency. Grantees conducted outreach to caregivers through the public school system, but they were unsure about how messages regarding kinship navigator services were perceived. Some grantees admitted that they did not start the outreach process early enough in order to maximize potential caregivers to serve.

b) Family-finding

Five combination grantees and two stand-alone family-finding grantees described challenges engaging families and children in family-finding activities including applying the same service model to a large geographic region, obtaining consents from birth parents for services, engaging older youth, and reluctance of families to engage in the permanency process. One grantee stated that the scope of the project was too ambitious since they planned to serve children and families statewide; the grantee was unable to use the same family-finding method in counties that were culturally diverse.

Family-finding Engagement: “We experienced systemic challenges regarding a sense that if the child is in a stable home, but there is not a permanency option such as adoption or guardianship, that caseworkers are reluctant to consider a change for that person even if it could be a legal permanency option.” – Family-finding grantee

The combination grantee that had difficulty obtaining consents from birth parents to allow children to receive family-finding services implemented an integrated model of family-finding and kinship navigator services. The lack of parental consent also impacted the ability of kinship caregivers to receive kinship navigator services. The grantee was not able to contact many parents, particularly those who were homeless.

Several family-finding grantees experienced challenges in engaging older youth, particularly youth designated as an APPLA (Another Planned Permanent Living Arrangement), who were not interested in pursuing other placement options. Family-finding grantees commented that children might be indecisive about living preferences or involving relatives in their lives. Some families were more likely to become involved with younger children as opposed to older children because they appeared to be easier to care for. Family-finding grantees found that families were often hesitant to take on more responsibility if they did not feel a connection to the child or family or were unwilling to compromise the relationship with the birth parents.

c) Family Group Decision-Making

Grantees implementing FGDM services experienced challenges reaching and involving family members in services. For example, three combination grantees implementing FGDM services discussed how families might have been unreachable due to lack of a phone or reliable address. If family-finding services were not attached to FGDM, including family and extended family in the decision-making process became difficult.

Reaching and involving family members was a particular challenge with paternal relatives. Several projects recognized the dominance of maternal relatives and caretakers and tried to increase and strengthen the roles of fathers and their families, including involvement in FGDM meetings. Some grantees noted that families were sometimes less compliant utilizing services if considered voluntary cases. These families were not court-mandated to use services, so there was often little incentive.

d) Residential Family Treatment

Two residential family treatment grantees reported challenges in serving adults and children that were related to housing and engaging children in services. One grantee discussed mothers leaving the facility due to opportunities for housing that better suited their needs. The “dorm-like” atmosphere of some residential projects might have been potentially stressful for mothers who could have wanted to live alone with their children. Grantees also expressed difficulties in engaging children in services, particularly older children. Parents did not always take the necessary steps to involve their children or support child assessment processes; they did not think their children needed services or might have been too involved in recovery to be responsive to their children’s treatment needs.

4. Child Welfare Agency / Caseworker Support and Engagement

As previously mentioned in this report, grantees described the importance of interagency collaboration to project implementation, especially establishing positive relationships with child welfare agency staff. However, over half of Family Connection grantees (n=14) discussed how lack of caseworker acceptance and resistance among some caseworkers to the service model was a barrier to successful implementation. While grantees may have developed favorable partnerships with child welfare agency leadership, they experienced challenges working with case management-level staff members. Several grantees reported underestimating the potential difficulties involved with obtaining and maintaining the support of front line caseworkers and supervisors, and some grantees indicated that the partnership with the child welfare agency caseworkers was continuously problematic. Instead of working as a team, grantees encountered an “us versus them” mentality that overshadowed the relationship and negatively impacted service referrals, service provision, and potentially, project outcomes.

a) Impact on Referrals

Several grantees relied on the public child welfare agency for referrals. These grantees, experiencing challenges with obtaining caseworker support for family-finding, kinship navigator, and FGDM services, also experienced a corresponding negative impact on referrals to the project. Reluctance on the part of some caseworkers to refer families to the grantee may be attributed to differences in opinion regarding what constituted a good home. For example, some

Impact on Referrals: “A challenge continues to be making sure that Child Welfare staff refer families. So often Child Welfare staff aren’t always considering at first contact with a family to make referrals.” – Combination grantee: Kinship navigator, Family-finding, and FGDM

systems placed more emphasis on stability than permanency, which influenced caseworker preference to keeping a child in a stable foster home rather than relocating him or her to a family member's home. Some caseworkers resisted family-finding, assuming the case would have a negative outcome if children were placed with family members. Conversely, caseworkers may have resisted placing a child in a relative's home if the placement required moving the child away from birth parents. This point of view impacted grantees implementing kinship navigator projects who struggled to counteract longstanding prejudices about kinship care within the child welfare agency.

b) Other Barriers

Other barriers related to child welfare agency and caseworker support were related to job security and busy schedules. Several grantees speculated that some child welfare caseworkers could have been worried about job security. A combination grantee commented that many child welfare workers were fearful that private agencies might take positions away from the department. As a result, caseworkers might have been reluctant to refer families to any component of the grant. One kinship navigator grantee posed the idea that child welfare workers might view a private agency as competition.

Caseworkers carry heavy workloads and their roles in Family Connection-funded projects, even if limited, may have been an unanticipated addition to their roles and responsibilities. For example, some caseworkers may have been too overwhelmed to remember to refer kinship caregivers to services. For some FGDM grantees, the service model was a shift for the child welfare agency and required caseworkers to spend several hours in FGDM meetings. Thus the caseworker's involvement as well as the participation of family was viewed as labor-intensive work. Grantees also described how some caseworkers believed that Family Connection project staff members were in the life of the families for a short time; and once completing their tasks, the caseworker must continue the work.

5. Evaluation Design

Grantees described barriers to effectively implement rigorous evaluation designs and evaluation data collection processes and to ensure participant rights. Three particular challenges regarding evaluation were reported numerous times: randomization, completion of data collection forms, and securing Institutional Review Board (IRB) approval.

a) Randomization

Nine grantees reported that evaluation design contributed to barriers in service implementation. Grantees encountered challenges with project leadership and/or service providers supporting the research component of the grant, particularly for grantees conducting experimental or comparison group evaluations. Some staff members tended to think that children and families in a control or comparison group were being denied services. Grantees contended with "political maneuvering" to block randomization and stop referrals. One grantee noted the project partner was very enthusiastic about the project services but did not support the randomization of children. This difference in perspective on the evaluation component of the project beliefs caused some delays during the implementation phase of the grant. One residential family treatment grantee initially implemented a randomized evaluation design; however, the model was not supported by project partners who declined to refer clients to the project. Another grantee described issues with treatment and comparison groups receiving similar kinship navigator services. Some staff members provided similar levels of services to caregivers due to regular daily practices or unwillingness to withhold any aspect of an "enhanced" model from families.

b) Completing Forms

Encouraging staff members to complete evaluation forms and other needed documentation was challenging, especially if staff members did not believe the forms were beneficial for improving job performance. Grantees acknowledged the time and effort required by project staff members to complete the forms. One kinship navigator grantee reflected that using too many survey instruments made it difficult for staff members to accurately and thoroughly complete them. Although one grantee selected valid and reliable data collection instruments for measuring well-being, the grantee recognized that the tools were overly comprehensive and time consuming for staff members and families to complete without adding burden to the workload.

c) Institutional Review Board (IRB)

Some grantees experienced challenges obtaining approval to conduct local evaluations from an Institutional Review Board (IRB), a committee formally designated to approve, monitor, and review research involving humans with the aim to protect the rights and welfare of the research subjects. Grantees were able to accept referrals and provide services while waiting for IRB approval, but they could not collect or access data for evaluation purposes. One combination grantee did not secure IRB approval until the third year of the grant period due to systemic delays and timing issues.

6. Maintaining Fidelity to the Service Model

One-fourth of Family Connection grantees (n=7) reported challenges in measuring and ensuring fidelity to service models. Issues of fidelity usually surfaced when dealing with multiple county operational structures, with variations in the timing and implementation of project services existing most frequently in state-supervised, county-administered child welfare systems. One combination grantee reported serving multiple counties that were at different stages of implementing kinship navigator services. Another combination grantee composed of multiple state systems found that some FGDM facilitators had child welfare cases, while other facilitators in different counties were dedicated to conducting FGDM meetings. Within this State, counties designed staffing structures according to operational needs. As a result, ensuring model fidelity and accounting for differences when comparing project outcomes was difficult for the grantee's evaluator. One family-finding grantee noted that caseworkers did not address the last few steps of the family-finding model. Some grantees reported that staff members were completing data collection forms in different ways; however this error was not discovered until after a significant amount of time had passed. In addition, grantees encountered different interpretations of how key services or outcome variables were defined (e.g., FGDM facilitation, family connections). Without clear definitions of critical project components, fidelity standards could not be met.

D. Collaboration

As the previous section indicated, interagency collaboration was one of the greatest facilitators of project implementation. This section describes collaboration among grantees, public child welfare agencies, and other key project partners throughout the Family Connection funding period. The perspectives of the grantees and the various partners are included. Key topics addressed in this section are the following:

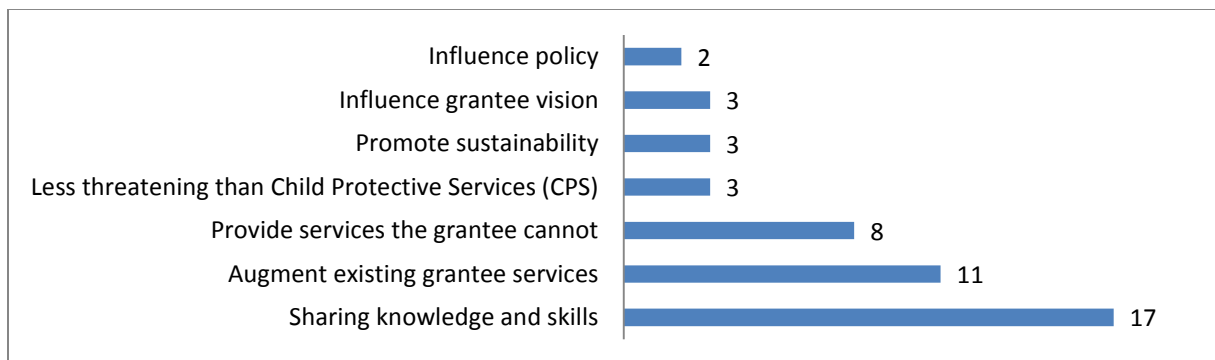
- Advantages to working with project partners
- Contributing factors to positive collaborative relationships
- Challenges in partnerships and how the challenges were addressed
- Private agency service provision versus public child welfare agency service provision

- Family Connection-funded service effects on interactions with public child welfare agencies
- Strengthening relationships with public child welfare agency caseworkers

1. Advantages to Working with Project Partners

Twenty-three of 24 grantees addressed the advantages of working with project partners, documented in Figure 8-3: Advantages to Working with Partners. The greatest advantage to collaboration was sharing knowledge and skills, followed by partners either augmenting grantee’s existing services or providing services the grantee could not. Public child welfare agency grantees noted that private/not-for-profit partners might be perceived more positively. Grantees also cited partner’s contributions in promoting sustainability and influencing vision and policy.

Figure 8-3: Advantages to Working with Partners



- **Sharing Knowledge and Skills.** Grantees cited the importance of sharing information among partner organizations, which positively affected leadership and staff members’ abilities to provide effective services to meet client needs. Knowledge and skills included client-specific information and larger issues (e.g., education policy). Sharing took place during regularly scheduled meetings, as-needed communication, and trainings. Grantees cited the benefit of understanding other organization’s perspectives on specific clients and service provision in general. A grantee that provided FGDM commented on the benefits of regularly-scheduled meetings; *“Every six weeks we have operations meetings and it helps give different perspectives as to what’s working. It’s hard to take a step back as far as what’s going on. It gives us reality checks.”*

Sharing Knowledge and Skills: *“Cross-training for early childhood and chemical dependency is important. Accessing different areas of expertise helps the continuity of services.”* – Residential family treatment grantee

- **Augmenting Services.** Grantees discussed partners’ abilities to fill in service gaps by expediting services, finding and making referrals to community resources, providing supplemental funding, recruitment, and making referrals. Obtaining support from different directions enabled grantees to effectively focus on work. Some grantees also noted that service providers who were not the public child welfare agency (which may be themselves or a project partner) often elicited more candid and relaxed interactions with families. A combination grantee observed: *“With both of us keeping in contact with each other and with the family, the family feels like they’re receiving*

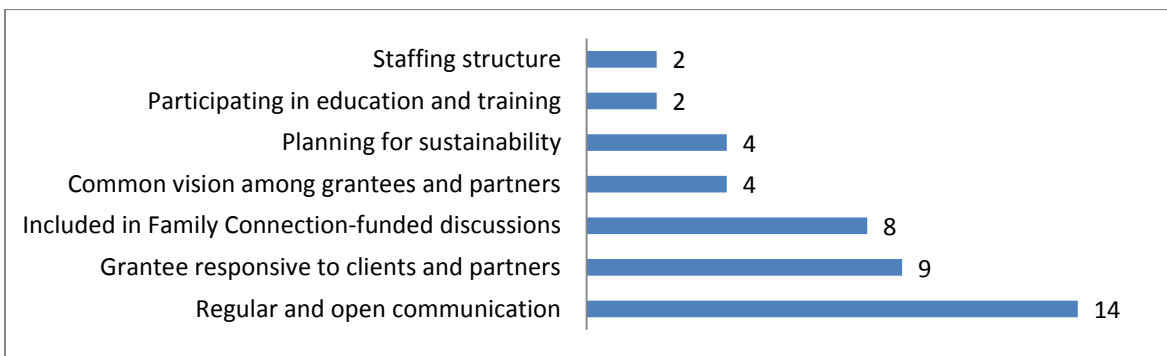
extra attention. Instead of having one worker they have two or three. There's someone available to speak with to find other resources or information."

- Providing Services the Grantee Cannot.** In addition to augmenting grantee's existing program of services, project partners assisted grantees by providing resources and services the grantee did not have the ability or resources to provide. The public child welfare agency was often the key referral source to private/not-for-profit grantees. Partners also identified potential clients, provided specialized services and access to public benefits, etc. A combination grantee that implemented kinship navigator services verified this benefit when stating, *"There's no way the kinship navigator program could do all of our activities as a single agency; so our partners help us provide those services."*
- Promoting Common Vision and Sustainability.** Grantee and project partner collaboration influenced each other's work at the client level and in regard to the service model. Grantees also discussed the importance of funding, contracts, and referrals from project partners. A combination grantee implementing kinship navigator, family-finding, and FGDM commented on efforts to achieve permanency: *"Over the years, the Department has worked closely with Family Connection in looking at better ways to improve permanency outcomes. The grant has helped us understand different types of permanency and what they are. We're trying to achieve permanency in various ways."*

2. Fostering Collaborative Relationships

There were clear advantages to working with partners, and grantees provided strategies on continuing to foster these relationships. Project partners affiliated with 19 Family Connection grantees responded to discussion questions on the overall characterization of ongoing collaborative relationship with the grantee. The majority of partners (n=18) described the relationships as positive. Partners elaborated on specific factors that contributed to positive relationships, listed in Figure 8-4: Grantee and Partner Relationship Facilitators. Details on relationship facilitators are summarized below.

Figure 8-4: Grantee and Partner Relationship Facilitators



- Regular and Open Communication.** Regularly scheduled meetings and respectful and supportive interactions between the grantee and project partners characterized communication. Project partners appreciated coming together on a regular basis to share information and think strategically. Communication focused on project planning and problem solving, with problem solving encompassing larger, systemic issues in the community as well as specific, client-level issues.

- **Grantee Responsiveness.** Project partners reported grantees as responsive to clients and partner organizations. Several grantees had been in the community for many years and continually demonstrated their understanding of child and family needs and delivering quality service. Grantees responded to partner agency questions and requests for support.
- **Inclusiveness.** Project partners felt included in the Family Connection effort and were valued as stakeholders by participating in advisory groups and other community-based efforts. Partners discussed how grantees listened to ideas, sought out information, were willing to consider multiple viewpoints, and worked with partner organizations to deliver and continually improve services. Project partners saw collaboration as an opportunity to build and grow relationships with other agencies. Inclusiveness was illustrated by a statement from a combination grantee representative: *“It’s an excellent relationship. The real positive aspect of it began before the grant was implemented. One of the best things they’ve been able to do as a community provider was reach out to other agencies to make it a community effort. They’re working with a number of other community providers in a real partnership. It helped us all recognize the need to all work together with a child and family-centered approach. It created a spirit of community.”*
- **Common Vision.** Partners reported that having common goals for children and families to achieve positive outcomes helped focus agency efforts on the most impactful processes. Partners discussed coming to agreement on what was in the best interests of children and families, often resulting in compromise and partners potentially expending more effort and being ready to do so. A residential family treatment grantee noted: *“Agency doors that were historically closed are now opening further and remaining open. We can come to the table, discuss things, and agree to disagree.”*

Common Vision: *“We’re on the same page about the value of safely supporting families and keeping children in home whenever possible. We have shared clarity about what benefits we can bring to a child and a family beyond placement. It’s been a learning process that placement isn’t the only benefit to struggling families. (We are) always pushing this through meetings.”* – Residential family treatment grantee
- **Sustainability Planning.** Project partners reported that collaboration was a vehicle for sustainability planning, including maintaining and expanding services and positioning the grantee to pursue new funding opportunities. A local judicial representative reported that collaboration with the State of Wisconsin Department of Children and Families (WI DCF) led to the idea of pursuing a drug court grant.
- **Education.** Two project partners discussed the importance of grantees and partners better understanding what each organization did in order to improve service delivery. Franklin County Children’s Services (FCCS) discussed a series of meetings and trainings with Amethyst, Inc., the residential family treatment facility (grantee). These meetings led both organizations to identify critical gaps in communication and implement new processes to help grantee staff members better connect with FCCS caseworkers. A local judicial representative working with State of Wisconsin DCF cited training on alcohol and drug use for legal staff members assisted in more effectively handling cases.

- **Staffing Structure.** Two project partners discussed helpful staffing arrangements, such as co-locating Renewal House, Inc. staff at the public child welfare agency and maintaining consistency in evaluation staff at Rhode Island Foster Parents Association.

Although none of the grantees reported that there were major changes in partnerships, 10 of the grantees reported that partnerships had been strengthened and deepened over the course of the grant. Presumably, the factors above led to these enhancements in the partnerships. More specifically, the following phenomena occurred:

- Partners and grantees worked together to coordinate and improve service provision.
- Partners participated in grantee-facilitated training or worked with other Family Connection partners on selected activities.
- Partners became more knowledgeable about services provided by the grantee.
- Partners and grantees discussed outcomes and ways to promote improved outcomes.
- Family Connection funding was the impetus for partner’s first experience working with grantees.

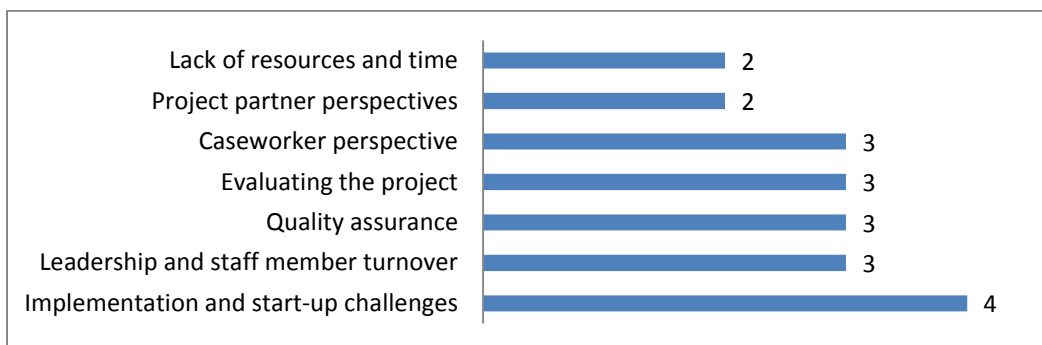
3. Challenges with Partnerships

Despite the benefits of partnerships and ongoing efforts to enhance them, both grantees and project partners acknowledged challenges inherent in developing and maintaining partnerships. The following subsection describes the challenges listed by both sets of stakeholders, and how these challenges were addressed.

a) Partner’s Perspective

Project partners affiliated with 20 grantees discussed challenges collaborating with grantee organizations. As illustrated in Figure 8-5: Collaboration Challenges from Program Partners, most challenges were related to implementation and start up, staff member turnover, quality assurance processes, evaluating the project, and caseworker perspectives. Partners also discussed, although to a lesser degree, differing perspectives of different project partners and lack of resources and time.

Figure 8-5: Collaboration Challenges from Program Partners



- **Implementation and Start Up.** Project partners discussed confusion and the need to develop clarity in regard to roles and responsibilities at the beginning of the project, although these issues were eventually resolved. One grantee noted changes that needed to be made to make a paper-based plan work in reality.

- **Leadership and Staff Member Turnover.** Project partners discussed the impact of caseworker and project manager turnover. Turnover in leadership necessitated getting incoming project managers rapidly oriented to the work and project activities back in line with the project plan.
- **Quality Assurance.** Partners expressed concerns about understanding the grantee’s service provision process so caseworkers could request services without causing unnecessary frustration and distress to clients. Partners were invested in sustainability and wanted to ensure high quality services that generated positive impact for children and families.
- **Evaluating the Project.** Partners noted confusion around reporting and data collection processes; front-line staff members did not always understand the purpose or process of data collection instruments. Performance metrics also varied by agency.
- **Caseworker Perspective.** Partners expressed the importance of caseworkers “owning” cases and working to overcome barriers to moving cases to permanency (e.g., integrating new family members into case planning).

Although only described by partners from one grantee, representatives from Oklahoma Department of Human Services (DHS) and the Bureau of Indian Affairs (BIA) discussed strengthening collaboration in order to better navigate multiple Tribe’s policies and procedures, reduce the number of moves between homes, work to keep children in their own communities despite a lack of foster parents, and to more accurately identify Native American children in order to be in compliance with Indian Child Welfare Act (ICWA) rules and regulations.

b) Grantee’s Perspective

Nine grantees discussed challenges working with project partners and centering on lack of cooperation, communication, and resources. To a lesser degree grantees noted new mandates, difficult relationships with a specific project partner, maintaining confidentiality of the family, and collecting data in a consistent manner.

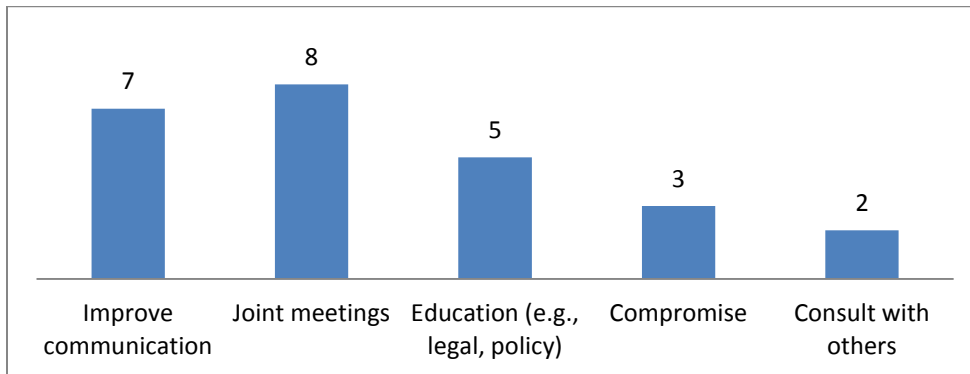
- **Lack of Cooperation.** Grantees indicated frustration in getting public child welfare agency staff members to respond or getting public child welfare agency offices to make referrals to the State. Grantees mentioned that caseworkers did not always want to make the investment in pursuing the Family Connection service model.
- **Lack of Coordination and Communication.** Grantees discussed opportunities for improvement in regard to coordination and communication regarding meetings, lack of contact information, policies and practices, and contacting caseworkers who were often in the field and unable to check e-mail on a regular basis.
- **Lack of Resources.** Grantees expressed concerns about perceived dwindling community resources such as homeless shelters and food banks. Providing all the services needed by a client was often difficult for a grantee; eligibility for one service may have made them ineligible for another.

Thirteen program partners cited **increased communication** as an antidote to collaboration challenges. Examples include regularly scheduled meetings on various levels, additional meetings for leaders and staff members as needed, and trainings on program operations and goals.

c) *Overcoming Challenges*

Sixteen grantees noted several strategies to overcome partner challenges, which often surfaced in discussing other areas of service delivery and evaluation. Strategies, documented in Figure 8-6: Overcoming Challenges with Partners, centered on improving communication, holding meetings, and educating each other. To a lesser degree, grantees discussed compromising when needed and consulting with others.

Figure 8-6: Overcoming Challenges with Partners



- **Improving Communication.** Keeping project partners informed on case decisions and progress, being willing to listen to what the other staff member has to say, maintaining empathy, and finding the right people in the partner agency to speak with were some of the strategies grantees have used to overcome collaboration challenges. A combination grantee noted: *“We’ve overcome challenges by really listening to the other side and what they’re experiencing and by responding in a genuine way. Having empathy, addressing fears and concerns, and working in a collaborative way.”*
- **Joint Meetings.** Inviting project partners to regularly scheduled meetings and attending regularly scheduled meetings such as reviews, staffing and operations meetings, and other workgroup meetings was helpful to several grantees. As a positive example of joint meetings, a residential family treatment grantee’s staff members attended the public child welfare agency’s mandated reporting training. The representative expressed that the joint meeting increased the project team’s understanding of the agency’s work; the grantee has continued to maintain communication with the agency.
- **Education.** Sharing information on new policies, legal requirements, and other operations has been beneficial for several grantees. Education occurred through regularly scheduled meetings, trainings, written communications, and other modes.

4. Advantages and Disadvantages of Services from Public and Private / Not-for-Profit Agencies

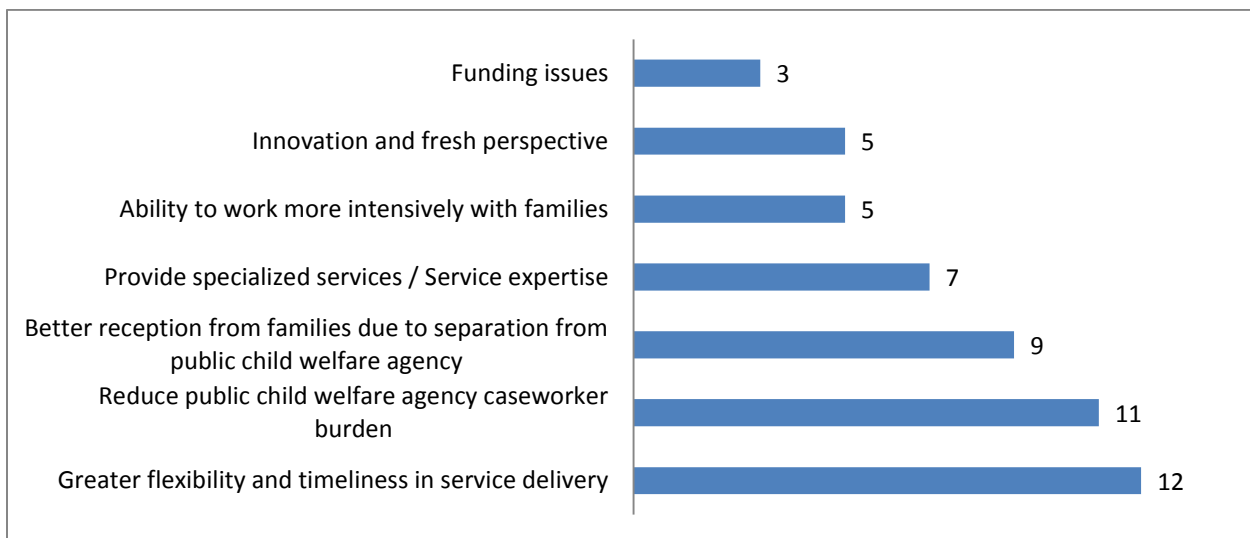
Of the 24 Family Connection grantees, 6 (Maine Department of Health and Human Services, Maryland Department of Human Resources, Oklahoma Department of Human Services, South Carolina Department of Social Services, State of Hawaii Department of Human Services, and State of Wisconsin DCF) were public child welfare agencies. The remaining 18 were public or private/not-for-profit organizations.

According to representatives from 22 grantees with whom JBA held discussions, having public and private/not-for-profit agencies, as well as public child welfare agencies, provide services to children and families had advantages and disadvantages. Each type of agency brought strengths and challenges to the table.

a) Advantages of Private / Not-for-Profit Agency Service Provision

Top advantages of private/not-for-profit service provision, documented in Figure 8-7: Advantages of Private / Not-for-Profit Agency Service Provision, included greater flexibility and timeliness in delivering services, reducing burden on public child agency caseworkers, more positive reception from families, expertise and ability to provide specialized services and work more intensively with families, understanding community needs and resources, and ability to offer fresh perspectives.

Figure 8-7: Advantages of Private / Not-for-Profit Agency Service Provision



- Flexibility and Timeliness in Service Delivery.** “Flexibility” took several forms, including 1) being a full-service agency that was able to provide comprehensive services to children and families; 2) Greater latitude in directing funding for activities; 3) ready access to local and widespread networks of resources; 4) ability to reach out to clients (e.g., kin caregivers) not formally connected to the child welfare system; and 5) fewer regulations, requests for permissions, and less “red tape” to work through. Several grantees and project partners discussed private/not-for-profit organization’s ability to provide services and access resources in a timelier manner than public agencies.
- Reducing Caseworker Burden.** Public child welfare agency caseworkers tended to have large caseloads. By taking on some of the service provision, private/not-for-profit staff members enabled caseworkers to focus on the children. Multiple staff members working with a child and family generated more time and intensive work with the family. As a result, multiple staff members obtained greater knowledge of the family that agencies could then share.
- Separation from Child Welfare.** Families reacted to private/not-for-profit organizations with less fear and apprehension since these organizations were not there to place children. As neutral service providers, families tended to be more open and receptive to private/not-for-profit organizations. A Public Children’s Services Association of Ohio representative illustrated this

concept: “We’re not CPS. We don’t have the power to influence the placement of children, so families are open and honest about what their needs are. They aren’t afraid to tell us that they have barriers or have taken a stumble.”

- **Specialized Services and Expertise.** Private/not-for-profit organizations understood community needs. The ability to access significant networks of resources and provide expertise in selected areas augmented public child welfare agency work.
- **Work More Intensively With Families.** For all the above reasons, private/not-for-profit agencies may have more time to work with families. For example, ISS-USA has expertise and a network of resources in other countries that are familiar with the cultural, legal, and other aspects of systems in those countries, which would be very time consuming for the Department of Youth and Family Services (DYFS) to do this.

Specialized Services and Expertise: “One of the advantages of having an agency dedicated to relative placement is that they’re not calling a foster care agency. The Minnesota Kinship Caregivers Association (MKCA) was a grassroots association started by relatives and the support that was provided by your more traditional child welfare service wasn’t being offered to them. They’re there to serve these relative caregivers and meet their needs. They have offered relatives an understanding about the needs of their related children and the complexities of caring for kids within the family and also the importance of the children to be maintained in the family system.” – Minnesota Kinship Caregivers Association

- **Innovation and Fresh Perspective.** Project partners and grantees noted the importance of a “fresh pair of eyes” that questioned public agency policies and procedures, promoted awareness of other issues and ways of providing services, and facilitated discussions on alternative methods of achieving outcomes.
- **Funding Issues.** Project partners and grantees indicated the lack of funding for public child welfare agencies, and that private/not-for-profit organizations may represent a cost savings.

Representatives from 13 grantees also discussed the benefits of developing partnerships between public child welfare agencies and private/not-for-profit organizations; many responses echoed comments about the benefits of interagency partnerships in general. Five grantees mentioned the opportunity to share and benefit from each other’s resources, and three described the ability to improve the quality of services for children and families. Nine representatives stressed the realization that the partnership between these two types of organizations was the most efficient and effective way to provide services for children and families that were likely to lead to positive impacts, with a kinship navigator representative stating: “We’re constantly partnering with community child welfare agencies

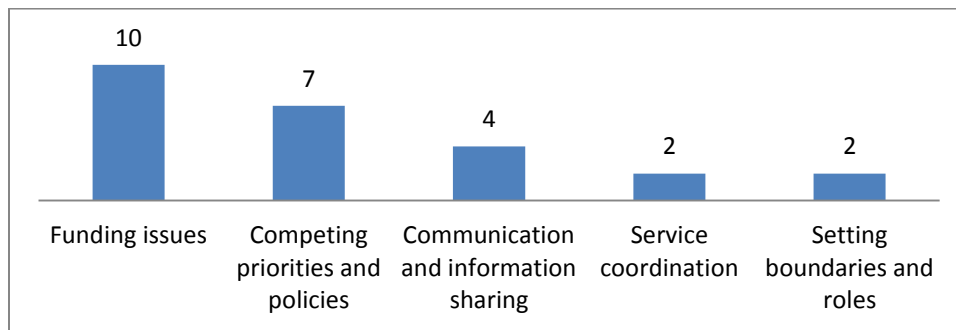
Partnering to More Effectively Provide Services: “One of our focuses is engaging community and really understanding that it takes more than just the public agency to affect change and improve our services to children and families and helping them be sufficient. The partnership allows us to build a better system, allows us to improve service delivery to children and families . . . it takes a village to raise a family. The Department of Children and Families (DCF) can’t be successful by itself.” – Family-finding grantee

because that's the only way we can service the families and make real change." Grantees also explained how they used each other as resources for families, and worked together to make informed decisions to serve families and build better service delivery systems. These responses demonstrate how these two groups of agencies can work together to make the best use of assets and overcome challenges.

b) Challenges to Private / Not-for-Profit Agency Service Provision

Challenges to private/not-for-profit organizations effectively providing services centered around funding issues that affected capacity and resources, followed by competing priorities and policies among organizations and barriers in communicating and sharing resources. To a lesser degree, grantees mentioned challenges coordinating services and lack of clarity in boundaries and roles. The number of grantees noting these challenges is represented in Figure 8-8: Challenges to Private / Not-for-Profit Agency Service Provision.

Figure 8-8: Challenges to Private / Not-for-Profit Agency Service Provision



- Funding Issues.** All respondents to the question of challenges with private/not-for-profit organizations providing services, whether public or private/not-for-profit agency representatives, cited funding as an overall concern. While some grantees noted that public child welfare agencies suffered from a lack of funding, other grantees confirmed that public agencies were in a good position financially. Grantees might consider combining the former's more abundant funding with the latter's greater flexibility, which could increase the overall efficiency and effectiveness of services for children and families.
- Competing Priorities and Policies.** It is important for public agencies and private/not-for-profit organizations to understand their mission and the missions of partner organizations. Project partners and different levels of staff within partner organizations might have competing regulations, goals, and objectives. This challenge was exemplified by a combination grantee representative, who stated: *"Making sure each of us remembers our own mission and respecting each other's mission rather than trying to drive each other's mission."*
- Communication and Information Sharing.** Challenges regarding communication and information sharing encompassed a range of issues, including issues of confidentiality, obtaining records from law enforcement, and the ability to access to state-level administrative data.

c) Advantages of Public Child Welfare Agency Service Provision

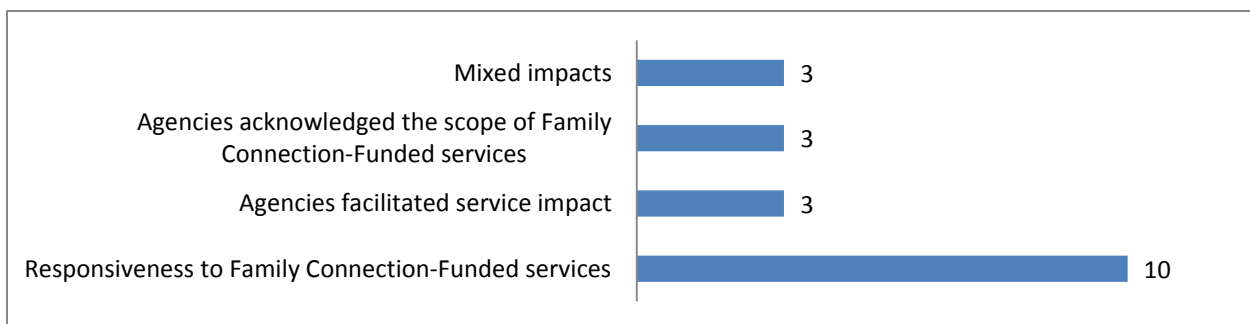
Grantees also discussed the advantages of having public child welfare agencies provide services. Representatives from eight organizations, including public child welfare agencies and private/not-for-profit organizations, reported that public child welfare agencies enjoyed funding stability, which enabled

them to provide services to children and families. This supported the most common response to challenges to having private/not-for-profit agencies deliver services: lack of funding. Five partnering organizations mentioned the benefits of increased accountability, oversight, and responsibility. When asked about the disadvantages of having public child welfare agencies provide services, grantees' responses largely mirrored the advantages to having private/not-for-profit agencies providing services.

5. Family Connection-Funded Services' Effect on Public Child Welfare Agencies

Twenty-one grantees addressed how Family Connection-funded services affected public child welfare practice in the community, documented in Figure 8-9: Family Connection-Funded Services' Effect on Public Child Welfare Agencies. Almost half of grantees noted that public child welfare agencies were responsive to the Family Connection-funded services. Other effects included facilitating service impact, acknowledging the scope of Family Connection-funded services, and mixed impacts.

Figure 8-9: Family Connection-Funded Services' Effect on Public Child Welfare Agencies



- Responsive to Family Connection-Funded Services.** Public child welfare agencies responded to grantee initiatives by supporting the assessment and provision of services to a wider range of family members, providing greater breadth of services, and continuing commitment to referrals.
- Facilitating Impact.** Grantees and public child welfare agencies have worked together to keep children out of the foster care system and move them to permanency with relatives. Family Connection-funded activities have also impacted other areas of public child welfare agencies.
- Scope of Services.** Grantees noted the need to broaden efforts throughout the State, and also focus efforts by location.

In addition to information presented earlier in this section on fostering collaborative relationships, advantages of working with partners, benefits of collaboration, and advantages of public and private/not-for-profit service provision, representatives from six grantees offered some final thoughts on strengthening collaboration between public and private/not-for-profit organizations. The most common suggestion was for organizations to be willing to have difficult conversations and engage in the struggle to solve difficult problems together (five grantees). Understanding each other's policies and cultures was mentioned by two grantees and looking for opportunities to partner on other projects outside of Family Connection-funded activities was mentioned by one grantee.

6. Improving Relationships with Caseworkers

As described earlier in this section, one of the most crucial facilitators of collaboration was also one of the most often mentioned challenges: attaining effective working relationships with child welfare caseworkers. Representatives from all 24 grantees provided suggestions for strategies to improve and maintain relationships with public child welfare agency caseworkers and project partners in general. Listed in Figure 8-10: Relationship Strategies for Caseworkers, the strategies included consistent communication with and support of case managers; advocating the project; teaming; meetings; clarifying roles, responsibilities and expectations; leadership support; training; demonstrating impact; and co-locating staff.

Figure 8-10: Relationship Strategies for Caseworkers



- Case Manager Interaction.** Eighteen grantees stressed the importance of ongoing and timely communication and interaction with case managers on individual cases and programmatic issues. Communication was formal or informal and included meetings, monthly reports, e-mail and telephone calls. Giving case managers a “heads up” on anticipated issues rather than notifying after a problem had materialized, providing regular updates, and communicating future actions was seen as critical to keeping all involved agencies informed and better able to address a child and family’s needs. A combination grantee that implemented kinship navigator and family-finding services discussed a daily, case-level update that included cases worked on, who was assigned, progress made, etc. Then they sent the update to foster care, child protective services, shelter social workers, supervisors, and court staff.
- Supporting Case Manager Needs.** A dozen grantees noted that Family Connection-funded services supported caseworkers in fulfilling roles and responsibilities. Grantee representatives discussed reiterating to caseworkers that they were here to assist them with their jobs along with the importance of educating them about services and resources so they could make a referral. A combination grantee that implemented family-finding and FGDM noted: “*Building rapport with the social workers is important.*”

Case Manager Interaction: “As much contact as you can possibly have with them. Once you stop communicating, you don’t get responses because they don’t see you as consistent.” – Kinship navigator grantee

Reiterating that we're here to help them do their jobs, helping them to see value in FGDM and soliciting their feedback. We want to be sensitive to their time. Having one dedicated coordinator to one social worker to make referral process easier for them."

- **Project Advocacy.** Disseminating information about the project to caseworkers, partner organizations, and the community through presentations, newsletters, individual meetings and consultation, and other outreach methods helped caseworkers and other project partner staff members understand and incorporate Family Connection-funded services and referral opportunities into case-related decision-making. Dissemination on a regular basis was needed, given staff member turnover. A residential family treatment grantee representative discussed the impact of caseworkers and other partners visiting their facility.
- **Teaming.** Working together as a team in the spirit of collaboration was a key observation. Grantee representatives discussed the need to work with mutual respect, understand each other's perspective, and provide information for the caseworker to make educated decisions. Recognizing and respecting the caseworker as the key decision-maker on the case was also important.
- **Meetings.** Regularly scheduled meetings that included public child welfare agency caseworkers and other project partner staff members were key to keeping leadership and front-line staff members informed on project-related activities, decision-making processes, and events within specific cases.
- **Roles, Responsibilities, and Expectations.** Mutual understanding of grantee, caseworker, and other project partner roles, responsibilities, and expectations of each other was critical to alleviating confusion and promoting caseworker use of grantee services and other resources. Restrictions around grantee activities (e.g., cannot accompany clients to court, etc.) and making the distinction between multiple service lines (e.g., family finding, kinship navigator, FGDM) were also helpful to caseworkers.
- **Leadership Support.** Developing and maintaining a positive relationship with public child welfare agency leadership and front-line staff members helped facilitate service and resource use by caseworkers.
- **Training.** Interacting and supporting leadership and case managers, advocating Family Connection-funded services, promoting teaming, and clarifying roles and responsibilities often occurred through training. Training was scheduled in large groups and small meetings on a regular and as-needed basis and was developed for different levels of staff. Ongoing training was needed to address staff turnover.
- **Project Impact.** The ability to demonstrate progress and impact due to Family Connection-funded services was noted by several grantee representatives. Grantee staff members discussed sharing success stories, while evaluators provided process and outcome data to project leadership.
- **Co-Locating Staff.** While additional grantees have co-located staff members at the public child welfare agency or other project partner organizations, three grantees reported on the positive impact of co-located staff members. Co-located staff members facilitated information sharing and decision-making at the case level and formal and informal training on key service issues.

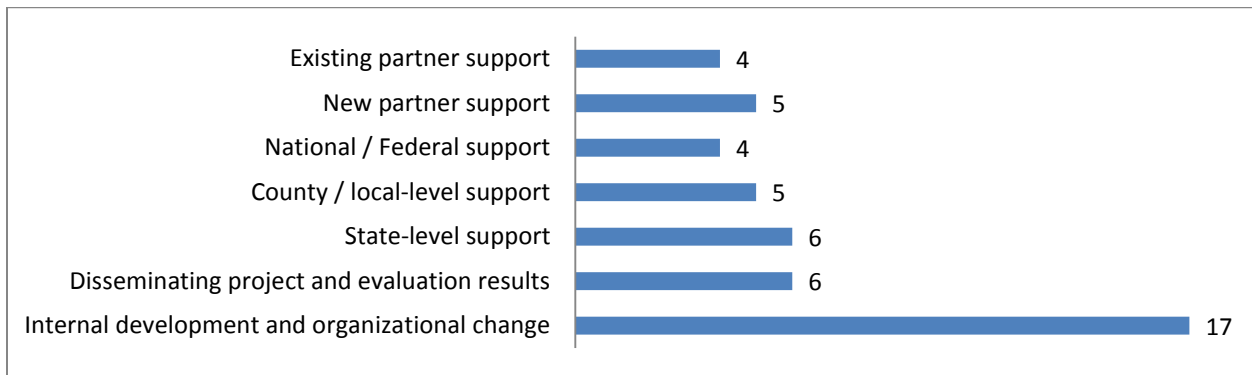
E. Sustainability

This section describes how grantees planned to sustain Family Connection-funded services and other activities beyond the three-year Federal funding period. Needed resources and capacities to sustain project activities and decisions about what components of the project may be sustained are discussed.

1. Planning for Sustainability

Twenty-three of 24 grantees discussed planning for sustainability, as documented in Figure 8-11: Sustainability Strategies. Grantees were in the final year, although they still had several months before the conclusion of Federal funding. The majority of grantees outlined plans for organizational change and internal development. Grantees planned to seek support at the State and county levels; other grantees mentioned obtaining support from national or Federal-level organizations. Existing and new partners were incorporated into sustainability planning.

Figure 8-11: Sustainability Strategies



- **Organizational Development.** Seventeen grantees discussed substantial changes in organizational functioning as a way to sustain Family Connection-funded services, including merging departments; reorganizing units; and incorporating kinship navigator, family finding, and FGDM services into other service provision groups. In doing so, grantees considered the concerns of staff members who thought they might lose their positions. Grantees piloted potential changes in offices and considered expanding work into other “satellite” offices.

As part of planning for organizational change, project leaders and staff members from five grantees consulted with organizational leadership and advisory groups, who usually had community member representation in sustainability planning. Another strategy was bolstering community awareness of services through web or other communications, as a way to reduce internal costs.

Examples of organizational development included the following: 1) Rhode Island Foster Parents Association reported that they did not create a new permanency support team for the Family

Organizational Development:

Oklahoma DHS discussed reorganizing Tulsa County’s Foster Care Unit to incorporate the Kinship Bridge Unit. Leadership at the project and agency level spoke with staff members so they could hear directly that their jobs would be sustained.

Connection grant, but used the existing team, and the team leads would still be in place after Federal funding concluded; 2) Children’s Service Society of Wisconsin built a family finding worker into treatment foster care programming; and 3) Renewal House, Inc. integrated new services funded by Family Connection into core residential family treatment services.

- **Dissemination.** As part of organizational development, six grantees reported sharing project progress and results with organizational leadership, elected officials, and the community. Representatives from a combination grantee implementing family-finding and FGDM discussed their hopes that their data will help the State be more competitive in future funding opportunities.
- **State, County, and Federal-level Support.** Six grantees discussed obtaining support from the State by meeting with state-level leadership, making requests, and looking for and pursuing state-level funding opportunities. County-level support discussed by five grantees included a focus on obtaining paid referrals and pursuing community grants. Two grantees discussed bolstering relationships with the judicial system, helping judges and other legal system personnel better understand Family Connection-funded services and how the services may impact decision-making. For example, Children’s Service Society of Wisconsin invited their judicial partner to an upcoming family-finding training by Kevin Campbell. Four grantees pursued Federal-level support by applying for funding from CB. Children’s Home Society of New Jersey reported three sources of funding: a private foundation interested in sustaining grand-family kinship success centers, another Federal grant, and State funding for kin centers.
- **New and Existing Partner Support.** Nine grantees focused efforts on continued support from existing partners, such as public child welfare agencies and private/not-for-profit trainers and service providers, and fostering partnerships with new organizations. ISS-USA discussed how once the organization works with a caseworker, the organization continued that relationship. ISS-USA also discussed plans for work to be provided on a fee-for-service basis to the public child welfare agency once Federal funding concludes.

The concept of sustainability could go beyond maintaining a particular project. Influencing the business model of the local child welfare agency was a desirable long lasting impact. Several grantees described how projects had long lasting impact on their respective child welfare agency, particularly opening their minds and changing policies regarding seeking kin as caregivers. Other grantees developed materials and resources to be used long after the funding period was over (e.g., informational booklets or manuals regarding legal issues for kin caregivers).

2. Resources for Sustainability

Fourteen grantees listed the necessary resources and capacities needed to sustain Family Connection-funded services. The most frequently mentioned resource by 12 grantees was funding, followed by staff development in the Family Connection program areas, which was noted by 5 grantees. Related to staff development, 4 grantees discussed dissemination and education for project partners, decision makers, and potential funds. A combination grantee that implemented family-finding and FGDM discussed developing staff as a basic resource: *“As each new social worker comes on board and is engaged in connections work, it’s really starting over in helping them understand value and support and building that trust.”* Kids Central, Inc., a family-finding grantee, was enthusiastic about a train-the-trainer approach that built their agency’s internal capacity in the content, was a strategy to address turnover, and contributed to sustainability.

F. Project and Evaluation Lessons Learned and Recommendations from Grantees

This section describes “lesson learned” and other recommendations reported by Family Connection grantees in designing, implementing, maintaining, and evaluating Family Connection-funded services. All grantees responded to questions regarding advice they would provide to another organization implementing a similar project about how to achieve positive outcomes for children and families. The most common categories of lessons learned across program areas addressed: start-up and planning, engaging and serving children and families, staffing characteristics and training, collaborating with project partners, and sustaining services. Also included in this section are key recommendations regarding effectively implementing local evaluations in the area of data collection, evaluation design, evaluation communication, and Institutional Review Boards (IRB).

1. Project Lessons Learned and Recommendations from Grantees

The most commonly cited lessons learned, taken from Table 8-1: Project Lessons Learned and Recommendations from Grantees regarding project implementation included the following:

- Develop a clearly defined service model. Ensure all staff members, partners, and key stakeholders involved understand the values, goals, and mission.
- Investigate the contextual landscape in which the grant will operate. Ensure the service model being proposed fits into the current systems in place.
- Conduct a needs assessment and/or focus group to gain a deeper understanding of the needs and circumstances of the target population.
- Meet families where they are by building rapport and identifying their needs through a strengths-based approach.
- Allow flexibility in providing services to meet the diverse needs of children and families.
- Develop effective, interactive staff training during the planning phase of the grant. Obtain feedback on training topics to ensure the needs of the target population are being met.
- Hire personnel with appropriate qualities and competencies. Recognize early on if staff members are not the right fit for the position.
- Involve key stakeholders and consumers in the planning and implementation phase.
- Actively pursue child welfare staff support and engagement at the planning and early implementation stage. Foster ownership and embed partners’ goals into the project.
- Build a foundation for sustainability by developing a strong partnership with the state child welfare system.
- Develop a strategic plan for sustainability.

Table 8-1: Project Lessons Learned and Recommendations from Grantees

| Category | Lessons Learned and Recommendations | Number of Grantees |
|--|---|--------------------|
| Start-Up and Planning | <ul style="list-style-type: none"> Develop a clearly defined service model. Ensure all staff members, partners, and key stakeholders involved understand the values, goals, and mission. | 10 |
| | <ul style="list-style-type: none"> Investigate the contextual landscape in which the grant will operate. Ensure the service model being proposed fits into the current systems in place. | 8 |
| | <ul style="list-style-type: none"> Consider time and administrative capacity required during the planning and start-up phase of the grant. Due to the limited grant period, focus on long term goals serving a high number of people or short term goals serving fewer people. | 7 |
| | <ul style="list-style-type: none"> Ensure that the project is accepted and supported at all levels. Identify project champions and build internal support. | 4 |
| | <ul style="list-style-type: none"> Develop sound fidelity processes early and maintain them throughout the grant period. | 3 |
| | <ul style="list-style-type: none"> Develop a project which is set up to be flexible given contextual challenges that may arise. Be able to adapt if necessary and constantly evolve according to what is needed. | 5 |
| Engaging and Serving Children and Families | <ul style="list-style-type: none"> Conduct a needs assessment or focus group to understand the needs of the target population. | 8 |
| | <ul style="list-style-type: none"> Meet families where they are by building rapport and identifying their needs. If possible, communicate with families in person. | 7 |
| | <ul style="list-style-type: none"> Allow flexibility in tailoring services to meet the diverse needs of the target population. | 7 |
| | <ul style="list-style-type: none"> Educate families regarding available project services to build support. | 4 |
| | <ul style="list-style-type: none"> Use a strengths-based approach to empower families and allow them to be heard. | 4 |
| | <ul style="list-style-type: none"> Keep the focus on the larger purpose of positive child well-being. | 4 |
| Recruiting and Training | <ul style="list-style-type: none"> Develop effective interactive staff training during the planning phase of the grant. Obtain feedback on training topics to ensure the needs of the target population are being met. | 9 |
| | <ul style="list-style-type: none"> Hire personnel with appropriate qualities and competencies. Recognize early on if staff members are not the right fit for the position. | 7 |
| | <ul style="list-style-type: none"> Strong, accessible, and responsive leadership is critical. Leadership should be aware of the day-to-day requirements and needs of the position. | 6 |
| | <ul style="list-style-type: none"> Establish a supportive, professional network of staff and partners to facilitate information sharing and peer-to-peer | 5 |

| Category | Lessons Learned and Recommendations | Number of Grantees |
|-------------------------------------|---|--------------------|
| | learning. | |
| | <ul style="list-style-type: none"> Ensure that staff members understand their roles, responsibilities, and expectations. Be transparent with staff members and communicate with them about all aspects of the project. | 4 |
| | <ul style="list-style-type: none"> Maintain leadership and staff continuity if at all possible. | 2 |
| Collaborating with Project Partners | <ul style="list-style-type: none"> Involve key stakeholders and consumers in the planning and implementation phase. | 12 |
| | <ul style="list-style-type: none"> Actively pursue child welfare staff support and engagement at the planning and early implementation stage. Foster ownership and embed partners' goals into the project. | 11 |
| | <ul style="list-style-type: none"> Invest time and resources into building partnerships. | 9 |
| | <ul style="list-style-type: none"> Reach out to partnering agencies with similar goals to network and build awareness of the project. Educate project partners regarding the service model and key activities to be implemented. | 7 |
| | <ul style="list-style-type: none"> Identify shared needs, commitment levels, accountability, and outcomes. Ensure the focus is on project goals as opposed to an individual agency. | 6 |
| | <ul style="list-style-type: none"> Establish strong communication lines through regular meetings. Create an environment that supports open dialogue to problem solve, discuss challenges, and highlight successes. | 6 |
| | <ul style="list-style-type: none"> Establish a clear understanding of the roles, responsibilities, and expectations of each partnering agency. | 4 |
| Sustaining Project Services | <ul style="list-style-type: none"> Build a foundation for sustainability by developing a strong partnership with the State and/or county child welfare system. | 3 |
| | <ul style="list-style-type: none"> Develop a strategic plan for sustainability. | 3 |
| | <ul style="list-style-type: none"> Ensure agency commitment to sustaining project components. | 2 |
| | <ul style="list-style-type: none"> Consider the role of policy and practice change in supporting sustainability efforts. | 2 |
| | <ul style="list-style-type: none"> Share success stories and use them to promote sustainability. | 1 |
| | <ul style="list-style-type: none"> Identify potential funding opportunities with project partners. | 1 |

2. Evaluation Lessons Learned and Recommendations from Grantees

Grantee evaluation staff members responded to questions regarding lessons learned from the implementation of local evaluations. Table 8-2: Evaluation Lessons Learned and Recommendations from Grantees documents recommendations within the categories of data collection, evaluation design,

evaluation communication, and Institutional Review Boards (IRB). The most commonly cited evaluation lessons learned across each program area included the following:

- Use more appropriate tools for the project staff members and target population (e.g., identify reliable measures, reduce the number of instruments, include child-level instruments).
- Increase the rigor of the evaluation (e.g., include random assignment, comparison groups, and longitudinal and follow-up measures).
- Communicate early with project staff and partners regarding evaluation goals and activities. Obtain staff support early in the process.
- Be prepared for potential issues obtaining IRB approval.

Table 8-2: Evaluation Lessons Learned and Recommendations from Grantees

| Category | Lesson Learned and Recommendations | Number of Grantees |
|----------------------------------|--|--------------------|
| Data Collection | <ul style="list-style-type: none"> • Use more appropriate tools for the project staff members and target population (e.g., identify reliable measures, reduce the number of instruments, include child-level instruments) | 7 |
| | <ul style="list-style-type: none"> • Develop more processes in place to be able to capture specific data more effectively (e.g., service utilization) | 1 |
| | <ul style="list-style-type: none"> • Reconsider using SACWIS data due to the lack of relevancy. | 1 |
| | <ul style="list-style-type: none"> • Transfer data from an excel spreadsheet to a database to collect and analyze data. | 1 |
| Evaluation Design | <ul style="list-style-type: none"> • Increase the rigor of the evaluation (e.g., include random assignment, comparison groups, longitudinal measures, and follow-up). | 4 |
| | <ul style="list-style-type: none"> • Reduce the complexity of the evaluation design. | 1 |
| | <ul style="list-style-type: none"> • Consider confounding variables involved for limited grant period. | 1 |
| | <ul style="list-style-type: none"> • Conduct research on differences in the target population, community, and resources existing within multi-site evaluations. | 2 |
| Evaluation Communication | <ul style="list-style-type: none"> • Communicate early with project staff and partners regarding evaluation goals and activities. Obtain staff support early in the process. | 3 |
| | <ul style="list-style-type: none"> • Set clear boundaries, roles, and responsibilities. | 2 |
| Institutional Review Board (IRB) | <ul style="list-style-type: none"> • Be prepared for potential issues obtaining IRB approval. | 3 |

Section 9: Summary and Recommendations

This section summarizes key results from the process and outcome evaluation of the program areas and observations about the Family Connection cluster. Limitations of the cross-site evaluation are described. The section concludes with recommendations for the child welfare field based on overall report findings.

A. Key Process Observations

Twenty-four grantees implemented 36 projects in four program areas with an accompanying diversity of service activities. Eight were combination grantees who implemented two or three areas of service within the kinship navigator, family-finding, and FGDM program areas as discrete and integrated services. All grantees filled critical needs within child welfare and contributed to the goals of child safety, permanency, and well-being; however, their purposes, methods, objectives, and service populations were unique. Combination grantees implementing multiple projects frequently had different operational and staffing structures to implement varying service models and activities.

1. Serving Parents, Children and Families

All grantees worked with parents, children, and families involved or with the potential to be involved in the child welfare system, but target populations varied greatly among the program areas. Corresponding demographics reflected differences in age, gender, race/ethnicity, and other background characteristics. The number of adults, children, and families served by grantees also varied significantly, often due to project capacity and geographic reach.

- Kinship navigator grantees worked with formal and informal kinship caregivers, most commonly grandmothers and other female caregivers raising approximately equal numbers of boys and girls from relatives and fictive kin. The number of kinship caregivers served ranged from 82 to 2,167, and the number of children served ranged from 136 to 1516. These numbers reflected grantees that provided a wide range of services to a small number of caregivers in a limited geographical range, and those who provided limited services to larger numbers of caregivers throughout multiple counties or the State.
- Family-finding grantees targeted services to children who were at risk of entering care, had newly entered care, and who had been in foster care for an extended period of time. Grantees served a total of 8,663 children, ranging from 78 to 5,720 by grantee. Grantees reported child ages from 4 to 18; predominant ethnicities included Caucasian, African American, and Asian children. Most children were in non-relative foster care or residential settings at the time of referral into family-finding. Case plan goals included reunification, adoption, long-term relative placement, and guardianship transfer, along with long-term foster care, another planned permanency living arrangement (APPLA), and independent living.
- FGDM projects primarily served families with children who were in or at risk of entering the child welfare system. FGDM project's broad definition of "family" included extended relatives and other significant adults. Grantees conducted between 68 and 8,438 FGDM meetings; participants included 162 to 11,742 children and 34 to 1,156 families by grantee. Children involved in FGDM meetings averaged 6 to 7 years old. Families tended to have histories of child welfare involvement, low-income background, limited education, substance abuse, mental health challenges, and potential incidences of domestic violence.

- Residential family treatment projects focused on chemically dependent women with co-occurring mental health challenges that already lost or were at risk of losing custody of their children. One residential grantee counted men as service recipients; grantees also provided services to children who ranged in age from less than 1 year to 7 years. Women may have been pregnant or had one or more minor children residing with them in the facility. Most women were in their late twenties to early/mid-thirties, unemployed, unmarried, and noted amphetamines, methamphetamines, and alcohol as drugs of choice. The number of clients served by grantees ranged from 47 to 184.

Grantees served who they intended to serve; their populations did not officially change during the duration of Family Connection-funded services. However, grantees noted some unexpected trends within age ranges, proportions of racial and ethnic groups, etc. Grantees made corresponding and continual adjustments to key activities to better engage parents, children, and families.

2. Service Models and Key Activities

Service models and key activities served the purpose of each program area, and grantees tailored their efforts to meet the needs of diverse caregivers, children, and families. All program areas cited similar characteristics of effective service providers: knowledge and experience in child welfare, strong social work and clinical skills, communication and listening skills, group facilitation skills, compassion and empathy, patience and perseverance, and knowledge and understanding of the target population. Successful service providers also needed to be flexible, adaptable, collaborative, team-oriented, and able to problem-solve.

Kinship navigator, family-finding, and FGDM services were provided by grantees implementing two or three services and by grantees dedicated to one program area. Residential family treatment projects were only offered as stand-alone projects. Table 9-1: Stand-Alone and Combination Projects summarizes the numbers of grantees offering projects solo and in combination with other program areas.

- Kinship navigator projects used several service models to assist formal and informal caregivers in learning about, locating, and using existing programs and services to meet caregiver needs and the needs of the children they were raising. All grantees offered information and referral services, emotional support for caregivers, case management, and outreach to families. Other services included support groups, advocacy, child-level services, and networking or collaborating with other child serving agencies. Families self-referred or were referred by child welfare or other social service agencies.
- Family-finding projects identified, located, and engaged family and fictive kin of children in or at risk of entering the child welfare system in order to generate support for their legal, physical, and emotional permanency. Most family-finding projects used the Kevin Campbell or Catholic Community Services of Western Washington (CCSWW) models of family-finding. Nearly all grantees incorporated FGDM or other family meeting services to engage the family in the child's case and to make decisions about permanency and maintaining family connections. The most effective family-finding strategies were talking to family members and caseworkers, and mining case files. Public child welfare agencies provided the most referrals to family-finding services.
- FGDM projects engaged and empowered families to take an active and sometimes leadership role in developing plans and making decisions to promote the safety, permanency, and well-being of their children. Grantees implemented one of several existing family meeting models, using trained facilitators to moderate meetings that included immediate and extended family members,

family friends, service providers, and community members involved with the family. FGDM models also incorporated methods to respond to domestic violence situations. Key services included parenting education, counseling services, substance abuse treatment, and life skills training. Families were referred to FGDM services through the public child welfare agency or the family-finding component of the Family Connection combination project.

- Residential family treatment grantees provided comprehensive, gender-specific family treatment services in a drug and alcohol-free environment to promote the safety, permanency, and well-being of children who were affected by parental substance abuse. Treatment incorporated evidence-based, promising, and best practices for chemical dependence counseling, mental health services along with skill building and training in parenting, life skills, and vocation and employment. Services were offered in individual and group settings. Key referral sources were public child welfare agencies, the courts, and self-referral. Clients began with intensive treatment and supervision in grantee-run residences, and then moved toward community housing and outpatient services per case management plans.

Table 9-1: Stand-Alone and Combination Projects

| Program Area | # of Stand-Alone Projects | # of Combination Projects | Total |
|------------------------------|----------------------------------|----------------------------------|--------------|
| Kinship Navigator | 6 | 7 | 13 |
| Family-finding | 4 | 8 | 12 |
| Family Group Decision-Making | 1 | 5 | 6 |
| Residential Family Treatment | 5 | 0 | 5 |

B. Key Outcome Observations

Grantees reported outcome evaluation findings for adults, children, and families, and provided input into organizational and system-level outcomes. As noted in in the Cross-Site Evaluation Considerations section, grantees implemented a combination of experimental and quasi-experimental evaluation designs; 11 grantees conducted randomized control trials; 13 grantees conducted quasi-experimental designs with comparison groups; and 4 grantees assessed outcomes with treatment only participants. Adult and child-level outcomes addressed a diversity of variables within the areas of safety, permanency, and well-being. Organizational and system-level outcomes documented available findings regarding policies and procedures, service model integration by the public child welfare agency and other key agencies, and projects’ impact on child welfare practice in the communities.

1. Adult, Child and Family-Level Outcomes

Overall, grantees found that although permanency remained elusive for some children, Family Connection-funded projects provided vulnerable adults and children with valuable community resources, increased connections, engagement of family members, and critical treatment for co-occurring chemical dependence and mental health challenges. In regard to safety, grantees reported on substantiated cases of abuse or neglect, reports to child protective services, children who remained or did not remain with their parents, and the potential for child maltreatment. Permanency outcomes were measured by identified family connections, rate of closed cases, number of placements, child placement at the end of treatment, length of time to permanent placement, caregiver’s self-reported progress toward seeking permanency, graduation from residential family treatment, and subsequent confirmed living arrangements. Grantees

measured well-being by the project's ability to fulfill family needs, reduce caregiver stress and disruptive child behavior, the presence of protective factors (e.g., functioning and resiliency, support, nurturing, and attachment), chemical abstinence, and knowledge of parenting and child development.

- Kinship navigator project outcomes showing clear improvement in safety and permanency were limited in part because most of the children were in relatively safe, stable homes at the start of treatment. However, grantees demonstrated some positive trends. Reports of child maltreatment were generally low, and kinship caregivers addressed identified safety goals for their family. Rates of permanency in regard to legal guardianship, increased or maintained custodial rights, and reunification with parents were high, more so for stand-alone grantees that only implemented kinship navigator services. Well-being results demonstrated that kinship navigator projects were successful at ameliorating families' needs, but measures of child behavior showed little improvement. Kinship caregivers made substantial progress toward accomplishing well-being goals for themselves and their families.
- Nearly half of children served through family-finding were reunified, adopted or placed in a pre-adoptive setting, placed with relatives, or had a transfer of guardianship. Family-finding data revealed that some grantees had difficulties in moving cases to closure and promoting the exit of children from foster care. The ability of grantees to place children with relatives and/or move them to permanency was more difficult for grantees that served children in care for an extended amount of time. While two grantees found improved placement outcomes for treatment versus control group children, two other grantees found no statistical differences in placement outcomes (e.g., living with relatives, adoptive/pre-adoptive setting, less likely to age out of foster care) for treatment children. Findings regarding average length of time in care were inconclusive as to whether family finding reduced the length of stay. Qualitative evidence from one grantee indicated that family-finding services may divert placement into care. Approximately three-fourths of the children served experienced increased family connections or had kin-focused permanency plans developed.
- FGDM grantees found that intervention group FGDM models were more effective in moving families in a favorable direction toward accomplishing service goals. One grantee reported a modest increase in the number of children diverting placement and remaining home after FGDM services. Grantees found little difference in placement stability for children receiving FGDM services versus those who did not. In regard to permanency, two grantees reported children participating in FGDM services were less likely to be reunified with parents. Another grantee found that families who were randomized into a control group and requested FGDM services were more likely to have children placed in relative care compared to treatment children who automatically received services. One FGDM grantee reported data on child well-being, finding a statistically significant reduction in the level of emotional symptoms, conduct problems, hyperactivity, and total difficulties in children receiving FGDM services.
- Residential family treatment grantees found that in regard to safety, most grantees reported few instances of child maltreatment; however, two grantees reported families who had subsequent reports to child welfare or child welfare involvement after completing treatment. In regard to permanency, grantees reported varying rates of clients who successfully completed treatment or had confirmed living arrangements at the end of treatment. Similarly, there was a wide range in clients who successfully reunified or maintained custody of their children by the end of treatment, ranging from one-fifth to three-fourths, as reported by four grantees. In regard to well-being, three grantees reported chemical abstinence for approximately half of their clients, and a fourth

grantee reported positive results per the Addiction Severity Index (ASI). Parenting skills, including bonding and attachment, improved for two grantees, but decreased for one grantee.

2. Organization and System-Level Outcomes

Family Connection-funded projects yielded impacts beyond the individuals they served, prompting outcomes related to grantees' own agencies and the local child welfare system. These impacts were found across all grantees, although they manifested themselves in ways specific to program areas.

Changes in local policies and procedures resulted in changes to workforce development practices, communication, and program area-specific aspects of service models. Kinship navigator projects improved service coordination and changed staff members' roles and responsibilities to promote more intensive work with kin caregivers. Family-finding grantees developed policies and procedures around timing of family-finding services; communication and information-sharing among family-finding staff members, public child welfare agency caseworkers, and juvenile court judges; conducting background checks prior to visitations; guidelines for closing family-finding cases; and protocols and procedures for serving children with international connections. FGDM projects adopted new policies and procedures around referral processes, case progress documentation, quality assurance, and the timing and frequency of FGDM meetings. Residential family treatment grantees developed their workforce, improved activity documentation, enhanced client care and clinical practice by focusing on client rights and responsibilities, and continued to facilitate needed adjustments in services and practices.

Family Connection project's impact on the public child welfare agency and child welfare practice in the community took various forms in organizational attitude and awareness. The most salient impact was that service models were positively regarded by public child welfare agencies, with key aspects integrated into child welfare practice. Public child welfare and other community agencies were more aware of Family Connection services and more likely to collaborate with grantees. Grantees prompted more progressive thinking about safety, permanency, and well-being. They worked with agencies to increase family engagement and involvement in the permanency process, strengthen supportive networks, and promote the benefits of placing children with relatives instead of keeping them in foster care or placing them in out-of-home placement with non-relatives.

C. Key Cluster Observations

Several process evaluation findings were similar for grantees among all four program areas, specifically facilitators and challenges to implementation, and commonalities regarding collaboration and sustainability. Grantees provided replicable examples of strategies to leverage implementation factors, overcome barriers, collaborate effectively, and plan for services beyond the Federal funding period.

1. Facilitators to Service Implementation

The most frequently identified facilitators to project implementation included recruiting committed personnel with appropriate skill sets, collaboration between the grantee and project partners, strong leadership support and effective management, comprehensive and interdisciplinary service models, and training and technical assistance.

Grantees hired staff members and assembled staffing units who could leverage multi-faceted skills and backgrounds to collectively address target population needs. Strong collaborative relationships between

grantees and community organizations, external service providers, public child welfare agencies, and organizations providing evaluation and other technical assistance promoted collective expertise and outreach to target populations. Effective leaders persistently engaged partners and key stakeholders to provide support and resources for the project, develop effective systems of supervision, and embed Family Connection goals and objectives into project services and the agency. Grantees implemented program area-specific, comprehensive service delivery systems that incorporated key project partners and addressed the diverse needs of target populations. Grantees implemented extensive, high-quality training activities on evidence-based practices, relevant content, and policies and procedures required to perform their job duties. Cross-training was a helpful strategy that equipped larger numbers of staff members to meet diverse target population needs.

2. Challenges to Service Implementation

The most frequently cited challenges to implementing service models and activities were securing qualified staff members, operating with limited resources, engaging children and families, generating caseworker support and engagement, promoting understanding and acceptance of evaluation designs, and maintaining fidelity to the service model. Grantees developed strategies to address several of these barriers to service provision, although some challenges may continue beyond the Federal funding period.

Hiring, training, and retaining qualified staff was a challenge as well as a facilitator. Contracting cycles, lack of background in child welfare among staff members, and staff turnover resulted in implementation delays and limited services. Reduction or reallocation of State, local, and other funding sources affected private/not-for-profit grantees, resulting in staffing shortages, fewer staff members doing more with less, and disappearing community resources. Grantees' struggles to engage families varied by program area, and included geographic barriers, families' lack of a telephone or reliable address, applying the same service model to culturally diverse communities, and older youth reluctant to engage in services. Lack of caseworker acceptance and resistance among some caseworkers to the service model negatively impacted referrals to the project and case planning. Caseworker resistance may have been due to different philosophies on desired permanency options and concerns for stability of placements, concerns about job security, and perceived additional work to engage with the Family Connection project. Project staff members and partners did not always support treatment and control group designs, where services were perceived to be withheld from families. Time-consuming data collection processes, and delays in human subjects approval were additional challenges for the evaluation team. Finally, issues of fidelity tended to surface when implementing the service model in multiple locations that had different operating structures and staggered schedules of implementation.

3. Collaboration

A key facilitator of project implementation was interagency collaboration. Most grantees characterized relationships with project partners as positive, citing regular and open communication and responsive, inclusive, and effective staffing arrangements. Grantees and partners further influenced each other by sharing knowledge and skills and fostering common vision and sustainability. Partners augmented grantee services, and in many cases provided specialized services beyond the grantees' current capacity. Public child welfare agencies supported service provision to grantees' target populations and worked with grantees to move children to permanency. Family Connection-funded services prompted public agencies to explore other ways they could impact families.

Grantees cited pros and cons to service provision by private/not-for-profit organizations compared to public agencies. Private/not-for-profit organizations were perceived to have greater innovation, flexibility

and timeliness in service delivery; reduce caseworker burden; to be considered separate from child welfare by families; to have specialized services and expertise; and to work more intensely with families. Conversely, private/not-for-profits were also seen as having funding issues, competing priorities and policies, and barriers to sharing and communicating. Advantages of public agencies were funding stability, along with increased accountability, oversight, and responsibility.

External project partners observed that most collaboration challenges were related to unclear implementation and start-up processes, staff member turnover, caseworker attitudes, concerns about quality assurance, and unclear evaluation methods. Grantee leadership and staff members noted a lack of cooperation, coordination, communication, and resources. Both partners and grantees cited a combination of communication, joint meetings, and education as key strategies to overcome challenges. Strategies to address one of the most critical aspects of collaboration – improving relationships with caseworkers – included increasing support to case managers; project advocacy; collaborative teaming; regularly-scheduled meetings; clarifying roles, responsibilities, and expectations; support from leadership; caseworker training; demonstrating impact; and co-locating staff members.

4. Sustainability Planning

Grantee plans to sustain Family Connection-funded services and other activities beyond the 3 year Federal funding period incorporated several strategies, including organizational change and internal development, where grantees planned to merge and reorganize units, and incorporate services. Grantees disseminated project progress and results with organizational leadership, elected officials, and the community to support future funding opportunities. Grantees sought support at multiple levels by engaging in lobbying activities, obtaining paid referrals, pursuing community grants, applying for State and private funding, and bolstering relationships with the judicial system. Grantees continued to leverage relationships with existing partners and develop relationships with new partners. Needed resources for sustainability included funding, staff development in Family Connection program areas, and dissemination and education for project partners, decision makers, and potential funders.

5. Project and Evaluation Lessons Learned and Recommendations from Grantees

Grantees' own lessons learned and recommendations to other organizations in regard to the successful planning, implementation, and maintenance of similar projects addressed start-up and planning, engaging and serving children and families, staffing characteristics and training, collaborating with project partners, and sustaining project services. Organizations should develop a clearly defined service model that fits within existing systems, understand the needs and circumstances of the target population, implement interactive staff training during project planning, and actively pursue and invest in project partner involvement and support from the beginning phases of the project.

Grantees' own lessons learned and recommendations on designing and implementing local evaluation activities encompassed data collection, evaluation design, evaluation communication, and human subject approvals. Evaluation teams should use the most appropriate data sources to address outcomes at the parent, child, and family level; incorporate instruments that can be realistically administered by project staff members; implement the most rigorous evaluation design possible; communicate and obtain project and partner support for the evaluation design and data collection activities; and anticipate delays with Institutional Review Boards (IRBs).

D. Cross-Site Evaluation Considerations

The cross-site evaluation of the Family Connection discretionary grants provided a unique opportunity to assess the degree to which grantees made concerted efforts to provide and arrange appropriate services that resulted in improved evidence of child safety, permanent and stable living situations, continued family relationships, and enhanced capacity of families to care for their children's needs. This opportunity also came with significant challenges, the most critical being the substantial diversity of activities within and among program areas. Twenty-four grantees implemented four different types of projects, with eight grantees offering a combination of two to three projects. The four program areas all filled critical needs within child welfare and contributed to child safety, permanency, and well-being; but they were distinct in purpose, methods, and objectives.

JBA collaborated with local grantee evaluators and CB to design a construct-level, cross-site evaluation. A rigorous process evaluation resulted in detailed descriptions of grantee target populations and service models, and an assessment of cross-cluster themes regarding collaboration, sustainability, and facilitators and challenges to implementation. The outcome evaluation reflects a national synthesis of a diverse collection of evaluation methodologies, from randomized control trials to treatment-only, pre-post designs.

Several issues should be taken into consideration when reading and interpreting outcome evaluation results. Of primary importance, there was a high degree of individuality within and among program areas with few grantees collecting common outcome-level data. Grantees also used different data sources to assess different interpretations of a construct. For example, child maltreatment was interpreted and measured differently by 4 of 5 grantees within a program area. Different evaluation designs yielded results for treatment and comparison groups or treatment-only participants. The amount of available evaluation data was often dependent on the amount of interaction grantee staff members had with service participants. Grantees that experienced implementation delays had data for fewer participants. As a result, JBA was able to synthesize and describe these data but was limited in the ability to perform quantitative analyses that would represent a common result across grantees. Finally, 11 grantees received no-cost extensions to extend project and evaluation services up to 12 months. These grantees submitted cumulative data in semi-annual evaluation reports in October 2012, and many submitted additional data in December 2012, the time when final reports were due for grantees who concluded Federal funding. Grantees with no cost extensions may have continued evaluation activities, collecting and analyzing data that are not included in this report.

E. Recommendations to the Child Welfare Field

Recommendations to the child welfare field address the successful implementation of kinship navigator, family-finding, FGDM, residential family treatment, and/or combinations of the Family Connection program areas. The child welfare field is defined broadly and includes public and private/not-for-profit organizations. The recommendations are based on overall report findings. Key areas covered in this section include leadership and organizational environment; service models; combination projects; relationships and collaboration; staff member selection, training, and supervision; participant recruitment and retention; and sustainability. Recommendations also address the facilitation of strong outcomes in the areas of child safety, permanency, and well-being, along with suggestions to strengthen local evaluation design and methodology.

1. Process and Implementation

a) Leadership and Organizational Environment

One of the most frequently identified facilitators to project implementation was strong leadership support and effective management. Effective leaders persistently engaged partners and key stakeholders in supporting and providing resources for the project, developed effective supervisory systems, and facilitated the embedding of project goals and objectives into project services and ultimately agency policy and practice. Identifying key players in the relevant public child welfare offices to move the initiative forward was critical, particularly when the grantee was a private/not-for-profit organization.

Recommendation: Child welfare organizations are encouraged to provide leadership training opportunities and professional development for project leaders and other key project staff members to support rigorous project implementation. Training and professional development may occur through multiple methods, such as external organizations, in-house programs, and group or self-study. Leadership training may focus on promoting organizational vision and values, creating a sustainable organization, communicating with and engaging the workforce, and focusing on action to accomplish organizational objectives. Participants should be encouraged and given opportunities to apply their learning in a practical setting with accompanying reinforcement by the system.

b) Service Models

Successful grantees implemented program area-specific, comprehensive service delivery systems that incorporated key project partners and addressed the diverse needs of target populations.

Recommendation: Child welfare organizations should realistically consider the amount of time needed for start-up and planning of activities leading to major system or practice changes. Pre-planning prior to project start-up provides organizational flexibility to 1) develop workforce capability and capacity by orienting new and existing staff members, partners, and key stakeholders to the project; 2) adjust and adapt a new service model to fit within existing systems; 3) refine project goals and objectives; 4) build internal support (e.g., front-line staff members) for new practices or enhancements and expansions to existing practices; and 5) develop fidelity processes to ensure service providers meet service model requirements, and that an accurate and consistent service model is evaluated.

Recommendation: Child welfare organizations may consider staggering the introduction of major system or practice changes over time. Sufficient information regarding key performance measures or indicators of success of one intervention or system change can then be gauged before the introduction of another practice or system change.

c) Combination Projects

Eight grantees implemented a combination of family-finding, kinship navigator, and FGDM programming. Most grantees implemented distinct projects with different target populations, while a minority developed an integrated service model providing a continuum of services. Family-finding was included within each combination project. Benefits of an integrated service model included greater service coordination, comprehensive services to meet multiple family needs, improved outcomes, and greater understanding of the family background. Although several project accomplishments were noted, all grantees experienced challenges at the administrative, staffing, and service levels. Recommendations, summarized here, may be found in detail in Section 7.

Recommendation: Child welfare organizations should consider organizational capability and capacity to plan, implement, and sustain multiple projects with adequate levels of management, staffing, and fidelity. As part of this assessment, organizations may prepare detailed project plans, including a timeline, that document the following: integrated design of each project with accompanying leadership structure, internal and external staffing plans, quality assurance processes, and resource contributions from project partners.

Recommendation: Child welfare organizations contemplating incorporating two or more inter-related projects are encouraged to develop a coordinated, integrated service delivery system to more effectively enhance and expand services and promote positive outcomes. Support from all levels at the public or private/not-for-profit agency and project partners increases awareness, facilitates referrals, and feeds sustainability. Thorough administrative preparation will help ensure the project has the required support, resources, and staff members to implement multiple service models simultaneously. All project staff members should have a clear understanding of roles and responsibilities, with associated training, to refer families to multiple services.

d) Relationships and Collaboration

Relationships and collaboration among grantees and project partners were a critical support to project implementation. Strong collaborative relationships between grantees and community organizations, external service providers, public child welfare agencies, and organizations providing evaluation and other technical assistance promoted collective expertise within the project and outreach to target populations. However, lack of caseworker acceptance and resistance among some caseworkers to the service model negatively impacted referrals and service provision. Potential reasons for caseworker resistance included different philosophies on desired permanency options and concerns around placement stability, job security concerns, and perceived additional work to engage with the Family Connection project.

Recommendation: Child welfare organizations may promote multiple types of project partners' engagement in various aspects project implementation by providing opportunities for learning and development. Learning and development may include, but not be limited to service model elements and key activities, service model challenges, target population needs, and observations by retiring or departing workers. Opportunities for discretionary grantees may take place at the national level through in-person meetings and virtual training provided by the funder or contractors. Child welfare agencies may facilitate project partner engagement at the local level through in-person orientations and training sessions, advisory group participation, and networking events.

Recommendation: Child welfare organizations may incorporate several strategies to improve and maintain positive relationships with public child welfare agency caseworkers, including: 1) ongoing and timely communication and interaction with case managers on individual cases and service-related issues; 2) designing services to support caseworkers in fulfilling roles and responsibilities; 3) educating and training caseworkers on project services and impacts; and 4) establishing understanding and agreement to roles, responsibilities, and expectations for all personnel involved with a project. Co-locating public and private/not-for-profit staff members may facilitate information sharing and decision-making at the case level and formal and informal training on key service model issues.

e) Staff Selection, Training, and Supervision

Contracting cycles, reduction or reallocation of funding sources, lack of background in child welfare among potential hires, and staff turnover were challenges in hiring, training, and retaining qualified staff. These factors contributed to implementation delays, service limitations, fewer staff members doing more

with less, and reduced community resources. Although time intensive, selecting, training, and supervising staff members supported projects. Strategies for success included hiring staff members and assembling staffing units who could leverage multi-faceted skills to meet target population needs. Extensive, high-quality training activities on evidence-based practices, relevant content, and policies and procedures helped staff members perform job duties. Increased numbers of staff members were able to meet diverse target population needs through cross-training.

Recommendation: Child welfare organizations should prepare to enter into new projects by planning significant time to organize and manage their workforce to achieve the following goals: 1) accomplish the work of the project; 2) bolster the organization's core competencies with the appropriate skills, knowledge, and abilities to address new initiatives; 3) meet target population needs; and 4) contribute to the organization's immediate action plans and longer-term strategic objectives. Special considerations include 1) determining the need to hire specialists in a particular practice, or training generalists to incorporate the new practice as part of their skill set; 2) incorporating interactive training for new staff members and obtaining feedback on training; 3) establishing a professional network to facilitate information sharing and learning; 4) ensuring staff members understand roles and responsibilities; 5) identifying staff members who are not a good fit for the position; and 6) accommodating personnel and service gaps due to turnover.

f) Recruiting and Retaining Service Participants

One of the most frequently cited challenges to implementing service models and activities was engaging children and families. Grantees' struggles to engage families varied by program area, and included geographic barriers, families' lack of a telephone or reliable address, applying the same service model to culturally diverse communities, and older youth who were reluctant to engage in services.

Recommendation: Child welfare agencies may need to incorporate a variety of strategies to successfully engage a cross-section of family members in services. Leadership and front-line staff members can work to understand the needs of current and potential service recipients through needs assessments, focus groups, and other listening methods that generate actionable information. This information, along with existing data from public child welfare and other agencies, may be turned into tailored support processes and services that enable organizations to more effectively address families' current situations and help them meet future goals. Examples of engagement strategies include, but are not limited to educating service recipients about agency services, communicating with service recipients in person, and empowering families through a strengths-based approach.

g) Sustainability

Grantee plans to sustain services included internal development and organizational changes, and disseminating project progress and results within and outside the organization to generate future funding. Grantees planned to engage in lobbying activities, obtain paid referrals, pursue community grants, apply for State and private funding, and bolster relationships with other community systems. Grantees will continue relationships with existing partners and develop relationships with new partners.

Recommendation: Child welfare organizations should prepare initial and developing sustainability plans as a part of any project, and analyze plans regularly. Project sustainability should be embedded within the organization's overall ability to address target population needs and successfully prepare for the future operating environment. Preparation may involve developing or continuing a strong partnership with the State or county child welfare system, accommodating or promoting policy and practice change at the State or local level, obtaining organizational commitment to sustaining project components, disseminating success stories, and seeking funding opportunities.

2. Outcomes

a) Safety, Permanency, and Well-Being Conclusions

Kinship navigator, FGDM, and residential family treatment project outcomes showing clear improvement in safety were limited, but grantees demonstrated some positive trends. Reports of child maltreatment for kinship navigator and residential family treatment projects were generally low. Kinship caregivers addressed identified safety goals for their family. FGDM grantees found a modest increase in the number of children diverting placement and remaining home.

Moving children to permanency occurred at varying rates within and among the four program areas. Stand-alone kinship navigator projects experienced more positive outcomes compared to kinship navigator projects offered as part of a combination of services. Approximately half of children in family-finding projects experienced desirable permanency outcomes, and the majority of children developed kin-focused permanency plans and increased connections with family; however, projects had difficulty closing cases, and permanency for children in care for an extended period of time remained elusive. Grantees serving children at risk of or new to care were able to place over one-third of children with relatives, far exceeding the national average of 8 percent. FGDM projects demonstrated little difference in placement stability between treatment and control groups, and two projects experienced a reverse trend with children receiving FGDM services less likely to be reunified with parents than those not receiving services. While all residential family treatment clients had reunification plans, clients experienced inconsistent success in actual reunification. Clients were more successful at maintaining existing custody arrangements.

Kinship navigator projects were successful at ameliorating families' needs and caregivers progressed toward accomplishing well-being goals for themselves and their families. However, perceived child behavior did not improve substantially and at times moved in a negative direction. While emotional symptoms, conduct problems, hyperactivity, and total difficulties decreased for children, these variables were measured by only one FGDM grantee. Abstinence from alcohol and other drugs was evident for residential family treatment clients; improvement in parenting skills was less consistent across projects.

b) Recommendations

As noted above, grantees demonstrated some improvement in safety, permanency, and well-being for target populations, although trends varied and included some flat or negative findings. Grantees invested significant effort in designing and implementing local evaluation data collection activities, conducting analyses, and reporting results on a regular schedule to CB. These efforts enabled JBA to implement a flexible cross-site evaluation design and synthesize data within program areas and the cluster. Recommendations for the child welfare field center around the measurement, analysis, and improvement of project performance individually and collectively.

Recommendation: Safety, permanency, and well-being outcomes may be difficult to assess within a 3-year time period, particularly for service models that provide support for several months or years. Shorter-term projects (3 years versus 5 or 6 years) are an opportunity for child welfare agencies to consider realistic and alternative outcomes that can be reasonably attained, yet demonstrate project effectiveness. For example, kinship navigator projects may provide evidence that they met family needs within a limited timeframe, but additional time may be needed for perceived changes in child behavior to emerge. Input on wider definitions of safety, permanency, and well-being may be obtained from families, project staff

members, and project partners. For example, “lifelong connections and support for children” may be operationalized through contracts with family members that outline the type of support they will provide.

Recommendation: Local evaluators are encouraged to use outcome instruments that have the ability to capture relevant outcome data for the funded projects and/or combination of projects. Other criteria local evaluators may consider include respondent burden (i.e., time to complete instrument), ease of administration and scoring, cost (e.g., public access versus copyrighted document), and established validity and reliability. Instruments that Family Connection grantees appear to have had success with include the Addiction Severity Index, Family Needs Scale, Parenting Stress Index, and Protective Factors Survey.

Recommendation: Child welfare agencies may consider incorporating follow-up data collection periods as a way to continue to assess relevant outcomes and strengthen their project and evaluation. Given the length of time that may be needed to establish successful permanent placements, secondary data collection from public child welfare agency administrative data or primary data collection to assess protective factors may help determine if placements were truly permanent or new connections were supportive. Similarly, achieving abstinence from alcohol and other drugs is a lengthy process that often incorporates periods of relapse. Assessing abstinence at designated time periods after clients leave treatment may help determine long-term project impact and identify opportunities to improve project services and support processes. Organizations will need to consider the costs of tracking former service participants, administering and scoring instruments, identifying and downloading secondary datasets, and incorporating new data into analyses and reporting.

Recommendation: Child welfare organizations are encouraged to develop and utilize well-structured and user-friendly data management systems as a way to continuously collect, analyze, and use data to fuel continuous cycles of improvement and innovation for new and existing practices. Data that feed into systems should include State-level data, such as State Administered Child Welfare Information System (SACWIS) or California’s Child Welfare Services – Case Management System. County-level data and administrative data specific to the organization should be linked at the child or client level. Data should be managed to ensure accuracy, integrity and reliability, timeliness, and security and confidentiality. Data should be available to leadership, staff members, and other organization personnel to identify and share relevant knowledge to communicate best practices, inform strategic planning, and promote service innovation.

3. Summary of Recommendations

Recommendations addressed a variety of facilitators related to the successful process and implementation of projects as well as impactful outcomes. Regarding project implementation, child welfare organizations are encouraged to provide leadership and other professional development opportunities for project leaders and key project staff members. Organizations should realistically consider the amount of time needed for start-up and planning of major system and practice changes, and potentially stagger the implementation of major changes over time. Staff selection, training, and supervision is critical to all work; organizations implementing multiple projects especially should take into account the organizational capability and capacity to develop and manage a coordinated and integrated delivery system with adequate levels of management, staffing, and fidelity. Partners may be engaged in project work through national and local-level learning and development opportunities; these opportunities may be particularly critical in engaging and garnering support from public child welfare agency caseworkers. Child welfare organizations should be prepared to incorporate multiple strategies to bring families into services, and develop and regularly analyze sustainability plans. Regarding project outcomes, shorter-term projects are an opportunity for child welfare organizations to assess short-term outcomes capable of demonstrating impact. Local

evaluators are encouraged to incorporate the most targeted and relevant primary data collection methods and consider incorporating follow-up data collection periods to further assess project effectiveness. Finally, well-structured and user-friendly data systems available to a cross-section of organizational staff can promote continuous improvement and innovation in services.